

ROCK COUNTY EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Edgerton Hospital and Health Services

11101 N. Sherman Road
Edgerton WI

March 12, 2020

Lunch Provided: 12:00 p.m.
Meeting: 12:30 p.m.

AGENDA

1. Call to Order Chair Knuth
2. Approval of Agenda Chair Knuth
3. Reading and Approval of Past Minutes – December 12, 2019 Chair Knuth
4. Old / Unfinished Business
5. New Business
6. Agency Reports
 - State EMS Board
 - EMS Providers
 - Hospitals and Clinics
 - Fire and MABAS
 - 911 Communications Center
 - Rock County Sheriff's Office
 - Blackhawk Technical College
 - Healthcare Coalition
 - Public Health
7. Public Input
8. Other Announcements
9. Next Meeting: June 11, 2020 – Mercy EMS Training Center, Janesville
10. Adjournment

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail countyadmin@co.rock.wi.us at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.

ROCK COUNTY
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
Thursday, December 12, 2019
Beloit Memorial Health System, Janesville, WI. – 12:30 pm

MINUTES

Members Present:

Chair Larry Knuth, Supervisor Terry Fell, Rob Lulling, Beth Natter, Sergeant Shena Kohler, Brian Becker, Dr. Jay MacNeal, Deputy Chief Jason Russ, Robert Swenarski, Megan Haney, Barb Kuska, Deputy Chief Joe Murray, Alison Chouinard, Tina Jordan, Stacey Woodman, Jodi Moyer, Liz Robinson M.D., Alison Hanaman

Members Absent: Chief Gene Wright, Chief Randy Pickering, Steve Ryan, Barry Irman, Deputy Chief Peter Mory, Rob Balsamo, Captain Curt Fell, Deputy Chief Jim Ponkauskas, Chief Jamie Kessenich.

Guests: None

Call to Order:

Chair Knuth called the meeting to order at 12:30 PM.

Approval of Agenda:

Motion was made Robert Swenarski and seconded by Brian Becker to approve the December 12, 2019 agenda. Motion carried.

Reading & Approval of Past Minutes:

Motion by Beth Natter to waive the reading of and approve the minutes with minor corrections, for June 13, 2019. Motion carried.

Old/Unfinished Business:

Discussion about 2019 elections continued because there was not a quorum in September 2019. Several members up for reelection. Supervisor Fell will be retiring from the EMS Advisory, therefore the County will appoint someone in his place. Membership recommendations made for all other vacancies. All signified interest in continuing their positions verbally and/or in writing. Recommendations will be presented to the County Board for the election of the following members to the EMS Advisory Committee for a three year term – September 2019 to September 2022:

- Supervisor Terry Fell
- Shena Kohler
- Curt Fell
- Robert Balsamo
- Rob Lulling
- Gene Wright
- Robert Swenarski

Other internal agency changes were conducted to include:

- SSM Health – Co Medical Director Liz Robinson, M.D.
- Beloit Health System – Jody Moyer
- Megan Haney - Alternate for Robert Swenarski

New Business:

None.

Agency Reports:

State EMS Board Update

September minutes online. Discussion amongst the committee members included interfacility transports in the state line area. Low risk non-emergency transports, flexible staffing requirements and protocols, national registry and testing standards and funding assistance were other points of discussion.

EMS Providers – Municipal and Private

- Rob Lulling from Ryan Brothers Ambulance reported they are focusing more resources on serving Rock County hospitals.
- Chair Larry Knuth reported that Paratech Ambulance is expanding their footprint in Madison.

Hospitals, Clinics, and Health Department

- Barb Kuska from Beloit Hospital reported that she they are doing a lot of remodeling in their Family Care Center. Jody Moyer reported that the hospital did an evacuation drill in late October and will continue doing more. They are also doing med sled training, with some challenges with the equipment.
- Beth Natter from Mercy Health reported that the training center is busy planning for 2020 through 2023. Dr. MacNeal prompted discussion about EMS services and protocols. Discussion continued regarding the future of EMS services in Wisconsin and the EMS Physician Advisory Committee (PAC) that makes recommendations to the Department of Health Services on medical issues related to EMS. Discussion regarding concerns and the authority of the Rock County EMS Advisory Council followed amongst the committee members. Chair Knuth would like to seek guidance from the County Administrator regarding the EMS Advisory Council's authority to create letters of support to the state related to EMS matters at the state level in Wisconsin.
- Robert Swenarski from SSM Health reported that they are doing some remodeling, and they are staying busy with above average numbers. They recently conducted a water outage evacuation exercise, moving patients. They had some lessons learned but overall the exercise went very well.
- Alison Hanaman from Edgerton Hospital reported that they did an Active Shooter drill and it went really well, at both Edgerton and Milton.

Fire and MABAS

- No update

Rock County 911 Communications Center

- Brian Becker reported that the Rock County has been using Rapid SOS to provide location information on 911 calls, which is an improvement to the current Phase 2 calls they use. The system is free to all 911 Centers, being implemented nationwide, partnering with Ring, Uber and other companies to gain information for calls. The 911 Center recently conducted Active Shooter/Rescue Task Force Training and Mental Health Training. AVL Dispatch is being

used for closest, most appropriate unit for response to fire and ems calls, to improve response. Departments include Janesville, Beloit, Town of Beloit and Milton.

Rock County Sheriff's Office – Emergency Management

- No update.

Blackhawk Technical College

- Tina Jordan brought fliers for non-credit classes.

Wisconsin Healthcare Coalition

- Robert Swenarski reported that the WHC has changed directions to save participating agencies time. The WHC is working well together, being efficient and resourceful with funding. Funding is being geared towards education for active members of the coalition. WHC continues to have monthly board meetings. Jody mentioned that they are announcing DNC specific training.

Rock County Public Health

- No update.

Public Input:

None.

Other Announcements:

Dr. Robinson added that there seems to be a lack of resources for on-going education for critical care paramedics in the area so they are looking to build something quarterly.

Adjournment:

A motion was made to adjourn the meeting. Motion carried. Meeting adjourned at 1:55 pm.

**The next meeting will be held on March 12, 2020
at Edgerton Hospital and Health Services, Edgerton, WI.
###**

ROCK COUNTY EMS ADVISORY COUNCIL

Membership Appointment List - December 2019

(2) Name	(3) Representing (a) Group (b) Org	(4) MailingAddress	(5) Telephone	(6) Effective Date of Appt	(7) EMS Position
Larry Knuth	License Ambulance	Paratech Ambulance	(414) 365-8900 x 3638	9/30/2017	Chair
		P.O. Box 240076	(877) 918-5733 Toll Free	Exp.9/30/2020	
		9401 W Brown Deer Road	(414) 365-3889 Fax		
		Milwaukee, WI 53224	larry.knuth@paratechambulance.com		
Deputy Chief Jim Ponkauskas	License Ambulance	Janesville Fire Department	(608) 755-3050	9/30/2017	Member
		303 Milton Ave.	(608) 373-3438 Fax	Exp.9/30/2020	
		Janesville , WI 53545	ponkauskasj@ci.janesville.wi.us		
Chief Jamie Kessenich	License Ambulance	Evansville Emergency Medical Services	(608) 882-2269	9/30/2018	Member
		11 W. Church Street	jamie.kessenich@ci.evansville.wi.gov	Exp.9/30/2021	
		Evansville, WI 53536			
Terry Fell	PS & J	2438 Heather Terrace	608-365-0440	9/30/2016	Member
		Beloit, WI 53511	atf1161@charter.net	Exp.9/30/2019	
Sgt. Shena Kohler	Emergency Management	Rock County Emergency Management	(608) 758-8403	9/30/2016	Member
		3530 North County Highway F	(608) 758-8401 Fax	Exp.9/30/2019	
		P.O. Box 920	kohler@co.rock.wi.us		
Chief Randall Pickering	License Ambulance	Edgerton Fire Department	(608) 884-3327	9/30/2017	Member
		621 N. Main St.	(608) 884-3639 Fax	Exp.9/30/2020	
		Edgerton, WI 53534	efd7104@yahoo.com		
Robert Balsamo	Blackhawk Technical College	Blackhawk Tech	608-743-4525	9/30/2016	Member
		6004 S. County Highway G	(608) 743-4527 Fax	Exp.9/30/2019	
		Janesville WI 53546	rbalsamo@blackhawk.edu		
Liz Robinson, M.D.	Co-Medical Director	St. Mary's Janesville Hospital	414-702-0836	9/30/2017	Member
		3400 E. Racine Street	(608) 373-8126 Fax	Exp. 9/30/2020	
		Janesville, WI 53546	robinson@mep.health		

ROCK COUNTY EMS ADVISORY COUNCIL

Membership Appointment List - December 2019

(2) Name	(3) Representing (a) Group (b) Org	(4) MailingAddress	(5) Telephone	(6) Effective Date of Appt	(7) EMS Position
Jay MacNeal, M.D.	Medical Director	Mercy Hospital & Trauma Center	608-756-6707	9/30/2018	Member
		580 N. Washington	608-756-6352 Fax	Exp.9/30/2021	
		P.O. Box 5003 (for mailing purposes)	jmacneal@mhsjvl.org		
		Janesville, WI 53547-5003			
Jody Moyer	Hospital	Beloit Health System		9/30/2018	Member
		1969 West Hart Road		Exp.9/30/2021	
		Beloit, WI 53511			
Chief Gene Wright	License Ambulance	Beloit Township Fire Department	608-364-2997	9/30/2016	Member
		2445 S Afton Rd	gwright@town.beloit.wi.us	Exp.9/30/2019	
		Beloit WI 53511			
Deputy Chief Peter Mory	License Ambulance	Milton Fire Department	(608) 868-2842	9/30/2018	Member
		614 W Madison Avenue	(608) 868-6668 Fax	Exp.9/30/2021	
		Milton, WI 53563	pmory@miltonfire.com		
Rob Lulling	License Ambulance	Ryan Brothers Ambulance	608-310-7928	9/30/2016	Member
		1007 Jerome Avenue	(608) 257-9594 Fax	Exp.9/30/2019	
		Janesville, WI 53546	rlulling@ryanbros.net		
Captain Curt Fell	Sheriff's Office	Rock County Sheriff's Office	(608) 757-7906	9/30/2016	Member
		200 East U.S. Highway 14	(608) 757-8010 Fax	Exp.9/30/2019	
		Janesville, WI 53545	fell@co.rock.wi.us		
Shelly McGuire	Hospital	Edgerton Hospital & Health Services	(608) 884-1600 - ER	9/30/2017	Member
		11101 Sherman Road	(608) 884-1603 Fax	Exp.9/30/2020	
		Edgerton, WI 53534	smcguire@edgertonhospital.com		
Deputy Chief Joe Murray	License Ambulance	Beloit Fire Department	(608) 364-2900 (751-6205 C)	9/30/2018	Vice Chair
		1111 Church Street	(608) 364-2925 Fax	Exp.9/30/2021	
		Beloit, WI 53511	murrayj@beloitwi.gov		

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(2) Name	(3) Representing (a) Group (b) Org	(4) MailingAddress	(5) Telephone	(6) Effective Date of Appt	(7) EMS Position
Beth Natter	Hospital	Mercy Hospital & Trauma Center 580 N. Washington P.O. Box 5003 (for mailing purposes) Janesville, WI 53547-5003	(608) 756-6182 (608) 756-6352 Fax bnatter@mhsivl.org	9/30/2018 Exp.9/30/2021	Member
Steve Ryan	License Ambulance	Orfordville Fire Department Protection District P.O 498 Orfordville, WI 53576	(608) 879-2122 (608) 879-2982 Fax orfordvillefire@yahoo.com	9/30/2018 Exp.9/30/2021	Member
Brian Becker	Communications Center	911 Communications Center 3636 N County Highway F Janesville, WI 53545	(608) 757-5012 (608) 757-5081 Fax beckerb@co.rock.wi.us	9/30/2017 Exp.9/30/2020	Member
Alison Chouinard	At Large	Rock County Public Health Department 3328 North US Highway 51 Janesville, WI 53547	608-757-5440 608-758-8423 Fax alison.chouinard@co.rock.wi.us	9/30/2017 Exp.9/30/2020	Member
Robert Swenarski	Hospital	SSM Health 3400 E. Racine Street Janesville, WI 53546	(608) 373-8129 (608) 373-8005 Fax Robert.Swenarski@ssmhealth.com	9/30/2016 Exp.9/30/2019	Member
Barry Irman	Director of Operations Medical Examiner's Office	Rock County Medical Examiner's Office 3530 N County Hwy F Janesville, WI 53545	(608) 284-6000 (608) 266-4948 Cell irman.barry@countyofdane.com	9/30/2017 Exp.9/30/2020	Member
	Terms:	22 Members Serving 3-Year Staggered Terms			

Rock County EMS Advisory Council
Alternates List - December 2019

(2) Name	(3) Representing Group (b) Org (a)	(4) Mailing Address	(5) Telephone	(6) Effective Date of Appt
<i>None Requested</i>	License Ambulance	Janesville Fire Department	(608) 755-3050	9/30/2017
Deputy Chief Jim Ponkauskas		303 Milton Avenue Janesville, WI 53545	(608) 373-3438 Fax sheak@ci.janesville.wi.us	Exp.9/30/2020
<i>None Requested</i>	License Ambulance	Beloit Township Fire Department	608-364-2997	9/30/2016
Chief Gene Wright		2445 S. Afton Rd. Beloit WI 53511		Exp.9/30/2019
<i>None Requested</i>	License Ambulance	Beloit Fire Department	608-364-2902	9/30/2018
Deputy Chief Joe Murray		1111 Church St., Beloit WI		Exp.9/30/2021
<i>Erin Ryan</i>	License Ambulance	Ryan Brothers Ambulance	(608) 310-7921	9/30/2016
Rob Lulling		922 S. Park Street Madison, WI 53715	(608) 257-9594 Fax Eryan@ryanbros.net	Exp.9/30/2019
<i>None Requested</i>	License Ambulance	Milton Fire Department	(608) 868-2842	9/30/2018
Deputy Chief Peter Mory		614 W Madison Avenue Milton, WI 53563	(608) 868-6668 Fax	Exp.9/30/2021
<i>None Requested</i>	License Ambulance	Orfordville Fire Department	(608) 879-2122	9/30/2018
Steve Ryan				Exp.9/30/2021
<i>None Requested</i>	License Ambulance	Edgerton Fire Department	(608) 884-3327	9/30/2017
Randall Pickering		621 N. Main Stret Edgerton, WI 53534	(608) 884-3639 Fax efd7104@yahoo.com	Exp.9/30/2020
<i>Carolyn Kleisch</i>	License Ambulance	Evansville EMS	(608) 882-2269	9/30/2018
Jamie Kessenich		11 W. Church Street Evansville WI		Exp.9/30/2021

Rock County EMS Advisory Council
Alternates List - December 2019

(2) Name	(3) Representing Group (b) Org (a)	(4) Mailing Address	(5) Telephone	(6) Effective Date of Appt
Terry Jones	License Ambulance	Paratech Ambulance	262-949-3606 Cell	9/30/2017
Larry Knuth		W3564 Woodland Drive		Exp.9/30/2020
		Lake Geneva WI 53147	terry.jones@paratechambulance.com	
None Requested	Hospital	Mercy Health System	(608) 756-6182	9/30/2018
Beth Natter		1000 Mineral Point Ave, Janesville WI		Exp.9/30/2021
	Hospital	Beloit Health System	(608) 364-5209	9/30/2018
		1969 West Hart Road	(608)364-5557 Fax	Exp.9/30/2021
		Beloit, WI 53511	edmanagement@beloithealthsystem.org	
	Hospital	Edgerton Hospital & Health Services	(608) 884-1600 Work	9/30/2017
		11101 Sherman Road	(608) 884-1603 Fax	Exp.9/30/2020
		Edgerton, WI 53534		
Tina Jordan	BTC (Blackhawk Technical College)	EMS	(608)743-4525	9/30/2016
Robert Balsamo		Blackhawk Technical College	(608) 743-4527 Fax	Exp.9/30/2019
		P.O. Box 5009		
		Janesville, WI 53547-5009	kjordan@blackhawk.edu	
Kathy Sukus	Communications Center	911 Communications Center	608-757-5014	9/30/2017
Brian Becker		3636 N. County Highway F	608-757-5081 Fax	Exp.9/30/2020
		Janesville, WI 53545	sukus@co.rock.wi.us	
Captain Mark Thompson	Sheriff's Office	Rock County Sheriff's Office	(608) 757-7944	9/30/2016
Captain Curt Fell		200 East US Highway 14	(608) 757-8010 Fax	Exp.9/30/2019
		Janesville, WI 53545	THOMPSONM@co.rock.wi.us	
None Requested	Emergency Management	Rock County Emergency Management	608-758-8440	9/30/2016
Shena Kohler		3530 N CTH F, Janesville WI		Exp.9/30/2019

Rock County EMS Advisory Council
Alternates List - December 2019

(2) Name	(3) Representing Group (b) Org (a)	(4) Mailing Address	(5) Telephone	(6) Effective Date of Appt
<i>None Requested</i>	PS & J	2438 Heather Terrace	2438 Heather Terrace	9/30/2016
Terry Fell		Beloit, WI 53511	Beloit, WI 53511	Exp.9/30/2019
<i>None Requested</i>		Rock County Public Health Department	608-757-5440	
<i>Alison Chouinard</i>	At Large	3328 North US Highway 51	608-758-8423 Fax	9/30/2017
		Janesville, WI 53547	alison.chouinard@co.rock.wi.us	Exp.9/30/2020
<i>Stacey Woodman</i>	Co-Medical Director	SSM Health	608-373-8055	9/30/2017
Liz Robinson, M.D.		3400 E. Racine St, Janesville WI	Stacey.woodman@ssmhealth.com	Exp.9/30/2020
<i>Chris Wistrom, D.O.</i>	Hospital	Mercy Health System	727-433-4696	9/30/2018
Jay MacNeal, M.D.		580 N. Washington	cwistrom@mhsjvl.org	Exp.9/30/2021
		P.O. Box 5003 (mailing address)		
		Janesville, WI 53547-5003		
<i>Megan Haney</i>		SSM Health	608-373-8032	9/30/2016
Robert Swenarski	Hospital	3400 E Racine St, Janesville WI	megan.haney@ssmhealth.com	Exp.9/30/2019
<i>None Requested</i>		Rock County Medical Examiner's Office	(608) 284-6000	9/30/2017
Barry Irman	Medical Examiner's Office	3530 N County Hwy F		Exp.9/30/2020

Supervisors Jaeger and Hanewall moved the above resolution. ADOPTED on roll call vote. Ayes: Hanewall, Florey, Wikun, Schoenrock, Cunningham, Wells, Ryan, Combs, Kalt, Gilliam, Agnow, Soefeldt, Schlittlar, Bussle, Skelly, Hill, Jaeger, Hurd, Williams, Hohn, Breidenstein, Everson, Daly, Berg, Glowacki, Kochtus, Hickey, Arentson, Lolizo, Querna, Zick, Wright, Johnson, Eber, Austin, Luey and Parker. 37 Ayes; 0 Noes; 4 Absent.

11.6. Amendment to Ordinance on Speed Limit on County Trunk Highway "H", Town of Newark

ORDINANCE
Amending and establishing the following speed zones on County Trunk Highways in Rock County.

A traffic and engineering investigation having been made on the following described County Trunk Highway, the maximum permissible speed at which vehicles may be operated on said highway which speed is herein established as reasonable and safe pursuant to Section 34.01, Wisconsin Statutes, shall be set forth herein, subject to the approval of the Division of Highways and upon erection of standard signs giving notice thereof:

THE ROCK COUNTY BOARD OF SUPERVISORS DOES ORDAIN AS FOLLOWS:

1. Section 1.03 (7) County Trunk Highway "H", Town of Newark, Rock County
Forty-five miles per hour for all vehicles from its intersection with State Trunk Highway 81, northerly to its intersection with Newark Road.
2. Sections 1.03 (7) and (8) renumbered as 1.03 (8) and (9), reference in Section 1.03 (8) (Penalties) changed to Sections 1.03 (1) to (7).

Adopted by the Rock County Board of Supervisors this 25th day of August, 1977.

Respectfully submitted,
TRANSPORTATION COMMITTEE
/s/ Arnie Agnow
/s/ J. Kenneth Austin
/s/ William E. Cunningham
/s/ Edward R. Hanewall
/s/ Edward F. Querna

LEGAL NOTE - Under Wis. Stats. 349.11 local governments may adopt speed limits for highway under their jurisdiction.
/s/ Victor Moyer, Corporation Counsel

FISCAL NOTE - No fiscal implication.
/s/ Nikolaus Korndorf, Finance Director

ADMINISTRATIVE NOTE - Reviewed & recommended.
/s/ Kenyon C. Kies, County Administrator

Mr. Durlin Harnack
Rock County Highway Commissioner
Route 4
Janesville, Wisconsin 53545

Attention: Mr. Alvis Dreska
Assistant Highway Commissioner

Dear Sir:

SUBJECT: Traffic
Speed Zoning
C.T.H. "H" (S.T.H. 81 to Newark Road)
Town of Newark
Rock County

We have completed our traffic and engineering study on the subject county highway. The results of our investigation indicate that speed limits as specified in the attached speed zone declaration are warranted.

There are attached triplicate copies of the proposed speed zone for the subject highway in Rock County. If you are in agreement with our recommendations, will you present this speed zone to the Rock County Board of Supervisors for their consideration and approval. If they approve the speed zone, duplicate copies of the attached proposed speed zone should be filled out and returned to this office. We will then present the matter to the Division of Highways for their approval. Upon being approved by the Division of Highways, you will be authorized to erect the signs and the speed zone will become effective.

Sincerely
Ronald R. Fiedler, P.E.
District Engineer

Supervisors Ryan and Hanewall moved the above ordinance. ADOPTED.

11.F. Establish and fund the Rock County Emergency Medical Officer Program

WHEREAS, the Airport Department must meet federal emergency medical services requirements to retain its operating certificate and remain eligible for federal aid; and,

WHEREAS, anywhere in Rock County emergency situations can and do occur requiring rapid and professional medical services; and,

77-8-B-253

WHEREAS, the Emergency Government Department, Airport Department, and Sheriff's Department have all recognized the need for an Emergency Medical Officer by arranging for the assistance of Dr. Rocco Vitaceo as each Department's volunteer medical officer; and,

WHEREAS, it would be in the overall interests of Rock County to formally establish the voluntary Emergency Medical Officer position reporting to one Committee and serving all Departments on a coordinated basis.

NOW, THEREFORE, BE IT RESOLVED, that the County Board Chairman is hereby authorized to appoint Dr. Rocco J. Vitaceo as Rock County Emergency Medical Officer and that Dr. Vitaceo, upon acceptance of this appointment, will serve on a voluntary basis without remuneration for a period of one year and can, by mutual agreement, be reappointed annually;

AND BE IT FURTHER RESOLVED, that whereas certain insurance and other costs are inherent to the establishment of this program, the Board appropriates the sum of \$200 for these purposes and recommends that the 1978 Emergency Government budget make provision for this voluntary appointment.

RESPECTFULLY SUBMITTED,

PUBLIC SAFETY & JUSTICE COMMITTEE
/s/ Michael Glowacki, Chairman
/s/ Richard Everson
/s/ Robert Gilliam
/s/ Arnold Wikom
/s/ W. Warren Zick

TRANSPORTATION COMMITTEE
/s/ Annie Agnow, Chairman
/s/ Kenneth Austin
William Cunningham, Absent
Edward Hanewall, Absent
/s/ Edward Quaerna

COUNTY BOARD STAFF COMMITTEE
Robert E. Parker, Chairman
Kenneth A. Johnson
John Hurd
Robert Gilliam
Michael Glowacki
Gordon Hill
Raymond Ryan
Samuel Loizzo - Absent
Edward Quaerna

LEGAL NOTE - Wis. Stats. 22.16(6) requires counties to develop an emergency government plan. Appointment of an Emergency Medical Officer is a part of such a plan.
/s/ Victor Mayer, Corporation Counsel

FISCAL NOTE - Resolution calls for new appropriation, therefore, required 2/3 majority vote.
/s/ Nikolaus Korndorf, Finance Director

ADMINISTRATIVE NOTE - Recommended.
/s/ Kenyon C. Kies, County Administrator

The Board Chairman referred this to the Finance and Equalization Committee and that it be brought back to the next Board meeting.

Miscellaneous.

Supervisor Hurd asked that each Committee Chairman make certain that all per diem slips are properly executed and signed when they are sent to the Finance and Equalization Committee for approval or they will have to be sent back.

Supervisor Aronson announced that the "Man of La Mancha" will again be presented at U-Rock Friday and Saturday, August 26 and 27.

12. Adjournment.

Supervisors Berg and Schoenrock moved to adjourn to Thursday, September 8, 1977 at 9:00 A.M. ADOPTED.

STATE OF WISCONSIN)
)SS
COUNTY OF ROCK)

I, Gregory A. Seefeldt, County Clerk in and for the County aforesaid, do hereby certify that the foregoing is a true and correct copy of the proceedings of the County Board of Supervisors for Rock County at the meeting of said Board on August 25, 1977.

