

## NOTICE OF MEETING

LAW COMMITTEE

**March 3, 2026 - 4:15 PM**

Law Enforcement Center  
525 North 6th Street  
Sheboygan, WI 53081  
LEC-West Conference Room

**Remote Access:** [meet.google.com/vqh-mwtk-jzs](https://meet.google.com/vqh-mwtk-jzs)

**Phone:** 1 662-618-2380

**PIN:** 133 399 820#

*Members of the Committee may be appearing remotely. Persons wanting to observe the meeting may come to the Law Enforcement Center or listen remotely.*

### **\*Agenda\***

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

### **Sheriff**

- Consideration of Wage Adjustments
- Receipt of EMS Council Annual Report
- Consideration and Potential Action on Updates to the Sheboygan County EMS Plan
- Consideration of Appointment of Interim Captain of Patrol and Criminal Investigations
- Sheriff's Report

*(The Sheriff's Report is a summary of key activities. No action will be taken by the Law Committee resulting from the report, unless it is a specific item on the agenda.)*

- Consideration of approving vouchers
- Consideration of attendance of members at other meetings or functions
- Discuss next meeting date: April 7, 2026
- Adjourn

Prepared by:  
Jodi LeMahieu  
Recording Secretary

Gerald Jorgensen  
Committee Chairman

Note: persons with disabilities needing assistance to attend or participate are asked to call 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

**February 3, 2026**

**Called to Order: 4:15 PM**

**Adjourned: 4:32 PM**

MEMBERS PRESENT: **In Person:** Suzanne Speltz, Gerald Jorgensen, Paul Gruber, Charlette Nennig, Wendy Schobert

MEMBERS ABSENT: None

ALSO PRESENT: Judge Sutkiewicz, Dave Loomis, Matt Spence, Corey Norlander, Jodi LeMahieu

### **Call to Order**

Chairman Jorgensen 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 February 2, 2026 at 9:45 a.m. in compliance with the open meeting law.

### **Approval of Minutes**

Motion by Gruber, second by Schobert, to approve the minutes from the previous meeting. Motion carried unanimously.

### **Correspondences/Communications**

There were no correspondences/communications.

### **Ordinance**

Motion by Nennig, second by Speltz, to approve Sheboygan County Ordinance No. \_\_\_\_\_ (2025/26) Re: Amending Chapter 2 to Include the Circuit Court Department. Motion carried unanimously.

### **Sheriff**

Motion by Speltz, second by Nennig, to approve using MEG Unit State Drug Forfeiture funds to pay the invoice included in the agenda packet. Motion carried unanimously.

Sheriff Spence gave an update to the Committee on budget items and department staffing.

### **Vouchers**

Motion by Speltz, second by Schobert, to approve the vouchers. Motion carried unanimously.

### **Approval of Attendance at Other Meetings or Functions**

There were no requests for approval of attendance at other meetings or functions.

### **Discuss next meeting date**

The next Law Committee meeting is scheduled for March 3, 2026 @ 4:15 pm.

### **Adjournment**

Motion by Schobert, second by Nennig, to adjourn. Motion carried unanimously.

Jodi LeMahieu  
Recording Secretary

Wendy Schobert  
Committee Secretary

# **SHEBOYGAN COUNTY EMERGENCY MEDICAL SERVICES COUNCIL**

## **ANNUAL REPORT 2025**

**February 18, 2026**

Ladies and Gentlemen:

I am pleased to present the annual report from the Sheboygan County Emergency Medical Services Council. The 2025 year continued to challenge the members of the Council. The following is a summary of the challenges met.

Emergency Medical Dispatch (EMD) has attained the Emergency Medical Response (EMR) protocol requirements for accreditation. This was obtained with great leadership from Eric Zinkel, the supervisors, and effort from the staff of the Dispatch Center. We acknowledge their dedication. Staffing continues to be a challenge. Full staff will be 23 dispatchers. Dispatch is dedicated to maintaining accreditation.

The EMS plan for Sheboygan County was presented to the Council members, the EMS Association, and the County Fire Chiefs. The Council added new triage protocols, modified terminology, and adopted the Wisconsin state Mass Casualty Incident Response Planning guide. The Council continues to evaluate the EMS plan every year and responds to changes appropriately.

In 2026, the EMS Council will continue to monitor the EMS system and address problems that arise so that we may continue to enjoy the high quality of Emergency Service that we have in Sheboygan County.

