NOTICE OF MEETING

LAW COMMITTEE

December 5, 2019 - 4:00 PM

Law Enforcement Center
525 North 6th Street
Sheboygan, WI 53081

LEC-West Conference Room

Agenda

- Call to order
- Pledge of Allegiance
- Certification of Compliance with Open Meeting Law
- Approval of Minutes
- Correspondences/Communications
- Public Comments

Clerk of Courts

- Consideration of Carryover of Unexpended 2019 Appropriations to 2020

District Attorney

- Consideration of Budget Adjustment

Sheriff

- Sheriff's Report
- Review of Jail Population Graphs
- Consideration of revisions to the Sheboygan County Emergency Medical Services Plan
- Consideration of appointing Cassandra Limberg to the EMS Council, replacing Shalon Edson
- Consideration of Village/Town Contracts
- Consideration of using $17,000 from Federal Forfeiture and U.S. Treasury accounts to purchase replacement vehicle for MEG Unit

- Consideration of vouchers
- Consideration of attendance of members at other meetings or functions
- Reports on meetings attended
- Adjourn

Prepared by:
Jodi LeMahieu
Recording Secretary

Vern Koch
Committee Chairman

Note: persons with disabilities needing assistance to attend or participate are asked to notify Jodi LeMahieu, 459-3895, prior to the meeting so that accommodations may be arranged.
A majority of the members of the County Board of Supervisors or of any of its committees may be present at this meeting to listen, observe and participate. If a majority of any such body is present, their presence constitutes a "meeting" under the Open Meeting Law as interpreted in State ex rel. Badke v. Greendale Village Board, 173 Wis. 2d 553 (1993), even though the visiting body will take no action at this meeting.

SHEBOYGAN COUNTY LAW COMMITTEE MINUTES

Law Enforcement Center
525 North 6th Street
Sheboygan, WI 53081

LEC-West Conference Room

November 21, 2019 **Called to Order: 4:00 PM** **Adjourned: 4:37 PM**

MEMBERS PRESENT: Chairman Vernon Koch, Vice Chairman Thomas Epping, Secretary Robert Ziegelbauer, Member Paul Gruber, Member Brian Hoffmann

MEMBERS ABSENT: None

ALSO PRESENT: Cory Roeseler, Chad Broeren, Steve Steinhardt, Natascha Rowell, Joel Urmanski, Amanda Scaife

Call to Order

Chairman Koch called the meeting to order.

Pledge of Allegiance

All in attendance recited the Pledge of Allegiance.

Certification of Compliance with Open Meeting Law

The meeting notice was posted on November 19, 2019 at 1:35 p.m. in compliance with the open meeting law.

Approval of Minutes

Motion by Ziegelbauer, second by Epping, to approve the minutes from the previous meeting. Motion carried.

Correspondences/Communications

There were no correspondences/communications.

Public Comments

Steve Steinhardt addressed the committee regarding concerns members of the EMS Council have regarding Ryder Cup. Steve, Dr. Martens, Orange Cross Ambulance, and ER staff at both hospitals have reached out to the Ryder Cup EMS Committee but have received little information. Chairman Koch will make some calls to see if that will assist.

Clerk of Courts

The Committee discussed the 3rd Quarter Variance Report and accepted the report for information.

District Attorney

Motion by Epping, second by Hoffmann, to approve the Administrative Assistant Vacant Position Request. Motion carried unanimously.

Motion by Epping, second by Ziegelbauer, to approve part time Prosecutor Vacant Position Request. After discussion, motion carried unanimously.

Sheriff

Sheriff Roeseler informed the Committee of the Culver's Fundraiser at all Sheboygan County locations on November 26 for Shop with a Cop.

The Committee reviewed the Jail Population Graphs which were included with the agenda.

The Committee discussed the 3rd Quarter Variance Report and accepted the report for information.

Motion by Epping, second by Hoffmann, to approve the appointment of Doug Sherpereel to the EMS Council, representing Private Industry. After discussion, motion carried unanimously.

Motion by Epping, second by Gruber, to approve a 2019 Budget Adjustment for the Speed Enforcement Grant. After discussion, motion carried unanimously.

Motion by Epping, second by Gruber, to approve the repairs to Squad # 47. After discussion, motion carried unanimously.

Motion by Hoffmann, second by Epping, to approve the repairs to Squad # 31. After discussion, motion carried unanimously.

Vouchers

Motion by Hoffmann, second by Ziegelbauer, to approve the vouchers. Motion carried unanimously.

Approval of Attendance at Other Meetings or Functions

Motion by Epping, second by Gruber, to approve the attendance of Supervisor Hoffman at the EMS Quality Assurance meeting and the EMS Association meeting at Orange Cross on November 13. Motion carried unanimously.

Reports on Meetings Attended

Supervisor Hoffmann reported on the EMS Association meeting.

Adjournment

Motion by Epping, second by Ziegelbauer, to adjourn. Motion carried unanimously.

Jodi LeMahieu
Recording Secretary

Robert Ziegelbauer
Committee Secretary

SHEBOYGAN COUNTY
WISCONSIN

MELODY LORGE
CLERK OF CIRCUIT COURTS

615 NORTH SIXTH STREET, SHEBOYGAN, WISCONSIN 53081 920.459.3068 FAX 920.459.3921

DATE: November 26, 2019

TO: Members of the Law Committee

FROM: Melody Lorge, Clerk of Circuit Courts

RE: Carryover of 2019 Video Conferencing Project

I am requesting approval to carryover $46,737 to complete the video conferencing for all five courtrooms not yet completed. Please see the attached carryover request.

I appreciate your consideration.

Carryover of Unexpended 2019 Appropriations to 2020

Department Name: Clerk of Courts

Account Number	Requested $ Amount	Item Description	Justification	Reason Unexpended in 2019
191.565010	$46,737	Phase two of the sound system project adding video conferencing equipment to all five courtrooms.	We need to bring our courtrooms up to date with modern technology to be more efficient.	We have been in collaboration with Information Technology. We need to make sure that the equipment being purchased will work effectively and each courtroom setup will be different. This has been a very challenging process and we are getting closer to a solution.
	$46,737		**TOTAL REQUEST**	

DISTRICT ATTORNEY
SHEBOYGAN COUNTY

Joel Urmanski
District Attorney

615 North 6th Street
Sheboygan, WI 53081-4692

Telephone (920) 459-3040
Fax (920) 459-4383

To: Members of the Law Committee

From: Joel Urmanski, District Attorney

Date: December 5, 2019

Re: Request to Transfer District Attorney Funds

Deputy District Attorney
•Christopher W. Stock
Assistant District Attorneys
•Alexandra K. Smathers •Adam T. Stuart
•Alexander C. Huber •Anna M. Meulbroek
•Kelsey L. Blumenfeld •Sara E. Matthews
•Cole M. Altman

Action Requested

The District Attorney is respectfully requesting the following 2019 Budget Adjustment:

Account Number	Amount – Debit or (Credit)	Account Description
134.451410	(15,000)	Printing and Duplicating Fees
134.533925	15,000	Furniture Under $500

This request is to transfer excess revenues generated from Printing and Duplicating Fees to be used towards the purchase of new Office Furniture.

Justification for the Request

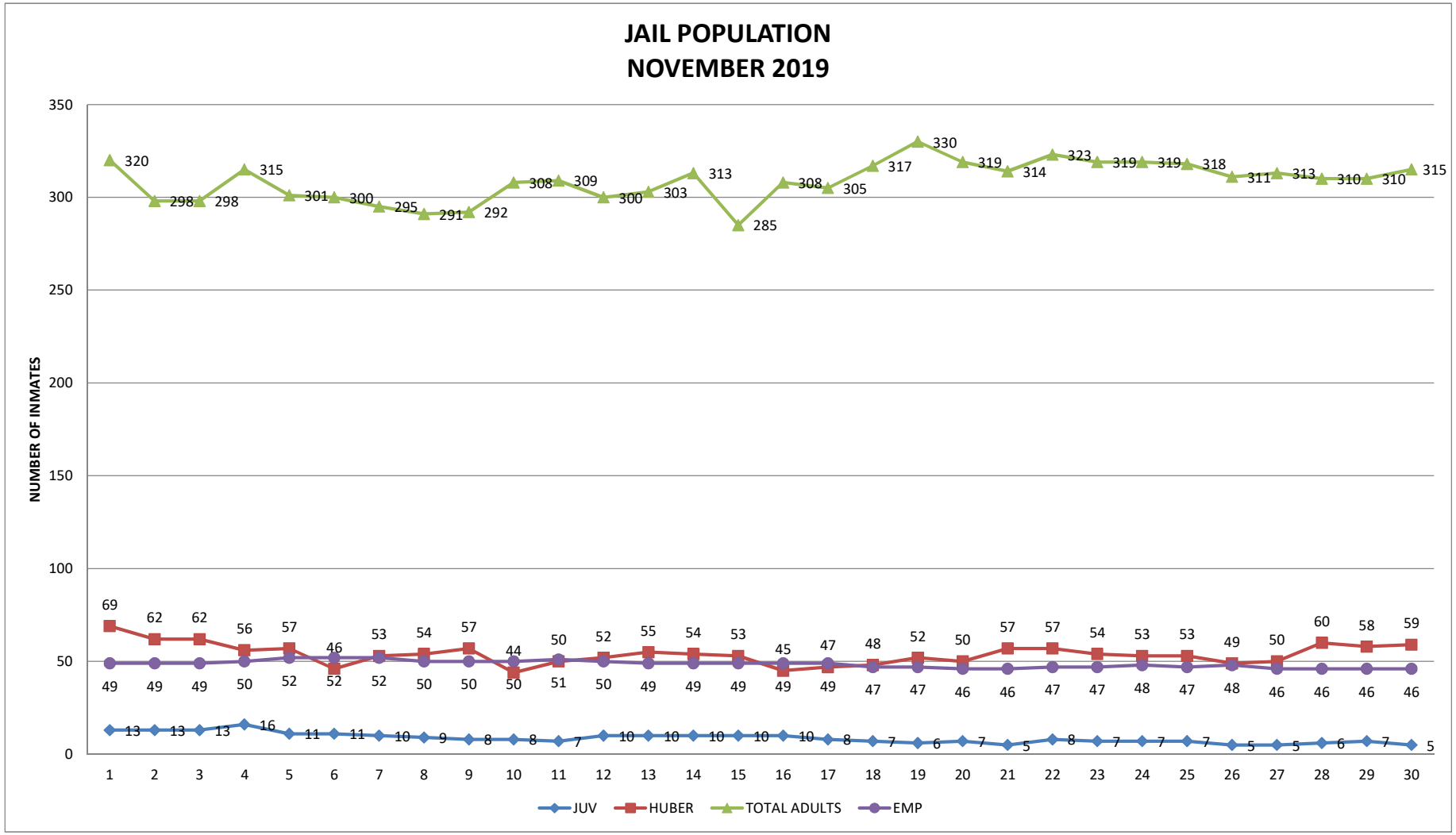
Thanks to the continued support and funding of the County, the Office will have an added half-time prosecutor in 2020. An office will be built for this new prosecutor, which needs to be furnished. In addition, there are pieces of furniture in the Office, namely desks and chairs that I would like to replace and/or update.