/s/ Gregory A. Seefeldt
Rock County Clerk

Part II - The Permanent Program, after 1982

Tax credits after 1982 depend on what the local government does. In order for farmers to remain eligible for tax credits, counties would be required to take some action by 1982. Counties could act earlier if they wish, but by October, 1982:

1. Urban counties -- counties over 75,000 population or adjacent to counties with over 400,000 population must have exclusive agricultural zoning ordinances.
2. Rural counties -- counties with 65,000 population or less must adopt either a farmland preservation plan or an exclusive agricultural zoning ordinance.
 - A. Exclusive Agricultural Zoning -- ordinances must provide that farmland cannot be developed, and no residences can be built unless occupied by the farmer, one of his relatives, or a person working on the farm. Minimum parcel size for a residence or a farm is 35 acres, and special exceptions and conditions uses must be compatible with farming. Rezoning must be based on the availability of public services and protection of the local government.
 - B. Agricultural Preservation Plans -- must contain farmland maps, and policy statements and a proposed program to preserve farmland. Plans are not binding on counties or landowners.
 - C. Tax Credits -- maximum tax credits are calculated in the same way as the initial program.
 1. Rural counties -- the county must adopt either a plan or an exclusive farmland zoning ordinance. If the County adopts:
 - a. exclusive agricultural zoning, farmers in the zones receive 70% of the maximum credit.
 - b. an agricultural preservation plan, farmers in preservation districts receive 70% of the maximum credit, if they sign a contract similar to the initial contract, but with a 10-25 year term. If the plan identifies special "transition areas" near cities farmers can sign special "transition area contracts" and receive 70% of the maximum credit.
 - c. both exclusive zoning and a plan, farmers are eligible for 100% of the maximum credit.
 - d. a preservation plan and a town adopts an exclusive agricultural zoning ordinance which meets the standards of the law, then farmers are eligible for 70% of the maximum credit.
 2. Urban counties -- the county must adopt an exclusive agricultural zoning ordinance. If the county adopts:
 - a. an exclusive zoning ordinance, farmers are eligible for 70% maximum credit.
 - b. both an exclusive farmland zoning ordinance and a farmland preservation plan, then farmers are eligible for 100% of the maximum credit.
 - D. Rollback taxes
 1. Farmer with a contract (rural counties)
 - a. if a farmer is in one of the plan's preservation or transition districts, and his contract expires normally at the end of its term, he pays back all tax credits for the past 20 years, plus 6% compound interest from the time the contract expires.
 - b. if the contract is terminated early, he pays back all credits for the last 20 years, plus 6% compound interest from the time the credit was received.
 - c. if a new contract is signed, or the land remains in an exclusive agricultural zone, there is no rollback tax.
 - d. the rollback tax is due only when the land is sold or developed.
 2. Farmers in exclusive agricultural zones (urban or rural counties) -- when the land is rezoned and removed from the exclusive agricultural zone, a rollback tax is calculated; all tax credits received over the last 20 years plus 6% compound interest from the time the rezoning. The rollback tax is due when the land is sold or developed.
 - E. Administration -- both the initial and the permanent programs will be administered by the Wisconsin Dept of Agriculture. A special State Agricultural Lands Preservation Board is created to certify exclusive agricultural zoning ordinances and preservation plans, act on requests for early termination of contracts, act on appeals from farmers who were denied contracts by the counties and approve spending of funds for counties to develop preservation plans. The Board is composed of the secretaries of the State Departments of Agricultural Administration, Local Affairs and Development, and two public members.

Discussion ensued.

10.A. Establish and Fund the Rock County Emergency Medical Officer Program

WHEREAS, the Airport Department must meet federal emergency medical services requirements to retain its operating certificate and remain eligible for federal aid; and,

WHEREAS, anywhere in Rock County emergency situations can and do occur requiring rapid and professional medical services; and,

WHEREAS, the Emergency Government Department, Airport Department, and Sheriff's Department have all recognized the need for an Emergency Medical Officer by arranging for the assistance of Dr. Rocco Vitacca as each Department's volunteer medical officer; and

WHEREAS, it would be in the overall interests of Rock County to formally establish the voluntary Emergency Medical Officer position reporting to one Committee and serving all Departments on a coordinated basis.

NOW, THEREFORE, BE IT RESOLVED, that the County Board Chairman is hereby authorized to appoint Dr. Rocco J. Vitacca as Rock County Emergency Medical Officer and that Dr. Vitacca, upon acceptance of this appointment, will serve on a voluntary basis without remuneration for a period of one year and can, by mutual agreement, be reappointed annually;

AND BE IT FURTHER RESOLVED, that whereas certain insurance and other costs are inherent to the establishment of this program, the Board appropriates the sum of \$200 for these purposes and recommends that the 1978 Emergency Government budget make provision for this voluntary appointment.

RESPECTFULLY SUBMITTED,

PUBLIC SAFETY & JUSTICE COMMITTEE

/s/ Michael Glowacki, Chairman
/s/ Richard Everson
/s/ Robert Gilliam
/s/ Arnold Wikum
/s/ W. Warren Zick

TRANSPORTATION COMMITTEE

/s/ Arnie Agnew
/s/ J. Kenneth Austin
William Cunningham, Absent
Edward R. Hanewall, Absent
/s/ Edward Quaterna

COUNTY BOARD STAFF COMMITTEE

/s/ Robert Parker, Chairman
/s/ Kenneth Johnson
/s/ John Hurd
/s/ Robert Gilliam
/s/ Michael Glowacki
/s/ Gordon Hill
/s/ Raymond Ryan
Samuel Loizzo, Absent
/s/ Edward Quaterna

REVIEWED BY FINANCE & EQUALIZATION COMMITTEE

/s/ John Hurd, Chairman

LEGAL NOTE - Wis. Stats. 22.16(1) requires counties to develop an emergency government plan. Appointment of an Emergency Medical Officer is a part of such a plan.
/s/ Victor Moyer, Corporation Counsel

FISCAL NOTE - Resolution call for new appropriation, therefore, required 2/3 majority vote.
/s/ Nikolaus Korndorf, Finance Director

ADMINISTRATIVE NOTE - Recommended.
/s/ Kenyon C. Kies, County Administrator

Supervisor Schoenrock, Vice Chairman of Finance & Equalization Committee stated that his committee had acted favorably on the resolution.

Supervisors Arentsen and Kalt moved the above resolution. ADOPTED on roll call vote. Ayes: Hanewall, Florey, Wikum, Schoenrock, Cunningham, Wells, Ryan, Combs, Kalt, Gilliam, Agnew, Seefeldt, Schlittler, Bussie, Skelly, Hill, Jaeger, Williams, Hahn, Breidenstein, Everson, Duly, Berg, Glowacki, Hickey, Arentsen, Loizzo, Quaterna, Zick, Wright, Jacobson, Johnson, Ehaer, Austin, Eager, Bobzien and Parker. 37 Ayes; 0 Noes; 4 Absent.

10.B. Request for New Appropriation - Surveyor

WHEREAS, appropriation for Microfilm, sub account 504 was deleted in the 1977 Surveyor's budget; and,

WHEREAS, there is public demand for microfilm copies.

NOW, THEREFORE, BE IT RESOLVED by the Rock County Board of Supervisors assembled this 8th day of September that sub account 504 - Microfilm will be added to the 1977 Surveyor's budget; and,

BE IT FURTHER RESOLVED that the appropriation of \$600.00 will be placed in the above account from the General fund; and,

BE IT FURTHER RESOLVED that all proceeds from the sale of microfilm copies be considered general purpose revenue and closed at the end of the year to the General Fund.

Respectfully submitted,
PLANNING & ZONING COMMITTEE
/s/ Wallace Hahn
Paul Luefy, Absent
/s/ Harold Combs
/s/ William Cunningham
/s/ Daniel Ehaer

FISCAL NOTE - Resolution calls for new appropriation and, therefore, requires 2/3 majority vote.
/s/ Nikolaus Korndorf, Finance Director

LEGAL NOTE - Changes in county budgets are governed by sec. 65.90, Stats. The two-thirds requirement is already noted.
/s/ Victor Moyer, Corporation Counsel

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Sheriff Robert D. Spoden
INITIATED BY
Public Safety & Justice
Committee
SUBMITTED BY



Sergeant Shena Kohler
DRAFTED BY
May 5th, 2014
DATE DRAFTED

AMENDING THE COMPOSITION OF THE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

- 1 WHEREAS, Resolution No. 76-12A-127 permanently created the Emergency Medical Services
- 2 Advisory Council (EMS) to maintain the Rock County EMS plan; and,
- 3
- 4 WHEREAS, Resolution No. 96-9A-071 specified the current composition of its membership to provide
- 5 staggered, definite terms of appointment for all members serving on the EMS Advisory Council so that
- 6 the County Board may assure that there continues to be at all times a functional distribution of
- 7 representatives comprising the council to include: ten representatives from licensed ambulance providers
- 8 serving Rock County, three representatives from the Rock County hospitals, one representative from
- 9 Blackhawk Technical College Fire and EMS Training Division, one representative from 911
- 10 Communications, one representative from the Rock County Sheriff's Office, one representative from
- 11 Rock County Emergency Management, one representative from the County Board Public Safety and
- 12 Justice Committee, one person at-large, one member from the medical community serving as the EMS
- 13 Advisory Council Medical Director and one member from the medical community serving as the EMS
- 14 Advisory Council Co-Medical Director for a total of 21 members; and,
- 15
- 16 WHEREAS, Rock County was previously supported by three hospitals including Mercy Hospital and
- 17 Trauma Center, Beloit Memorial Hospital and Edgerton Hospital and has added an additional hospital,
- 18 St. Mary's Hospital, in Janesville Wisconsin; and,
- 19
- 20 WHEREAS, the EMS Advisory Council believes it is desirable to redefine its membership to include
- 21 one additional member representing Rock County hospitals for a total of 22 members; and,
- 22
- 23 WHEREAS, the EMS Advisory Council requests that St. Mary's Hospital, as a hospital representative
- 24 of the citizens of Rock County, be represented on the EMS Advisory Council as an addition to the
- 25 current hospital representation; and,
- 26
- 27 WHEREAS, appointments to the EMS Advisory Council shall be made by the County Board Chair,
- 28 subject to County Board confirmation.
- 29
- 30 NOW, THEREFORE, BE IT RESOLVED, that the Rock County Board of Supervisors duly
- 31 assembled this 22 day of May, 2014 approves and authorizes the addition of one
- 32 hospital representative as the 22nd member of the Rock County EMS Advisory Council.

14-5B-038

Respectfully submitted,

PUBLIC SAFETY & JUSTICE COMMITTEE

Absent
Mary Beaver, Chair

Hank Brill
Hank Brill

Terry Fell
Terry Fell

Brian Knudson
Brian Knudson

Larry Wiedenfeld
Larry Wiedenfeld

AMENDING THE COMPOSITION OF THE EMERGENCY MEDICAL SERVICES ADVISORY
COUNCIL

Page 2

FISCAL NOTE:

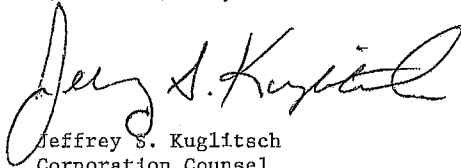
Per County Board Rule IV-C, County Board Supervisors who are members of additional special, single purpose or ad hoc committees are eligible for per meeting allowances and mileage reimbursement. Citizen members of such committees shall be eligible for mileage reimbursement only.



Sherry Oja
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to secs. 59.01, 59.03, 59.04 and 59.51, Wis. Stats.



Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Craig Krutson
County Administrator

AMENDING THE COMPOSITION OF THE EMERGENCY MEDICAL
SERVICES ADVISORY COUNCIL

EXECUTIVE SUMMARY

The Emergency Medical Services Advisory Council (EMS) was permanently established in 1976 following Rock County Resolution No. 76-12A-127 to maintain the Rock County Emergency Medical Services plans. The EMS Advisory Council currently has 21 members including ten representing licensed ambulance service providers, three hospital representatives, one County Medical Director, one County Co-medical Director, and one member from Blackhawk Technical College, 911 Communications Center, Sheriff's Office, Emergency Management, community at-large and the County Board Public Safety and Justice Committee.

The EMS Advisory Council has hospital representation from Beloit Memorial Hospital, Mercy Hospital and Trauma Center, and Edgerton Hospital. The Council's request to add an additional hospital representative to the Council would provide an opportunity for St. Mary's Hospital to also participate as a hospital representative on the EMS Advisory Council, appropriately reflecting the current positioning of Rock County Emergency Medical Service facilities.

Appointments to the EMS Advisory Council shall be made by the Rock County Board Chair, subject to Rock County Board confirmation.

(Item 8.A. - Cont'd.)

Supervisor Hurd explained that there were 39 applicants for the position and that by screening the number was cut to 5 but one person didn't show for an interview, so the final number interviewed were 4. It was the unanimous decision of the Committee to hire Mr. Hubbard as the Highway Commissioner.

The Board then acted on the resolution. ADOPTED by acclamation.

8.B. Appointing Emergency Medical Services Director and Co-Directors.
(Res. No. 83-10A-373)

WHEREAS, the position of voluntary Emergency Medical Services Director was established by the County Board in 1977; and,

WHEREAS, Dr. Rocco J. Vitacca was appointed to that position and continued to serve until August, 1982; and,

WHEREAS, the Rock County Emergency Medical Services Advisory Council and Rock County Physician Groups have discussed the need for a replacement for Dr. Vitacca; and,

WHEREAS, the Rock County Emergency Medical Services Advisory Council recommends the appointment of Emergency Medical Services Director and two (2) Emergency Medical Services Co-Directors to continue providing the valuable service formerly provided by Dr. Vitacca.

NOW, THEREFORE, BE IT RESOLVED by the Rock County Board of Supervisors meeting this 13th day of October, 1983, that the position of voluntary Emergency Medical Services Director and two (2) positions of voluntary Emergency Medical Services Co-Directors be established; and,

BE IT FURTHER RESOLVED that the County Board Chairman be authorized to make annual appointments to these positions with the confirmation of the County Board; and,

BE IT FURTHER RESOLVED that Dr. Steven Falk, Janesville, be appointed Director; that Dr. Kenneth Gold, Beloit, and Dr. Thomas Shearer, Edgerton, be appointed Co-Directors; all to serve without remuneration for a period of one year.

Respectfully submitted,

PUBLIC SAFETY & JUSTICE COMMITTEE:

/s/ Richard Everson, Chairman
/s/ James Mawhinney, Vice Chairman
/s/ Connie Kocher
/s/ Frank Marsden
/s/ Harold Traynor

LEGAL NOTE:

These appointments fall within the County's power of establish and develop county emergency government plans and programs under Chapter 166 of the Wisconsin Statutes.

/s/ Thomas A. Schroeder, Corporation Counsel

FISCAL NOTE

No fiscal implication.

/s/ Nikolaus Korndorf, Finance Director

ADMINISTRATIVE NOTE:

Recommended.

/s/ Charles B. Hetrick, County Administrator

JOB DESCRIPTION

ROCK COUNTY MEDICAL SERVICES DIRECTOR/CO-DIRECTORS

The Medical Director shall be a licensed physician. He shall be assisted by two (2) Co-Directors who shall also be licensed physicians.

He shall direct and supervise the activities of the Emergency Medical Services personnel on any major Emergency Medical Services incident in Rock County.

This will include coordination with the Emergency Medical Technician and Paramedic personnel in the field and their respective hospital physicians who are in radio contact with one another on Emergency Medical Services incidents.

He will coordinate Emergency Medical Services activities with Fire and Law Enforcement personnel at any major Fire/Law Enforcement Emergency Medical Services incident.

He may conduct incident critiques or reviews as the need occurs with the Emergency Medical Services/Fire/Law Enforcement throughout the County.

He may delegate any responsibility he wishes to any qualified person.

By virtue of this position he shall be a member of the Rock County Emergency Medical Services Advisory Council.

Appointment of Rock County Medical Services Director/Co-Directors shall be by County Board Resolution. Tenure of appointment is one year and is without remuneration.

(Item 8.B. - Cont'd.)

Supervisors Koehn and Seefeldt moved the above resolution. ADOPTED by acclamation.

10.A. Report on Rock County United Services, Inc. : Supervisor Weiskopf.

Supervisor Weiskopf introduced Linda Moore, Director of the Rock County United Services, Inc. Ms. Moore said that this program is comparatively new having been started in 1982. The program provides services to Senior Citizens and the elderly in Respite Care, Caregiver Education, Homemaker/Home Health Aid Registry and Benefit Specialist. 235 families have been served in the 4 categories this past year, she concluded.

Supervisors Weiskopf and Breidenstein moved to accept the report and place on file. ADOPTED by acclamation.

At this point in time County Clerk Greg Seefeldt announced that if anyone is interested in giving to the State Line United Givers, he has cards and information.

12.A.). Transfer of Funds.
(Res. No. 83-10A-374)

WHEREAS, the Rock County Department of Social Services has sufficient revenues to cover operating expenses for 1983; and

WHEREAS, some expenditure accounts have had higher expenses than the budget plan, which was based upon historical data and trends; and

WHEREAS, payments from parents and third parties have offset some expenditures for children in foster care and institutions, thus reducing expenditures from state revenues in those areas;

NOW, THEREFORE, BE IT RESOLVED, by the Rock County Board of Supervisors, assembled this 13th day of October, 1983 to transfer funds as follows:

	<u>FROM</u>	<u>TO</u>
\$70,000	10-361-605-000-090 Foster Care	10-361-602-000-464 Social Service Expense
\$50,000	10-361-604-000-090 Institutions	10-361-602-000-449 Child Care
\$ 4,200	10-361-615-000-101 Salaries (Support Staff)	10-361-616-000-144 Rent
\$ 3,890	10-361-613-000-127 Travel (Income Maintenance)	10-361-616-000-171 Postage
\$ 6,110	10-361-612-000-127 Travel (Direct Service)	10-361-616-000-171 Postage
\$ 3,000	10-361-615-000-101 Salaries (Support Staff)	10-361-616-000-171 Postage

Counterbalancing entries will also be made to the appropriate revenue accounts:

\$70,000	10-905-250-361-605	10-905-250-361-602
\$30,000	10-905-250-361-604	10-905-250-361-602

RESPECTFULLY SUBMITTED:
BOARD OF SOCIAL SERVICES

/s/ Gordon Hill, Chairman
/s/ Ed Quaerna
/s/ James Wells

/s/ Philip Johnson, Vice-Chairman
/s/ Donald Upton

FISCAL NOTE

Enumerated in the resolution accounts have sufficient funds to accommodate requested transfer. Transfer will have no effect on the County share of Social Services operation. Resolution calls for modification to the existing budget, therefore, required 2/3 majority vote of the entire County Board.

/s/ Nikolaus Korndorf, Finance Director

LEGAL NOTE:

Pursuant to sec. 65.90(5)(a), Wis. Stats., "the amounts of the various appropriations and the purposes for such appropriations" in the budget may be changed by a 2/3 vote of the entire membership of the County Board.

/s/ Thomas A. Schroeder, Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.

/s/ Charles B. Hetrick, County Administrator

FINANCE COMMITTEE:

Reviewed & approved on a vote of: 5-0

/s/ Gordon Kuzda, Chairman

RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS

EMS Advisory Council
INITIATED BY



John Olson
DRAFTED BY

Public Safety & Justice Comm
SUBMITTED BY

July 25, 1996
DATE DRAFTED

T I T L E

ESTABLISHING COMPOSITION AND TERMS OF EMS ADVISORY COUNCIL

1 WHEREAS, Resolution #76-12A-127 permanently created the Emergency Medical
2 Services (EMS) Advisory Council to maintain the Rock County EMS plan, specified
3 the composition of its membership, directed that non-supervisor members shall
4 serve on a voluntary basis without per diem or mileage reimbursement, and
5 established the relationship between the Council, its governing committee, and
6 the Office of Emergency Management; and,
7

8 WHEREAS, the EMS Council believes it is desirable to redefine its membership and
9 provide for staggered, definite terms of appointment for all members serving on
10 the EMS Council so that the County Board may assure that there continues to be
11 at all times a functional distribution of representatives comprising the Council
12 to include: ten representatives from licensed ambulance providers serving Rock
13 County, three representatives from the hospitals, one representative from BTC
14 Fire and EMS training program, one representative from the 911 Center, one
15 representative from the Rock County Sheriff's Department, one representative from
16 Rock County Emergency Management, one representative from the County Board Public
17 Safety & Justice Committee, one person at-large, one member from the medical
18 community serving as EMS Advisory Council Medical Co-Director, and one member
19 from the medical community serving as EMS Advisory Council Medical Director for
20 a total of 21 members; and,
21

22 WHEREAS, the EMS Council also believes that staggered, definite terms of
23 appointment will assist in maintaining an actively participating membership that
24 represent the community and who are most directly interested in and knowledgeable
25 about the responsibilities of the EMS Advisory Council and who are capable of
26 discharge the responsibilities of the Council; and,
27

28 WHEREAS, appointments to councils shall be made by the County Board Chair,
29 subject to County Board confirmation.
30

31 NOW, THEREFORE, BE IT RESOLVED, by the Rock County Board of Supervisors meeting
32 in regular session this _____ day of _____, 1996 that staggered,
33 three year terms of appointment for members of the EMS Advisory Council shall be
34 and hereby are established, as hereafter set forth.
35

36 BE IT FURTHER RESOLVED, that all present terms on the EMS Advisory Council shall
37 be deemed to expire on September 30, 1996, or at such time as replacements for
38 any currently serving member of the EMS Advisory Council are confirmed by the
39 County Board; and,
40

41 BE IT FURTHER RESOLVED, that the County Board Chair shall appoint members to
42 serve on the EMS Advisory Council for terms commencing on October 1, 1996 with
43 one-third to serve a term expiring on September 30, 1997, one-third to serve a
44 term expiring on September 30, 1998, and one-third to serve a term expiring on
45 September 30, 1999, with all subsequent appointments to be for a term of three
46 years, except that any person appointed to fill a vacant position on the EMS
47 Advisory Council shall be appointed for the remainder of the term of the position
48 to which appointed; and,
49

50 BE IT FURTHER RESOLVED, that the positions of EMS Advisory Council Director and
51 Co-Director fall within the one-third whose term expires on September 30, 1999.

96-9A-071

ESTABLISHING COMPOSITION AND TERMS OF THE EMS ADVISORY COUNCIL
Page 2

Respectfully submitted,

PUBLIC SAFETY & JUSTICE COMMITTEE

Dean Cornford
Dean Cornford, Chair

Herbert Christiansen
Herbert Christiansen, Vice Chair

ABSENT
Keith Burdick

Lewis Molique
Lewis Molique

Patricia Seefeldt
Patricia Seefeldt

LEGAL NOTE:

The County Board is authorized to take this action pursuant to sec. 59.025, Wis. Stats.

Thomas A. Schroeder
Thomas A. Schroeder
Corporation Counsel

FISCAL NOTE:

This resolution has no fiscal impact on Rock County operations.

Jeffrey A. Smith
Jeffrey A. Smith
Finance Director

ADMINISTRATIVE NOTE:

Recommended,
Craig Knutson
Craig Knutson
County Administrator

C

EXECUTIVE SUMMARY

The Rock County Emergency Medical Services Advisory Council (EMS) is composed of twenty-one (21) members who represent the licensed ambulances, hospitals, communications, the Sheriff's Department, Emergency Management, Public Safety & Justice, and private citizens throughout Rock County.

The Advisory Council was originally created by Rock County resolution and is responsible for maintaining the Rock County EMS plans.

The EMS Advisory Council meets every third month and at times a quorum of the Council is not in attendance. Some of the Council members are ranking officers and department heads within their respective department/organization with schedules that frequently make it difficult to attend the EMS Council meetings. Only those duly appointed 21 Council members are authorized to vote at Council meetings. The lack of a quorum can result in a six-month or more delay in taking action on agenda items.

The current EMS Council has unanimously recommended that each Council member be authorized to designate one (1) person from their respective category to attend EMS meetings in their absence. The alternate may participate in all discussions and may vote only in the absence of, and not in addition to, the EMS member. This extension of voting rights would provide more continuity on the Council activities.

TO THE HONORABLE BOARD OF SUPERVISORS OF ROCK COUNTY:

LADIES & GENTLEMEN:

We, the FINANCE & EQUALIZATION COMMITTEE, have examined the following bills over \$5,000.00 and; inasmuch as the claim which covers the items have been found reasonable and proper, and have been previously funded, we recommend that they be allowed by the County Board for payment and order the County Clerk to draw a check for the same.

Clinton Community Schools	Manpower - Title II Contracted Services 1/16/75-3/1/75	6,605.54
City of Janesville	Manpower - Title II Contracted Services 2/1/75-3/1/75	14,225.97
City of Janesville	Manpower - Title II Contracted Services 2/1/75-3/1/75	10,757.83
Courtesy-Oldsmobile Datsun, Inc.	Sheriff's Department 5 Squad Cars	19,021.50
Rock County Rehabilitation Services, Inc.	Rock County Rehabilitation Services, Inc., --Day Services	32,675.39

Inasmuch as the claims have been found reasonable and proper, we hereby allow the said claim and ratify the County Clerk's action in drawing a check for the same.