Respectfully submitted,

Thomas M. Bahr BA BSN RN EMT-P(retired)

Member at Large

Vice Chairperson, Sheboygan County Emergency Medical Services Council

# SHEBOYGAN COUNTY

## EMERGENCY MEDICAL SERVICES PLAN

DATE ADOPTED BY E.M.S. COUNCIL

Revised February 2026

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**EMS PLAN**

**TABLE OF CONTENTS**

MISSION STATEMENT	3
GENERAL CONCEPT .....	4
EMERGENCY MEDICAL RESPONDERS	4
EMS COUNCIL STANDARDS FOR EMERGENCY MEDICAL RESPONDERS	5
AMBULANCE SERVICES	7
POLICIES: AMBULANCE SERVICES	8
POLICIES: PARTICIPATING AMBULANCE SERVICES	9
ALS INTERCEPTS	9
COMMUNICATIONS	10
MEDICAL FACILITIES	11
PROTOCOL – DISPATCH OF HELICOPTER AMBULANCES	12
OUT-OF-COUNTY SERVICES	13
EMS COUNCIL POLICY REGARDING OUT-OF-COUNTY SERVICES	14
SUMMARY	14
APPENDIX A – EMERGENCY MEDICAL RESPONDERS AND BOUNDARIES	15
APPENDIX B – TRANSPORTATION SERVICES AND BOUNDARIES	44
APPENDIX C – GUIDELINES FOR TRAUMA DEFINITION	61
APPENDIX D – REQUIRED EQUIPMENT	63
APPENDIX E –TRANSFER TO AEROMEDICAL CREW ON HOSPITAL LANDING PAD	66
APPENDIX F – MULTI / MASS CASUALTY PLAN.....	69
APPROVAL PAGE	94

## **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 Emergency Medical 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 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 Emergency Medical 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. EMERGENCY MEDICAL RESPONDERS**

#### **A. There are two levels of Emergency Medical Responders in Sheboygan County.**

1. The first level 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 Emergency Medical 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 Emergency Medical Responder participate as part of a group and have allegiance to particular organizations. Individuals at this level shall be trained through a designated Emergency Medical 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 Emergency Medical Responder Units.

#### **B. State Licensed Emergency Medical Responder Units**

1. Adell Fire Department Emergency Medical Responder Unit
2. Aldrich LLC Emergency Medical Responder Unit
3. Cascade Fire Department Emergency Medical Responder Unit
4. Cedar Grove Fire Department Emergency Medical Responder Unit
5. Howards Grove Fire Department Emergency Medical Responder Unit
6. Glenbeulah Fire Department Emergency Medical Responder Unit
7. City of Sheboygan Falls Fire Dept. Emergency Medical Responder Unit

8. City of Sheboygan Fire Department
9. St. Cloud Emergency Medical Responders
10. Town of Scott Emergency Medical Responders
11. Town of Sheboygan Fire Department Emergency Medical Responder Unit
12. Town of Sheboygan Falls Fire Dept. Emergency Medical Responder Unit
13. Village of Elkhart Lake Emergency Medical Responder Unit
14. Kohler Police Department/Village of Kohler
15. Town of Wilson Fire Department Emergency Medical Responders
16. Oostburg Fire Department Emergency Medical Responders

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

1. Overall Objective. Medical Emergency Medical Responders are the foundation of the EMS system by providing immediate care to the victims of trauma and illnesses. Emergency Medical Responders in rural communities can dramatically decrease response time and give stability to an emergency scene. It is critical that the Emergency Medical 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 Emergency Medical Responders.
3. Role. The Emergency Medical 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 Emergency Medical Responders enable the initiation of basic life support techniques and patient stabilization. Emergency Medical 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. Emergency Medical Responders should only lift and move patients prior to ambulance arrival when absolutely necessary, and shall do so without causing additional injury. Emergency Medical Responders shall make themselves available to assist responding ambulance personnel.
4. Skill Level. The Emergency Medical Responders shall be trained and certified in emergency medical care as set forth by the State of Wisconsin Department of Transportation Emergency Medical Responder Course. Typically, as the first on-scene, the Emergency Medical 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 Emergency Medical Responders at an emergency scene may be numerous, depending on the situation. The Emergency Medical 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 Emergency Medical 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: Emergency Medical Responders.

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

b. Emergency Medical 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 Committee.
- Upon Law Committee approval of the Emergency Medical Responder Unit's Operational Plan, any subsequent future changes shall be reviewed in the same procedural manner.

c. The Emergency Medical Responder Units shall maintain a report for each emergency call to which it has responded.

d. Emergency Medical Responder Units shall have some affiliation with a

transporting EMS agency.