Fiscal Impact

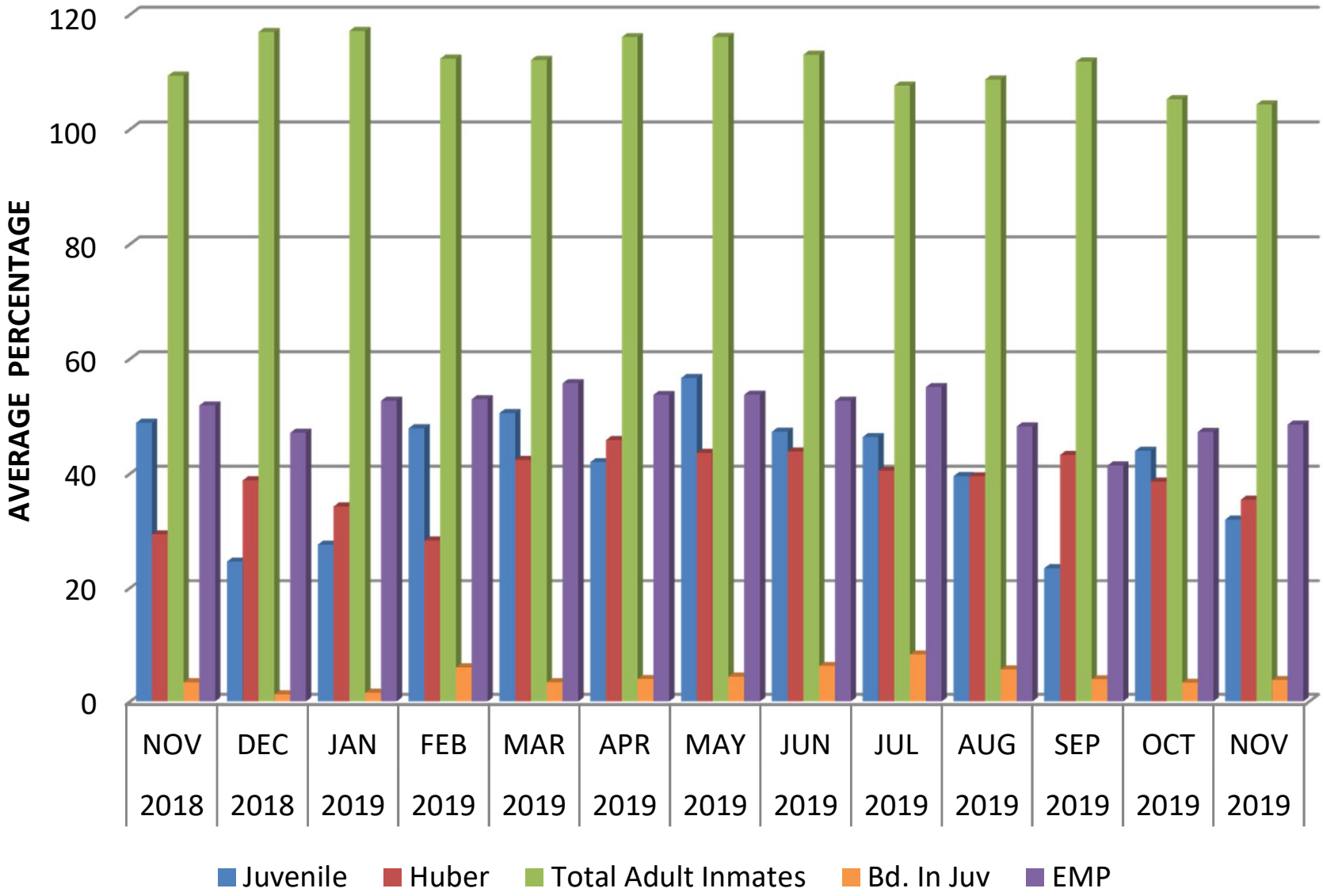
The Fiscal Impact of this request will be budget neutral. The District Attorney's department currently has a positive variance in the Printing and Duplicating Fees account of $19,560.98 and is projected to increase to $24,000.00 by year-end. This positive variance is due to an unexpected increase in discovery revenue.

Respectfully Submitted:

_____


JAIL POPULATION
NOVEMBER 2019
NUMBER OF INMATES
350
300
250
200
150
100
50
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
JUV
HUBER
TOTAL ADULTS
EMP

SUMMARY OF AVERAGE JAIL CAPACITY



SHEBOYGAN COUNTY

EMERGENCY MEDICAL SERVICES PLAN

DATE ADOPTED BY E.M.S. COUNCIL

Revised November 2019

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 or paramedic intercept unit will also be dispatched. (**Exception:** Lift Assist/Citizen assist calls: First Responders may cancel the responding ambulance if they have established independent responsibility for citizen/lift assist call in their area.)

l. It is <u>not</u> 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. <u>AMBULANCE SERVICES</u>

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

1. <u>Orange Cross Ambulance Service, Incorporated.</u> Orange Cross Ambulance Service (OCAS)) is a combination part-time/full time BLS and ALS service which operates multiple transport vehicles and up to two paramedic intercept units. 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. <u>City of Sheboygan Fire Department Ambulance</u>. 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, with the addition of Physician Assistants and Nurse Practitioners to assist the physicians.

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 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

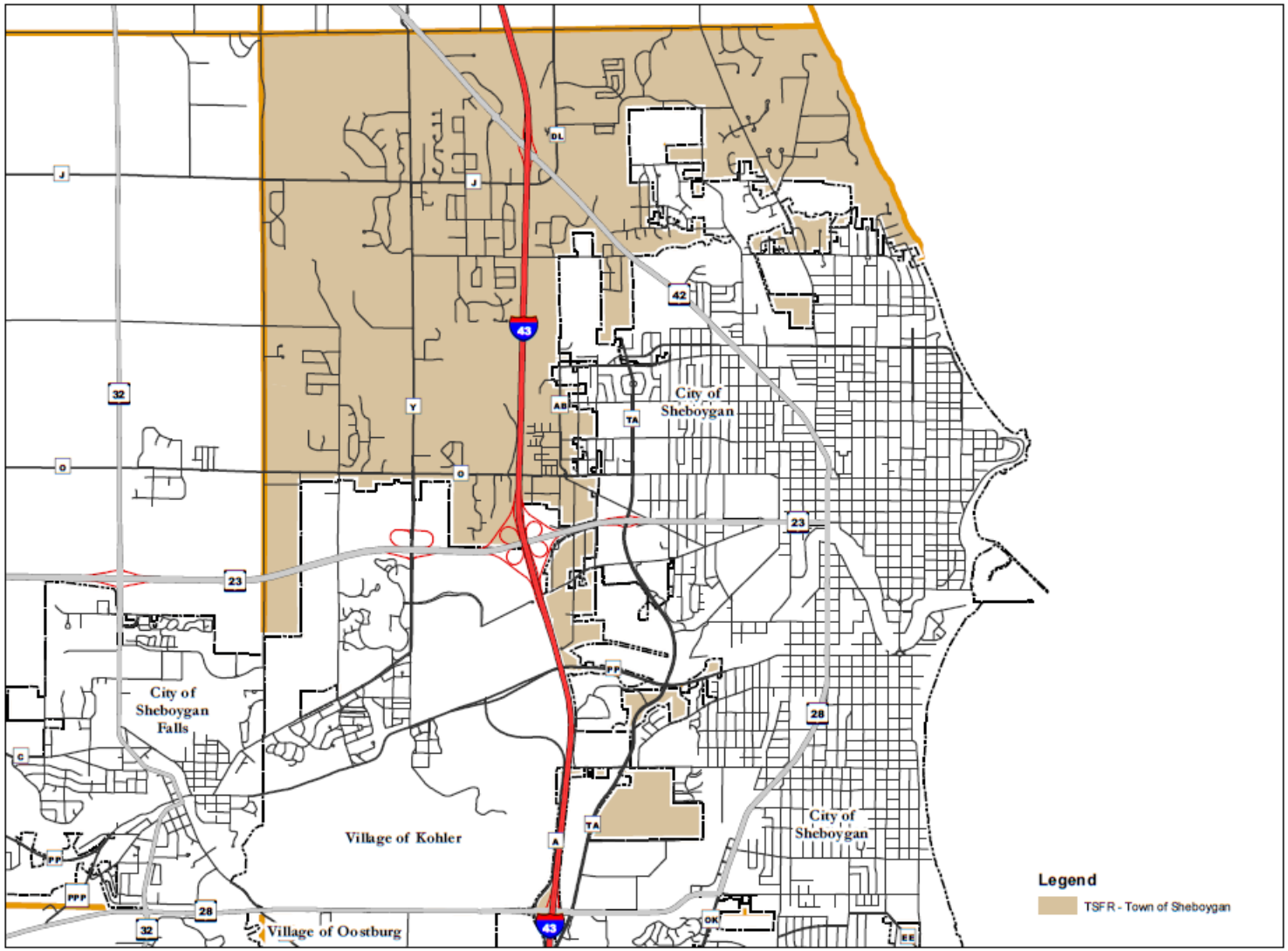
BOUNDARIES

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
Source: Sheboygan County Planning & Conservation Department
G:\Departments\EMMapDocs\Emergency Medical Services Plan Maps\TSFR - Sheboygan First Responders.mxd

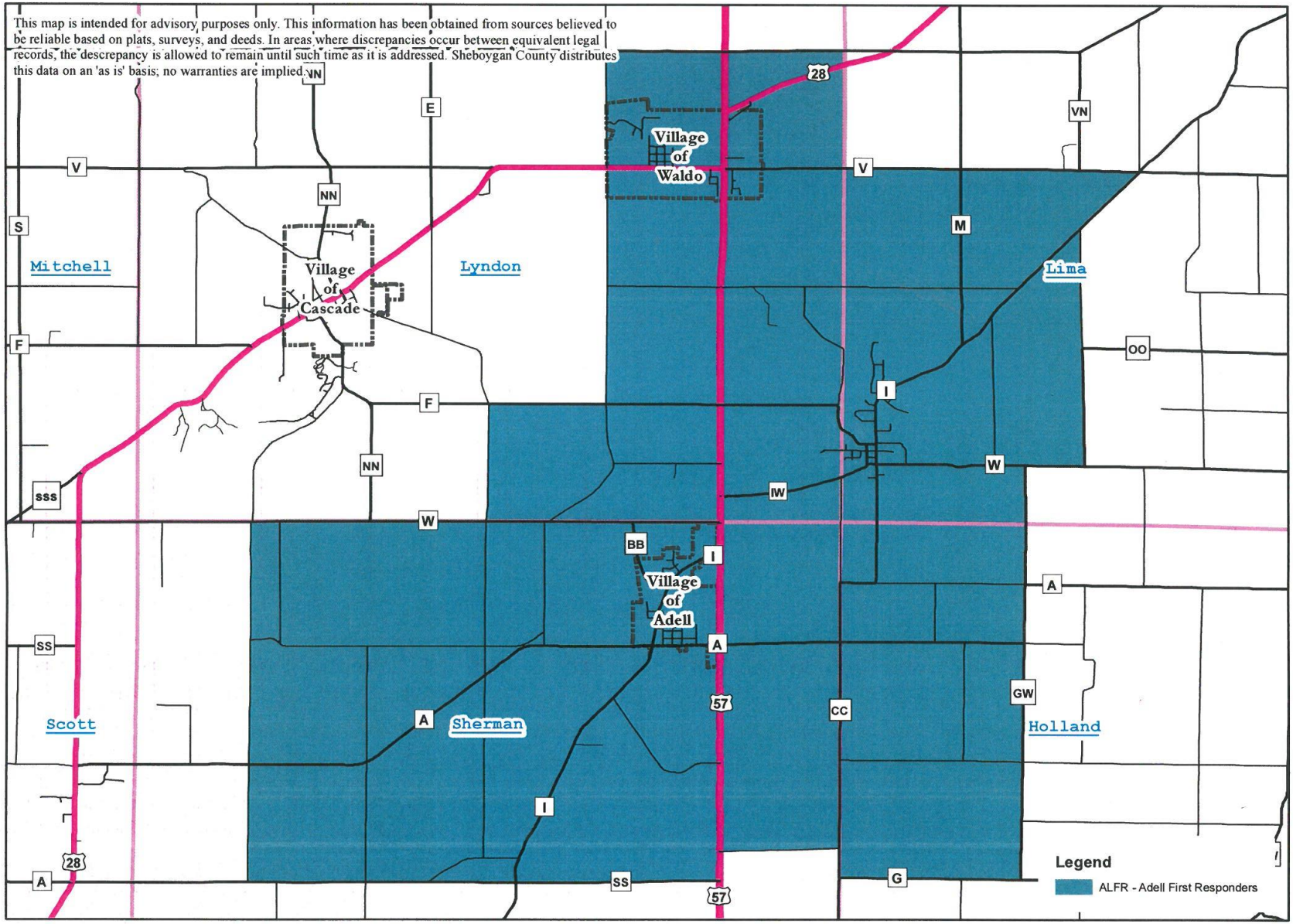
UNIT 811

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.