FINANCE & EQUALIZATION COMMITTEE

Dated at Janesville, Wis.
this 19th Day of March,
1975

/s/ W. Warren Zick
/s/ Roy C. Mielke
/s/ Al. Schoenrock
/s/ Ewald F. Schueler
/s/ Verne Jaeger

Supervisors Zick and Luety moved that the above bills be approved. They were adopted on the following roll call vote: Ayes; Hanewall, Robson, Wikum, Schoenrock, Cunningham, Wells, Ryan, MacFarlane, Mielke, Langlas, Agnew, Seefeldt, Roberts, Skelly, Parker, Jaeger, Hurd, Hull, Breidenstein, Bayer, Schueler, Smedstad, Glowacki, Athens, Heffernan, Loizzo, Quaerna, Zick, Wickhem, Jacobson, K. Johnson, Kies, Austin, Luety, Eager, Bobzien and Hill. 37 ayes, 4 absent.

11.B Supervisors Robson and Seefeldt moved the following resolution:

RESOLUTION

CREATION OF A COUNTY-WIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

WHEREAS, the Health Planning Council, Inc., of which Rock County is a participating member, has requested each of its member counties to develop a Comprehensive Emergency Medical Service (EMS) plan; and,

WHEREAS, federal and state agencies require such plans as a prerequisite to seeking financial assistance for EMS related programs; and,

WHEREAS, the Rock County Health Resources Committee, which is comprised of various persons interested in health services, has petitioned the Rock County Board of Supervisors to establish a Rock County Emergency Medical Services (RCEMS) council; and,

WHEREAS, the RCEMS council would develop a comprehensive county-wide plan and possible methods of financing said plan in order to define and make provision for adequate and necessary emergency medical services for all residents of Rock County.

NOW THEREFORE BE IT RESOLVED by the Rock County Board of Supervisors that:

1. A County-wide Rock County Emergency Medical Services Advisory Council is hereby created for a period of sixteen (16) months or to August 1, 1976, for the purpose of developing a Rock County Emergency Medical Services Plan for all the residents of the County.
2. The Council shall be comprised of seventeen (17) members appointed by the County Board Chairman and confirmed by the County Board of Supervisors including, but not limited to, representatives of general hospitals, Health Care Center, ambulance providers, physicians, other medical professionals, law enforcement and the general Public.
3. Membership of the Council shall be voluntary and no members shall receive per diem or mileage payments.

75-3-148

4. Clerical and staff support shall be provided by the Office of Management Analysis through the assistance of the Manpower Program at no additional cost to the County.
5. The County-wide EMS plan shall be completed and submitted to the County Board of Supervisors by the first meeting in July 1976, and must receive endorsement of the Council and appropriate community organizations prior to submission.
6. The Council shall make periodic progress reports and otherwise report to the County Board through the Health Services Committee of the County Board.

Resolution drafted by: Office of Management Analysis

COUNTY BOARD STAFF COMMITTEE

/s/ Gordon L. Hill
Gordon L. Hill, Chairman

ABSENT
Arnie Agnew

ABSENT
John Murd

/s/ Patricia Seefeldt
Patricia Seefeldt

/s/ Michael L. Glowacki
Michael L. Glowacki

ABSENT
Mary E. Wickhem

No fiscal implication.

/s/ Nikolaus Korndorf
Nikolaus Korndorf
County Auditor

/s/ Ewald F. Schueler
Ewald F. Schueler, Vice-Chairman

/s/ Richard B. Eager
Richard B. Eager

/s/ Raymond Ryan
Raymond Ryan

/s/ Ovid Smedstad
Ovid Smedstad

/s/ James L. Wells
James L. Wells

/s/ W. Warren Zick
W. Warren Zick

Reviewed as to form

/s/ Victor Moyer

/s/ W. Warren Zick

Larry Brown stated that this plan is necessary to attract federal and state funds for paramedic and other emergency services that are fundable and is necessary to qualify for certification.

Supervisors Loizzo and Smedstad moved as an amendment that #5 read as follows: "The County-wide EMS plan shall be completed and submitted to the County Board of Supervisors as soon as possible but not later than the first meeting in July, 1976."; and, paragraph #6 to include the words, "--but an interim report with special regard to licensing and funding be furnished by July, 1975." The motion was adopted.

The original resolution by Supervisors Robson and Seefeldt, and as amended, was adopted.

11.0

R E S O L U T I O N

EMERGENCY EMPLOYMENT ACT TITLE V, MODIFICATION II

WHEREAS, the County of Rock, Wisconsin is a Federally authorized grantee under the Emergency Employment Act, Title V (of 1972), and

WHEREAS, the County of Rock wishes to modify its Emergency Employment Act Title V grant for the following reasons:

1. To transfer twelve Comprehensive Employment and Training Act Title II Public Service Employment clientele to Emergency Employment Act Title V Public Service Employment funding.
2. To effect, with the above cited client transfer (Item 1 above), an excess fund in the Comprehensive Employment and Training Act Title II grant to be used for the purpose of recently mandated Unemployment Insurance payments to Comprehensive Employment and Training Act Title II Public Service Employment clientele.
3. To reallocate unused Emergency Employment Act Title V grant dollars so as to provide the maximum employment opportunity for the County of Rock's needy unemployed residents by increasing the number of presently active positions funded under Title V auspices.
4. To reduce the Federal dollar Title V administrative allocation (administrative budget) from 1.2636% (\$1,018.53) to .4342% (\$350.00) and return such unneeded administrative dollars to direct client activities, and to extend the grant duration to June 30, 1975, and

SHEBOYGAN COUNTY

EMERGENCY MEDICAL SERVICES PLAN

DATE ADOPTED BY E.M.S. COUNCIL

Revised November 2018

S:\Lec\Emergency Government\EMSreports\EMS Plan Revised 11/2018.doc

EMS PLAN

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SHEBOYGAN COUNTY EMS COUNCIL

MISSION STATEMENT

The Sheboygan County EMS Council's Mission is to provide a forum for a group of well informed individuals from all areas of Emergency Services including First Responders, Fire Departments, Ambulance Services, Government Officials, Legal, and Health Professionals to oversee the EMS system in Sheboygan County. The Council serves as an advisory committee to the Sheboygan County Board of Supervisors' Law Enforcement Committee to keep it informed of changes in emergency services and the present and future needs of EMS.

The Council acts in the best interest of the County to address issues of concern or questions from the public. The Council will provide information, education and training as to the operations of the EMS system in Sheboygan County.

The Council strives to provide the highest level of Emergency Medical Services to the citizens and visitors of the Sheboygan County area.

EMERGENCY MEDICAL SERVICES PLAN FOR SHEBOYGAN COUNTY

GENERAL CONCEPT

The concept adopted by the Sheboygan County Emergency Medical Services Council is a network of various levels of support located throughout the County of Sheboygan, each level complimenting the other.

This continuum of support is composed of First Responders, Ambulance Services, and emergency care at the hospitals.

All of these segments will be addressed in this plan. A combination of quality care, cost effectiveness, realism and goal setting will be the governing factors throughout.

I. FIRST RESPONDERS

A. There are two levels of First Responders in Sheboygan County.

1. The first are individuals throughout the County, many of whom are trained in First-Aid, CPR, AED (Automatic External Defibrillator). They are involved in many walks of life and could, if necessary, react in situations where a victim has stopped breathing or, as a passerby, render support at an emergency. This group of people responds as individuals with or without an allegiance to any particular group (e.g., general public). They provide a valuable asset to a community's emergency medical resources. Efforts are continuing to respond to the growing demands for CPR training in our County, so that the number of individuals possessing this skill may be increased.

2. The second level of First Responder support at present consists of some law enforcement personnel, fire department personnel, and volunteer organizations who are certified Emergency Medical Responders. People at this level of First Responder participate as part of a group and have allegiance to particular organizations. Individuals at this level shall be trained through a designated First Responder Training Course and shall be licensed for operation by the State of Wisconsin. These individuals shall adhere to the guidelines under the Sheboygan County Emergency Medical Services Council Standard for First Responder Units.

B. State Licensed First Responder Units

1. Adell Fire Department First Responder Unit
2. MILLIPORE Sigma Chemical First Responder Unit
3. Cascade Fire Department First Responder Unit
4. Cedar Grove Fire Department First Responder Unit
5. Howards Grove Fire Department First Responder Unit

6. Glenbeulah Fire Department First Responder Unit
7. City of Sheboygan Falls Fire Dept. First Responder Unit
8. City of Sheboygan Fire Department
9. St. Cloud First Responders
10. Town of Scott First Responders
11. Town of Sheboygan Fire Department First Responder Unit
12. Town of Sheboygan Falls Fire Dept. First Responder Unit
13. Village of Elkhart Lake First Responder Unit
14. Kohler Police Department/Village of Kohler EMS
15. Town of Wilson First Responders

C. **Sheboygan County Emergency Medical Services Council Standards for First Responder Groups**

1. **Overall Objective.** Medical First Responders are the foundation of the EMS system by providing immediate care to the victims of trauma and illnesses. First Responders in rural communities can dramatically decrease response time and give stability to an emergency scene. It is critical that the First Responders be proficient in providing basic life support and in taking the necessary action to minimize the patient's discomfort and prevent further complications.
2. **Identification.** Individuals participating in this level of care shall be identified and dispatched as First Responders.
3. **Role.** The First Responders should respond only upon request of the emergency dispatchers. In doing so, they may arrive at the scene before the responding ambulance service. The skills and equipment of First Responders enable the initiation of basic life support techniques and patient stabilization. First Responders also gather appropriate patient history information and performs a physical examination on the patient(s). Base line vital signs are also obtained and recorded for the responding ambulance crews. First Responders should only lift and move patients prior to ambulance arrival when absolutely necessary, and shall do so without causing additional injury. First Responders shall make themselves available to assist responding ambulance personnel.
4. **Skill Level.** The First Responders shall be trained and certified in emergency medical care as set forth by the State of Wisconsin Department of Transportation First Responder Course. Typically, as the first on-scene, the First Responders must be knowledgeable about basic principles of emergency medical care and must know what should, as well as what should not, be done. Their primary function is to stabilize a patient's condition until the responding ambulance service arrives.
5. **Responsibility At Emergency Scene.** It is recognized that the responsibilities of the First Responders at an emergency scene may be numerous, depending on the situation. The First Responders may need to perform the following activities:
 - Administer basic emergency medical care;

- Request the dispatcher to summon additional resources, such as fire department units, electric power company units, heavy-duty rescue units, aeromedical transport, etc.;
- Move victims;
- Solicit and direct help of bystanders;
- Relay additional information from relatives and bystanders to responding ambulance service;
- Complete First Responder Report Forms;
- Assist ambulance personnel in patient care, including but not limited to CPR, extrication, and driving the ambulance.

6. Recommended Equipment. See Appendix D for Equipment List.

7. Policies: First Responders.

a. Certified First Responders shall complete the State of Wisconsin Department of Transportation First Responder Training Course prior to being recognized by the Sheboygan County EMS Council.

b. First Responder Units desiring to become recognized by the Sheboygan County EMS Council will present their plan of operation to the Council.

- Contact the EMS Council Secretary to place the proposal on the next meeting agenda. The proposal will include scheduling method, mode of transportation, equipment available and identification.
- The proposal will be reviewed by the Plans and Goals Subcommittee.
- The Plans and Goals Subcommittee will present the proposal at the next EMS Council meeting.
- The EMS Council will conduct an oral or written ballot. The vote will constitute a recommendation to the Law Enforcement Committee.
- Upon Law Committee approval of the First Responder Unit's Operational Plan, any subsequent future changes shall be reviewed in the same procedural manner.

c. Each First Responder Unit shall file with the Secretary of the Sheboygan County EMS Council, a yearly update regarding their service. This update shall include a reporting of current equipment and vehicles, and a list of active personnel. The use of the Annual Report template is recommended. This report must be submitted between January 1st and February 1st of each year. Should the First Responder Unit be seeking any changes in its scheduling or operating procedures those changes should be identified in the report.

d. The First Responder Units shall maintain a report for each emergency call to which it has responded.

e. First Responder Units shall have some affiliation with a transporting EMS

agency.

f. Boundary lines for First Responder Units will be defined and established by the Sheboygan County EMS Council . (See Appendix A).

g. First Responder Units shall schedule and respond with the designated number of personnel to a call, preferably two, but possibly more, if needed.

h. First Responder Units shall be dispatched by the appropriate Public Safety Answering Point (PSAP) on Sheboygan County Fire frequency, Sheboygan City Fire frequency, in-house paging or character generator.

i. The activity of one service may necessitate temporary geographical extension of another service.

j. Radio communications between First Responder Units and ambulances shall be on the EMS Talk Groups.

k. Any time a First Responder Unit is dispatched for a medical call, an ambulance will also be dispatched. (**Exception:** Lift Assist. Citizen assist calls will not have ambulance dispatched unless medically indicated by First Responders or as per EMD policy).

l. It is not considered to be within the role of the First Responder Unit to divert (call off) an ambulance once it has been dispatched, unless the call is later determined to be non-medical in nature or the medical call is cancelled. The ambulance crew will determine whether to respond in the emergency or non-emergency mode based upon the information received through dispatch and/or First Responders on-scene.

m. First Responders that are certified to a higher level of care, (e.g. paramedic) may use their advanced skills if they work for and have liability coverage from the responding ambulance service.

II. **AMBULANCE SERVICES**

A. Ambulance Transportation is provided by six (6) services in Sheboygan County and surrounding areas.

1. Orange Cross Ambulance Service, Incorporated. Orange Cross Ambulance Service (OCAS)) is a combination part-time/full time BLS and ALS service which operates multiple transport vehicles. The County of Sheboygan contract with OCAS for specific ambulance services, primarily 911 response. Orange Cross will also provide non-emergency transport and interfacility transfers.

2. City of Sheboygan Fire Department Ambulance. The City of Sheboygan Fire Department Ambulance is a full-time career-oriented paramedic service which provides emergency medical responders and operates multiple transport vehicles.

3. Oostburg Ambulance. Oostburg is a volunteer EMS Organization with AEMTs (Advanced Emergency Medical Technicians), which operates multiple transport vehicles. Sheboygan County contracts with them for specific ambulance services. Oostburg Ambulance personnel may supplement their response with AEMT's and EMR/FR's going directly to the scene with personal vehicles. This is only done in areas within the Oostburg Ambulance territory that do not have first responders.

4. Random Lake Fire Department. Random Lake is a volunteer EMS Organization with AEMTs which provides emergency medical responders and operates multiple transport vehicles. Sheboygan County contracts with them for specific ambulance services.

5. Kewaskum Fire Department Ambulance Service. Kewaskum is a volunteer EMS Organization with AEMTs which operates multiple transport vehicles transporting only in cases of emergencies. They are an adjunct of the Kewaskum Fire Department. They do not contract with Sheboygan County.

6. Kiel Ambulance Service. Kiel is a volunteer EMS Organization with AEMTs which operates multiple transport vehicles. They are an adjunct of Kiel Fire Department. They do not contract with Sheboygan County.

7. Mt. Calvary Ambulance Service. Mt. Calvary is a volunteer EMS Organization which operates one transport vehicle. Sheboygan County has designated a portion of the Town of Russell and Town of Greenbush for specific ambulance services.

8. Plymouth Fire Department. Plymouth Fire Department is a volunteer EMS Organization with AEMTs which provides emergency medical responders and operates one transport vehicle. Sheboygan County has designated them as the primary EMS provider for the Sheboygan County Hazardous Materials Team and MABAS Division 113 Dive Team. They do not contract with Sheboygan County. Plymouth Fire Department Ambulance may provide mutual aid as needed within Sheboygan County.

B. Policies: Ambulance Services

1. Dispatch. Ambulances shall be dispatched according to the service response area as described under transportation services and boundaries found in Appendix B as well as the protocols set forth by Emergency Medical Dispatch (EMD). The activity of one service may necessitate temporary geographical extension of another service.

2. Response Time.

a. Response times should be reflected in the individual ambulance service contracts, and are subject to review as circumstances dictate. E.g, weather, construction, etc.

b. Response time is defined as the interval between the Public Safety Answering Point (PSAP) dispatching the service and the time the responding

agency calls on-scene.

3. Annual Report. Each ambulance service shall file with the Secretary of the Sheboygan County EMS Council a yearly update regarding their service. This update shall include a registry of current equipment, vehicles, and a list of active personnel. The report should also include any changes in scheduling or operating procedures since the previous report. Ambulance services should provide proof of State licensure. This report must be submitted between January 1st and February 1st of each year. It is recommended to use the Annual Report template.

Ambulance services desiring to become recognized by the Sheboygan County Emergency Medical Services Council shall present their operational proposal in the same manner as First Responder agencies. See First Responder Policies.

4. Destination. The medical needs, specialty needs and the patient's preference shall be the primary indicators as to the destination.

5. Time Reporting. Ambulance services dispatched by a Public Safety Answering Point (PSAP) shall promptly and accurately report the following times via radio to the appropriate PSAP:

- a. The time en route.
- b. The time arrived at scene.
- c. The time leaving the scene.
- d. Time arrived at medical facility.

If radio traffic prohibits the ambulance service from providing the PSAP with any given times, the PSAP should be contacted as soon as possible and advised of the time in question.

C. Policies: Participating Ambulance Services and First Responders

All participating EMS providers will operate in accordance to Wisconsin State Statute and Administrative Code, and within the scope of their agency's operational plan.

D. ALS Intercepts

1. Any ambulance which has determined that they will be transporting a patient who could benefit from paramedic level services can request an intercept from Orange Cross or Sheboygan Fire Department. Similar considerations exist for services in Washington and Ozaukee Counties. Likewise, the Medical Control Physicians at any of the hospitals may order an incoming ambulance to be intercepted by a paramedic unit as part of the overall treatment plan for the patient being transported to their facility. Such determinations should be made at the interest of providing the best possible care for the critically ill or injured patient.

2. When it has been determined that a paramedic intercept is desired by an incoming ambulance or the hospital medical control physician, the paramedic

service shall be contacted as early as possible via radio contact with the Sheboygan Sheriff 911 dispatcher.

3. Information regarding the patient's condition should be provided along with the planned route of travel to the respective hospital. If the intercept is not planned to occur in transit, the exact address of the ambulance call should be specified.

4. The ambulance which is to be intercepted should utilize the dispatch assigned EMS channel for all communications with the paramedic unit. Use the appropriate hospital channel or cell phone to communicate with the Medical Control Physician.

5. Once the paramedic unit is en route, both ambulances should communicate with each other and decide the exact location where they will meet and the appropriate route.

6. When the ambulances have reached the rendezvous location, there are two methods of executing the paramedic intercept procedure:

a. Paramedic personnel shall board the incoming ambulance and transfer over all necessary advanced life support supplies and equipment from their paramedic ambulance vehicle. The paramedic personnel will remain with the intercepted ambulance for the remainder of the trip to the hospital. This procedure also requires that one person from the intercepted ambulance crew drive the unused paramedic ambulance vehicle to the hospital behind the transporting ambulance in the non-emergency mode. Communications will need to be carried out on the dispatch-assigned EMS channel or cell phone.

b. The paramedic unit may transport patient, if transfer of patient from the scene by the first ambulance has not begun.

III. COMMUNICATIONS

Sheboygan County has a combined dispatch center servicing all municipalities. Emergency Medical Dispatch (EMD) will be used to process all EMS calls, in accordance with policies established by the Sheboygan Sheriff's Office. Three committees will be established, the Quality Improvement Unit, the Dispatch Review Committee and the Dispatch Steering Committee. These committees will be responsible for continually reviewing the EMD program.

The Dispatchers have been trained in emergency medical dispatching. This facilitates the dispatching of appropriate medical services. It also allows dispatchers to provide instructions to bystanders/patients until First Responders or an Ambulance arrives (eg. CPR, open airways, direct pressure).

IV. MEDICAL FACILITIES

A. St. Nicholas Hospital

1. 24-Hour In-House Emergency Medicine Board Eligible or Emergency Medicine Certified M.D. coverage.
2. 24-Hour R.N. Coverage – ACLS Trained; PALS Trained; TNCC Trained.
3. Capable of receiving all levels of emergency cases.
4. Intermediate Haz-Mat Preparedness Level.
5. Designated as Level 4 Trauma Center.

B. Aurora Sheboygan Memorial Medical Center

1. 24-Hour In-House Emergency Medicine Board Eligible or Emergency Medicine Certified M.D. coverage, with the addition of Physician Assistants and Nurse Practitioners to assist the physicians.
2. 24-Hour R.N. Coverage – ACLS Trained; PALS Trained; TNCC (Trauma Nurse Core Curriculum) Trained.
3. Capable of receiving all levels of emergency cases.
4. Intermediate Haz-Mat Preparedness Level.
5. Designated as Level 4 Trauma Center.

C. Aurora Sheboygan Memorial Medical Center and St. Nicholas Hospital medical facilities have agreed to participate in all levels of EMS Training according to State of Wisconsin approved EMT Levels Training and Operational Plans.

D. The hospitals assure that the emergency department physicians from their respective medical staff will be available for direct radio voice communications with EMS personnel in the field on a 24-hour a day basis.

The hospitals in Sheboygan County will assume some degree of medical control based on the following guidelines:

1. Patient choice determines the destination of transport, whenever possible. Therefore, the EMS Unit will first seek medical control from the destination hospital of choice.
2. If, at any time, it is not possible to establish direct voice contact with the medical control physician at any of the hospitals (e.g., the in-house ED physician is occupied on a resuscitation elsewhere within the hospital), the EMS Unit will seek medical control from another hospital and will transport to the original

destination, or to a hospital per the patient's wishes. If this contact is not possible, the patient will be transported to the hospital under whose medical control the orders were given.

3. If a patient requiring EMS skills is going to be transported to an out-of-county hospital (i.e., St. Mary's in Mequon, Aurora in Grafton, St. Joseph's in West Bend, or St. Agnes in Fond du Lac), the necessary medical control should be obtained from the destination facility.

4. All of Sheboygan County's Medical Facilities have the capability to land helicopter ambulances.

V. PROTOCOL – DISPATCH OF HELICOPTER AMBULANCES

A. Aero medical helicopter transportation should be considered when emergency care personnel have evaluated the individual's circumstances and have found that:

1. The time needed to transport a patient by ground to an appropriate facility proposes a threat to the patient's survival and recovery.
2. Extrication and rescue or weather and traffic conditions would seriously delay the patient's access to advanced life support.
3. Critical Care personnel and equipment are needed to adequately care for the patient (i.e., compromised airway, severe hemorrhagic shock).

B. Rapid transport to a Level 1 or 2 Trauma Center shall be considered when indicators of possible serious injury exist as stated in "Guidelines for Trauma Definition" found in Appendix C.

C. Any emergency care personnel at the scene of an incident may request an aero medical transport service by the following procedure:

1. Emergency care personnel will contact the appropriate dispatch center and communicate the need for aero medical transport. Basic information regarding the nature of illness or injury and the desired aero medical transport service should be given to the dispatcher.
2. The appropriate dispatch center will contact the requested aero medical transport service and will relay all pertinent information regarding the incident, particularly the specific geographical location.
3. The responding ambulance(s) will also be made aware of the request and preliminary patient information.
4. When time allows, the closest hospital should also be notified of the situation, in the event that ground transportation will be required.
5. The helicopter will confirm that they are en route to the scene. As the

helicopter gets closer, it can contact EMS personnel on the ground for more specific information regarding patient condition, landing zone, and other logistical communications.

6. Prior to the field cancellation of aero medical services, hospital medical control shall be consulted.

7. Mobile phone App (Flight for Life) - The Helicopter Activation function (prior registration and approval required) instantly alerts Flight for Life of your location and request for Flight for Life aircraft. Simply tapping the Send Alert button allows you to send a text message to Flight for Life that includes your GPS coordinates, name, organization, and hospital or dispatch center. The agency requesting flight via the App is still required to notify dispatch.

VI. OUT-OF-COUNTY SERVICES

A. Four transporting services are located outside the borders of Sheboygan County. These transporting services should be requested only as a back-up unit when an existing service within Sheboygan County is not available or in the event of a disaster.

1. Campbellsport Ambulance Service (EMT I-Tech): Campbellsport Volunteer Ambulance is located approximately Eight (8) miles west of southwestern Sheboygan County. Because of the distance involved, the Campbellsport Ambulance should be requested only as a back-up unit. The Campbellsport Ambulance Service could be used as a back-up for the Random Lake Fire Department, the Kewaskum Ambulance Service, or the Orange Cross Ambulance Service. This transporting service should be utilized only when the above ambulance services are not available or in the event of a disaster.

2. Northern Ozaukee Ambulance Service (EMT I-Tech): The Northern Ozaukee Ambulance Services is located five miles south of the Sheboygan County line. As such, it is positioned for fast access via STH 57 to a portion of southern Sheboygan County. The Northern Ozaukee Service should be considered as a back-up service when Random Lake is not available or in the event of a disaster.

3. Manitowoc Fire Department: Manitowoc Fire Department is a Paramedic Level Service located north of Sheboygan County in the City of Manitowoc. Manitowoc Fire Department can be considered as a back-up service when Orange Cross Ambulance Service or the City of Sheboygan is not available or in the event of a disaster.

4. Valders Ambulance: Valders Ambulance is a Paramedic Level Service located in Manitowoc County. Valders Ambulance can be considered as a back-up service when Orange Cross Ambulance Service or the City of Sheboygan is not available or in the event of a disaster

Note: Kiel Ambulance Service and Mt. Calvary Ambulance Service are included in Section III. Transportation/Ambulance Services.