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

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

g. Emergency Medical 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.

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

i. Radio communications between Emergency Medical Responder Units and ambulances shall be on the EMS Talk Groups.

j. Any time an Emergency Medical Responder Unit is dispatched for a medical call, an ambulance or paramedic intercept unit will also be dispatched.

**(Exception:** Lift Assist/Citizen assist calls: Emergency Medical Responders may cancel the responding ambulance if they have established independent responsibility for citizen/lift assist call in their area.)

k. It is not considered to be within the role of the Emergency Medical 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 Emergency Medical Responders on-scene.

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

## II. **AMBULANCE SERVICES**

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

1. Orange Cross Ambulance, Incorporated. Orange Cross Ambulance (OCA) is a combination part-time/full time BLS and ALS service which operates multiple transport vehicles and paramedic intercept units. The County of Sheboygan contract with OCA for specific ambulance services, primarily 911 response, within a tiered EMS deployment model that aligns unit staffing and response level with the County's Emergency Medical Dispatch determinants and applicable state regulations. OCA also provides non-emergency transport and interfacility transfers.

2. City of Sheboygan Fire Department Ambulance. The City of Sheboygan Fire Department Ambulance is a full-time career-oriented paramedic service which operates multiple transport vehicles, ALS/BLS first response engine companies, and provides non-emergent and emergent hospital to hospital transport services.

3. Random Lake Fire Department. Random Lake has one full-time member along with volunteer support EMS Organization with AEMTs which provides emergency medical responders and operates multiple transport vehicles. Sheboygan County contracts with them for specific ambulance services.

4. Kiel Ambulance Service. Kiel is a part-time EMS Organization with BLS and ALS which operates multiple transport vehicles. They are an adjunct of Kiel Fire Department. They do not contract with Sheboygan County.

5. 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.

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

4. 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 Emergency Medical 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, Sheboygan Fire Department, or Kiel 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 a patient from the scene by the first ambulance has not begun.

7. requires an automatic paramedic co-dispatch for all Charlie, Delta, and Echo calls in areas serviced by BLS agencies.

### **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 have been 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 Emergency Medical Responders or an Ambulance arrives (eg. CPR, open airways, direct pressure).

### **IV. MEDICAL FACILITIES**

#### **A. HSHS 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.

6. Designated as a Primary Stroke Center.

**B. Aurora Medical Center – Sheboygan County**

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.
6. Designated as a Primary Stroke Center.

**C.** Aurora Medical Center – Sheboygan County 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, Froedtert 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. Three 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 Fire Department Ambulance Service (AEMT): Campbellsport Volunteer Fire Department 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, or Orange Cross Ambulance. This transporting service should be utilized only when the above ambulance services are not available or in the event of a disaster.

2. Fredonia Fire Department Ambulance Service (Paramedic): The Fredonia Fire Department and 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. Fredonia Fire Department Ambulance 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 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**

**EMERGENCY MEDICAL RESPONDER UNITS**

**AND**

**BOUNDARIES**

**TOWN OF SHEBOYGAN  
FIRE DEPARTMENT**

**RESPONSE AREA:** Town of Sheboygan

**BOUNDARIES:** Corporate Limits of the Town of Sheboygan



**ADELL FIRE DEPARTMENT  
EMERGENCY MEDICAL 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:** North – South side of County Road N from Blueberry Lane east to the Lima Town Line.  
West – South on the east side of Blueberry Lane from County Road N to County Road F. Then west on County Road F covering the south side of the road to Bates Road. Then south on Bates Road covering the east side of the road to County Road W. Then west on County Road W covering the south side of the Road to the Town of Scott Line. Then south along the Town of Scott line to County Road SS.  
East – From County Road N to County Road V along the Town of Lima line. The east on County Road V covering the south side of the road to County Road I. Then south on County Road I covering the west side of the road to Leynse Road. South on Leynse Road covering the west side of the road to County Road W. County Road W west covering the north side of the road to County Road GW. Then South on County Road GW covering the west side of the road to County Road G.  
South – North side of County Road SS from the Town of Scott line to Highway 57. Then North on Highway 57 to Knuth Road. East on Knuth Road covering the north side of the road to County Road CC. Then south on County Road CC to County Road G covering the east side of the road. The east on G covering the north side of the rod to County Road GW.