11/17/2014
Source: Sheboygan County Planning & Conservation Department
G:\Departments\EM\MapDocs\Emergency Medical Services Plan Maps\ALFR Adell First Responders.mxd

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

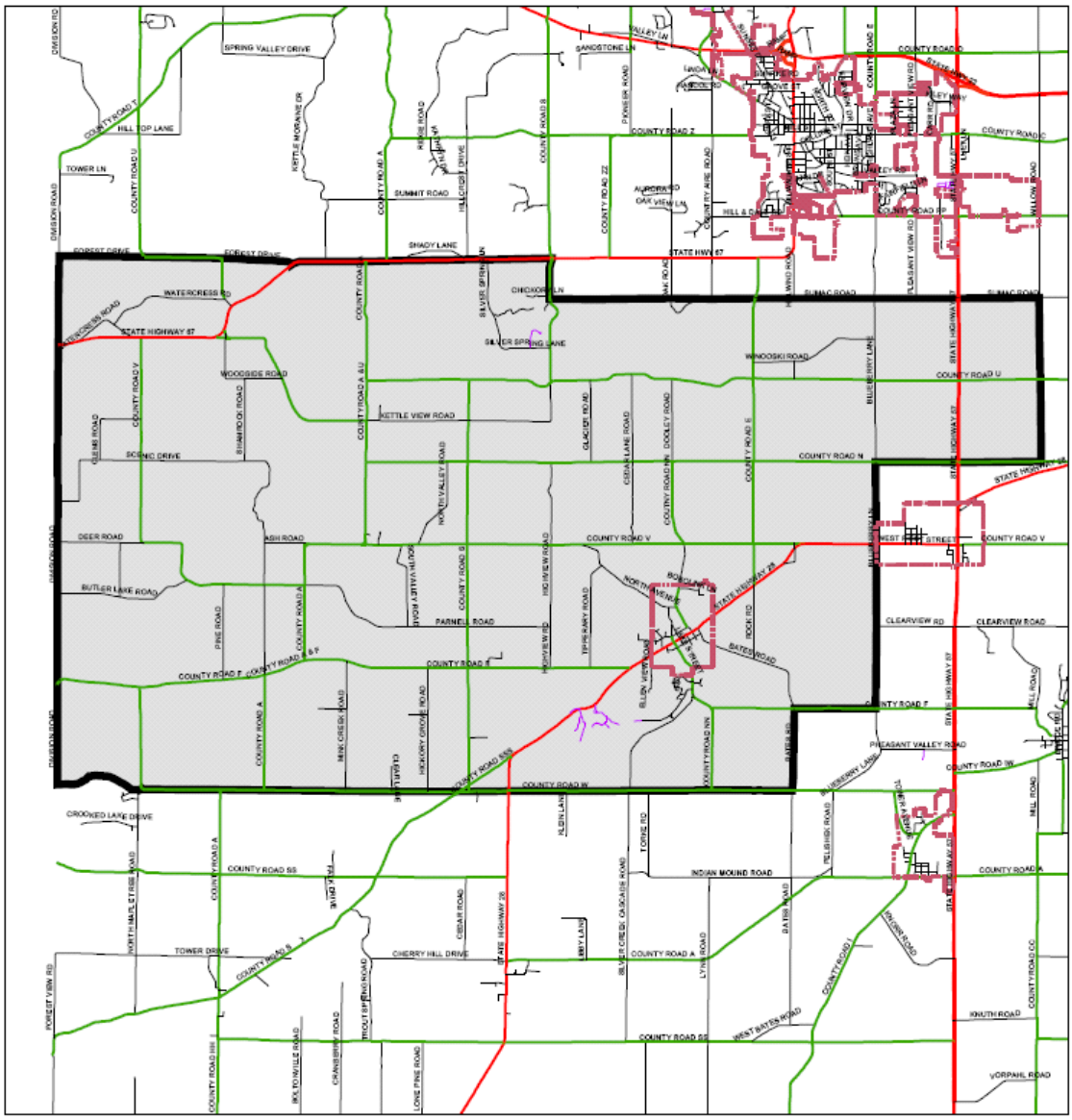
BOUNDARIES: East – The Lyndon Town Line from Sumac Road south to CTH N. Then west on CTH N to Blueberry Lane. Then south on Blueberry Lane to CTH F. Then west on CTH F to Bates Road. Then south on Bates Road to W.

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

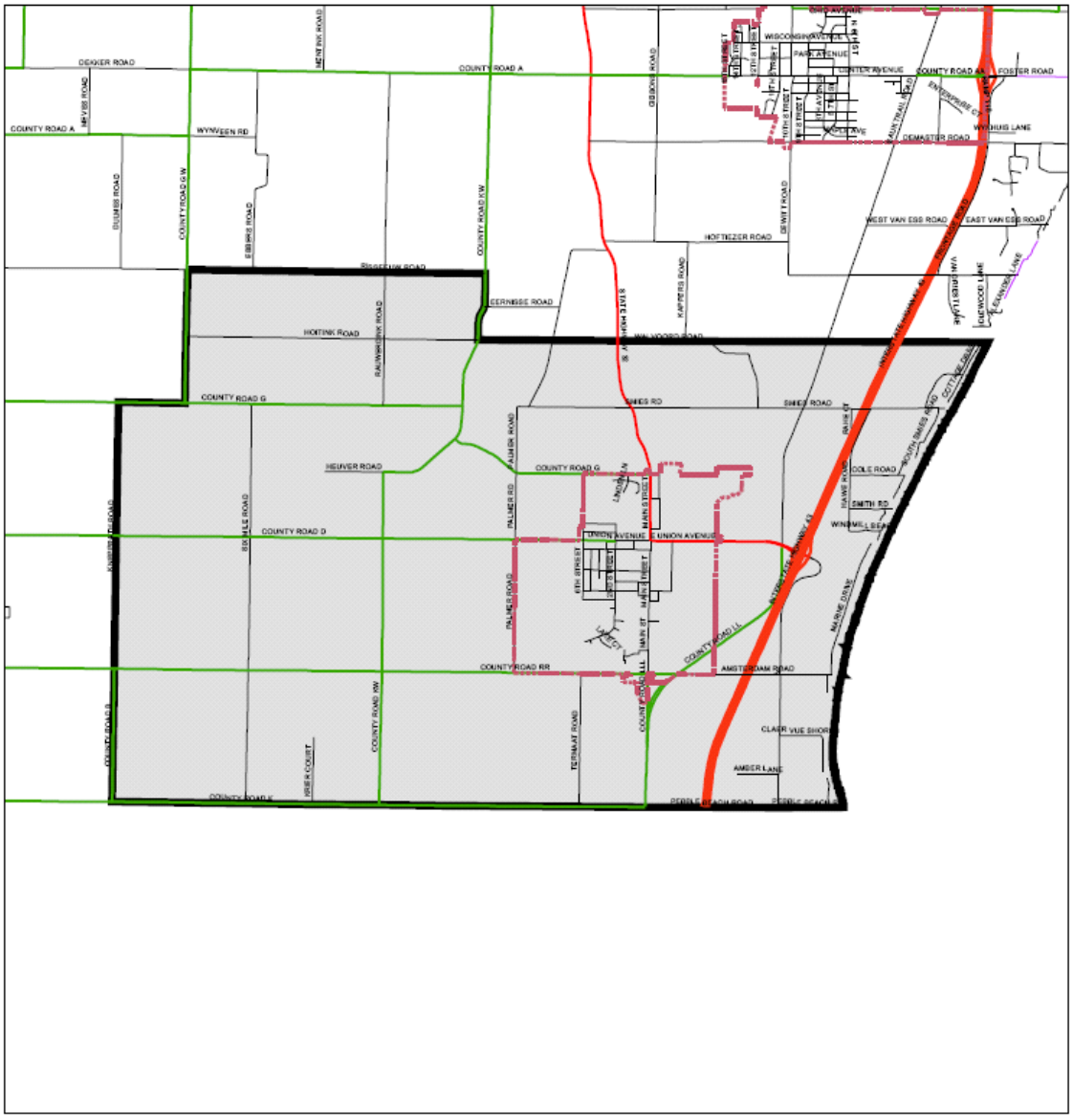
BOUNDARIES: East – Lake Michigan from Pebble Beach Road and the Sheboygan/Ozaukee County Line north to the straight east line extension of Walvoord Road (from Kappers Road).

West – CTH B from CTH K and/or the Sheboygan/Ozaukee County Line north onto Knepprath Road. Then north on Knepprath 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

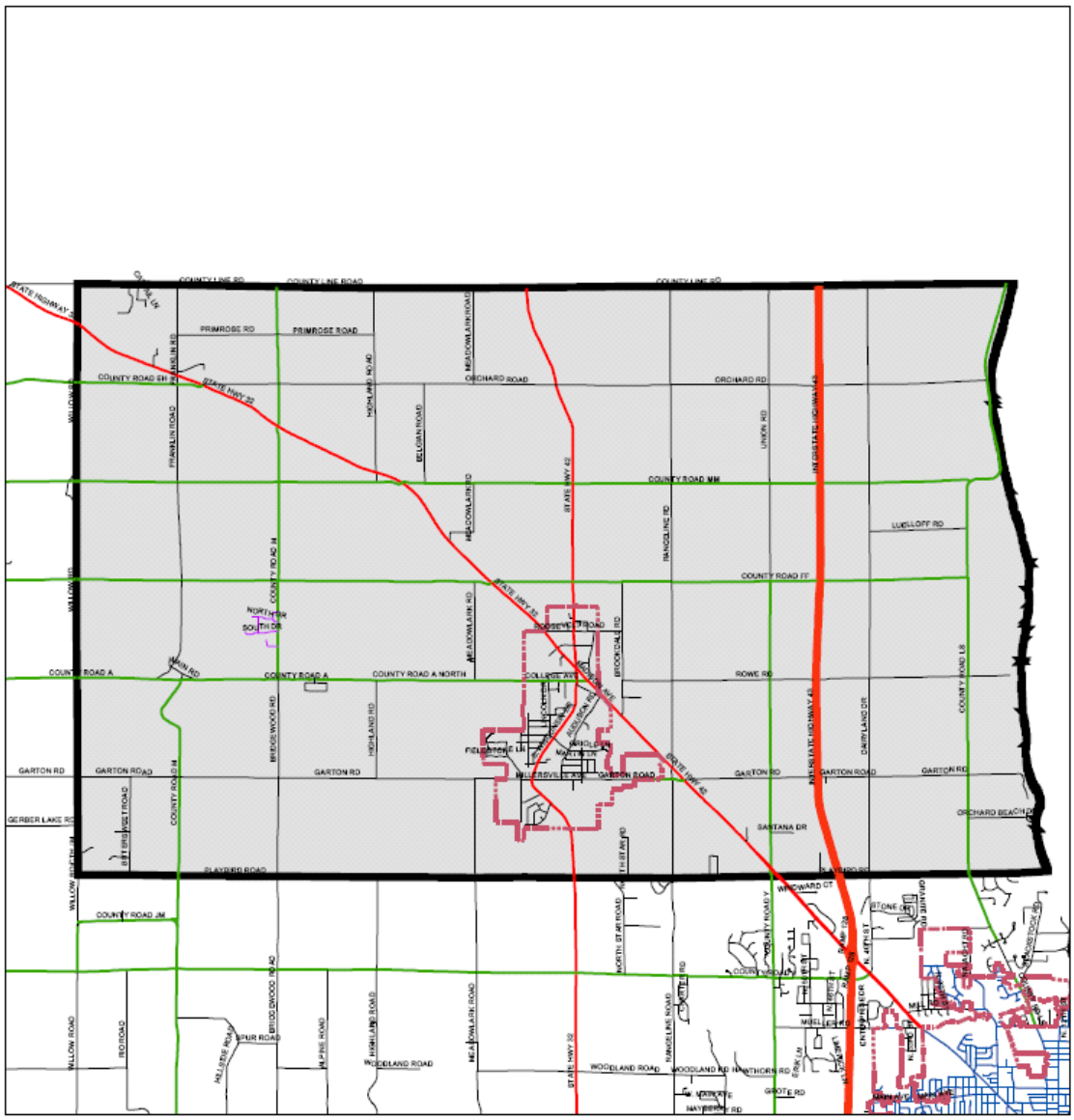
BOUNDARIES: East – Lake Michigan from the County Line south to Playbird Road.

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

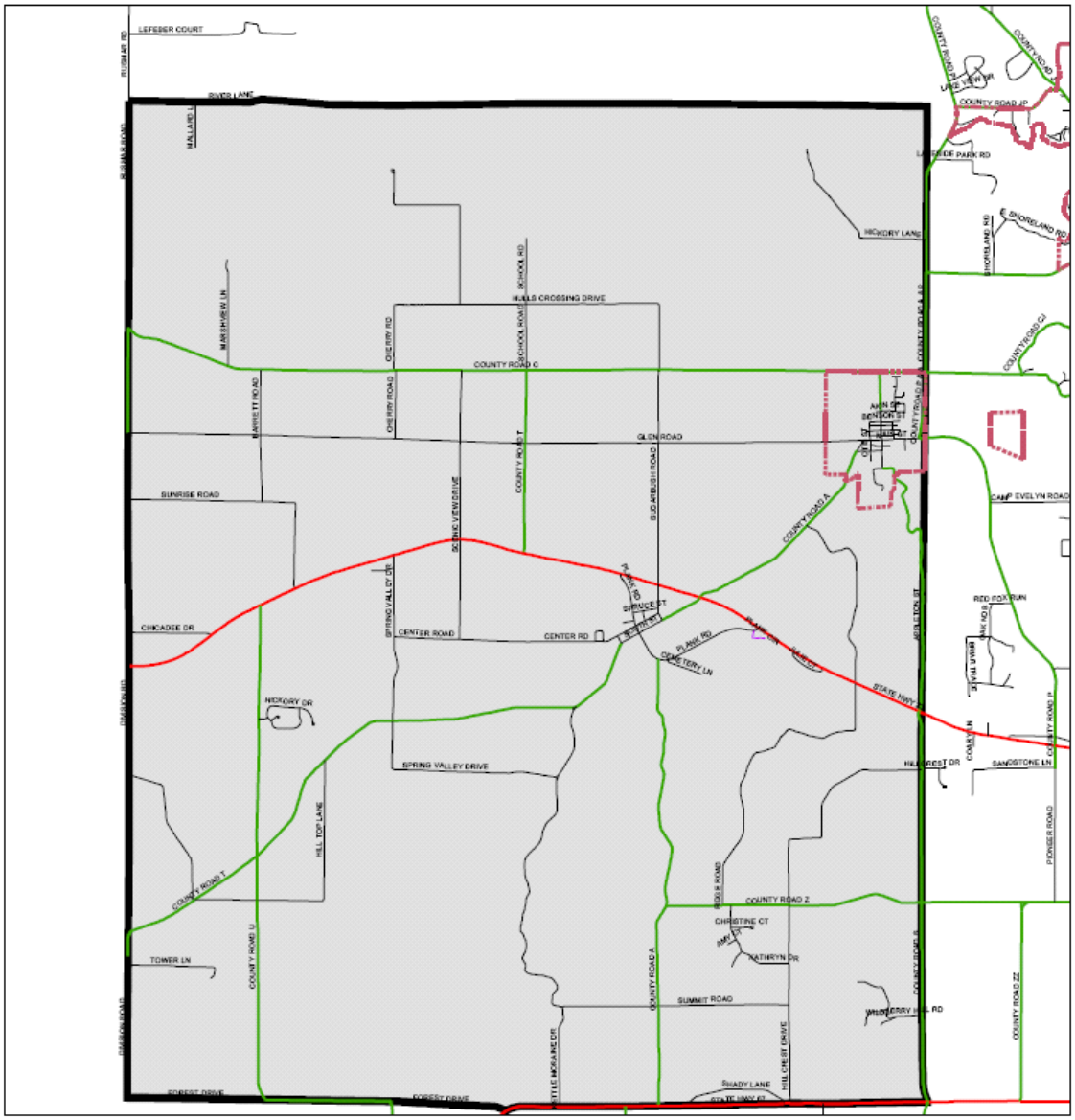
BOUNDARIES: East – at intersection of Town of Greenbush Town Line and Town of Rhine Town Line south along CTH P in a straight line to STH 67.