B. Sheboygan Co. EMS Policy Regarding Out-Of-County Services

1. The Sheboygan County EMS Council must continue to give their support to Sheboygan County's EMS System and support services. Services within the County should be utilized as primary providers.

The exception to this policy is when the fastest means of transportation is required and the geographic location is such that an out-of-country service would provide this.

2. This policy includes the assumption that all existing services provide quality medical care. Any allegations regarding cooperation, attitude, procedures at the scene, or general quality of care, should be brought to the Council as a separate issue.

VII. SUMMARY

The EMS System should be viewed as a continuum with each element complementing the others for the patient's benefit. Only when all elements in the EMS System understand their capabilities and limitations and cooperate in an effective and responsible manner, will each patient receive the optimal care from the system, starting at the emergency scene and continuing through to hospital discharge.

APPENDIX A

FIRST RESPONDER UNITS

AND

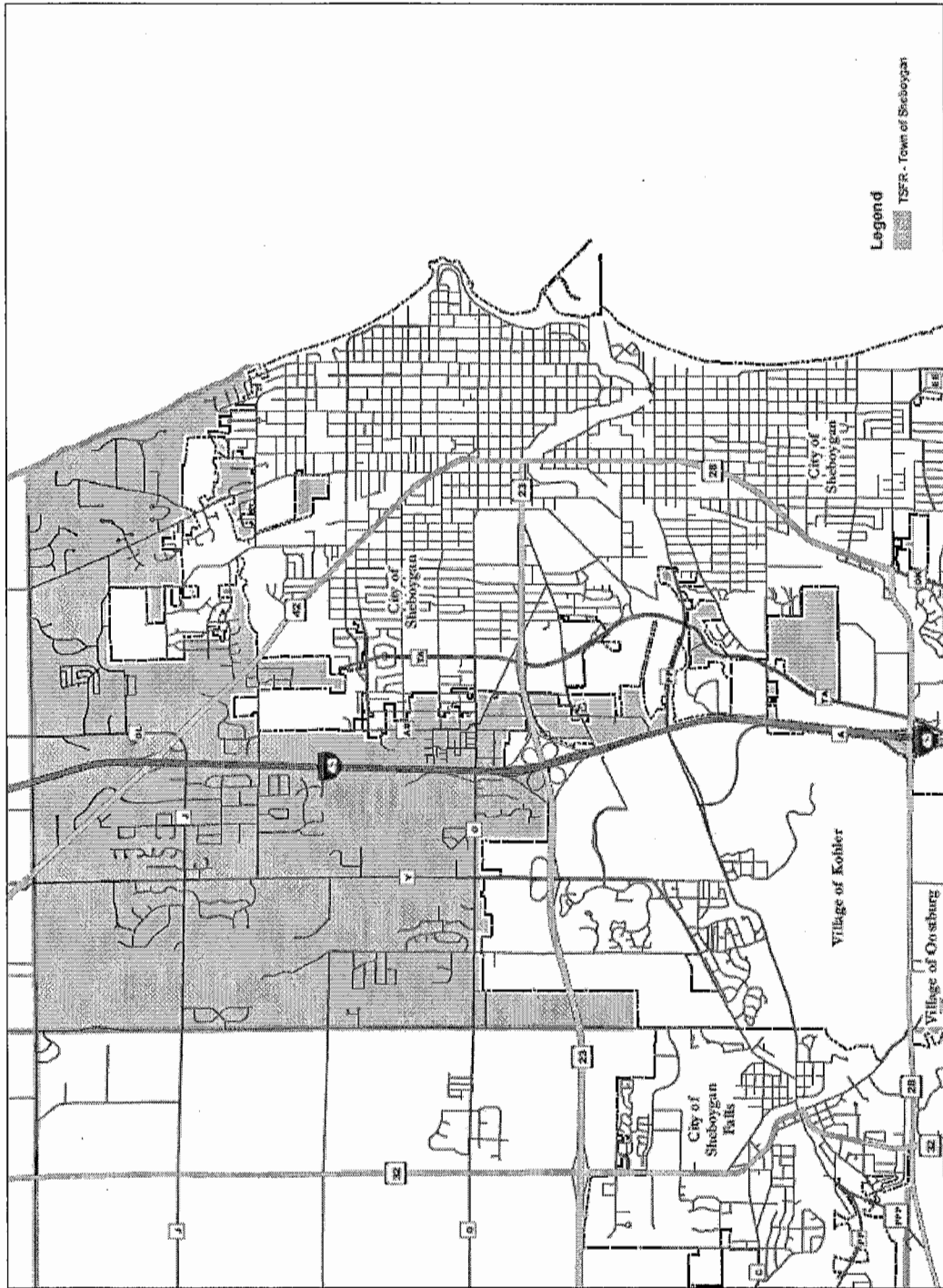
BOUNDARIES

UNIT 817

TOWN OF SHEBOYGAN FIRE DEPARTMENT

RESPONSE AREA: Town of Sheboygan

BOUNDARIES: Corporate Limits of the Town of Sheboygan



Town of Sheboygan First Responders Coverage Area

11/14/2017
 Sheboygan County Planning & Conservation Department
 Source: Sheboygan County Planning & Conservation Department
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UNIT 811

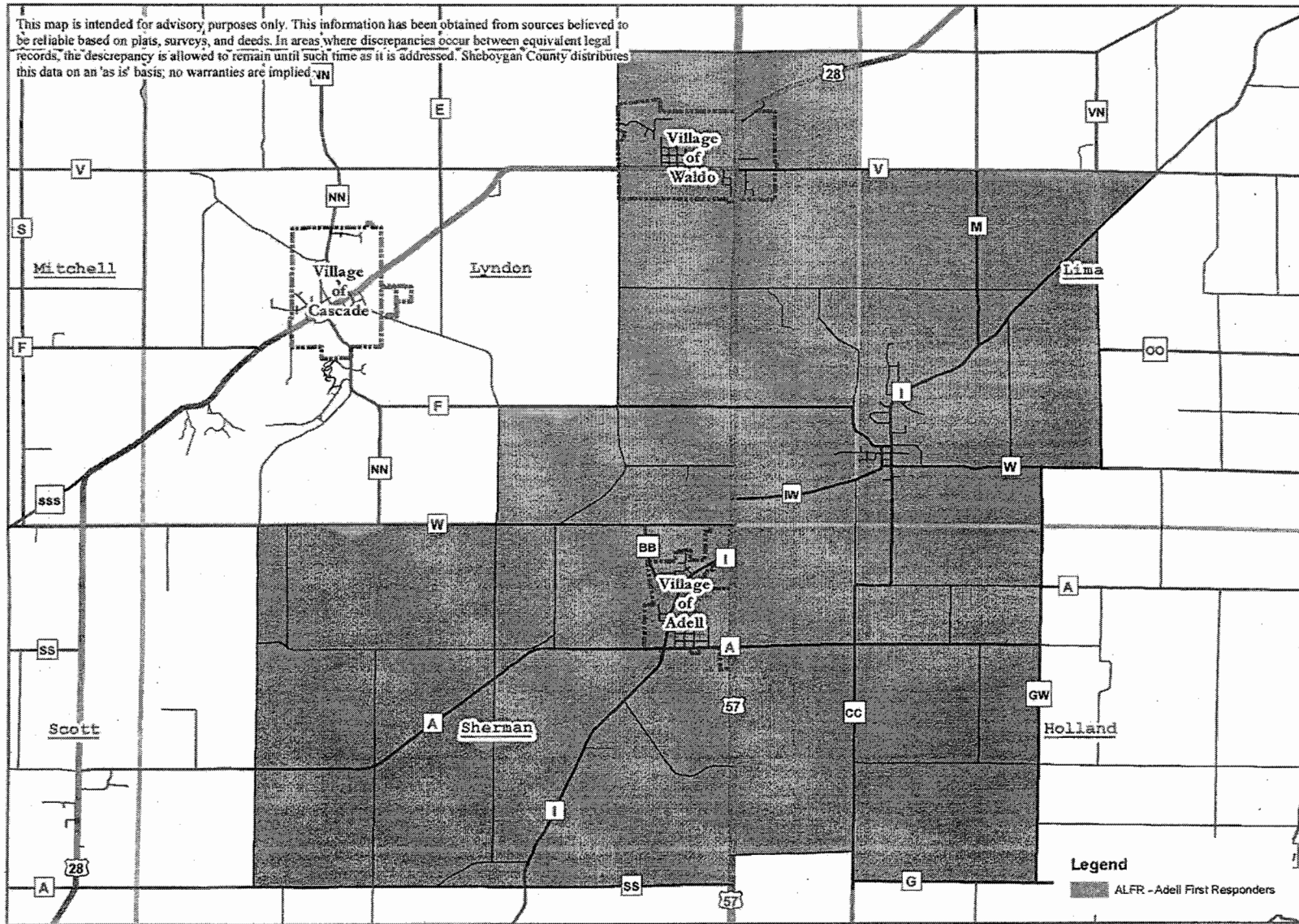
ADELL FIRE DEPARTMENT FIRST RESPONDER UNIT

RESPONSE AREA: Village of Adell
Hingham
Village of Waldo

PORTIONS: Town of Sherman
Town of Lyndon
Town of Lima
Town of Holland

BOUNDARIES: Beginning at the southeast corner, at the intersection of CTH GW and CTH G; west on CTH G, north side of the road, to CTH CC; north to CTH CC, east side of the road to Knuth Road; west on Knuth Road, north side of the road to STH 57; south on STH 57, west side of the road to CTH SS; west on CTH SS, north side of the road to Silver Creek Cascade Road (west intersection); north on Silver Creek Cascade Road, east side of the road to CTH W; east on CTH W, south side of the road to Bates Road; north on Bates Road, east side of the road to CTH F; east on CTH F, south side of the road to Blueberry Lane; north on Blueberry Lane, east side of the road to CTH N; east on CTH N, south side of the road to Willow Road extended; south on Willow Road extended to CTH V; east on CTH V, south side of the road to CTH I, southwest on CTH I, both sides of the road to Leynse Road, south on Leynse Road, both sides of the road to CTH OO; continuing south on CTH OO, both sides of the road to CTH W; west on CTH W, both sides of the road to CTH GW; south on CTH GW, west side of the road to the point of beginning.

This map is intended for advisory purposes only. This information has been obtained from sources believed to be reliable based on plats, surveys, and deeds. In areas where discrepancies occur between equivalent legal records, the discrepancy is allowed to remain until such time as it is addressed. Sheboygan County distributes this data on an 'as is' basis; no warranties are implied.



19

Adell First Responders Coverage Area

UNIT 813

CASCADE FIRE DEPARTMENT FIRST RESPONDER UNIT

RESPONSE AREA: Village of Cascade
Parnell
Town of Mitchell

PORTIONS: Town of Lyndon
Town of Greenbush

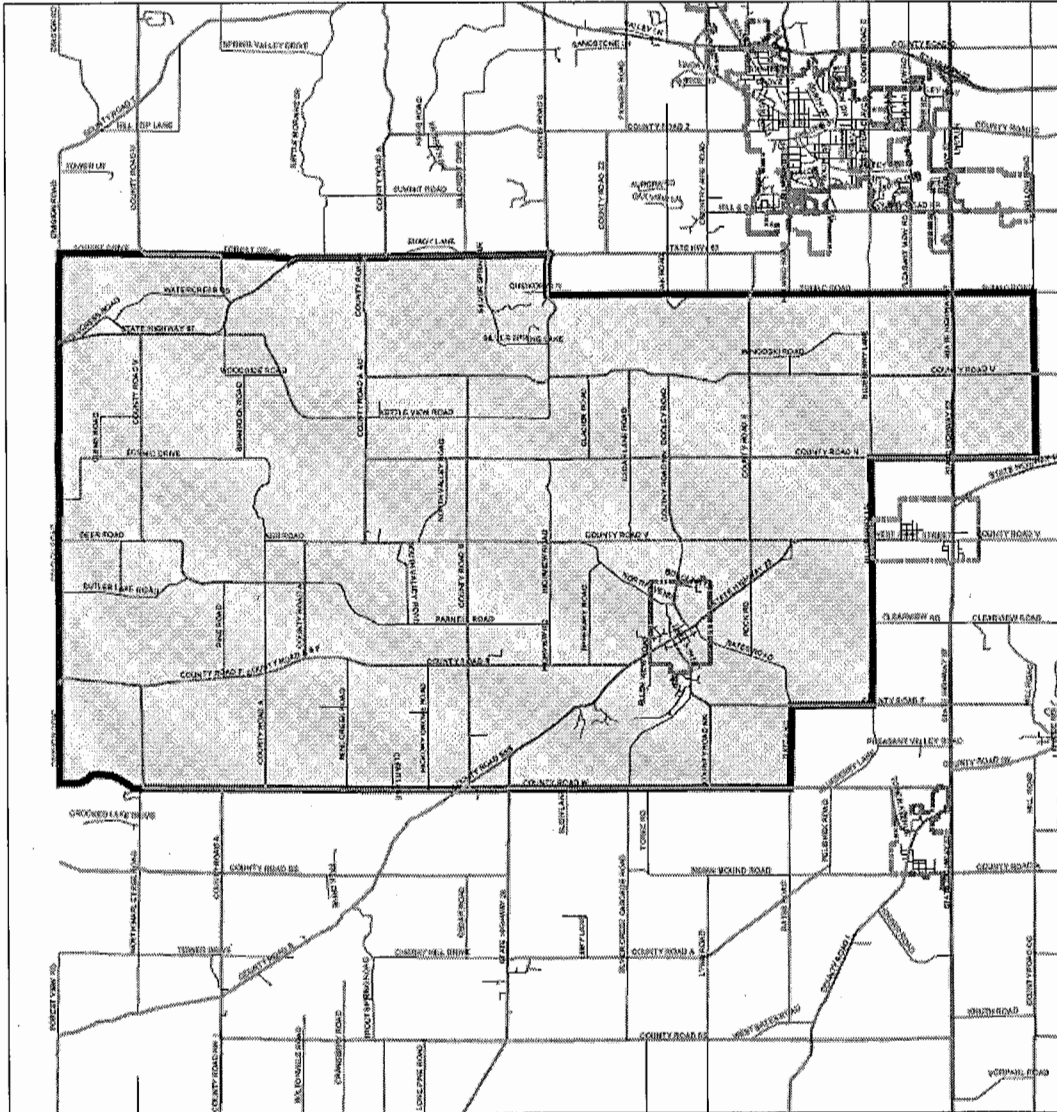
BOUNDARIES: East – The Lyndon Town Line from Sumac Road south to CTH N. Then west on CTH N to Blueberry Lane. Then south on Blueberry Lane to CTH F. Then west on CTH F to Bates Road. Then south on Bates Road to W.

West – Division Road and/or the Sheboygan/Fond du Lac County Line from CTH W/Division Road (west) north to Scenic Drive and continuing north in a straight line to Forest Drive.

North – Sumac Road from Willow Road west to its end and continuing west in a straight line to CTH S. Then north on CTH S to STH 67. Then west on STH 67 to Forest Drive. Then west on Forest Drive to Division Road and/or the Sheboygan/Fond du Lac County Line.

South – CTH W from Bates Road west to Division Road and/or Sheboygan/Fond du Lac County Line.

SHEBOYGAN COUNTY CASCADE FIRE DEPARTMENT FIRST RESPONDER UNIT



UNIT 801

CEDAR GROVE FIRE DEPARTMENT FIRST RESPONDER UNIT

RESPONSE AREA: Village of Cedar Grove

PORTION: Town of Holland

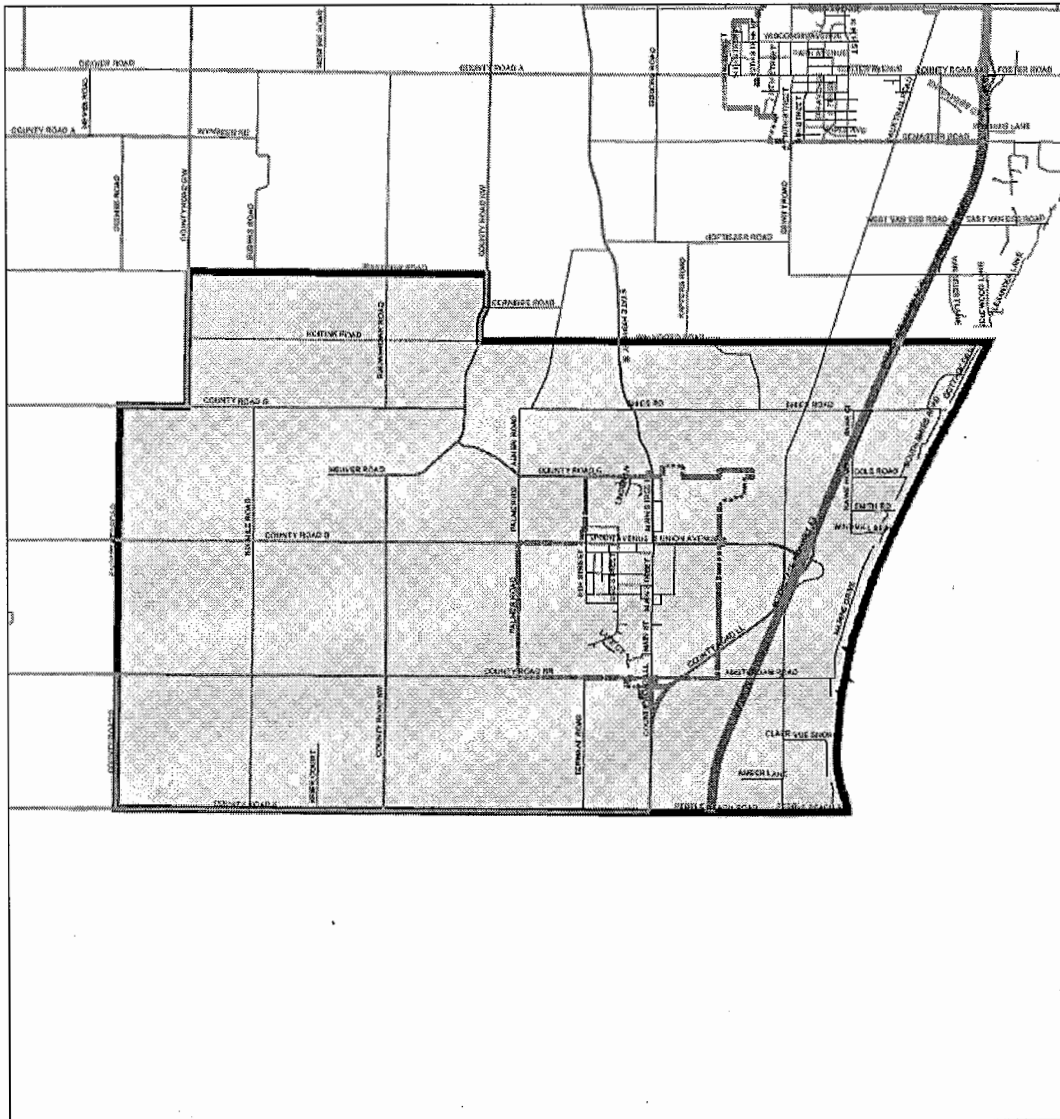
BOUNDARIES: East – Lake Michigan from Pebble Beach Road and the Sheboygan/Ozaukee County Line north to the straight east line extension of Walvoord Road (from Kappers Road).

West – CTH B from CTH K and/or the Sheboygan/Ozaukee County Line north onto Kneprath Road. Then north on Kneprath Road to CTH G. Then east on CTH G to CTH GW. Then north on CTH GW to Risseeuw Road.

North – Risseeuw Road from CTH GW east to CTH KW. Then south on CTH KW to Hoitink Road. Then east in a straight line from Hoitink Road to Walvoord Road. Then east on Walvoord Road and continuing east in a straight line from Kappers Road to Lake Michigan.

South – CTH K and/or Sheboygan/Ozaukee County Line from CTH B east to Pebble Beach Road then east on Pebble Beach Road to Lake Michigan.

SHEBOYGAN COUNTY CEDAR GROVE FIRE DEPARTMENT FIRST RESPONDER UNIT



UNIT 807

HOWARDS GROVE FIRE DEPARTMENT FIRST RESPONDER UNIT

RESPONSE AREA: Ada
Franklin
Village of Howards Grove
Town of Hermann
Town of Mosel

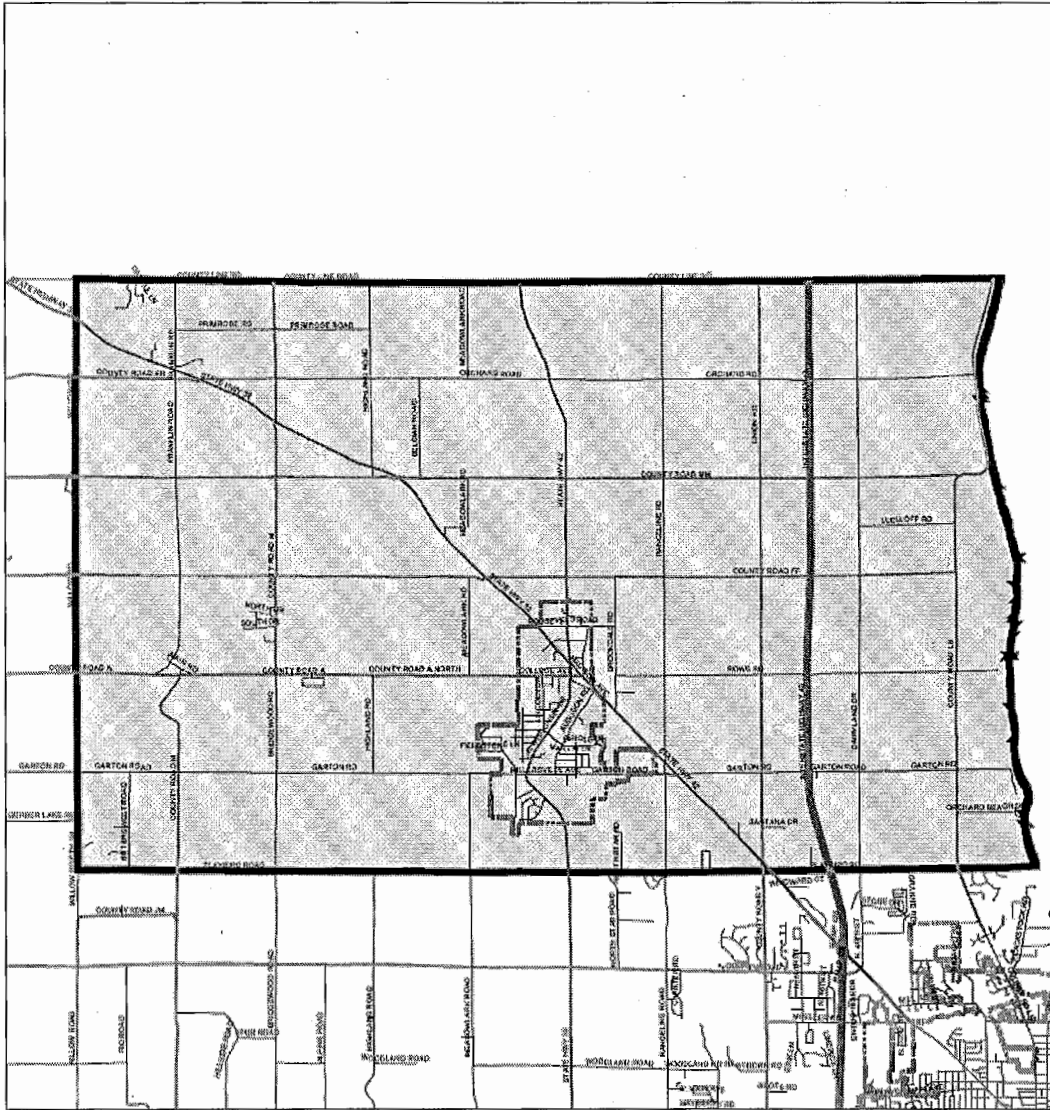
BOUNDARIES: East – Lake Michigan from the County Line south to Playbird Road.

West – Willow Road from County Line Road or Sheboygan/Manitowoc County Line south to the west straight line extension of Playbird Road from Bittersweet Road.

North – County Line Road and/or Sheboygan/Manitowoc County Line from Willow Road east to Lake Michigan.

South – Playbird Road from Lake Michigan west to Bittersweet Road and continuing west in a straight line to Willow Road.

SHEBOYGAN COUNTY HOWARDS GROVE FIRE DEPARTMENT FIRST RESPONDER UNIT



UNIT 810

GLENBEULAH FIRE DEPARTMENT FIRST RESPONDER UNIT

RESPONSE AREA: Village of Glenbeulah

PORTIONS: Town of Greenbush

BOUNDARIES: East – at intersection of Town of Greenbush Town Line and Town of Rhine Town Line south along CTH P in a straight line to STH 67.

West – Division Road and/or the Sheboygan/Fond du Lac County Line from Forest Drive north to CTH C and continuing north in a straight line to River Lane.

North – River Lane from Division Road east to its end. Then continuing east in a straight line and following the Town of Greenbush Town Line to its intersection with the Town of Rhine Town Line.

South – STH 67 west from CTH S to Forest Drive. Then west on Forest Drive to Division Road and/or the Sheboygan/Fond du Lac County Line.