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

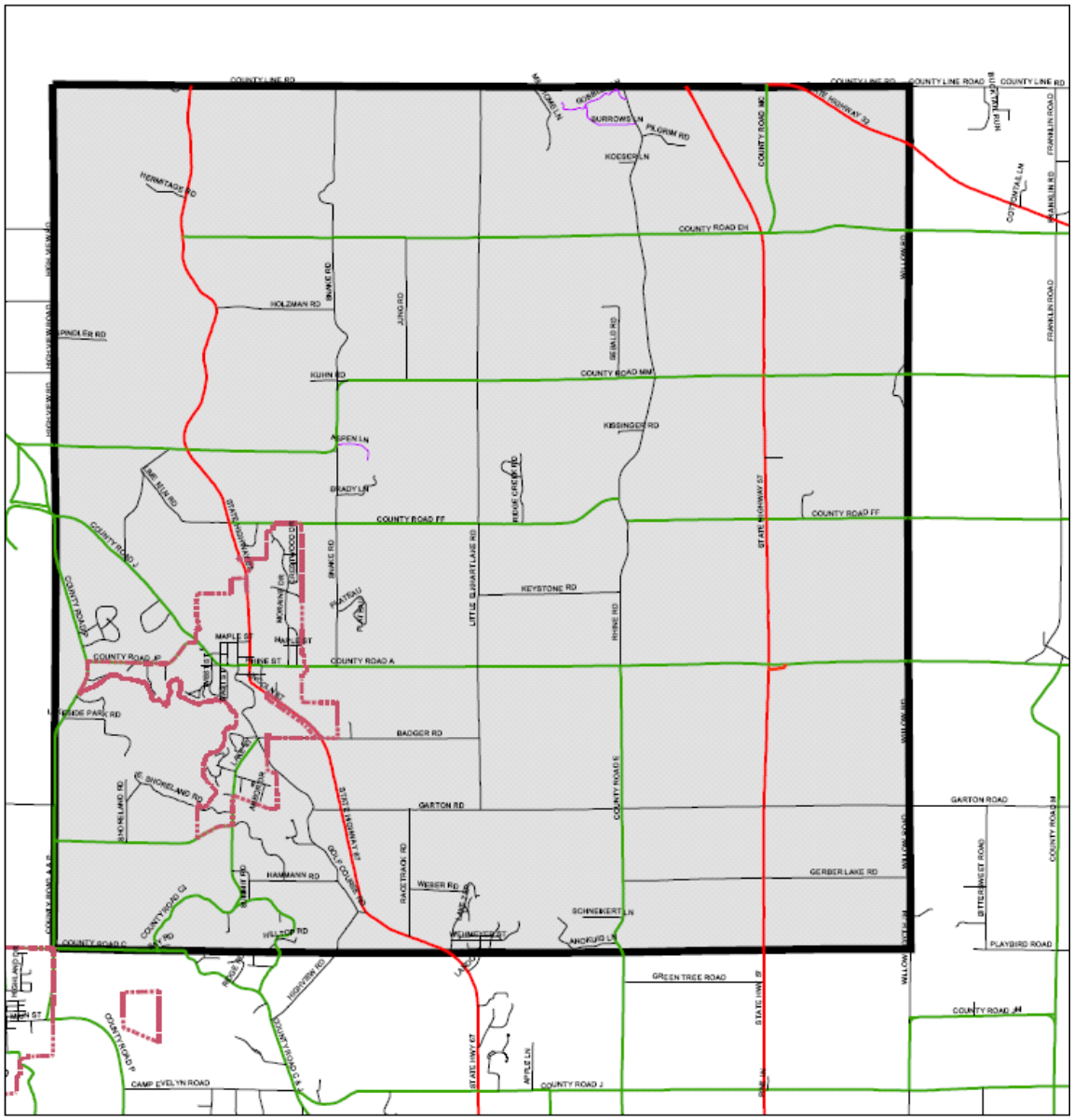
BOUNDARIES: East – The west side of Willow Road (Willow Road being the eastern boundary for the Town of Rhine), starting at the boundary line of County Line Road and going south on Willow Road to the north side of the Town of Rhine/Town of Plymouth boundary line.

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.

SHEBOYGAN COUNTY
ELKHART LAKE
FIRST RESPONDER UNIT



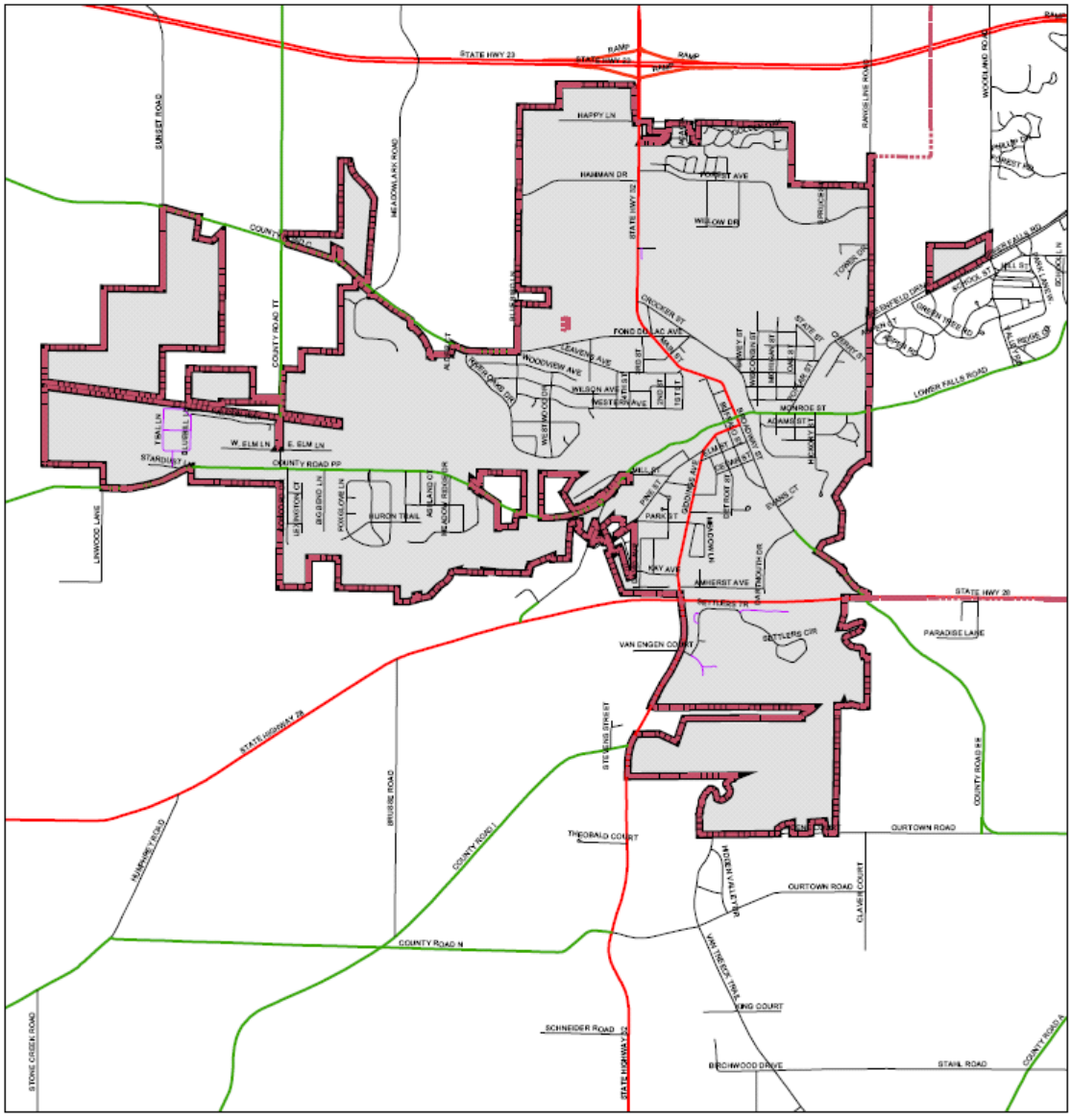
UNIT 814

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)

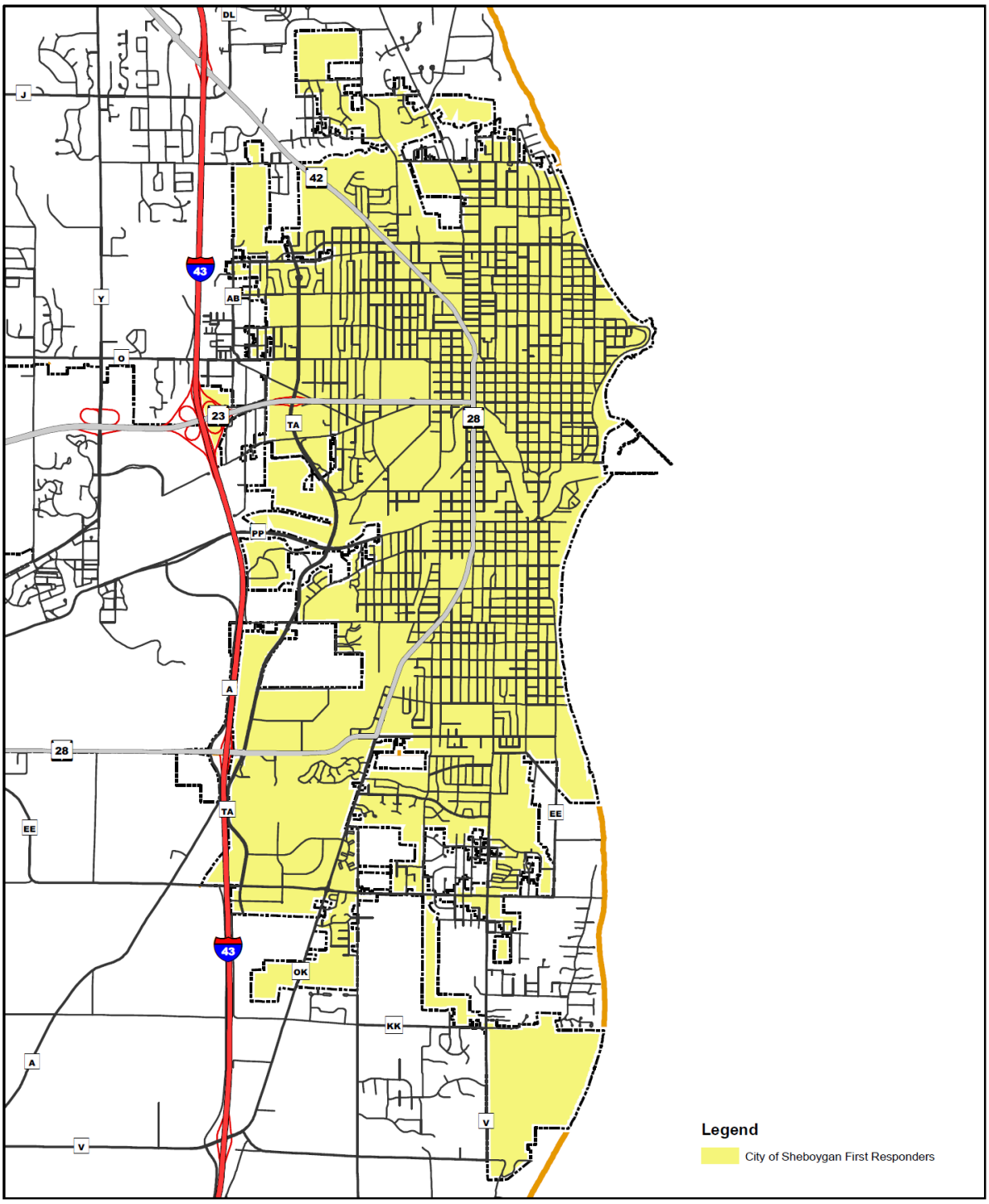
CITY OF SHEBOYGAN FALLS
FIRE DEPARTMENT
FIRST RESPONDER UNIT



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

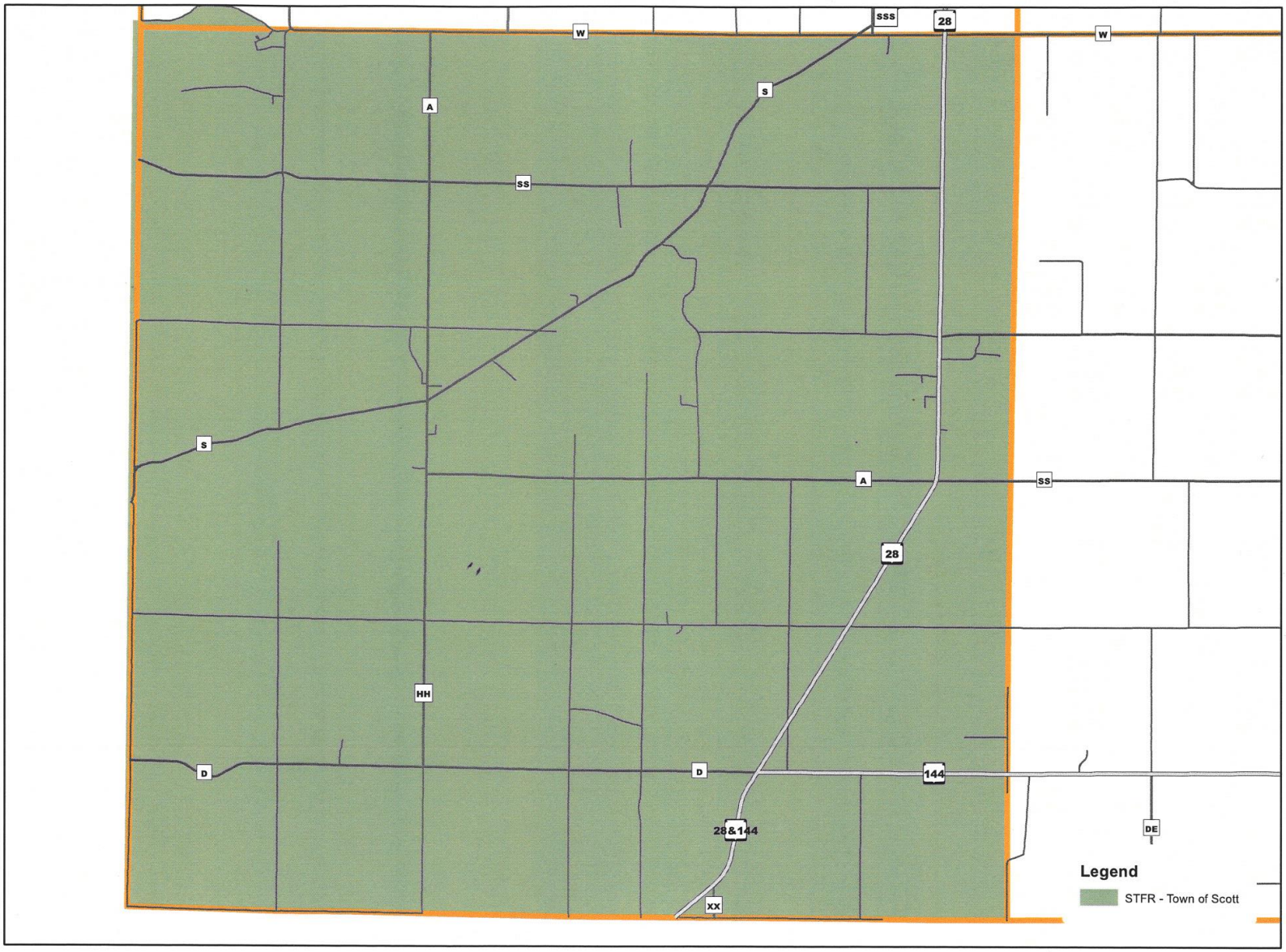
RESPONSE AREA: Town of Scott

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\EM\MapDocs\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

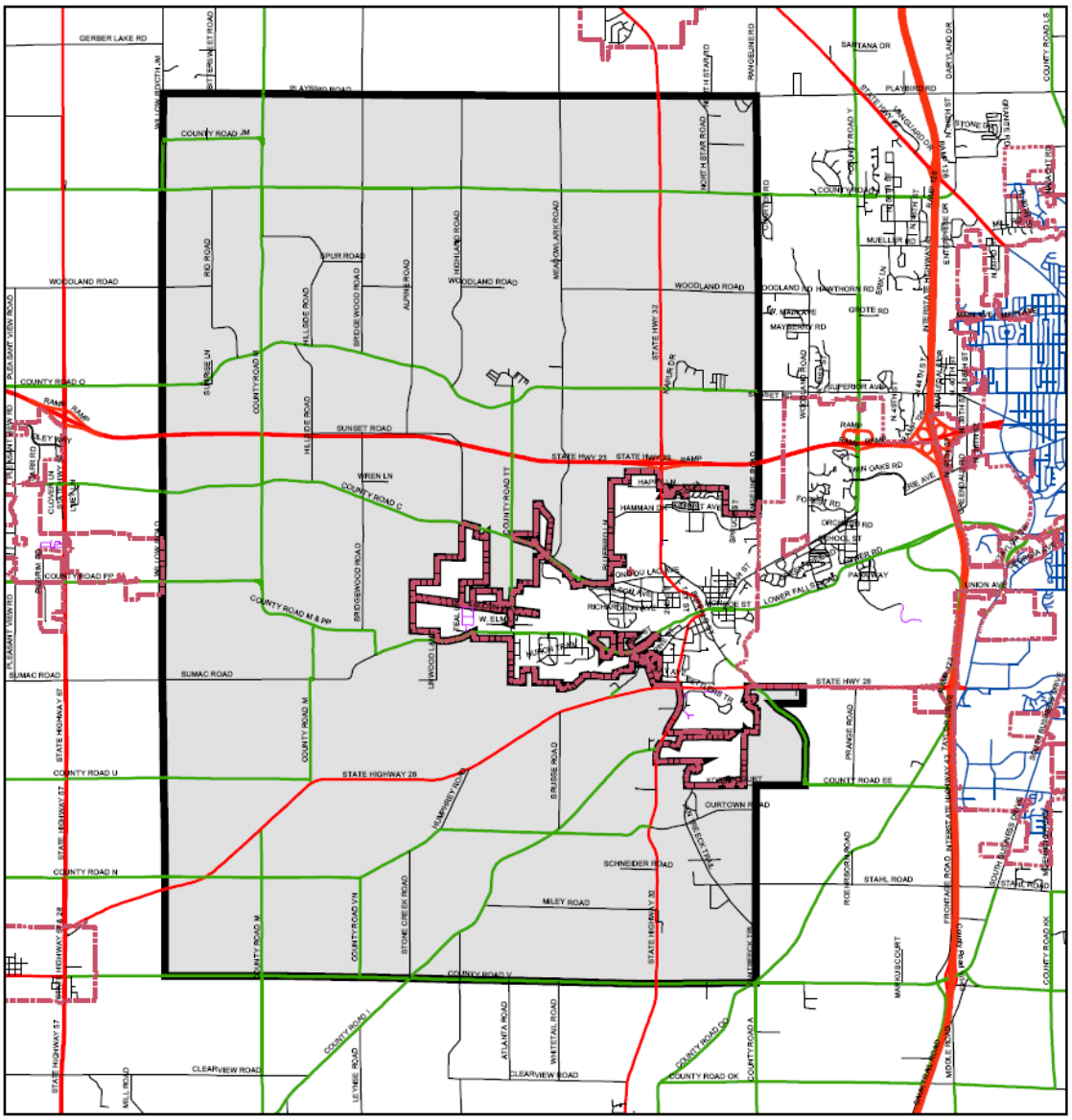
BOUNDARIES: East – Van Treeck Trail from CTH V north and continuing in a straight line north along the Lima Town Line and Claver Street, both sides of the road, to Ourtown Road then east to Broadway Road (CTH EE) then north to STH 28. STH 28 east from Broadway Road to the last residence east of Paradise 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

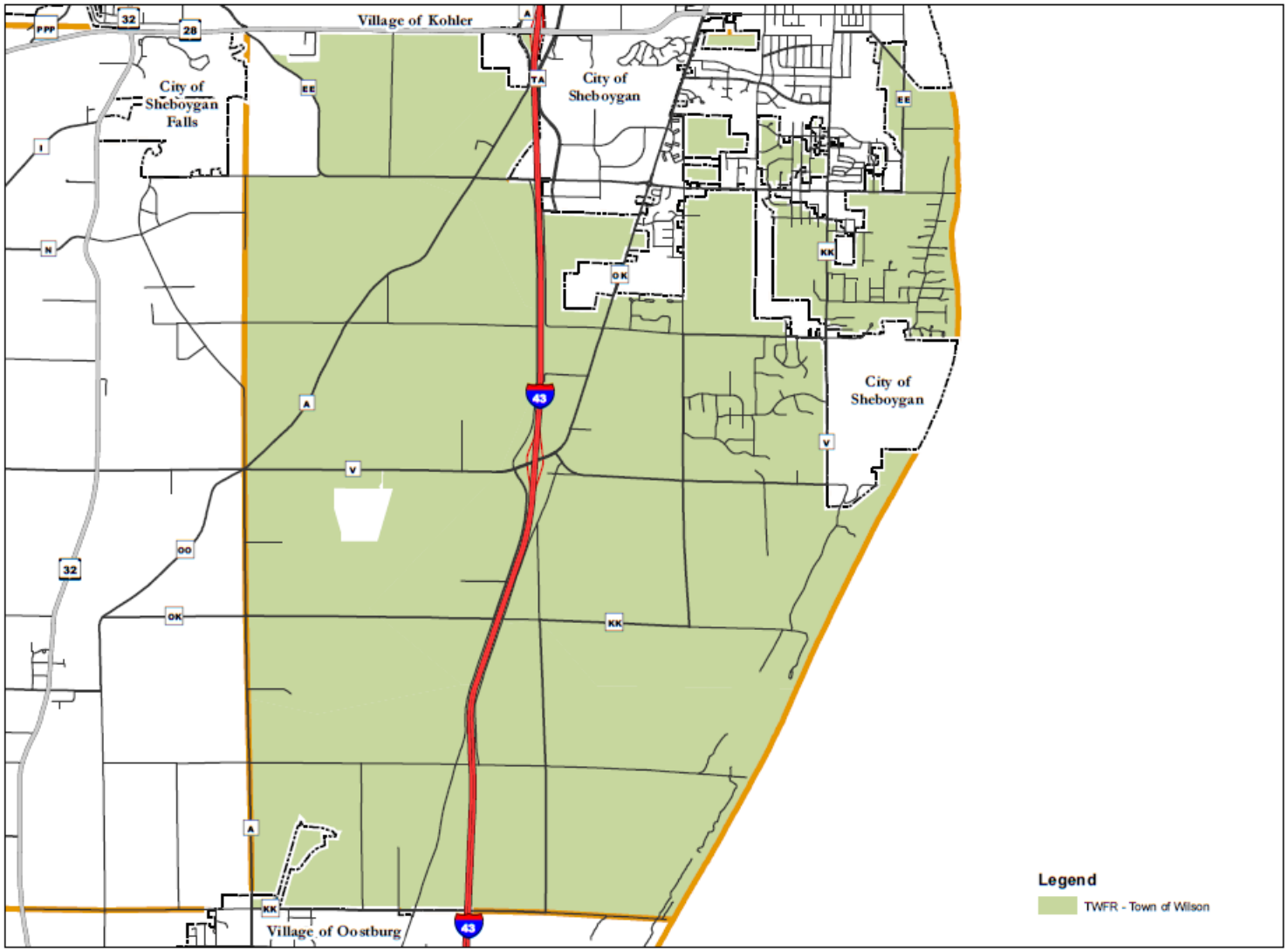
BOUNDARIES: MILLIPORE Sigma Facilities

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:\Departments\EMMapDocs\Emergency Medical Services Plan Maps\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).