SHEBOYGAN COUNTY GLENBEULAH FIRE DEPARTMENT FIRST RESPONDER UNIT



UNIT 816

VILLAGE OF ELKHART LAKE FIRST RESPONDER UNIT

RESPONSE AREA: Village of Elkhart Lake
Town of Rhine

BOUNDARIES:

East – The west side of Willow Road (Willow Road being the eastern boundary for the Town of Rhine), starting at the boundary line of County Line Road and going south on Willow Road to the north side of the Town of Rhine/Town of Plymouth boundary line.

West – The east side of Highview Road (Highview Road being the western boundary for the Town of Rhine) south in a straight line along CTH P to CTH C.

North – At intersection of Highview Road and County Line Road east in a straight line to the west side of Willow Road.

South – At intersection of CTH P and CTH C east in a straight line along the north side of the Town of Rhine/Town of Plymouth line to the west side of Willow Road.

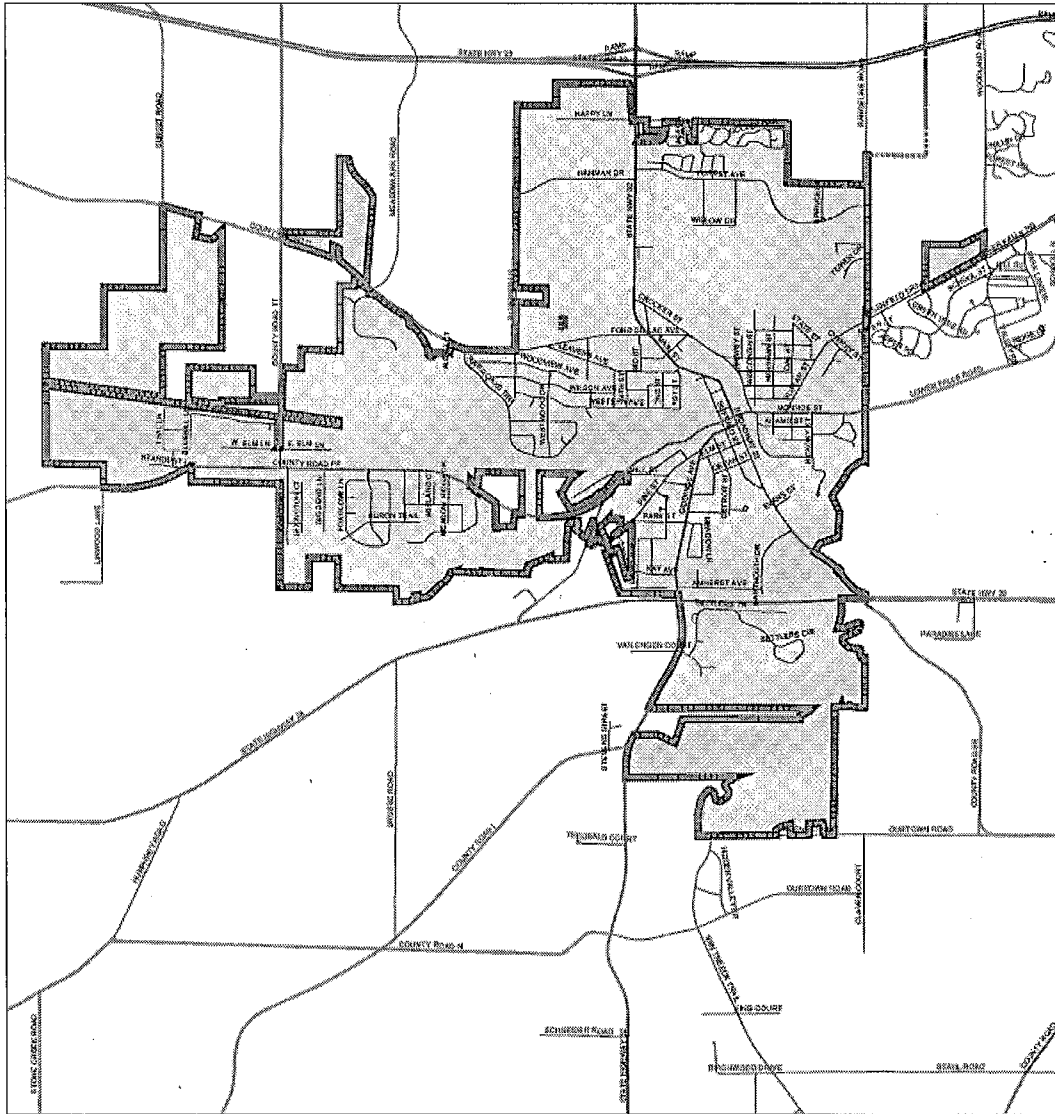
UNIT 814

**CITY OF SHEBOYGAN FALLS FIRE DEPARTMENT
FIRST RESPONDER UNIT**

BOUNDARIES: Corporate City Limits of Sheboygan Falls

(Operations are governed by and fall under the authority of the City of Sheboygan Falls Council)

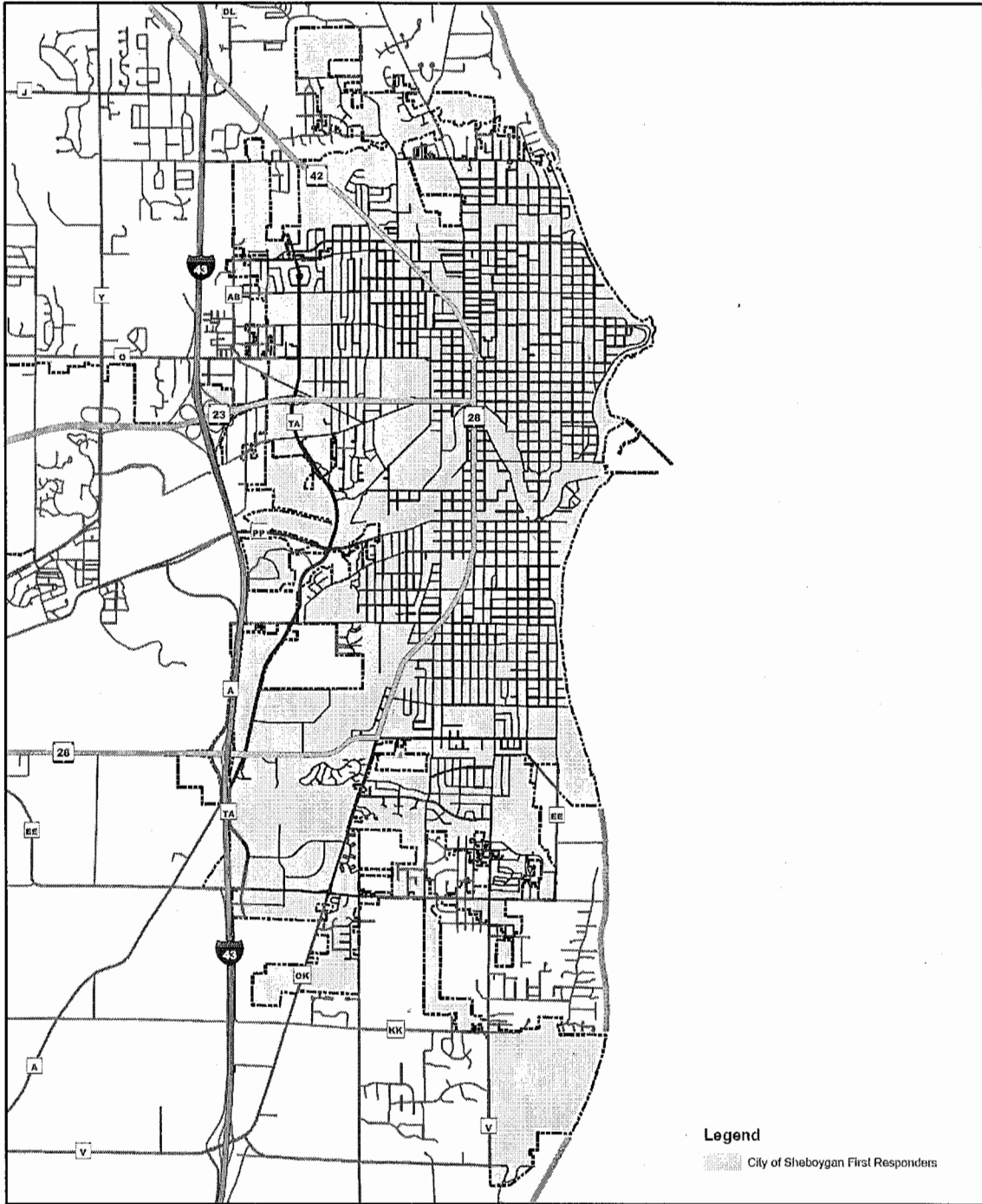
**CITY OF SHEBOYGAN FALLS
FIRE DEPARTMENT
FIRST RESPONDER UNIT**



CITY OF SHEBOYGAN FIRE DEPARTMENT

BOUNDARIES: Corporate City Limits of Sheboygan

(Operations are governed by and fall under the authority of the City of Sheboygan Common Council)



City of Sheboygan First Responders
Coverage Area



**TOWN OF SCOTT
FIRST RESPONDER UNIT**

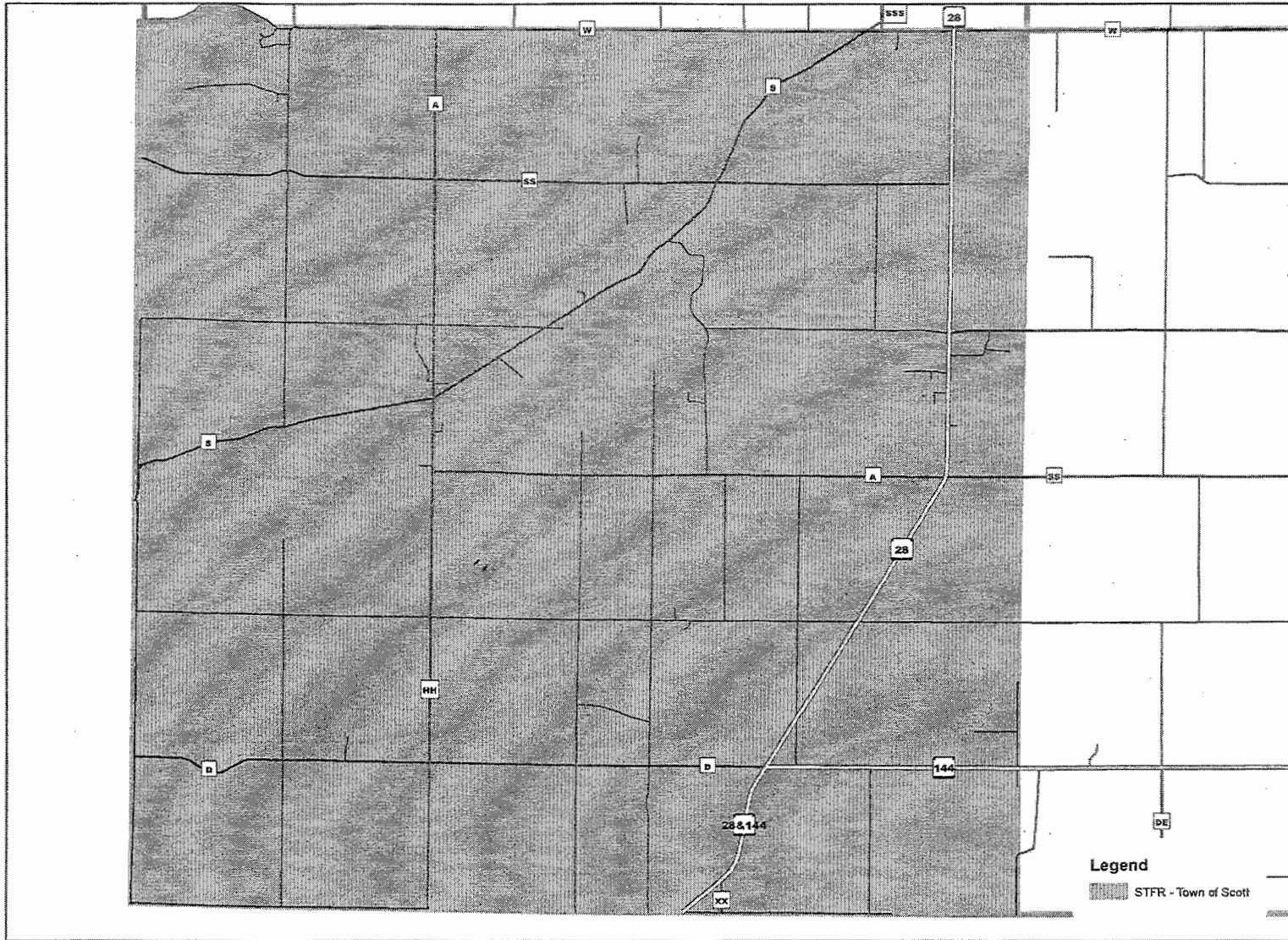
RESPONSE AREA: Town of Scott

BOUNDARIES: East – An imaginary line running the eastern boundary of the Town of Scott.

West – An imaginary line running the western boundary of the Town of Scott.

North – County Road W.

South – An imaginary line running the southern boundary of the Town of Scott.



**

Town of Scott First Responders Coverage Area

11/16/2018
 Source: Sheboygan County Planning & Conservation Department
 G:\Departments\EMMapDocs\Emergency Medical Services Plan Maps\STFR - Scott First Responders.mxd



**TOWN OF SHEBOYGAN FALLS FIRE DEPARTMENT
FIRST RESPONDER UNIT**

RESPONSE AREA: Johnsonville
Town of Sheboygan Falls

PORTION: Town of Lima
Town of Wilson

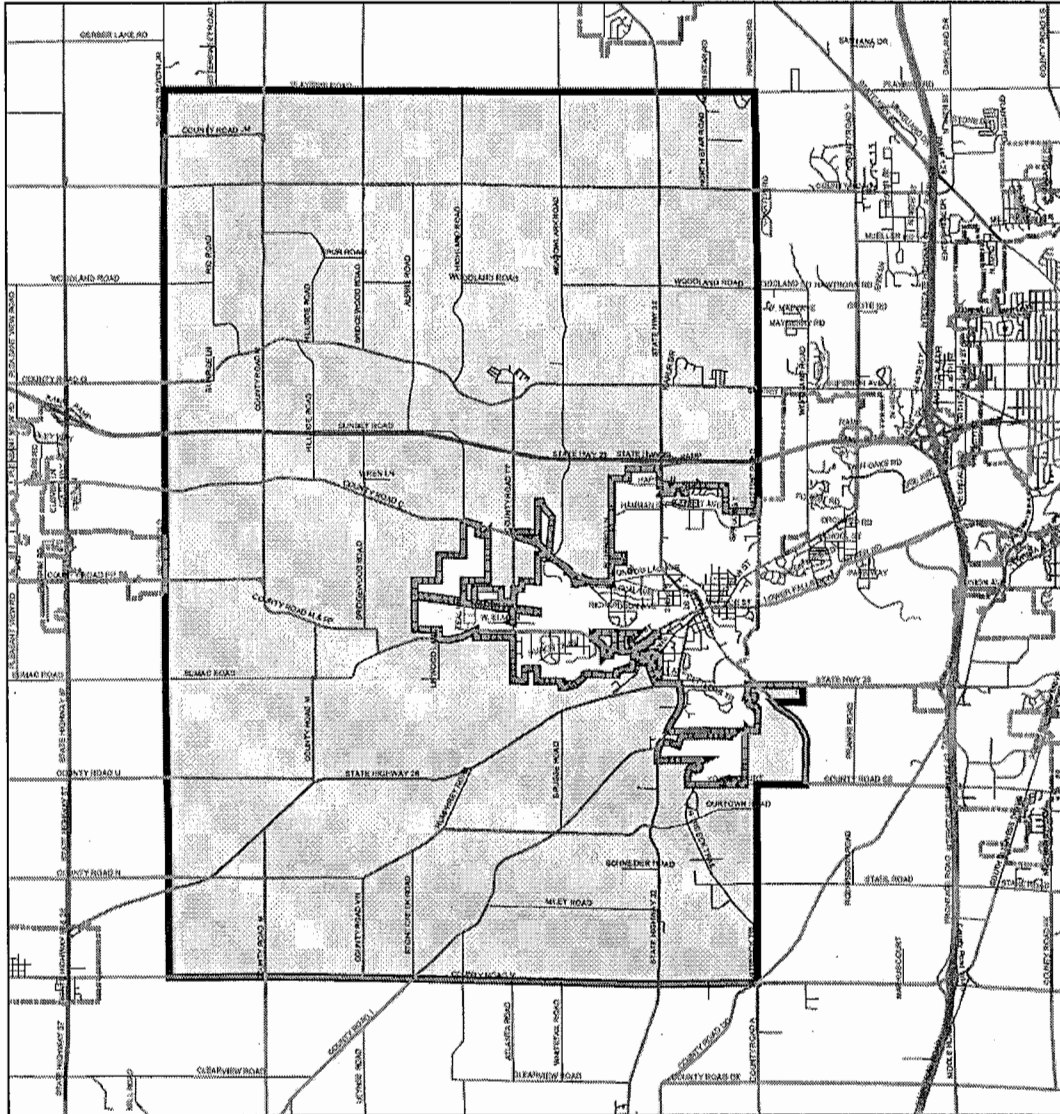
BOUNDARIES: East – Van Treeck Trail from CTH V north and continuing in a straight line north along the Lima Town Line and Claver Street, both sides of the road, to Ourtown Road then east to Broadway Road (CTH EE) then north to STH 28. STH 28 east from Broadway Road to the last residence east of Paradise Lane. Valley Court and Paradise Lane both sides of the road. The northerly extension to Rangeline Road (excluding the City of Sheboygan Falls and excluding the Village of Kohler). Then north on Rangeline Road to Playbird Road.

West – The Lima Town Line from CTH V north to Willow Road. Then north on Willow Road to Road to the westerly extension of Playbird Road, Playbird Road from Bittersweet Road.

North – Playbird Road west from Rangeline Road and continuing in a straight line west from Bittersweet Road to its intersection with section with Willow Road.

South – CTH V west from Van Treeck Trail to the Lima Town Line.

SHEBOYGAN COUNTY
TOWN OF SHEBOYGAN FALLS FIRE DEPARTMENT
FIRST RESPONDER UNIT



**VILLAGE OF KOHLER
POLICE DEPARTMENT**

RESPONSE AREA: Village of Kohler

BOUNDARIES: Corporate limits of the Village of Kohler

(Operations are governed by and fall under the authority of the Village of Kohler Board)

**MILLIPORE SIGMA CHEMICAL
FIRST RESPONDERS**

RESPONSE AREA: MILLIPORE Sigma Chemical Facilities

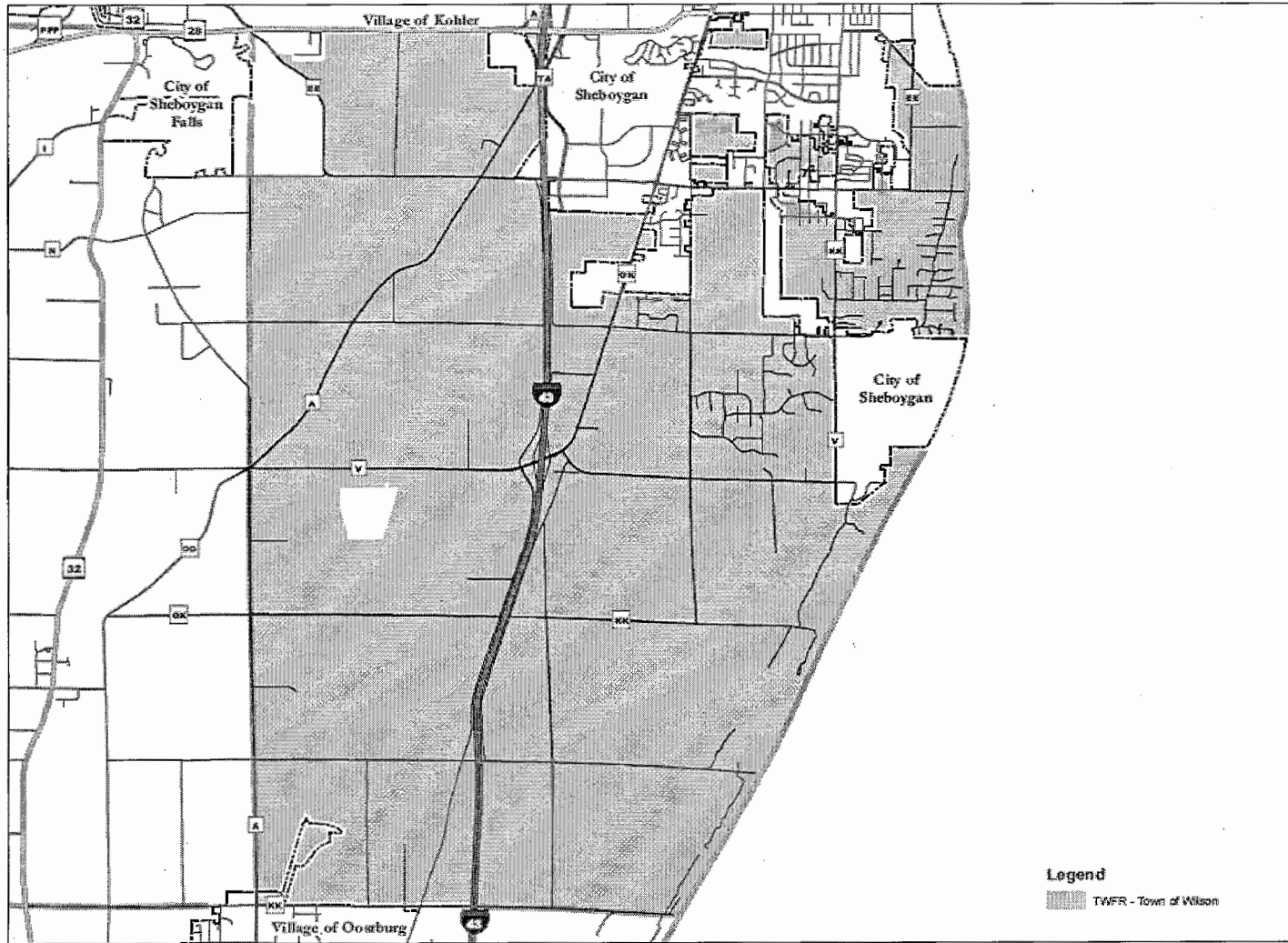
BOUNDARIES: MILLIPORE Sigma Facilities

UNIT 820

**TOWN OF WILSON
FIRST RESPONDERS**

RESPONSE AREA: Portion of the Town of Wilson

BOUNDARIES: The entire Town of Wilson with the exception of fenced area of MILLIPORE Sigma Chemical and the northwest corner of the Township north of Ourtown Road and west of Broadway Road.



Town of Wilson First Responders Coverage Area

11/14/2017
Source: Sheboygan County Planning & Conservation Department
G:\Departmental\EMM\p\Docs\Emergency Medical Services Plan Map\TWFR - Wilson First Responders.mxd



UNIT 822
ST. CLOUD FIRST RESPONDERS

RESPONSE AREA PORTIONS: - Town of Russell
Town of Greenbush

BOUNDARIES: Description of area contracted for by the Town of Russell and Town of Greenbush request (includes both sides of the road).