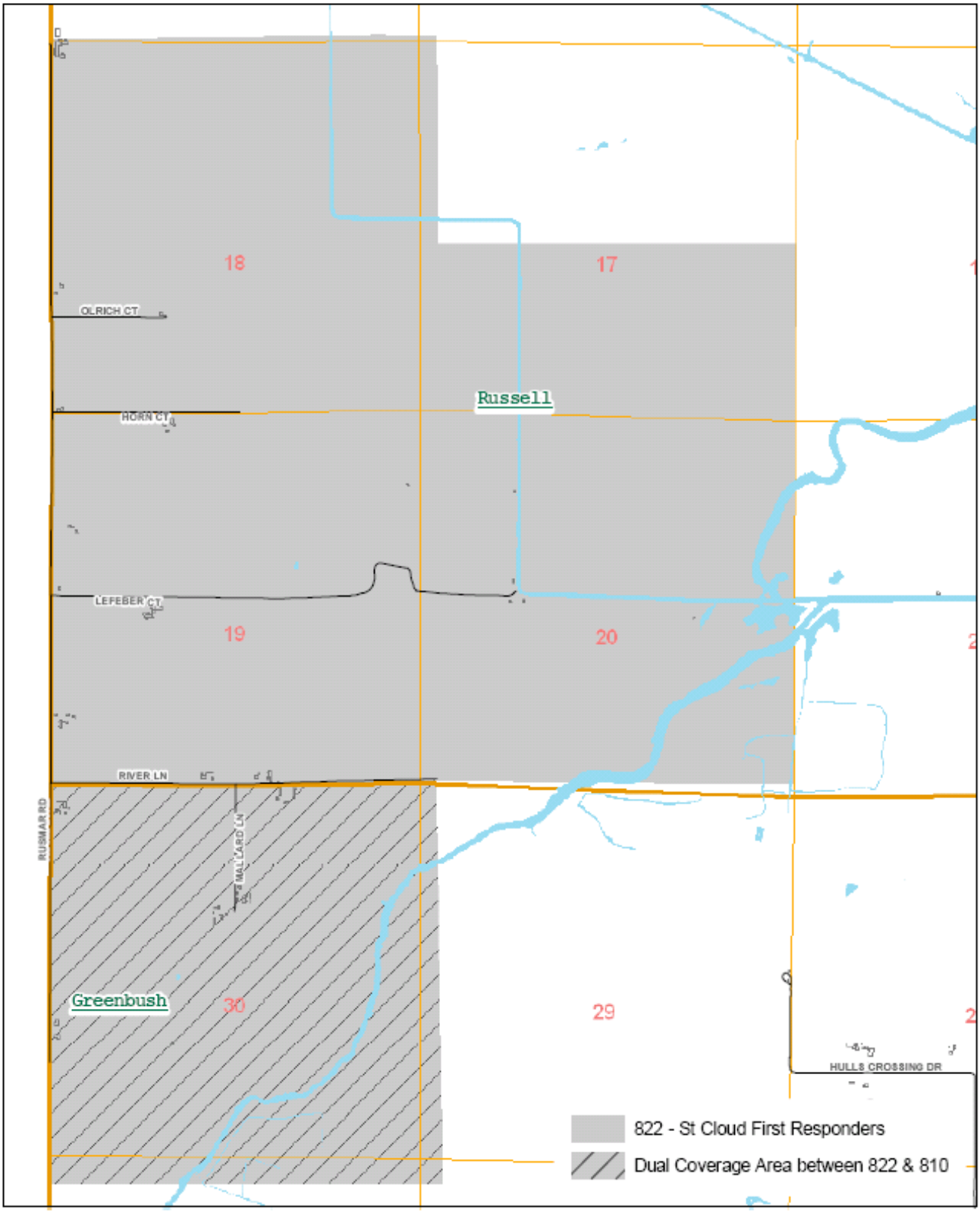
East – An imaginary line created by the straight line extension south from the dead–end of Hunters Court to the point of intersection to the north with the straight line extension from the end of Hulls Crossing Road and the point of intersection to the south with the straight line extension east of River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

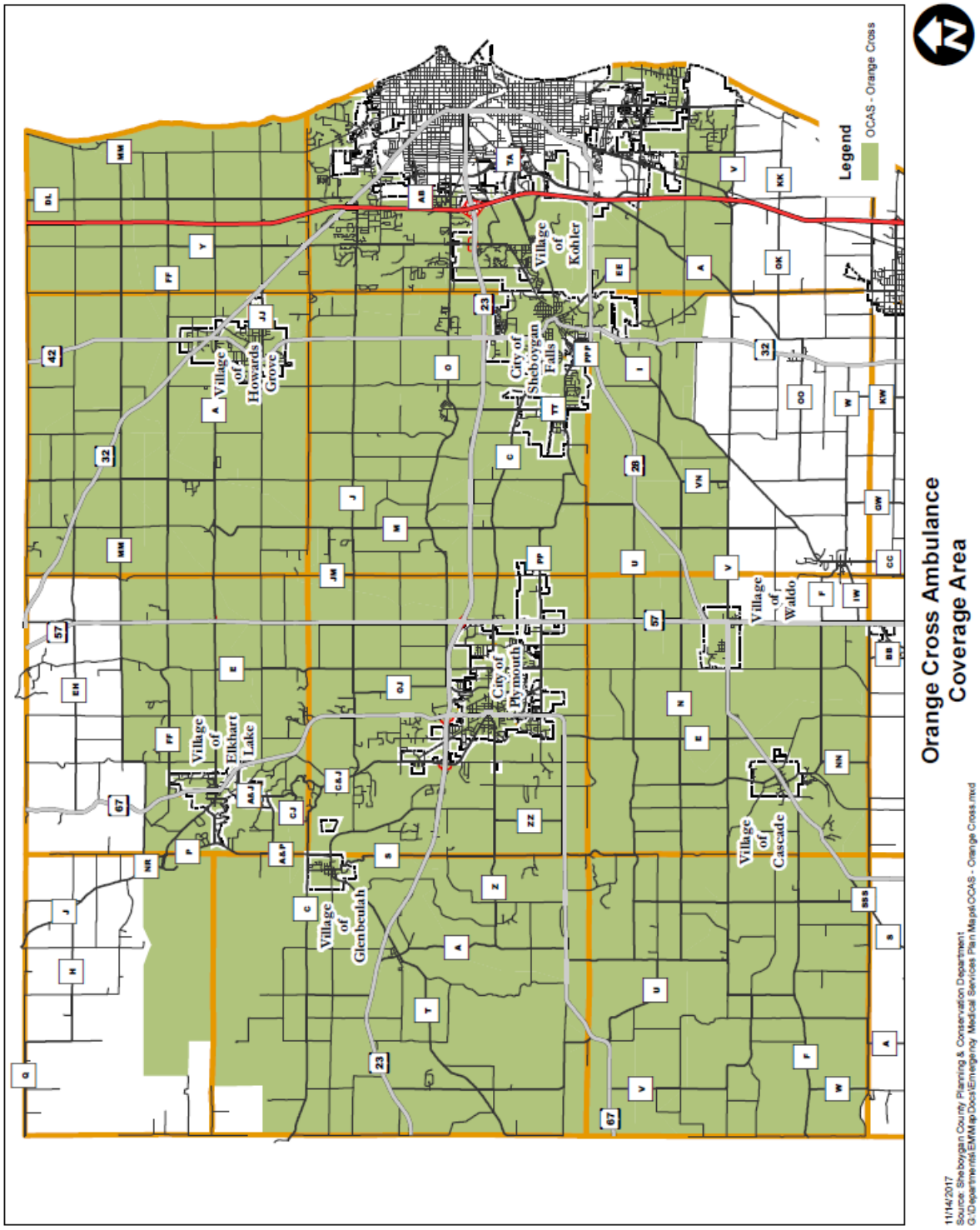
West – Division Road and/or the Sheboygan/Fond du Lac County Line from CTH W/Division Road (west) north and continuing in a straight line north to a point located at N7700 Rusmar Road.

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.



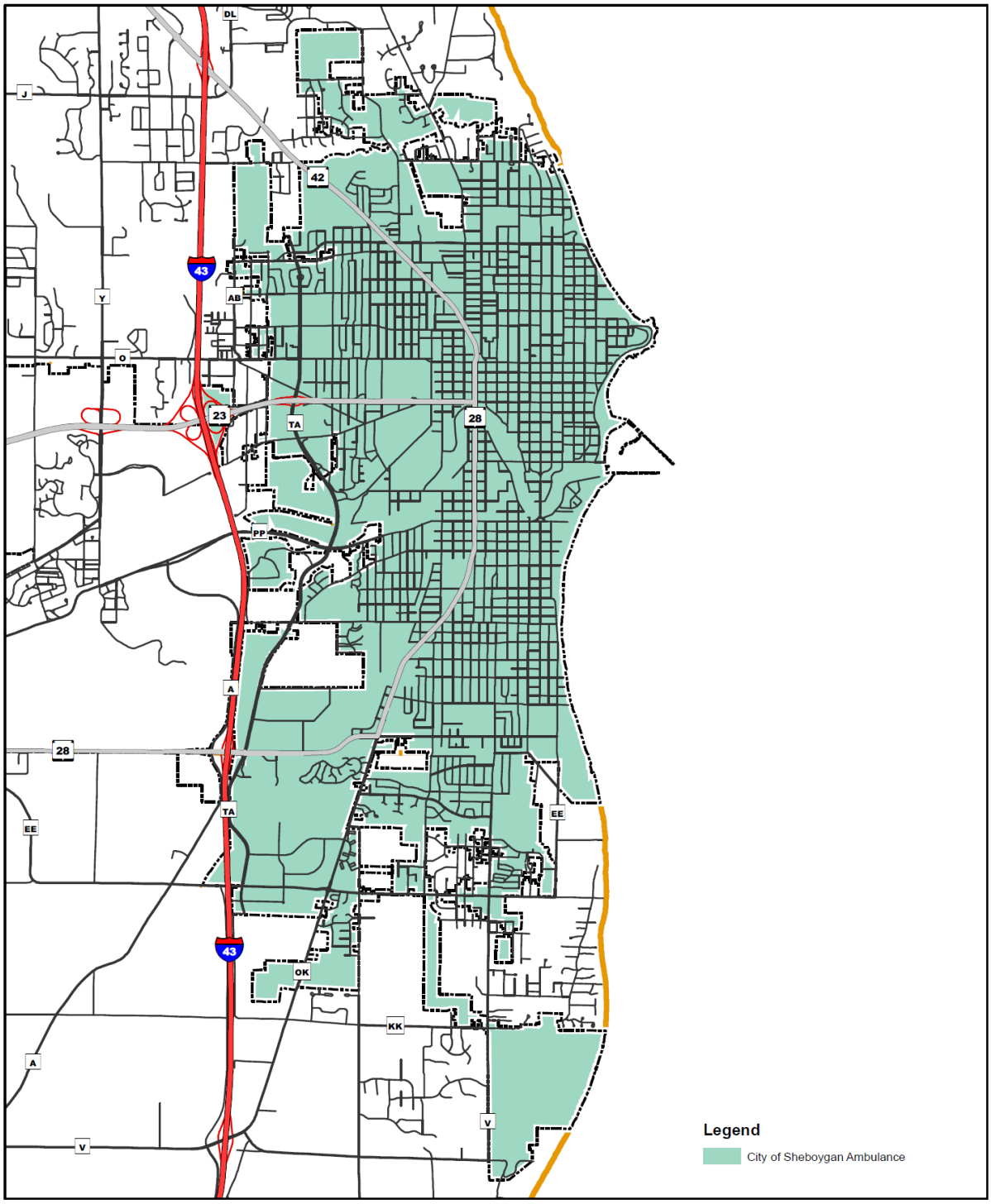
Orange Cross Ambulance
Coverage Area

11/14/2017
Source: Sheboygan County Planning & Conservation Department
G:\Departments\EMM\pDocs\Emergency Medical Services Plan Maps\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

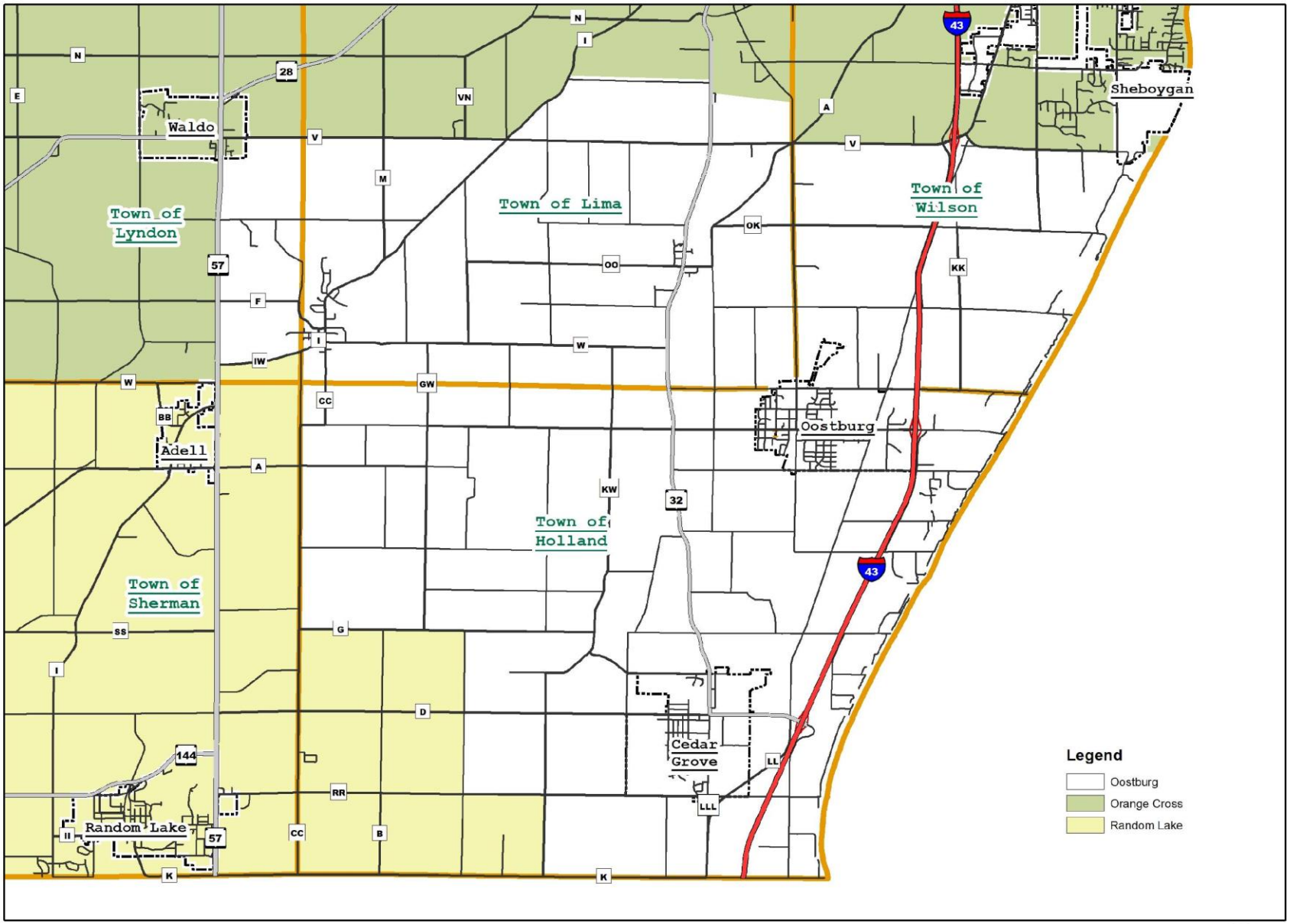
PORTIONS: Town of Wilson
Town of Holland
Town of Lima
Town of Lyndon

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

11/15/2019
Source: Sheboygan County Planning & Conservation Department
G:\Departments\EM\MapDocs\Emergency Medical Services Plan Maps\OBAS - 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

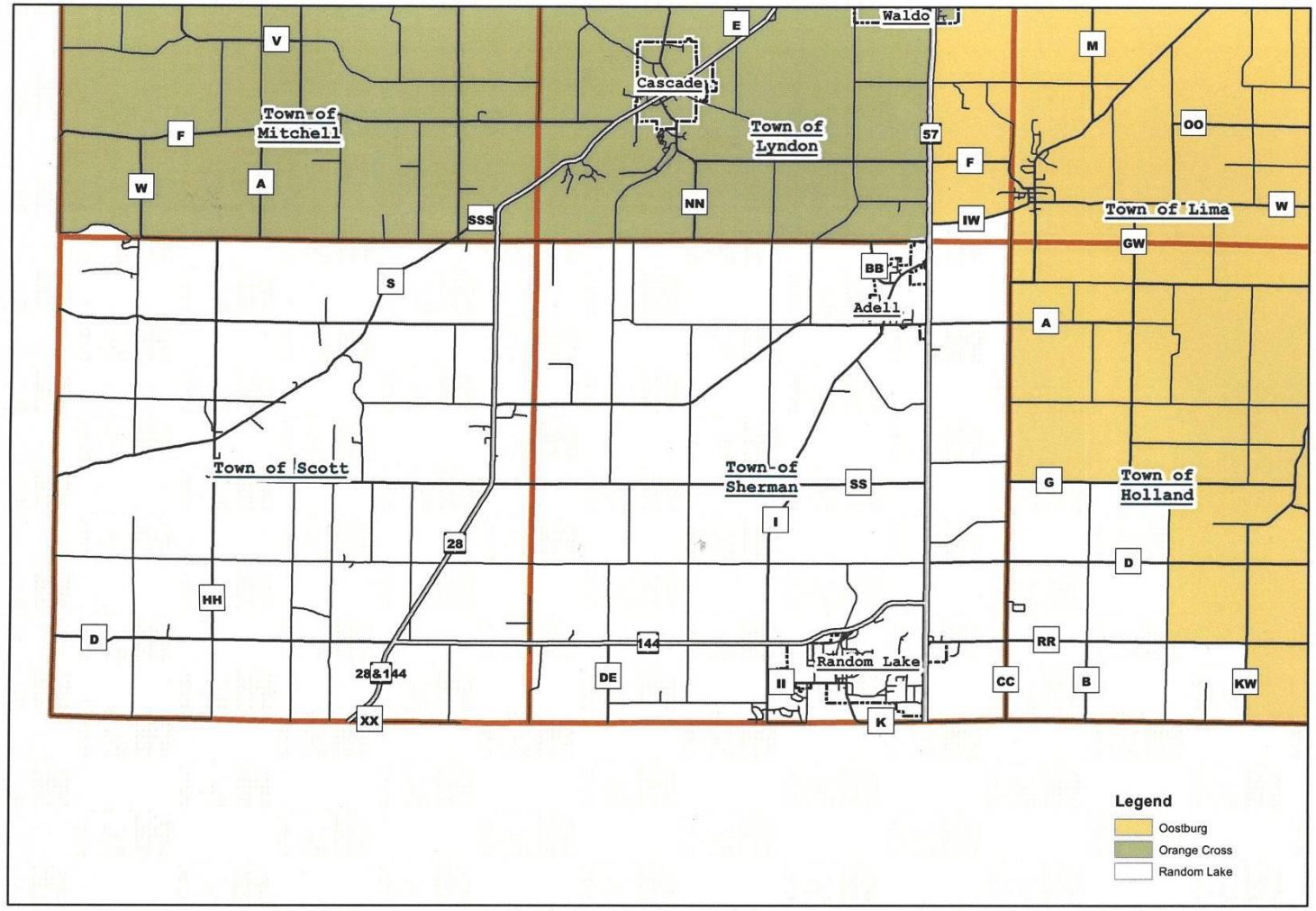
PORTIONS: Town of Holland
Town of Lyndon

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).



9/6/2019
Source: Sheboygan County Planning & Conservation Department
G:\Departments\EM\MapDocs\Emergency Medical Services Plan Maps\RLAS - Random Lake.mxd

Random Lake Ambulance Coverage Area

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

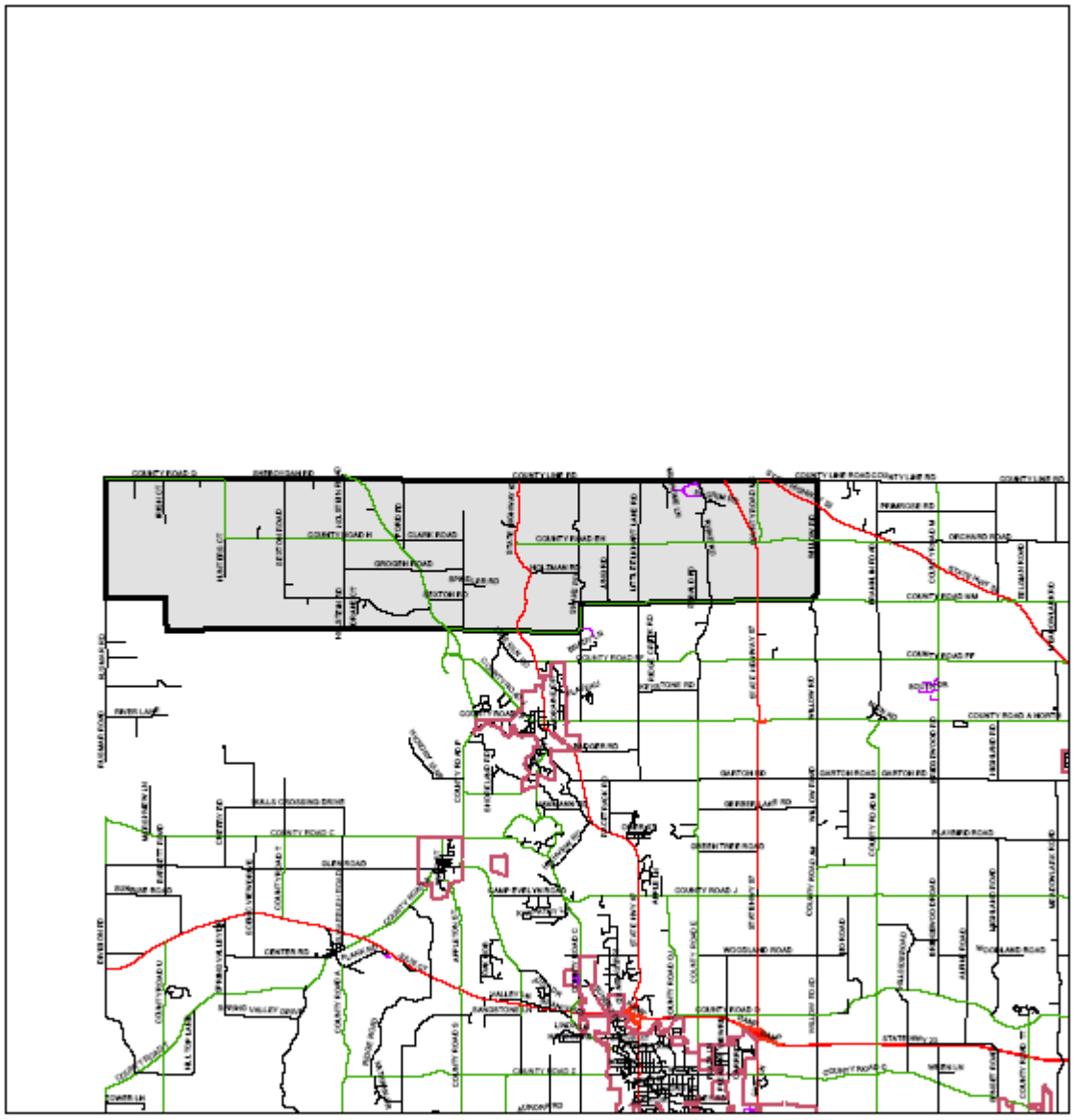
BOUNDARIES: East -- Willow Road (up to but not including) south from County Line Road to CTH MM.