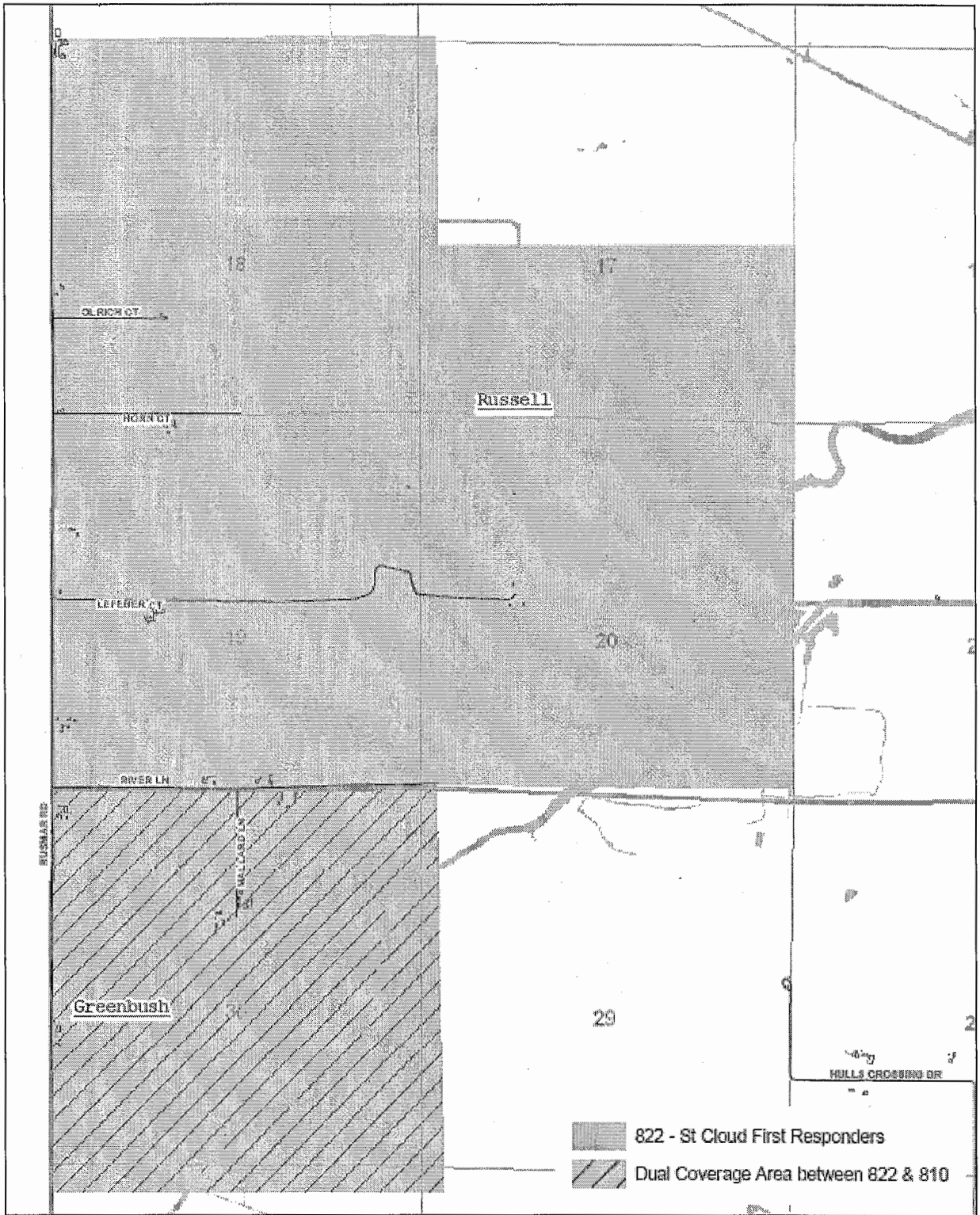
East – An imaginary line created by the straight line extension south from the dead-end of Hunters Court to the point of intersection to the north with the straight line extension from the end of Hulls Crossing Road and the point of intersection to the south with the straight line extension east of River Lane.

West – Rusmar Road (Division Road) from N7700 Rusmar Road north to its end in Sheboygan County where it veers west into Fond du Lac County (N8900).

North – An imaginary line created by the straight line extension east from the north end of Rusmar Road in Sheboygan County (at the point where it veers west into Fond du Lac County) to its intersection with the point created by the imaginary straight line extension north from the dead-end of River Lane (east end); thence south approximately 2900' and thence east to an imaginary line created by the straight line extension south from the dead-end of Hunters Court.

South – An imaginary line created by the straight line extension east from the point located at N7700 Rusmar Road to its point of intersection created by the imaginary extension in a straight line south from the dead-end of River Lane (east end). Thence north to the dead-end of River Lane, and thence east to an imaginary line created by the straight line extension north from the dead-end of Hulls Crossing Road.

Dispatched by Fond du Lac County. Glenbeulah First Responders also cover this area.



**822 - St Cloud 1st Responder Coverage Area
Sheboygan County WI**

1" = 1,800'



Source: Sheboygan County
G:\Departments\EMT\MapDoc\Emergency Medical Services Plan Maps\822 St Cloud Responder

APPENDIX B

TRANSPORTATION SERVICES

AND

BOUNDARIES

UNIT 800

**ORANGE CROSS AMBULANCE SERVICE
1919 Ashland Avenue
Sheboygan, WI 53081**

RESPONSE AREA: City of Plymouth
City of Sheboygan Falls
Village of Cascade
Village of Elkhart Lake
Village of Glenbeulah
Village of Howards Grove
Village of Kohler
Village of Waldo
Town of Herman
Town of Mitchell
Town of Mosel
Town of Plymouth
Town of Sheboygan

PORTIONS: Town of Greenbush
Town of Lima
Town of Lyndon
Town of Rhine
Town of Russell
Town of Sheboygan Falls
Town of Wilson

BOUNDARIES: East – Lake Michigan from Sheboygan/Manitowoc County Line south (up to but not including) to CTH V.

West – Division Road and/or the Sheboygan/Fond du Lac County Line from CTH W/Division Road (west) north and continuing in a straight line north to a point located at N7700 Rusmar Road.

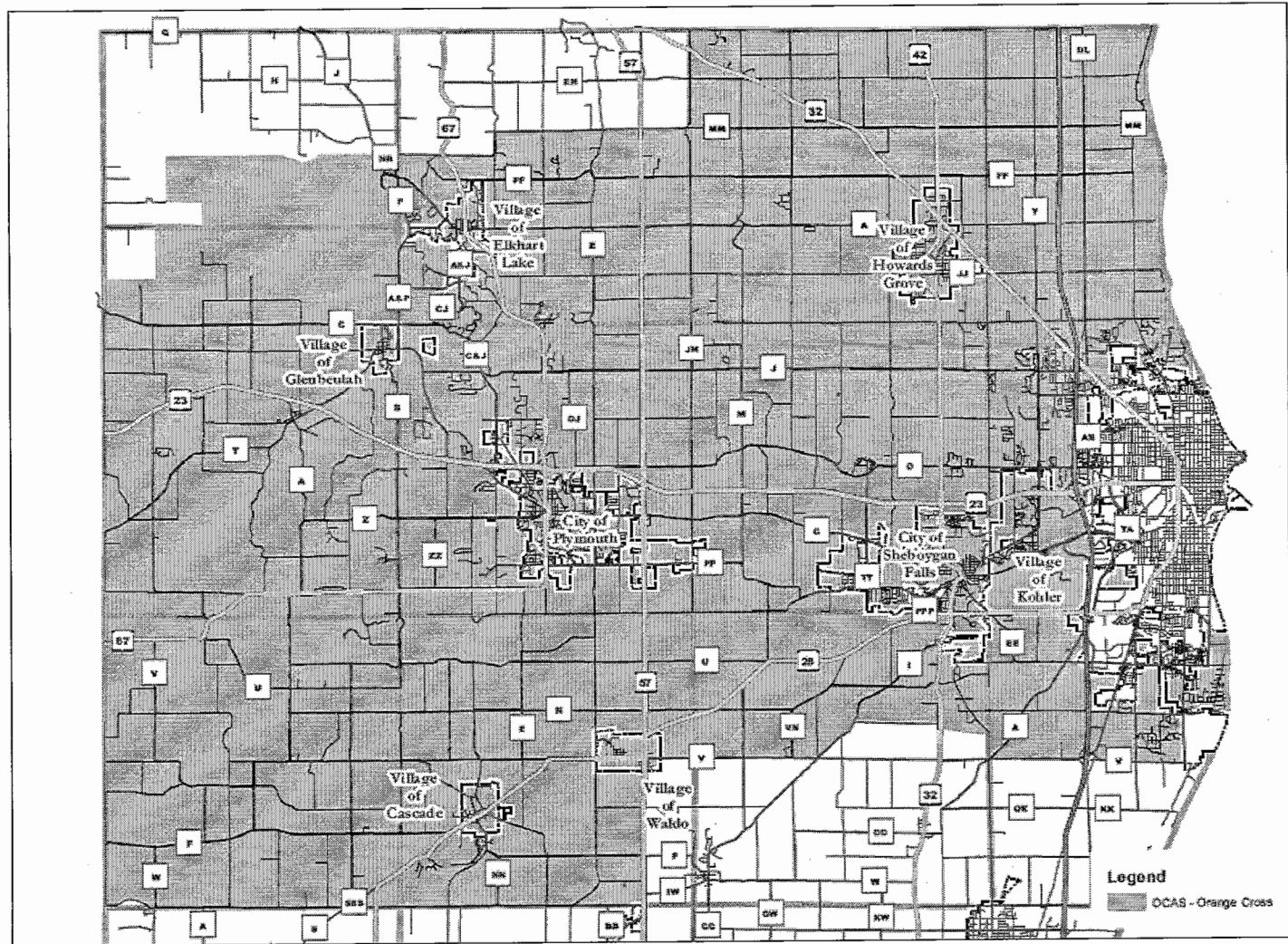
North – County Line Road and/or Sheboygan/Manitowoc County Line from Lake Michigan west Willow Road. Then south on Willow Road (including both sides) to CTH MM. Then west from Willow Road along CTH MM (up to but not including) to Snake Road. Then south on Snake Road (up to but not including) to CTH MM. Then west on CTH MM (up to but not including) and continuing west in a straight line to the point of intersection between the easterly extension of the northerly end of Rusmar Road and the northerly extension of the dead-end of River Lane. Then south in a straight line from that point of intersection to the point of intersection with the easterly straight line extension from N7700 Rusmar Road. Then west along the straight line extension from 7700 Rusmar Road to the Sheboygan/Fond du Lac County Line.

South – Sheboygan/Fond du Lac County Line east along Division Road

(up to but not including) to CTH W. Then east along CTH W to STH 57. Then north along STH 57 (including both north and southbound lanes) to the village limits of Waldo. Then east and north along the village limits of Waldo to CTH V. Then east along CTH V (including both sides) to CTH VN. Then continue east along CTH V (up to but not including both sides of the road) from CTH VN to CTH I. Then northeast on CTH I (up to but not including both sides of the road) to Miley Road. Then east on Miley Road (up to but not including both sides of the road) to STH 32. Then south on STH 32 to E Miley Road. Then east on E Miley Rd to the point it turns south. Then southwesterly to a point on Van Treeck Trail ½ mile north of CTH V. Then south on Van Treeck Trail (up to but not including both sides of the road) to CTH V. Then east on CTH V (up to but not including both sides of the road) to CTH OK. Then north on CTH OK (up to but not including both sides of the road) to its intersection with CTH V. Then east on CTH V (up to but not including both sides of the road) and continuing in an easterly direction to Lake Michigan.

Note:

This area does not include the City of Sheboygan. This area also excludes area serviced by Mount Calvary Ambulance. See description for Mount Calvary Ambulance Service boundaries in Town of Russell and Town of Greenbush contained in Appendix B.



Orange Cross Ambulance Coverage Area

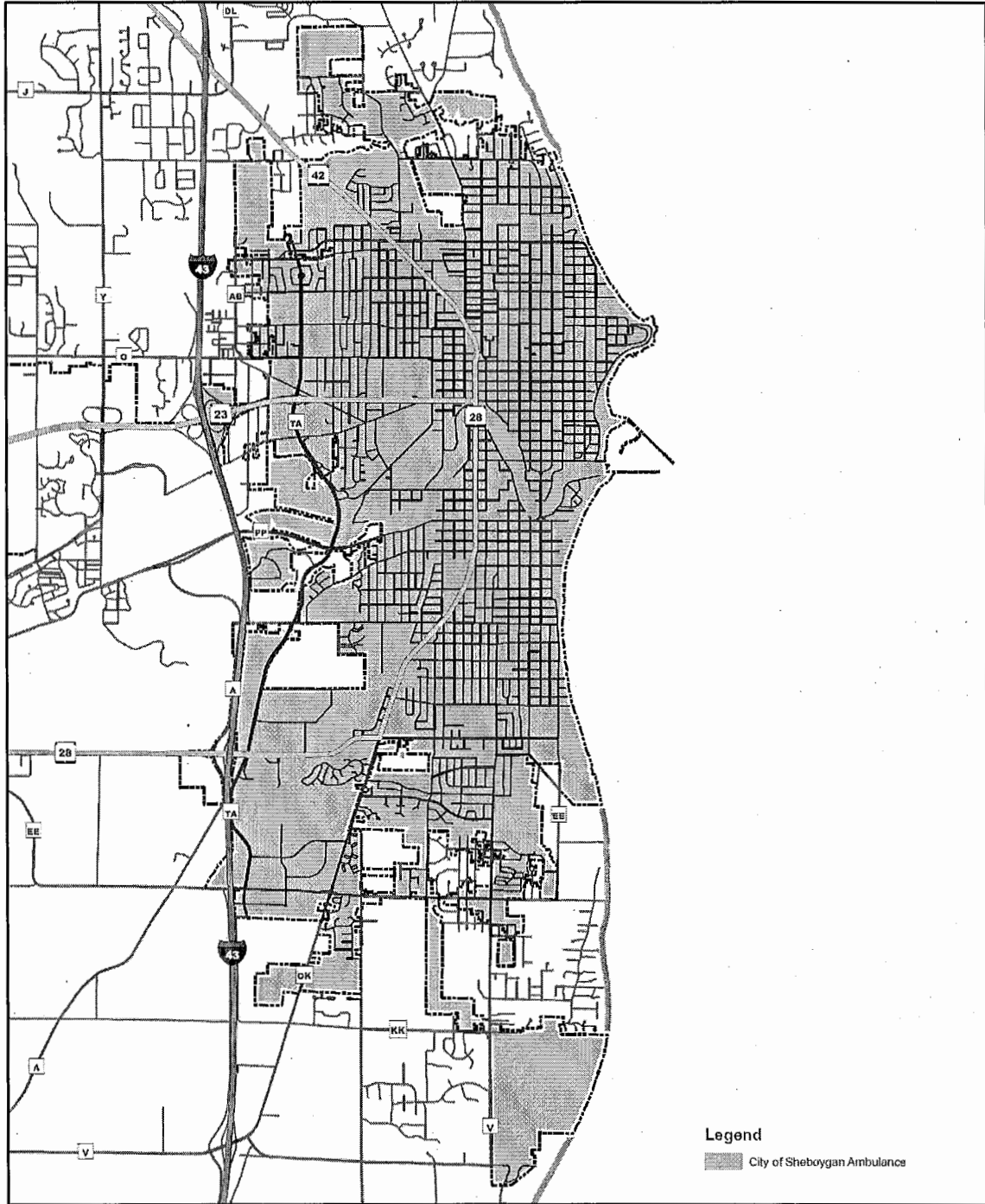
11/14/2017
Source: Sheboygan County Planning & Conservation Department
G:\Department\EMM\Docs\Emergency Medical Services Plan Map\OCAS - Orange Cross.mxd



CITY OF SHEBOYGAN FIRE DEPARTMENT

BOUNDARIES: Corporate City Limits of Sheboygan

(Operations are governed by and fall under the authority of the City of Sheboygan Common Council)



City of Sheboygan Ambulance
Coverage Area



UNIT 803

OOSTBURG AMBULANCE
1108 Superior Avenue
Oostburg, WI 53070-0077

RESPONSE AREA: Village of Oostburg
Village of Cedar Grove

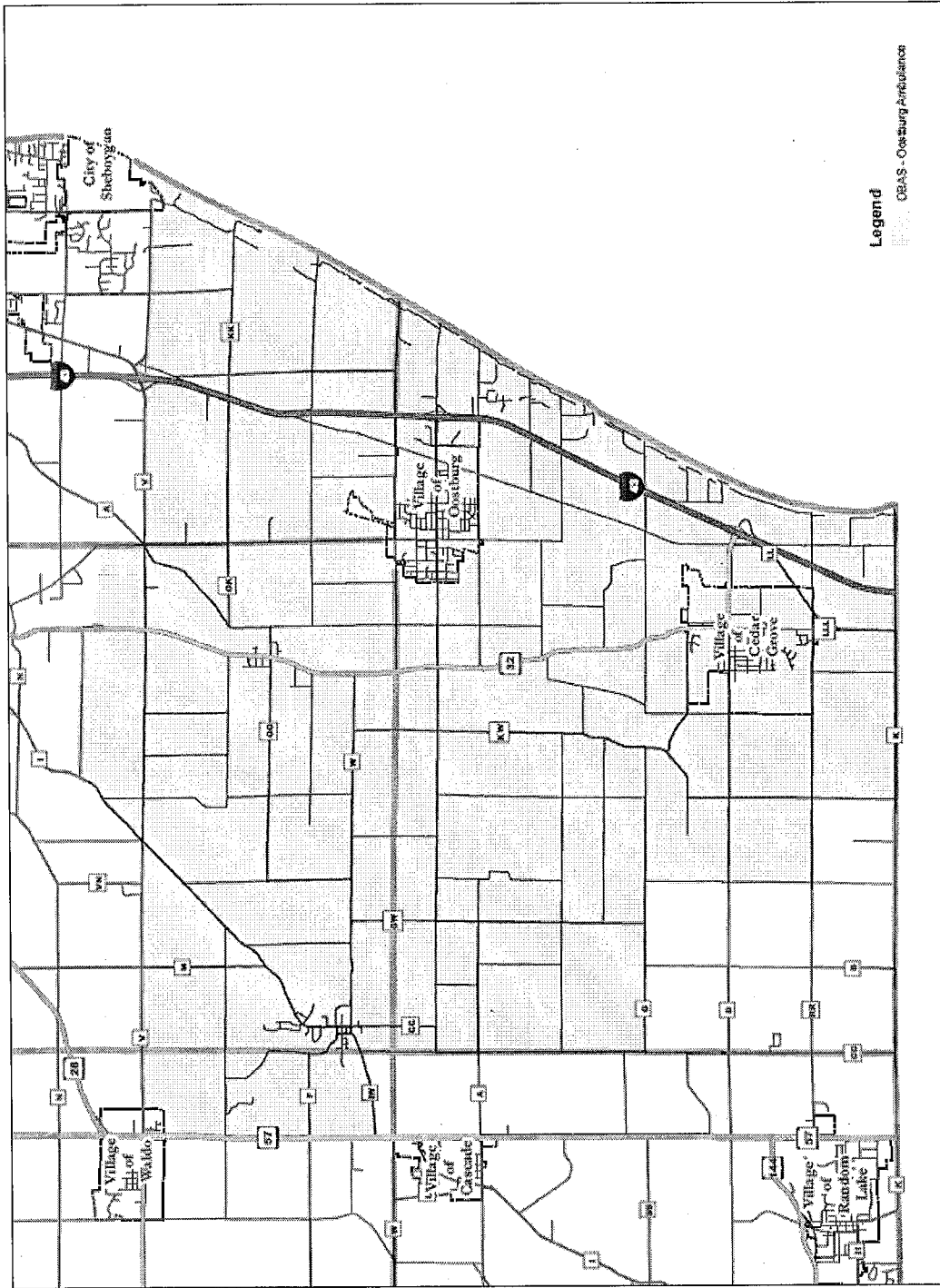
PORTIONS: Town of Wilson
Town of Holland
Town of Lima
Town of Lyndon

BOUNDARIES: East – Lake Michigan south from Beach Park Lane to Pebble Beach Road and/or the Sheboygan/Ozaukee County Line.

West – CTH KW (including both sides) north from CTH K and/or Sheboygan/Ozaukee County Line to CTH RR (including both sides). Then west on CTH RR (including both sides) to Six Mile Road. Then north on Six Mile Road (up to but not including) to CTH G. Then west on CTH G (up to but not including) to CTH CC. Then north on CTH CC and Mill Road (up to but not including) to CTH IW. Then west on CTH IW (up to but not including) to STH 57. Then north on STH 57 (up to but not including) to CTH V (up to but not including) the Village of Waldo.

North – CTH V (up to but not including) east from village of Waldo limits to CTH VN. Then east on CTH V (including both sides) to CTH I. Then northeast on CTH I (including both sides) to Miley Road. Then east on Miley Road (including both sides) to STH 32. Then south on STH 32 to E Miley Road. Then east on E Miley Road to the point it turns south. Then southwesterly to a point on Van Treeck Trail ½ mile north of CTH V. Then south on Van Treeck Trail (including both sides) to CTH V. Then east on CTH V (including both sides) and continuing east to Lake Michigan.

South – CTH K (including both sides) and/or Sheboygan/ Ozaukee County Line east from CTH KW and continuing east in a straight line to Pebble Beach Road and Lake Michigan.



Oostburg Ambulance Coverage Area

11/14/2017
 Source: Sheboygan County Planning & Development Department
 S:\Department\Planning\GIS\GIS\Map_Services\2011Map\OAS45 - Oostburg.mxd

UNIT 802

RANDOM LAKE FIRE DEPARTMENT AMBULANCE SERVICE
Post Office Box 0076
Sheboygan, WI 53082-0076

RESPONSE AREA: Village of Adell
Village of Random Lake
Town of Scott
Town of Sherman

PORTIONS: Town of Holland
Town of Lyndon

BOUNDARIES: East -- CTH KW (up to but not including) north to CTH RR (up to but not including). Then west on CTH RR (up to but not including) to Six Mile Road. Then north on Six Mile Road (including both sides) to CTH G. Then west on CTH G (including both sides) to Mill Road. Then north on Mill Road (including both sides) to CTH IW.

West – Division Road (including both sides) from Valley View Drive north and continuing in a straight line north to Division Road and Division Road (east).

North – CTH IW (including both sides) west from Hingham Mill Road to STH 57. Then south on STH 57 (but not including Hwy 57) to CTH W. Then west on CTH W (including both sides) to Division Road. Then west on Division Road (including both sides) to Division Road and/or Sheboygan/Fond du Lac County Line.

South – Valley View Drive (including both sides) and/or Sheboygan/Washington County Line from Division Road east in a straight line to Town Line Road (including both sides) continuing in a straight line east CTH K and/or Sheboygan/Ozaukee County Line. Then east on CTH K including both sides to CTH KW (up to but not including).

UNIT 809

KEWASKUM AMBULANCE SERVICE

RESPONSE AREA PORTIONS: Town of Scott

Boundaries have been pre-determined by the telephone companies 911 telephone lines. Sheboygan County will not dispatch Kewaskum Ambulance Service unless the caller specifically asks for that ambulance service.

KEWASKUM AMBULANCE SERVICE

A map is NOT attached as Sheboygan County will NOT dispatch Kewaskum Ambulance Service unless the caller specifically asks for that ambulance service.

UNIT 805

KIEL AMBULANCE SERVICE

RESPONSE AREA PORTION: Town of Russell
Town of Rhine

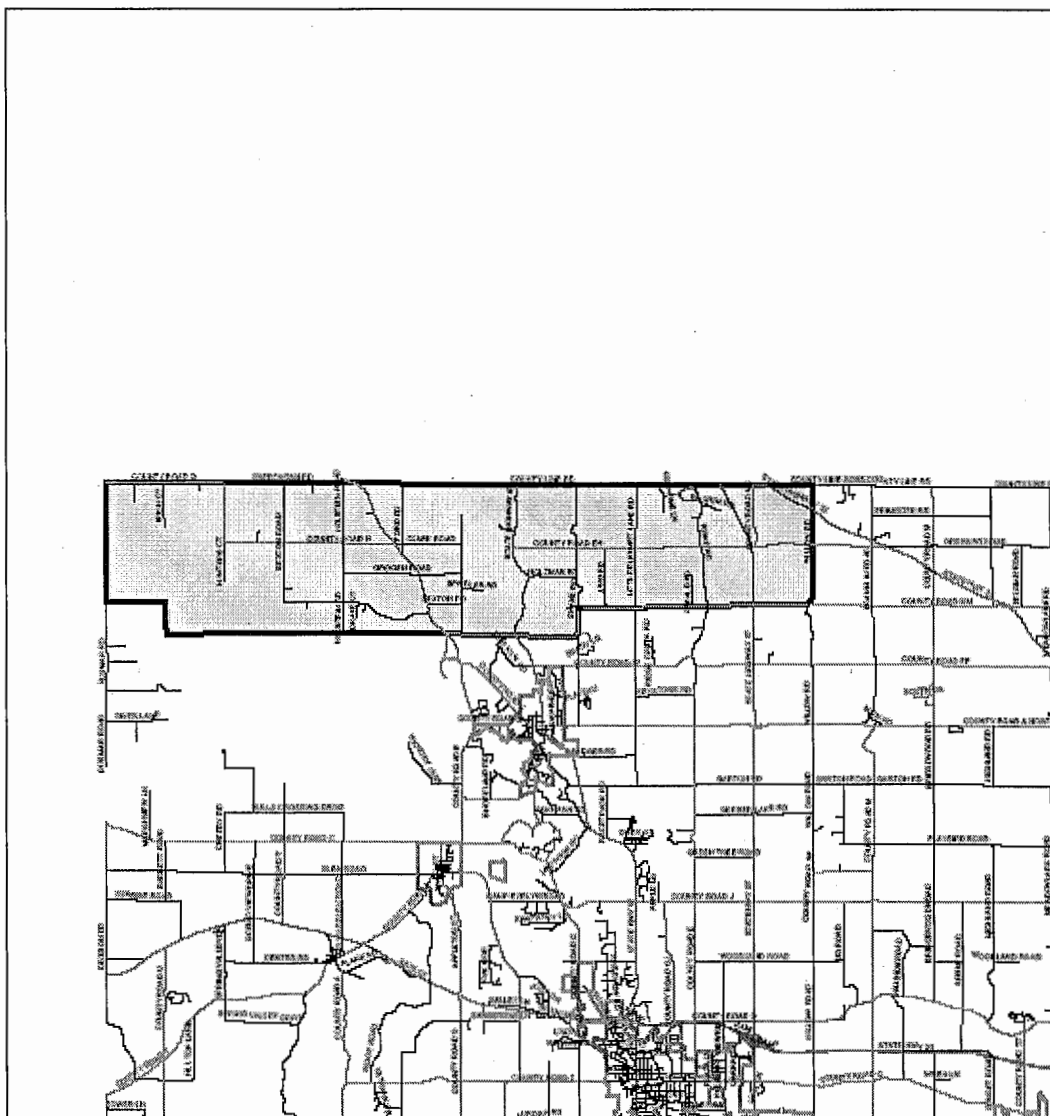
BOUNDARIES: East -- Willow Road (up to but not including)
south from County Line Road to CTH MM.