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

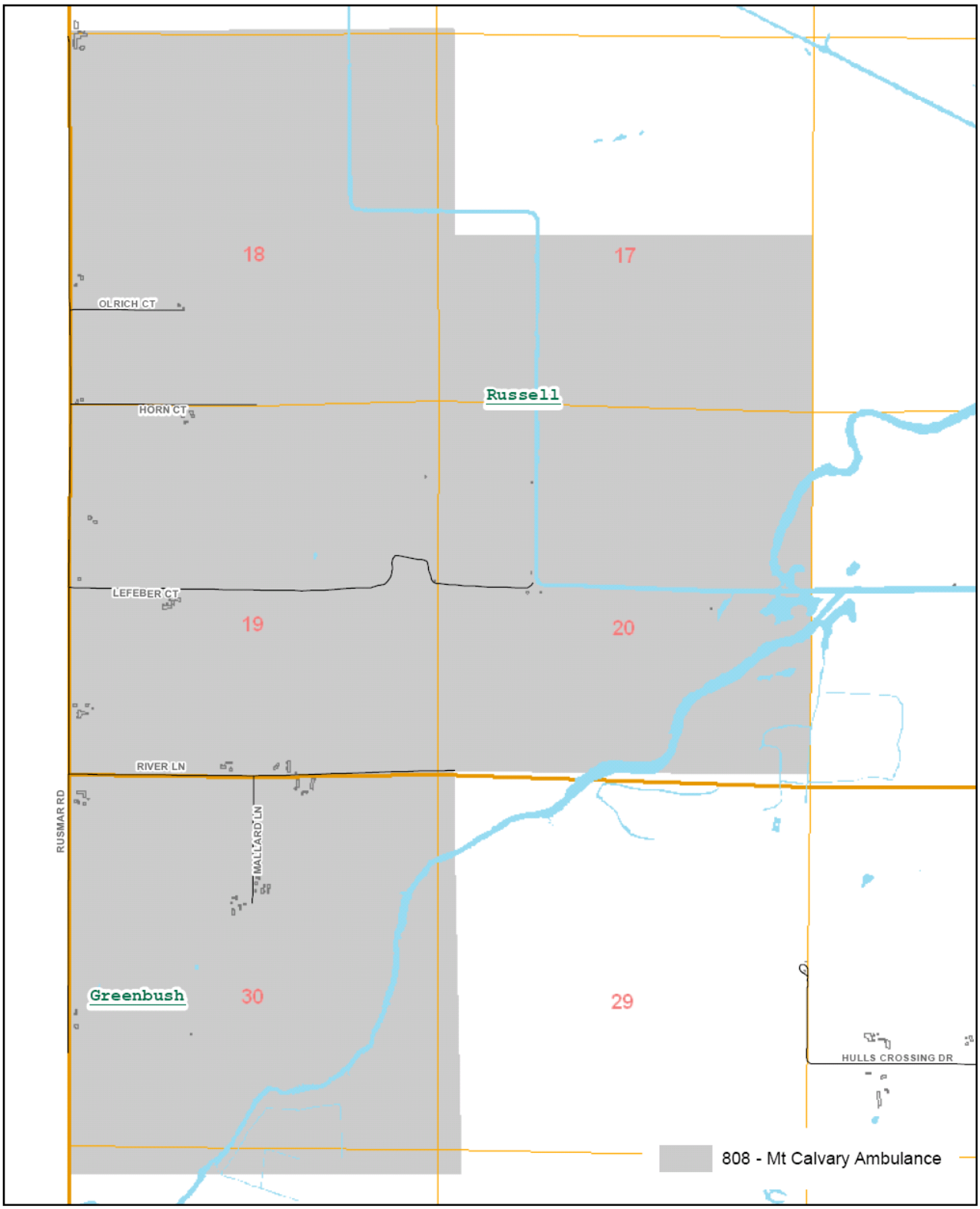
BOUNDARIES: Description of area contracted for by the Town of Russell and Town of Greenbush request (includes both sides of the road).

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\EM\MapDocs\Emergency Medical Services Plan Maps\808 Mt Calvary Ambulance

APPENDIX C

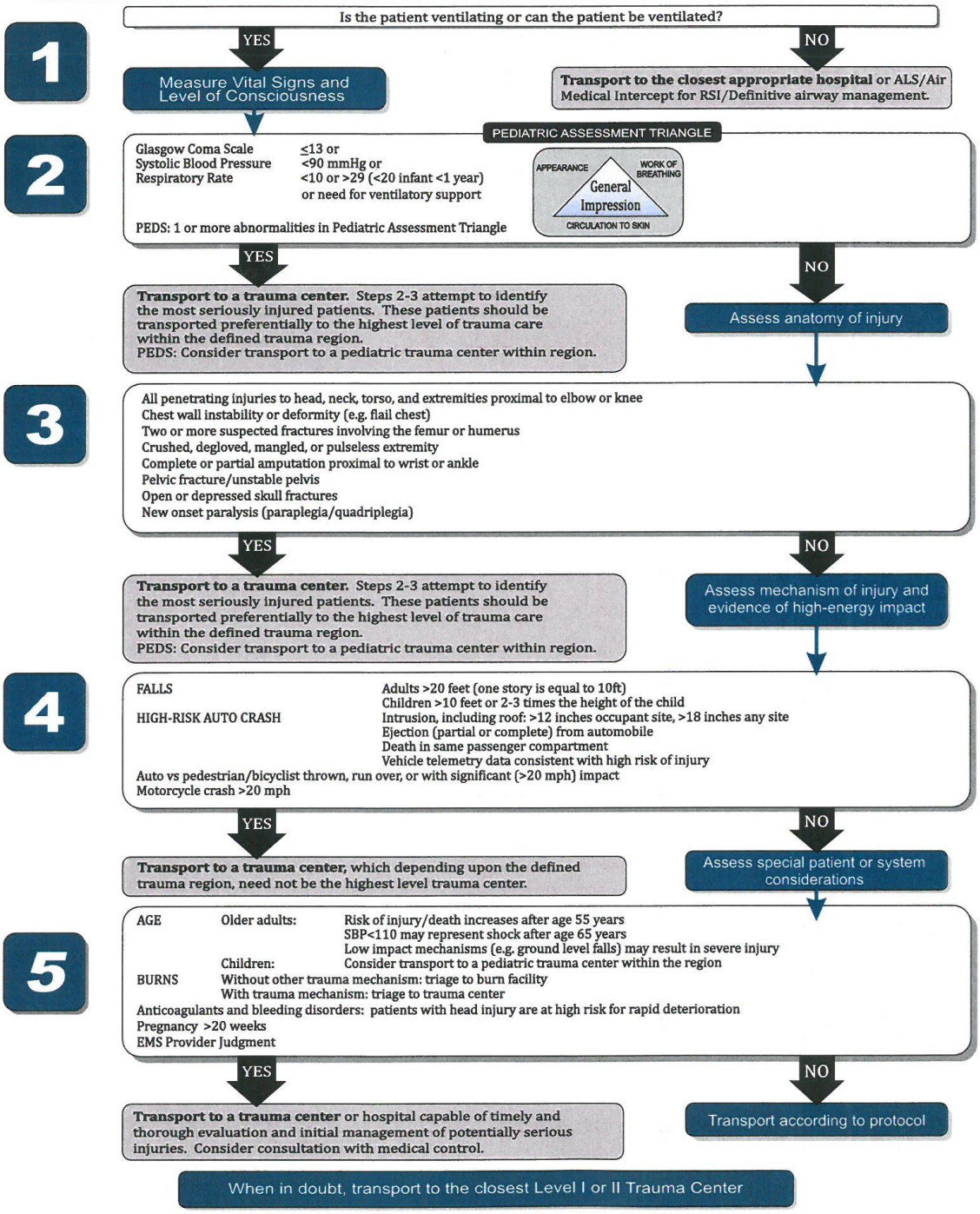
GUIDELINES

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

Required Equipment	Quantity
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” 02 Cylinder w/regulator	1
Cylinder Wrench	1
Adult Nasal Cannula	2
Adult Non-Rebreather Mask	2
Child Non-Rebreather Mask	1
BVM w/02 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	Jane Krepsky
Tom Bahr	Denis Fellows
Darrel Kasuboski	

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 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. <u>Withdraw</u> - 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 2019, 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
   Mike Lubbert, Battalion Chief
   1326 North 25th Street
   Sheboygan, WI 53081
   Michael.Lubbert@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
   RLFD802@yahoo.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
   Kyle Voskuil, Manager — Cell: (920) 207-8967
   306 S Main Street
   Cedar Grove, WI 53013
   Kvoskuil22@yahoo.com

4. Glenbeulah First Responders — Work: (920) 892-3787
   Mike Mooney, Fire Chief — Cell: (920) 207-4118
   218 Kettle Ridge Circle
   Glenbeulah, WI 53023
   Station: P.O. Box 42, Glenbeulah, WI 53023
   chiefmooney@gmail.com

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 — Work: (920) 451-5129
   Tom Hass — Cell: (920) 698-2453
   N5480 County Road TT
   Sheboygan Falls, WI 53085
   medic375@charter.net

7. City of Sheboygan Fire Department First Responders — Work: (920) 459-3975
   Michael Lubbert, Battalion Chief — Main: (920) 459-3328
   1326 North 25th Street
   Sheboygan, WI 53081
   Michael.Lubbert@sheboyganwi.gov

8. Elkhart Lake First Responders — Station: (920) 876-3333
   Darrel Lindstrom, Captain
   610 South Lincoln Street
   Elkhart Lake, WI 53020
   elfr816@hotmail.com

9.	City of Sheboygan Falls First Responders Tina Kasprzak, Captain 375 Buffalo Street Sheboygan Falls, WI 53085 clinttinak@sbcglobal.net		(920) 467-7914
10.	Town of Sheboygan First Responders Adam Cain, Service Director 3911 CTH Y emtgeek20@gmail.com	Firehouse: Town Hall: Cell:	(920) 467-6800 (920) 451-2320 (920) 207-0630
11.	Town of Scott First Responders John Gloede N1306 Boltonville Rd Adell, WI 53001 tosemr18@gmail.com	Cell:	920 470-0983
12.	Village of Kohler EMS Dave Darin, Chief Contact: Dave Darin 319 Highland Drive Kohler, WI 53044 djdarin@kohlerpolice.com	Phone:	(920) 459-3877
13	Town of Wilson First Responders Dan Murphy, Service Director 5935 South Business Drive Sheboygan, WI 53081 danmurphy1120@gmail.com	Station:	(920) 208-2390
14.	St. Cloud First Responders Scott Bink, Fire Chief 1105 Main Street St. Cloud, WI 53079		(920) 999-1234

Hospital Emergency Departments

1. Aurora Sheboygan Memorial Medical Center — Phone: (920) 451-5135
   Craig Shicker, Director ED
   2629 North 7th Street
   Sheboygan, WI 53083
   Craig.schicker@aurora.org

2. St. Nicholas Hospital — Phone: (920) 459-4760
   Cassandra Limberg, Director ED
   3100 Superior Avenue
   Sheboygan, WI 53081
   Cassandra.Limberg@hshs.org

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awrubbelvillgeboard@gmail.com
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1315 North 23rd Street, Suite 101
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steve.cobb@sheboyganwi.gov
CITY LAW ENFORCEMENT

Cassandra Limberg (pending)
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920-783-1262 (w)
Shalon.edson@hshs.org
HOSPITAL ADMINISTRATION

Mr. Robert Kulhanek
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Sheboygan, WI 53083
Bob.kulhanek@sbcglobal.net
CONSUMERS INTERESTED BUT NOT INVOLVED
IN PROVISION OF EMS SERVICES

Randy Narbatovics
N1656 W. County Road A
Adell, WI 53001
rnarbatovics@plmwi.com
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Rose Phillips
1628 Spruce Court
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CITY GOVERNMENT
rose.phillips@sheboyganwi.gov

Mr. Brian Hoffmann
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brian.hoffmann@sheboygancounty.com
COUNTY BOARD

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steven.zils@aurora.com
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INDUSTRY

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Michael.Lubbert@sheboyganwi.gov
SHEBOYGAN FIRE DEPARTMENT

Mr. Denis Fellows
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COUNTY FIRE

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Random Lake Ambulance Service
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frtrk1@gmail.com
RESCUE SERVICES

Daniel Althaus
Orange Cross Ambulance Service
N92 W7040 Evergreen Ct #204
Cedarburg, WI 53012
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dalthaus@orangecross.org
PRIVATE AMBULANCE SERVICES

Mr. Darrel Kasuboski
Village of Cascade Fire/Rescue
201 East Water Street
Cascade, WI 53011
dkasuboski@gmail.com
FIRST RESPONDERS

Mr. Steve Steinhardt
Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081
920-459-3360 (w)
steve.steinhardt@SheboyganCounty.com
EMERGENCY MANAGEMENT

Lt. Kristine DeBlaey
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Sheboygan, WI 53081
920-459-4367 (w)
kristine.deblaey@sheboygancounty.com
COUNTY LAW ENFORCEMENT

SHEBOYGAN
CHEVROLET | BUICK | GMC | CADILLAC

SHEBOYGAN
CHRYSLER | DODGE | JEEP | RAM

Purchase Agreement

DAVE SAID OK JUST WANT THEM TO LOOK AT A LINE COVERED UNDER WARRANTY. HE WASNT CONCERNED ABOUT IT IF THEY FIX, WHICH THEY SAY YES

John Rodewald
Sheboygan Auto Group
3400 South Business Drive
Sheboygan, WI 53081

Buyer	Co-Buyer	Vehicle
Sheboygan Police Dept. Sheboygan Police Of Dept. 1315 N 23rd St Sheboygan, WI 53081 D: (920) 459-3333, E: (920) 459-3361, C: (920) 207-5218		2017 GMC Terrain SLE-1 VIN: 2GKFLSEK5H6175939 Stock #: X214XX Mileage: 19,625 Color: Graphite Gray Metallic

Customer Trade					
	Year Make Model	VIN	Engine	Mileage	Payoff
1	2010 Dodge Grand Caravan (Bright Silver Metallic Clearcoat)	2D4RN4DE6AR191813	3.3L V6	102,747	$0.00

Purchase Details	
Retail Price:	$19,000.00
Sales Price:	$19,000.00
Savings:	**$0.00**
Accessories:	$0.00
Service Contract:	$0.00
Government Fees:	$184.00
Proc/Doc Fees:	$0.00
Total Taxes:	$0.00
Total Sales Price:	**$19,184.00**
Trade Allowance:	$2,700.00
Trade Payoff:	$0.00
Trade Equity:	$2,700.00
Rebate:	$0.00
Cash Down:	$0.00
Cash Price:	**$16,484.00**

X _____
Customer Signature

X _____
Manager Signature

Disclaimer:

All payments based on Well Qualified Buyers

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