West -- Division Road (just north of Olrich Court where the westerly extension of CTH MM would intersect) north and continuing north in a straight line to CTH Q and/or Sheboygan/Calumet County line.

North -- County Line Road west from Willow Road and continuing west in a straight line to the Sheboygan/Calumet County line.

South -- CTH MM (including both sides) west from Willow Road to Snake Road. Then south on Snake Road (including both sides) to CTH MM. Then west on CTH MM (including both sides) and continuing west in a straight line to Division Road and/or the Sheboygan/Fond du Lac County line.

SHEBOYGAN COUNTY KIEL AMBULANCE SERVICE



UNIT 804

PLYMOUTH FIRE DEPARTMENT

BOUNDARIES: Plymouth Fire Department Ambulance Service may provide mutual aid anywhere within Sheboygan County upon request.

UNIT 808

MOUNT CALVARY AMBULANCE SERVICE

RESPONSE AREA PORTIONS: Town of Russell
Town of Greenbush

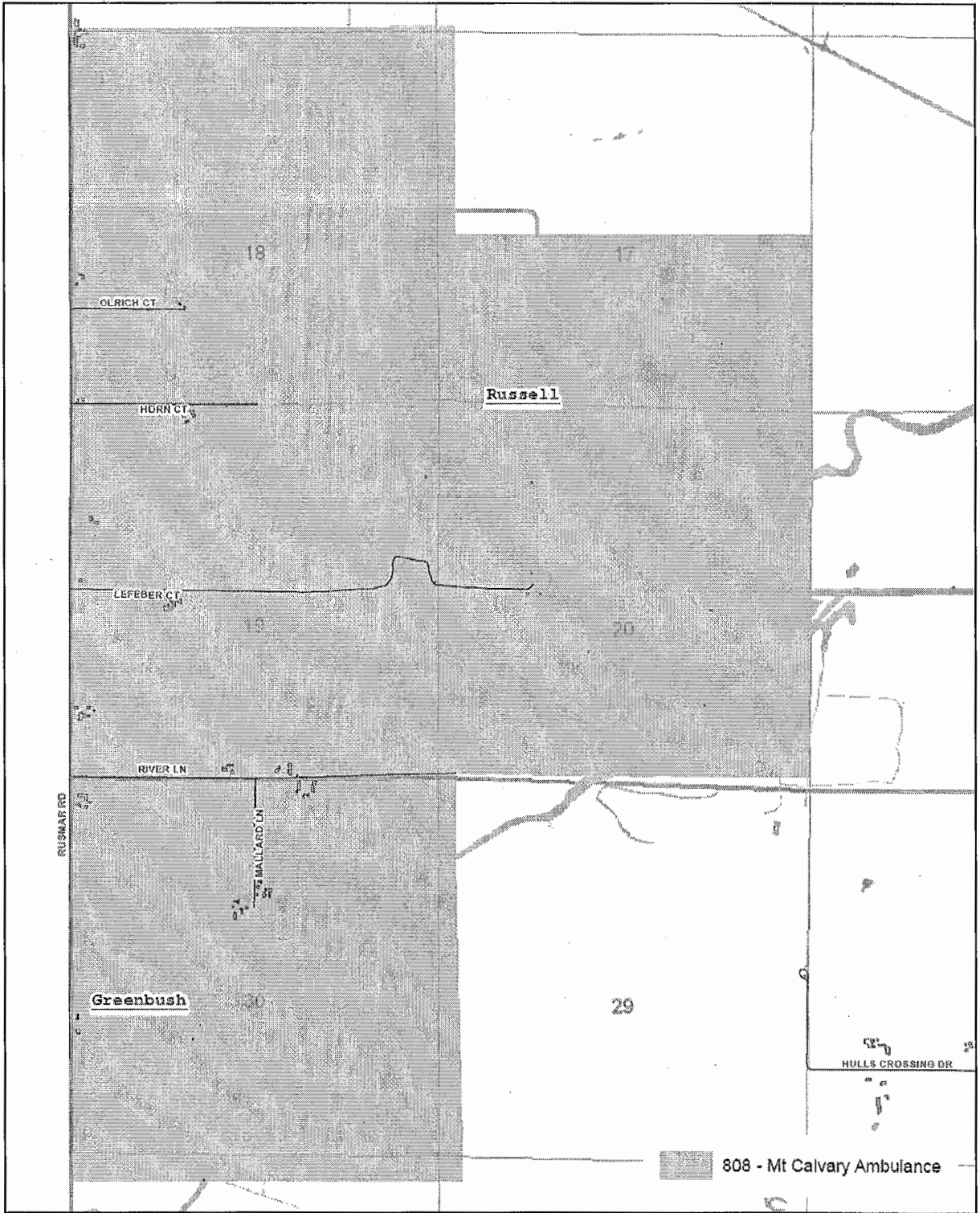
BOUNDARIES: Description of area contracted for by the Town of Russell and Town of Greenbush request (includes both sides of the road).

East – An imaginary line created by the straight line extension south from the dead-end of Hunters Court to the point of intersection to the north with the straight line extension from the end of Hulls Crossing Road and the point of intersection to the south with the straight line extension east of River Lane.

West – Rusmar Road (Division Road) from N7700 Rusmar Road north to its end in Sheboygan County where it veers west into Fond du Lac County (N8900).

North – An imaginary line created by the straight line extension east from the north end of Rusmar Road in Sheboygan County (at the point where it veers west into Fond du Lac County) to its intersection with the point created by the imaginary straight line extension north from the dead-end of River Lane (east end); thence south approximately 2900' and thence east to an imaginary line created by the straight line extension south from the dead-end of Hunters Court.

South – An imaginary line created by the straight line extension east from the point located at N7700 Rusmar Road to its point of intersection created by the imaginary extension in a straight line south from the dead-end of River Lane (east end). Thence north to the dead-end of River Lane, and thence east to an imaginary line created by the straight line extension north from the dead-end of Hulls Crossing Road.



**808 - Mt Calvary Ambulance Coverage Area
Sheboygan County WI**

1" = 1,800'



Source: Sheboygan County
G:\Departments\EMM\MapDoc\Emergency Medical Services Plan Maps\808 Mt Calvary Ambulance

APPENDIX C

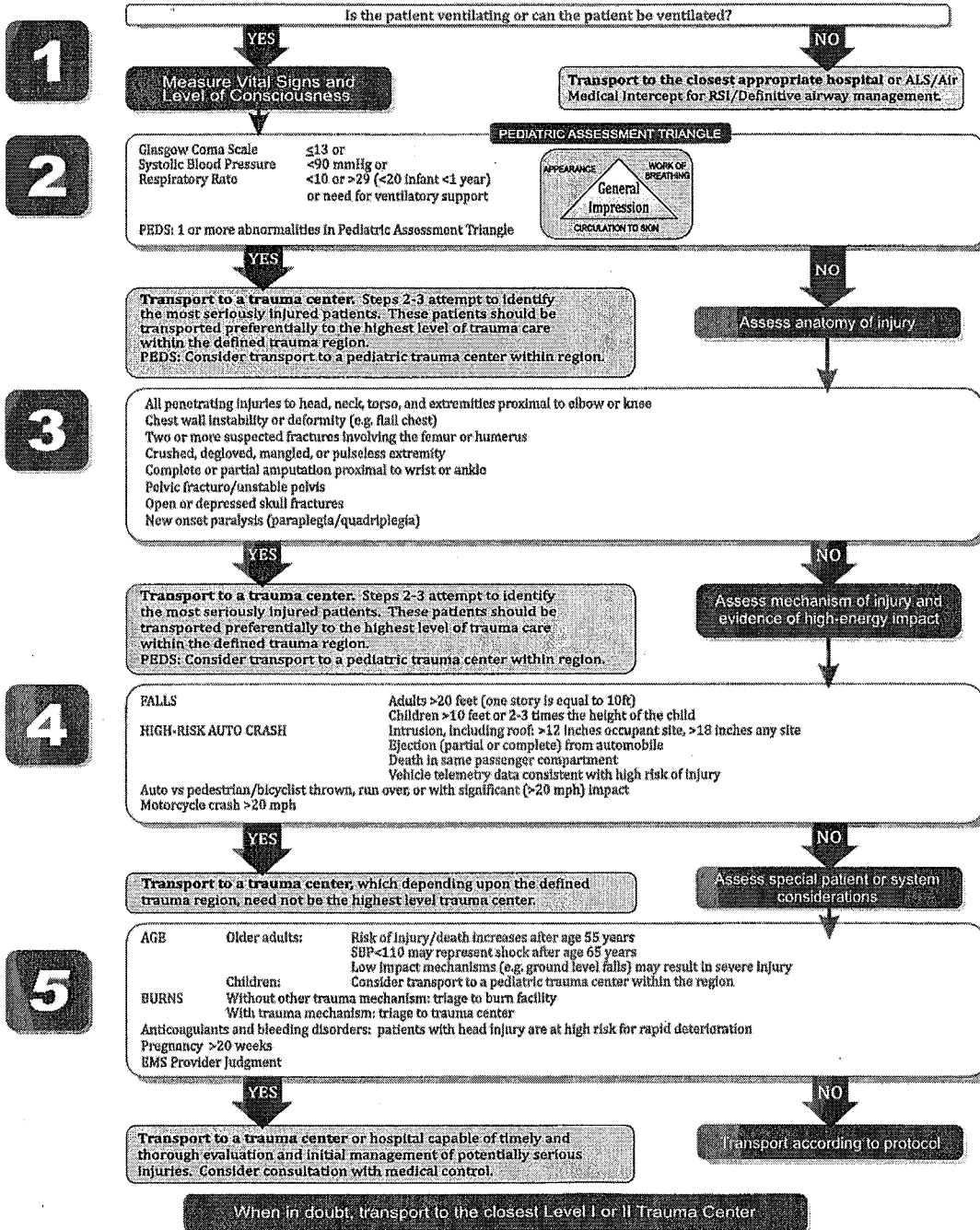
GUIDELINES

FOR

TRAUMA DEFINITION

Recommendations
from the
Southeastern Regional Trauma Council
2012

State of Wisconsin Trauma Field Triage Guidelines



Approved by State Trauma Advisory Council & EMS Advisory Board – October 2012

APPENDIX D

REQUIRED EQUIPMENT

All First Responder Units should carry the following minimum equipment

<u>Required Equipment</u>	<u>Quantity</u>
Clipboard w/run sheets	1
Safety-vest or visual identifying clothing	1
Trauma Scissors (7 ¼ ")	1
AED (Automatic External Defibrillator)	1
Oropharyngeal Airway Set (5 sizes minimum)	1 Set
Nasopharyngeal Airway Set (5 sizes minimum)	1 Set
Manual or portable suction device w/suction cath	1
Bite Stick for inserting oral airways	1
Bulb Syringe	1
"D" O2 Cylinder w/regulator	1
Cylinder Wrench	1
Adult Nasal Cannula	2
Adult Non-Rebreather Mask	2
Child Non-Rebreather Mask	1
BVM w/O2 attachments, adult and pediatric	1
Pocket Mask w/1-way valve	1
Oxygen Supply Tubing	1
Sphygmomanometer w/Adult Cuff	1
Stethoscope	1
Disposable Penlight	1
Disposable Burn Sheet, 60 x 96	1
4 x 4 Sterile Dressings	6
5 x 9 Sterile Dressings	2
Trauma Dressings	3
Triangle Bandages	2
Aluminum Space Blankets	2
Adhesive Tape 1"	1
Adhesive Tape 2"	1
Band-Aids 1"	6
3" Min. Sterile Roller Gauze	6
Heat Packs	1
Cold Packs	2
Splinting Material (Pro-Splints, Rigid Splints)	1 Set
Sterile Water for irrigation (500 cc)	1
Occlusive Dressings	2
Instant Glucose 45-mg.	1
Disposable Gloves	6 Pair
Spring-Loaded Window Punch	1
HEPA Masks	2
Disposable Gown (Tyvek Jumpsuit)	1
Safety Glasses	1 Pair
Red BioHazard Bag	1
Waterless Hand Cleaner	1
Flashlight	1
Triage Tags	50
Blanket	1

Optional Items

Quantity

OB Kit	1
Emergency Scene Marking Devices	3
Combination Ax/Pry Bar	1
Screwdriver (12" Regular Blade)	1
Bolt Cutter	1
Fire Extinguisher (10-lb. max.)	1
Heavy-Duty Gloves	1 Pair

**--The Sheboygan County EMS Council recognizes this list
Represents only minimum equipment requirements. Many
First Responder Units will carry additional equipment.**

APPENDIX E

**TRANSFER DIRECTLY TO AEROMEDICAL CREW
ON
HOSPITAL LANDING PAD**

**TRANSFER DIRECTLY TO AEROMEDICAL CREW
ON
HOSPITAL LANDING PAD**

This Letter of Agreement will constitute the basis of a standard operating protocol for Sheboygan County Transport Agency to transfer patients to the care of a helicopter medical crew for the purpose of transport to a tertiary center for higher level of care.

Based on previous investigation, this is acceptable medical care and is not an EMTALA violation. This action is considered an extension of the prehospital scene care.

The Protocol:

1. The facility will be advised of the incoming patient, even if expected to be a direct transfer on the helipad;
2. The medical control physician may provide consultation, as usual, without the patient being considered as coming to the hospital;
3. When the helicopter landing is not imminent, such as if the helicopter has not initiated final approach, the EMS providers may bring the patient into the Emergency Department for evaluation and further care;
4. Any treatment by hospital personnel beyond Security Officers at the helipad will constitute medical treatment and the patient will be registered in the Emergency Department;
5. At any time the EMS or helicopter personnel determine that the patient requires further stabilization, such as a definitive airway, vascular access or chest tube decompression, the patient will be brought into the Emergency Department and treated as a registered patient. The transfer will then be facilitated according to EMTALA requirements.

ORANGE CROSS AMBULANCE

By: _____
Dan Althaus

RANDOM LAKE FIRE DEPT. AMBULANCE

By: _____
Blaine Werner

SHEBOYGAN FIRE DEPT. AMBULANCE

By: _____
Pat Nicolaus

OOSTBURG AMBULANCE SERVICE

By: _____
Melissa Sertich

PLYMOUTH FIRE DEPT. AMBULANCE

By: _____
Rory Beebe

KIEL AMBULANCE

By: _____
Richard Isley

EMS COUNCIL CHAIR

By: _____
Suzanne Martens, M.D.

"If as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential EMC (emergency medical condition), the hospital that has the helipad does not have an EMTALA obligation if they are not the recipient hospital, **unless a request** is made by EMS personnel, the individual, or a legally responsible person acting on the individual's behalf for the examination or treatment of an EMC."

From EMTALA Deskbook 2011; MEDLAW.com; A.C. Frew, Editor

APPENDIX F

MULTI / MASS CASUALTY PLAN

APPENDIX F

SHEBOYGAN COUNTY EMERGENCY MEDICAL SERVICES



MULTI / MASS CASUALTY INCIDENT PLAN

June 2013

LETTER OF PROMULGATION

To All Agencies and Readers:

Sheboygan County Emergency Medical Services have prepared this Multi / Mass Casualty Incident (MCI) Plan. The purpose of this plan is to provide consistent definitions, clear direction, common terminology, and solid organizational structure to emergency medical responses within Sheboygan County during an MCI. This plan does not replace Sheboygan County's EMS plan, Annex H, or Annex T for emergency medical services. Rather, it provides the procedures necessary to ensure an effective and coordinated response to an incident involving mass casualties in Sheboygan County. The Sheboygan County EMS plan, Annex H, and Annex T provide the policies under which this plan operates.

This plan will be reviewed and updated as needed to reflect changes in policies, technology or operational procedures that affect the emergency response capabilities of the EMS agencies in the Sheboygan County area.

The Sheboygan County Emergency Medical Services welcomes your comments and suggestions for improving this plan. Please direct your comments and suggestions in writing to Sheboygan County Emergency Management, 525 N 6th Street, Sheboygan, WI 53081 or via e-mail to: steve.steinhardt@SheboyganCounty.com.

Sheboygan EMS Association
MCI committee

Steve Steinhardt
Tom Bahr
Darrel Kasuboski

Jane Krepsky
Denis Fellows

MULTI / MASS CASUALTY INCIDENT PLAN

I. INTRODUCTION

- A. Sheboygan County has developed an emergency medical services (EMS) plan and supplemented the basic plan with an Annex H for emergency medical responses during multi / mass casualty incidents and Annex T for emergency medical responses during acts of terrorism. This plan and the annexes direct local emergency medical services to develop internal plans or suggested operating procedures on how emergency medical responses would be provided in the event of a major incident within Sheboygan County.

The Emergency Medical Services of Sheboygan County have recognized this requirement and in the 1990's began developing local procedures that would be understood by all the agencies responding to a larger scale incident. From that starting point, this joint services plan was developed.

During the later part of 2005 the Emergency Medical Services dissolved into an organization that now includes all Medical First Responders and Ambulance Services. The new organization is referred to as "Sheboygan County Emergency Medical Services Association". With the start of this new association, the MCI plan was updated to include Medical First Responders.

- B. Sheboygan County is fortunate to be served by medical first responder groups, ambulance services, ambulance services along its borders, and two hospitals.
- C. When the plan was first developed, mutual aid agreements between the various EMS agencies within the County existed but no formal agreements between all agencies have been developed.
- D. At the time of the writing of the original document, a Mutual Aid Box Alarm System (MABAS) was being considered for Sheboygan County.
- E. In 2010 MABAS went live in Sheboygan County. All EMS agencies residing in Sheboygan County are member of Division 113.

II. PURPOSE AND OBJECTIVES

A. Purpose

This plan establishes a standard structure or guideline for the operation of multiple EMS agencies at a multi-patient / mass casualty incident.

B. Objectives

1. This plan may be applied to any multi-patient or mass casualty incident regardless of the number of patients or incident size.
2. For purposes of clarification, this document will provide the reader with an overview of how an incident could be organized when put together at the Unit leader level. The writers of this plan assume that the reader understands the Incident Command structure and its ability to grow into the need for additional management components involving groups, divisions, or branches.
3. The procedures outlined in this plan shall be integrated into the framework of the National Incident Management System and the agencies using this plan may build upon the components presented in this plan.
4. The plan will give direction to EMS agencies and others involved in a multi / mass casualty incident in a manner that is consistent and compatible with local plans and protocols.
5. The plan will improve multiple EMS agency coordination through increased knowledge and consistent terminology.
6. MABAS Life Safety Box Cards will be used in mass casualty incidents specific to the transport agencies and area served.

III. PLAN PARTICIPANTS

- A. All ambulance services, medical first responder units and hospitals serving all or portions of the county as listed in Sheboygan County EMS Plan.

IV. DEFINITIONS

A. Multiple Victim Incidents

Local emergency medical services modify their triage, treatment, and transportation procedures to handle the number of casualties. Local medical facilities require advanced notice to prepare for multiple patients.

B. Mass Casualty Incident

Local emergency medical services (including mutual aid) are available and adequate for triage, pre-hospital treatment / stabilization, and transportation. Local medical facilities are adequate and appropriate for further diagnosis and treatment.

C. Major Medical Incident

Involves a large number of casualties and requires a regional emergency medical response for adequate mitigation of the incident.

D. Disaster

A disaster is any natural or man-made event, civil disturbance or hostile attack, or any other hazardous occurrence of unusual or severe effect, threatening or causing injury to multiple individuals. A disaster exceeds / overwhelms the available regional resources and requires assistance from state or federal sources. The Emergency Medical Services of Sheboygan County may operate in an "operational disaster mode" prior to any formal declaration of a disaster by local officials.

E. Catastrophe

Local and regional resources are concentrated on self-survival. State or federal assistance required for mitigation.

V. NATIONAL INCIDENT MANAGEMENT SYSTEM

- A. The National Incident Management System (NIMS) is the first federal mandate that standardizes the approach to incident management and response. Developed by the Department of Homeland Security and released in March 2004, it establishes a uniform set of processes and procedures that emergency responders at all levels will use to conduct response operations.
- B. Annex H of the Sheboygan County Emergency Medical Services Plan identifies an integrated management system as the means for ensuring central control and inter-agency coordination at an MCI. The use of an incident management system helps ensure that every event will have unity of command, span of control and chain of command.
- C. **While this plan does not supplant or dictate local department operations, it assures that all agencies working at an incident follow consistent procedures.** The more a system can be used on routine operations, the easier it will be to use on complex MCI's.
- D. The roles and responsibilities of the various positions within the NIMS are described in detail in Appendix A and B.
- E. The Emergency Medical Services triage supplement and operational worksheets at an MCI event can be found in Appendix C and D.

VI. IMPLEMENTING THE MASS CASUALTY INCIDENT PLAN

A. First Unit on the Scene

Regardless of the location, nature or extent of the incident, the first arriving emergency response agency with medical responsibility for the call shall:

1. Establish Incident Command or report to the Command Post.
2. If he/she is reporting to a Command Post the writer of this document is assuming that he/she will be assigned the role of an EMS Group Supervisor until the position is transferred or the incident is stabilized and the position is terminated.

- (i) The duties of the EMS Group Supervisor shall be:
 1. Rapidly survey the scene to identify any hazards or safety concerns.
 2. Request additional resources based upon the approximate number of patients involved in the incident.
 3. Appoint a Triage Unit Leader and initiate triage. Triage will be initiated early in an incident, especially when the number of patients and / or the severity of their injuries exceed the capabilities of the on scene personnel to provide effective treatment and transportation.
 4. To establish the Treatment and Transportation units from the initial arriving resources if necessary.
3. Off-duty medically trained personnel who happen to be in the area and respond to the incident first should try to accomplish as many of the above tasks as safety possible. Once a dispatched agency has arrived on-scene, the off-duty person shall report to the arriving agency what tasks have been accomplished and then wait for further direction from the Incident Commander.

B. *Criteria for Requesting a MABAS Box Card and Implementing the Mass Casualty Incident Plan*

This Mass Casualty Incident Plan will be implemented when the following circumstances occur:

1. An emergency that meets the definition of an MCI has occurred or appears imminent. (see page 2, Section IV definitions)
2. The requesting jurisdiction or agency anticipates that all of its available resources are needed to ensure quality pre-hospital patient care. The intent of the Mass Casualty Incident Plan at this point is to insure that no one agency or department uses all of it's available resources to handle a call and leave it's response territory uncovered and dependant upon mutual aid from another area.

C. *Procedures for Requesting a MABAS Box Card and Implementing the Sheboygan County Emergency Medical Service Mass Casualty Incident Plan*

1. When it is determined by the first arriving resources of the affected jurisdiction that additional EMS assistance is required, they shall:
 - i. Report this request to the transport agency of jurisdiction.
 - ii. The transport agency will request the appropriate MABAS Card from the communication center and advise them of the level of mutual aid necessary.
 - iii. When a MABAS Box is requested, local hospitals should be advised of the expanding or escalating incident by the transport agency of jurisdiction.

D. Identification of Functional Areas and Personnel

1. Any one or all of the following functional areas may be set up to accomplish the management of the incident.
 - a. Group Supervisor
 - b. Triage Area
 - c. Treatment Area
 - d. Transport area
 - e. Staging Area
2. All emergency medical responders on the scene of the multi / mass casualty incident, including EMS personnel, should wear identification designating their jurisdiction/agency. The Incident Commander, Group Supervisors and Unit Leaders should be identified by reflective vests.
3. In Sheboygan County the various agencies responding to EMS calls are staffed by volunteers, paid on-call and full time personnel. The current capabilities of these agencies to account for personnel at the scene of an incident vary.

E. Standing Orders for EMS Operations

1. When communications with area hospitals and medical control cannot be obtained or when there is an unavoidable delay in the transport of a patient to a medical facility, standing orders for EMS operations may be used.
2. These standing orders will allow ALS and BLS units providing mutual aid outside of their jurisdiction to administer all drugs and perform all procedures as contained in their own jurisdictional written protocols.

F. Use of Helicopters

1. Helicopter support may be a valuable and effective resource in providing timely patient care and transportation, depending on weather conditions, the location of the incident and other factors.
2. When patient needs determine that conditions exist for the use of air evacuation services:
 - i. Report this request to the Command Post.
 - ii. Request the appropriate resources from the communication center.
3. An appropriate landing site will be identified and cleared. The local fire department or designee in whose jurisdiction the incident is occurring will assume responsibility for clearing and holding the landing area.
4. After landing, helicopter medical crews will be directed to activities or positions to best support the incident.

VII. TRIAGE / TREATMENT / TRANSPORTATION / STAGING PROCEDURES

The primary objective of the triage and treatment areas is to evaluate, treat and transport patients in an orderly and expedient manner.

A. Triage Area

The purpose of triage is to determine the location, number, and condition of patients and whether treatment should be performed before or after patients are moved from their original location. Triage is also responsible to ensure that patient triage is done in accordance with standard operating procedures and provide the Incident Commander with a "Triage Report" when triage is completed.

1. The EMS Group Supervisor shall assign one or more medically trained personnel to the task of triage. On extremely large incidents the triaging may be subdivided into smaller areas as more resources arrive.
2. When conducting triage, patients should be divided into four categories, Red, Yellow, Green and Black. Color-coded triage tags, ribbons, or other tracking systems may be used. The four categories include:
 - a. Red - First priority in patient care, these are victims in critical condition whose survival depends upon immediate care. Treatment of the Red victims should begin as soon as possible.
 - b. Yellow - Victims that need urgent medical attention and are likely to survive if simple care is given as soon as possible.
 - c. Green - Victims who require only simple care or observation. Even though victims in this category may appear uninjured and emotionally stable, it is recommended that they be evacuated to a medical facility for evaluation by a physician.
 - d. Black - These victims are dead or whose injuries make them unlikely to survive and/or extensive or complicated care is needed within minutes.
3. Once the initial triage is complete, a triage report should be given to the EMS Group Supervisor or Treatment Officer depending upon the scale of the incident. The report may sound something like: "Triage is complete. We have 9 total patients: 2 Reds, 3 Yellows, and 4 greens." A triage report signifies that triage has been completed. It also provides essential information

regarding decisions that the EMS Group Supervisor will make in determining the need for additional resources or to scale back the response.

4. After the initial triage report is completed, the EMS Group Supervisor or Treatment Officer may ask them to continue working with triage or assign them to another task.

B. Treatment Area

The purpose of the treatment area is to first determine whether patient treatment will occur “in place” or in a designated treatment area. Generally, a centralized treatment area is preferred, as patient care and site operations are substantially enhanced.

If a treatment area is designated, the Treatment Officer may decide to treat patients in a common area. However, if the incident is large enough the Treatment Officer may designate separate treatment areas. The treatment area is responsible for providing definitive advanced and basic life support stabilization and the continuing care of patients until they can be transported. The treatment area will determine priorities for patients to be transported to medical facilities and will coordinate transportation with the Transportation Officer.

1. The EMS Group Supervisor will decide if a treatment area is needed. If so, a Treatment Officer will be designated. He or she will be responsible for:
 - a. Re-evaluating the patient’s condition.
 - b. Directing definitive care such as medications, IV, etc.
 - c. Notifying the EMS Group Supervisor of a need for more personnel, medical supplies or equipment.
 - d. Coordinate patient disposition to the transportation unit.
 - e. Coordinating the actions of physicians and/or other medical personnel.

Transportation Area

The purpose of the Transportation Area is to obtain all modes of transportation needed to take patients to the hospital. The Transportation Officer should determine where the patient loading area will be. He / she is also responsible to determine hospital availability, coordinate patient allocation with the treatment unit and supervise the movement of patients from the treatment area to the ambulance loading area or helicopter landing zone.

The transportation area should determine hospital destination and notify hospitals of patients being transported. In essence, the Transportation Unit Leader is the only person talking with the hospitals after the initial report if given notifying the hospitals of the incident. However, ambulances leaving the scene shall continue to communicate their en-route and arrival information with their respective dispatch center as they would during normal operations. Transportation is also responsible for removing patient tracking slips from the triage tags prior to transport, notify the EMS Group Supervisor when all "Red" patients have been transported (a quality assurance benchmark) and maintain an accounting of all patients transported.

C. Staging Area

When additional resources are requested at a multi / mass casualty event a staging area should be set-up. Setting-up this area will facilitate an incremental approach to the incident and provide predictable resources. Once in staging, resources can be directed to appropriate locations thus avoiding unnecessary congestion near the impacted area. The Incident Commander shall:

1. Appoint a Staging Area Manager.
2. Determine an appropriate location for the staging area and the best route of travel to the designated location.
3. Announce the Staging Area location to the Communications Center.
 - a. The Communications Center should then relay this information to all incoming agencies.

All arriving agencies responding to the incident shall report to the Staging Area. This area should be a sufficient distance from the event to keep the scene clear of congestion but maintain easy access. The Staging Area Manager shall release resources from the staging area when requested.

The Staging Area Manager shall ensure that all responding resources are positioned appropriately in the staging area which allows them an easy exit. Drivers assigned to vehicles must be identified and readily available for dispatching to the requested location.

The Staging Area Manager should assume a visible position and he/she should wear a vest that identifies his/her role. All vehicles in the staging area should turn off their emergency lights.

Any responding agencies, organizations, groups, or individuals other than the first and reinforced response must report to Staging for assignments.

VIII. EMERGENCY COMMUNICATIONS

Only essential radio communications should be made during a multi / mass casualty incident.

A. Radio Identification

1. When communicating during a response to a mass casualty incident, all responding units shall identify themselves on the radio with "Department Name - Unit Type - Unit Number".
2. Once a unit is assigned a task, it should identify itself on the appropriate radio talk group. (i.e. "TREATMENT AREA to TRANSPORTATION AREA.") When a task is complete, the unit should report back to the assigning officer that the given task is complete and that the Department Name - Unit Type - Unit Number is available.
3. Units using radio communications should first make sure that the receiving unit is ready to copy before sending a message. The receiving unit should then summarize the receipt of the message or order.
4. In order to provide for maximum safety and clarity of operation, certain key words must be understood to mean the same to all involved:
 - a. Withdraw - In an orderly manner, back out of the area taking all equipment with you as you go.

- b. Evacuate - Immediately leave area, dropping in place any equipment that would slow down your retreat
- c. All Clear - It has been determined that the hazard has been eliminated or does not exist.

B. Initial Communication by Responding Agency

When the initial responding agency's communications center determines that an MCI exists or may exist, that communications center will begin mutual aid contacts of other agencies to provide appropriate resources.

C. Use of the Radio System

- 1. The two-way radio communication system allows EMS field crews to communicate with area hospitals on pre-hospital patient care or to alert the hospitals of in-coming patient situations.
- 2. The system operates on either the UHF bands reserved by the Federal Communications Commission for medical communications or the 800 megahertz system.
- 3. Assigning a specific talk group or talk groups for the EMS Group Supervisor, Triage, Treatment, and Transportation units may be necessary.

D. Use of Cellular Phones

- 1. Depending upon the scope and type of the incident, cellular phones may provide a communications system between dispatchers, the Incident Command, medical personnel on scene, local hospitals, and other organizations.
- 2. Available cellular phones at the incident scene should be identified to the Incident Commander, in the event that they are needed at specific times.
- 3. If the incident is one of longer duration, area cellular companies will be asked to provide cellular phones and priority access at the scene of the incident.

IX. REQUESTING ADDITIONAL MEDICAL SUPPLIES

Requests for additional supplies should be directed to area hospitals by the transport agencies involved.

X. PATIENT TRACKING

The color-coded triage tags should be filled out with as much information about the patient as the triage personnel are able to ascertain and complete. A portion of the tag should be retained by the Triage Unit Leader and Transportation Unit Leader. The Transportation Unit Leader will also obtain information indicating the destination hospital to which the patient is being transported. The Transportation Unit Leader will make the retained triage tag portions and transportation log available to the Incident Commander at the scene or others responsible for notifying family members or determining the location of victims.

XI. REVIEW OF MASS CASUALTY INCIDENTS

Within two weeks of an MCI, the Emergency Medical Services involved in the incident should appoint a task force to review the response to the incident. This task force should present its findings to the Sheboygan County EMS Council at its next regularly scheduled meeting and a report on the incident should be placed on file with the Sheboygan County Emergency Management office.

XII. TRAINING AND EXERCISES

The Emergency Medical Services shall review as necessary, determine training needs and schedule appropriate training. At a minimum, the plan should be exercised annually in conjunction with area hospital disaster drills.

APPENDIX A
NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION DESCRIPTIONS

EMS Group Supervisor

- Responsible for overall EMS operations at an incident
- Responsible for appointing all other EMS team members
- Responsible for forwarding all EMS recommendations to the Incident Commander.
- Responsible for formulating and disseminating factual and timely information about the incident to the Incident Command for release to the news media and other appropriate agencies.
- Responsible for the accounting of all EMS personnel at the incident.
- On simple incidents, the EMS Group Supervisor may well serve multiple roles.

Triage Unit Leader

- Responsible for the management of victims where they are found at the incident site.
- Responsible for sorting and moving victims to the treatment area.
- This person shall ensure coordination between extrication teams and patient care personnel to provide appropriate care for entrapped victims.

Treatment Unit Leader

- Responsible for sorting patients at the treatment area to establish priorities for treatment and transport, and for directing coordination with medical professionals mobilized to the scene.
- The treatment area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills.

Transportation Unit Leader

- Responsible for arranging appropriate transport vehicles (ambulances, helicopters, buses, vans, etc.) for those patients that the Treatment Unit Leader has selected for transport.

Staging Area Manager

- Responsible for the organization of the staging area.
- Responsible for the flow of resources from the staging area to the scene.

**APPENDIX B
POSITION CHECKLISTS**

EMS GROUP SUPERVISOR

Responsible:

For overall EMS operations at an incident, for appointing all other EMS team members, accounting for all EMS personnel, and forwarding all EMS recommendations to the Incident Commander

Reports to:

Incident Command

Tasks:

- Inform Incident Command of your established position
- Identify yourself as EMS Group Supervisor by wearing a reflective vest
- Perform a medical size-up and relay information to Incident Command
 - Assess the need for decontamination of patients prior to treatment or transport
- Develop an initial strategy for the medical aspects of the incident, including
 - Make initial contact to local hospitals advising them of the incident
 - Determine the location of the staging area from Incident Command
- Order additional medical resources through the Communications Center
- Maintain an accountability log of EMS personnel at the incident
- Appoint a Triage Unit Leader
- Appoint a Treatment Unit Leader
- Appoint a Transport Unit Leader
- Communicate regular updates to Incident Command on EMS operations

TRIAGE UNIT LEADER

Responsible:

For the management of victims where they are found at the incident site, and for sorting and moving victims to the treatment area. The person shall ensure coordination between extrication teams and patient care personnel to provide appropriate care for entrapped victims.

Reports to:

EMS Group Supervisor

Tasks:

- Assume position as Triage Unit Leader and identify yourself by wearing reflective vest
- Observe scene for hazards and take necessary precautions
- Determine the location, number and condition of patients involved in the incident
- Advise EMS Group Supervisor of the approximate number and severity of injuries
- Establish a strategy for triage with the EMS Group Leader, including:
 - Triage patients where they are found
 - Coordinate and move patients to the treatment area
- Determine and order any additional personnel, equipment or supplies through the EMS Group Supervisor.
- Assign and control all personnel in the triage area, including:
 - Establish triage teams and define operating zones
 - Make sure that sufficient quantities of triage tags are available

- Provide regular updated progress reports to EMS Group Supervisor

- Advise "All Clear" to EMS Group Supervisor when all patients have been triaged and moved to the treatment sector

TRANSPORTATION UNIT LEADER

Responsible:

For arranging appropriate transport vehicles (ambulances, helicopters, buses, vans, etc.) for those patients that the Treatment Area has selected for transport.

Reports to:

EMS Group Supervisor

Tasks:

- Assume position as Transportation Unit Leader upon assignment by EMS Group Supervisor and identify yourself by wearing reflective vest
- Determine the location for the staging of the transportation of patients
- Determine and order any additional personnel, ambulances, first responder units, helicopters, buses through EMS Group Supervisor
- Communicate with the appropriate hospital to determine hospital availability and capacities
- Designate a person to track all green triaged patients that are or are not transported
- Coordinate patient removal to loading zones in order of severity to include moving patients to helicopter landing zone sector for transport to distant hospitals
- Maintain accurate records of patients transported
- Provide regular updated progress reports to EMS Group Supervisor
- Advise "All Clear" to EMS Group Supervisor when all patients have been transported

TREATMENT UNIT LEADER

Responsible:

For sorting patients at the treatment area to establish priorities for treatment and transport and for directing coordination with medical professionals mobilized to the scene. The treatment area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills.

Reports to: EMS Group Supervisor

Tasks:

- Assume position as Treatment Unit Leader upon assignment by EMS Group Supervisor and identify yourself by wearing reflective vest
- Determine the location for the field treatment area and notify EMS Group Supervisor
- Determine and order any additional resources through EMS Group Supervisor
- Construct a formal treatment area to include:
 - Identifiable entrance and exit points
 - Separate red and yellow triaged patients within the treatment area
- Develop a pool of medical supplies within the treatment area
- Designate an area for green triaged patients to be collected and treated outside the formal treatment area
- Locate yourself at the entrance point and perform re-triage as needed on patients arriving from the triage sector
- Perform triage on patients arriving into the treatment area without triage tags
- Assign and control all personnel in the area to ensure appropriate treatment for all patients
- Move patients through the exit point into the transport area in order of severity

- Provide regular updated progress reports to EMS Group Supervisor.
- Advise "All Clear" to EMS Group Supervisor when all patients have been treated and moved to the transport area.

STAGING AREA MANAGER

Responsible:

For the organization and flow of resources into the incident. The Staging Area Manager shall utilize an area near the incident with easy access to and from the scene avoiding the increase of congestion at the scene. The Staging area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills.

Reports to:

EMS Group Supervisor

Tasks:

- Utilize the appointed staging area
- Coordinate staging activities with law enforcement representatives
- Ensure that all resources are positioned in the Staging area to allow ease of exit
- Identify personnel who are assigned to drive ambulances and assure that they are ready for dispatching to the transportation area
- Assume a visible position
- Identify your position by wearing a reflective vest
- Give regular progress reports to EMS Group Supervisor

APPENDIX C

TRIAGE TAGS SUPPLEMENT

Triage Tags

Triage is a function which is performed primarily during extrication and treatment of patients. It is simply a system of identifying patient injuries and classifying these patients according to the severity of injuries and their priority needs for treatment and transportation. The most seriously injured patients are classified as Priority 1 (Red), and the very minor injured as Priority 3 (Green). The most visible means of identifying these different patients is by use of a triage tagging system.

Triage tags will be used by the Sheboygan County Emergency Medical Services on all "working" multi-patient incidents. A "working" multiple patient incident is defined as:

- Three or more patients, with one of the patients requiring ALS level treatment.
- Any medical incident involving six or more patients requiring transportation to a hospital.

During large medical emergencies, triage tagging should be completed during the "initial assessment" of all patients, and before the "focused history and physical exam" is initiated. Only correction of ABC's identified in the "initial assessment" should be completed at that time. More complete patient treatment (splinting, bandaging, etc.) will be done in a treatment area location.

DEFINITIONS

The terms priority and level are sometimes used interchangeably, but a distinction should be made between the terms to avoid confusion, both at the scene and at the hospital.

During triage, patients are assigned a priority to efficiently facilitate treatment and transportation.

PRIORITY TAGGING

Triage priorities should follow the guidelines listed below. Reminders are listed on the back of all triage tags for quick reference.

Priority 1 – ALS (Triage Tag Color = Red)

- A. Patients with unresolved or compromised ABC problems.
- B. Unconscious patients.
- C. Shock.
- D. Major or multiple fractures.

E. ALS level medical problems (cardiac, diabetes, CVA).

Priority 2 – BLS (Triage Tag Color = Yellow)

Non-ambulatory patients not requiring ALS treatment.

Priority 3 (Triage Tag Color = Green)

Ambulatory patients.

Priority 4 (Triage Tag Color = Black)

Priority 4 patients are those persons obviously dead or where wounds are so severe that death appears reasonably certain, even if paramedic-level treatment were to be administered. Examples may be:

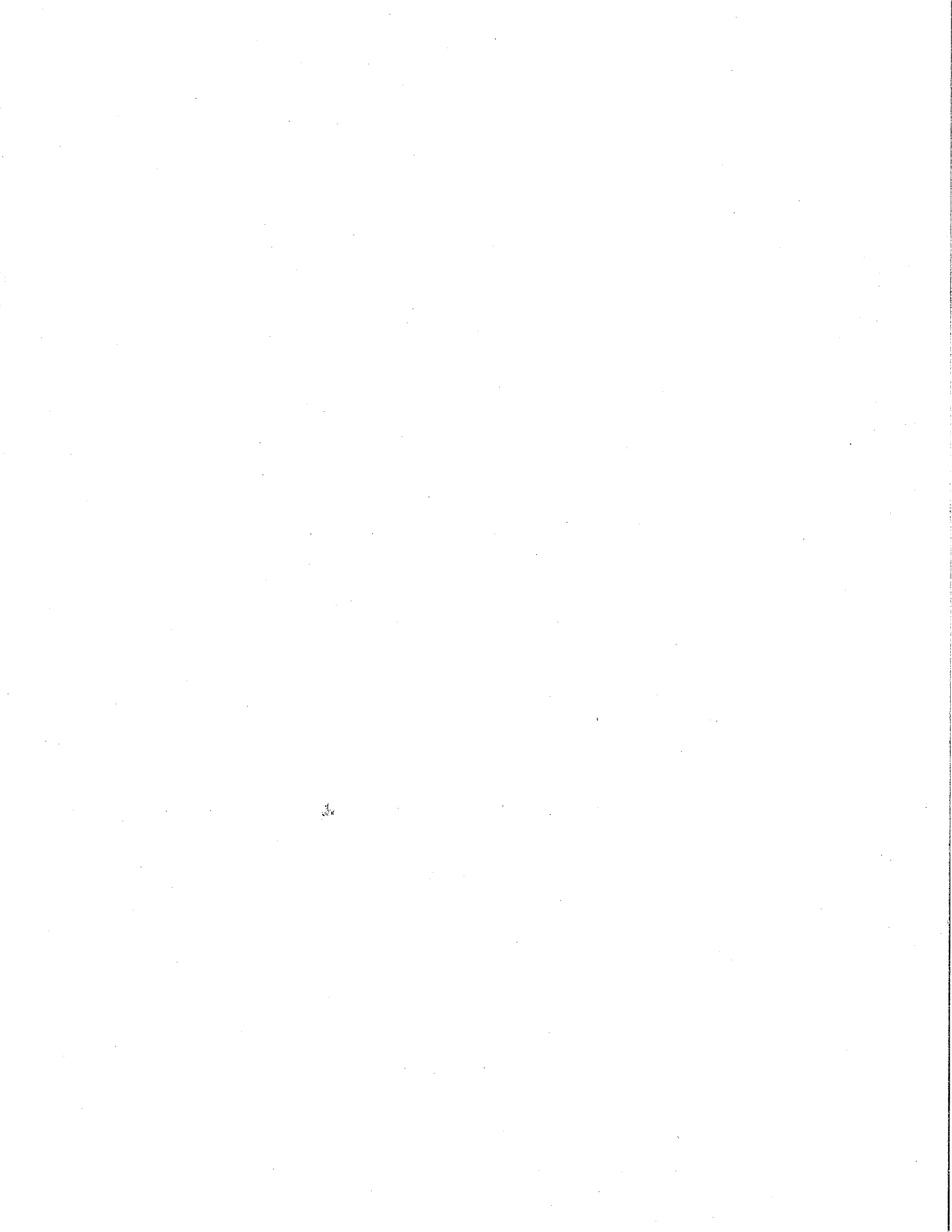
1. Massive open skull fractures with brain tissue showing.
2. Third degree burns of 80% or more of the body.
3. Massive crushing injuries to chest, abdomen, and pelvis with very faint vital signs detectable.

There is a fine line between the obviously mortally-injured (dying) patient and a seriously-injured patient who may survive if paramedic-level treatment is administered. If the medical incident involves only a single patient who appears mortally-injured, enough trained manpower and equipment normally is available to totally commit crews to that patient. However, as the number of seriously injured patients at the medical incident increases, trained manpower and equipment may become extremely limited. Under these circumstances, mortally-injured patients may need to be black-tagged as a Priority 4 with no treatment administered, while available resources concentrate on treating a large number of salvageable patients.

Once tagged, Priority 4 patients should not be moved unless it is necessary to treat other patients. Those that must be moved should be covered and placed in an out-of-the-way location. If possible, mark the position of the body before moving.

TRIAGE TAG LOCATION

Triage tags should be secured preferably to the patient's uninjured ankle or wrist. When securing tags to the wrist, leave the attachment line loose enough so that it can be moved up or down the arm to accommodate an IV line infusion, but tight enough so that it will not slide off the wrist. Do not secure triage tags to belts or clothing.



INVENTORY LEVELS

Ambulances - 50 triage tags

First Responder Units - 50 triage tags

The Law Committee of the Sheboygan County Board of Supervisors has reviewed and approved this document entitled "Sheboygan County Emergency Medical Services Plan", November 2018, revision.

_____ Date: _____
Vernon C. Koch, Chairman

_____ Date: _____
Thomas V. Epping, Vice-Chairman

_____ Date: _____
Robert J. Ziegelbauer, Secretary

_____ Date: _____
Paul Gruber, Member

_____ Date: _____
Brian Hoffmann, Member

EMERGENCY SERVICE UNITS – SHEBOYGAN COUNTY

Ambulance Services

1. Orange Cross Ambulance Service
Daniel Althaus, Executive Director
1919 Ashland Avenue
Sheboygan, WI 53081
dalthaus@orangecross.org
Phone: (920) 694-0344
Fax: (920) 208-1977
2. City of Sheboygan Fire Department Ambulance
Pat Nicolaus, Battalion Chief
1326 North 25th Street
Sheboygan, WI 53081
Pat.Nicolaus@sheboyganwi.gov
Work: (920) 459-3975
Main: (920) 459-3328
3. Oostburg Ambulance Service
Melissa Sertich, Service Director
20 South 11th Street
Post Office Box 700077
Oostburg, WI 53070
OostburgAmbulance@frontier.com
Phone: (920) 564-3013
4. Random Lake Fire Department Ambulance
Blaine Werner, Service Director
718 Spring Street
Random Lake, WI 53075
frtrk@wi.rr.com
Phone: (920) 994-4188
Phone: (920) 994-9817
Fax: (920) 994-4188
5. Kiel Ambulance Service
Richard Isley, Service Director
90 Raider Heights
Kiel, WI 53042
Medic0990@msn.com
Phone: (920) 286-0414
Fax: (920) 894-2144
6. Kewaskum Fire Department Ambulance Service
Sandy Hahn, Rescue Captain
Mark Groeschel, Fire Chief
1106 Fond du Lac Avenue
Kewaskum, WI 53040
kewrescu@yahoo.com
Station: (262) 626-2411
Phone: (262) 626-1320
7. Plymouth Fire Department Ambulance
Rory Beebe, Assistant Fire Chief
P.O. Box 294
Plymouth, WI 53073
rbeebe@plymouthfd.com
Station: (920) 893-1331

First Responder Units

1. Adell First Responders
Dan Wiersema, Captain
516 Clark Street
Cascade, WI 53011
Station: P.O. Box 242, Adell, WI 53001
caseihman@gmail.com
2. Cascade First Responders
Darrell Kasuboski, Captain
201 East Water Street
Cascade, WI 53011
dkasuboski@gmail.com
3. Cedar Grove First Responders
Jon Sass, Manager
325 South 4th Street
Cedar Grove, WI 53013
ksass2@wi.rr.com
4. Glenbeulah First Responders
Mike Mooney, Fire Chief
218 Kettle Ridge Circle
Glenbeulah, WI 53023
Station: P.O. Box 42, Glenbeulah, WI 53023
chiefmooney@gmail.com
Work: (920) 892-3787
Cell: (920) 207-4118
5. Howards Grove First Responders
Tyler Wuestenhagen
1013 South Wisconsin Drive
Howards Grove, WI 53083
tyler.wuestenhagen@sheboygancounty.com
6. Town of Sheboygan Falls First Responders
Tom Hass
N5480 County Road TT
Sheboygan Falls, WI 53085
Thomas.hass@aurora.org or medic375@charter.net
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7. City of Sheboygan Fire Department First Responders
Chuck Butler, Deputy Chief
1326 North 25th Street
Sheboygan, WI 53081
Work: (920) 459-3975
Main: (920) 459-3327
8. Elkhart Lake First Responders
Darrel Lindstrom, Captain
610 South Lincoln Street
Elkhart Lake, WI 53020
elfr816@hotmail.com
Station: (920) 876-3333

9. City of Sheboygan Falls First Responders (920) 467-7914
 Tina Kasprzak, Captain
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clinttinak@sbcglobal.net
10. Town of Sheboygan First Responders Firehouse: (920) 467-6800
 Adam Cain, Service Director Town Hall: (920) 451-2320
 3911 CTH Y Cell: (920) 207-0630
 Sheboygan, WI 53083
11. Town of Scott First Responders Cell: 920 470-0983
 John Gloede
 N1306 Boltonville Rd
 Adell, WI 53001
gloedej@outlook.com
12. Village of Kohler EMS Phone: (920) 459-3877
 Dave Darin, Chief
 Contact: Dave Darin
 319 Highland Drive
 Kohler, WI 53044
djdarin@kohlerpolice.com
13. Town of Wilson First Responders Station: (920) 208-2390
 Dan Murphy, Service Director
 5935 South Business Drive
 Sheboygan, WI 53081
danmurphy1120@gmail.com
14. St. Cloud First Responders (920) 999-1234
 Scott Bink, Fire Chief
 1105 Main Street
 St. Cloud, WI 53079

Hospital Emergency Departments

- | | |
|---|-----------------------|
| 1. Aurora Sheboygan Memorial Medical Center
Craig Shicker, Director ED
2629 North 7 th Street
Sheboygan, WI 53083 | Phone: (920) 451-5135 |
| 2. St. Nicholas Hospital
Shalon Edson, Director ED
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201 East Water Street
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