**CASCADE FIRE DEPARTMENT  
EMERGENCY MEDICAL RESPONDER UNIT**

**RESPONSE AREA:** Village of Cascade  
Parnell  
Town of Mitchell

**PORTIONS:** Town of Lyndon  
Town of Greenbush

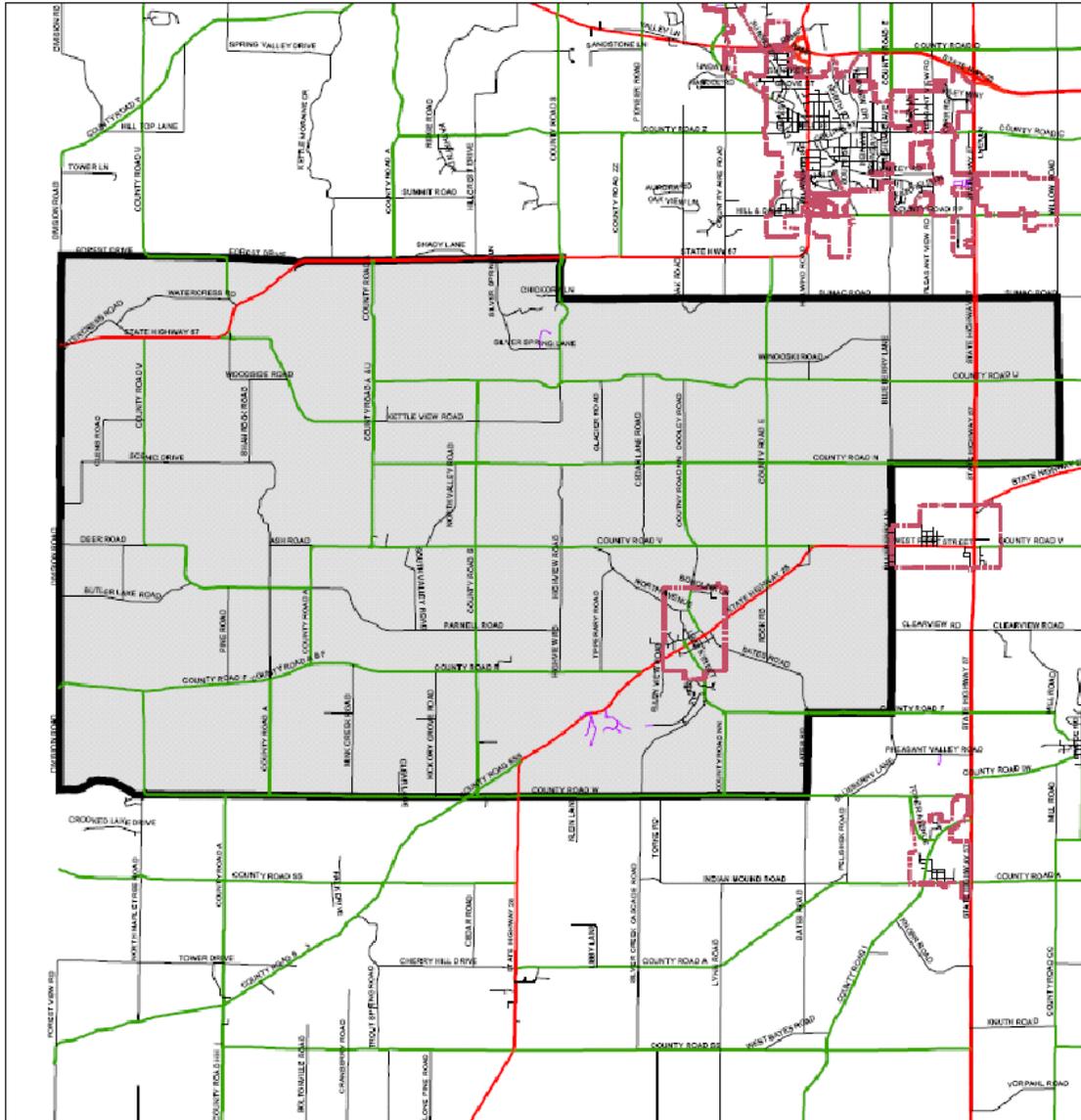
**BOUNDARIES:** East – The Lyndon Town Line from Sumac Road south to CTH N. Then west on CTH N to Blueberry Lane. Then south on Blueberry Lane to CTH F. Then west on CTH F to Bates Road. Then south on Bates Road to W.

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



**CEDAR GROVE FIRE DEPARTMENT  
EMERGENCY MEDICAL 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 Risseeuw 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.

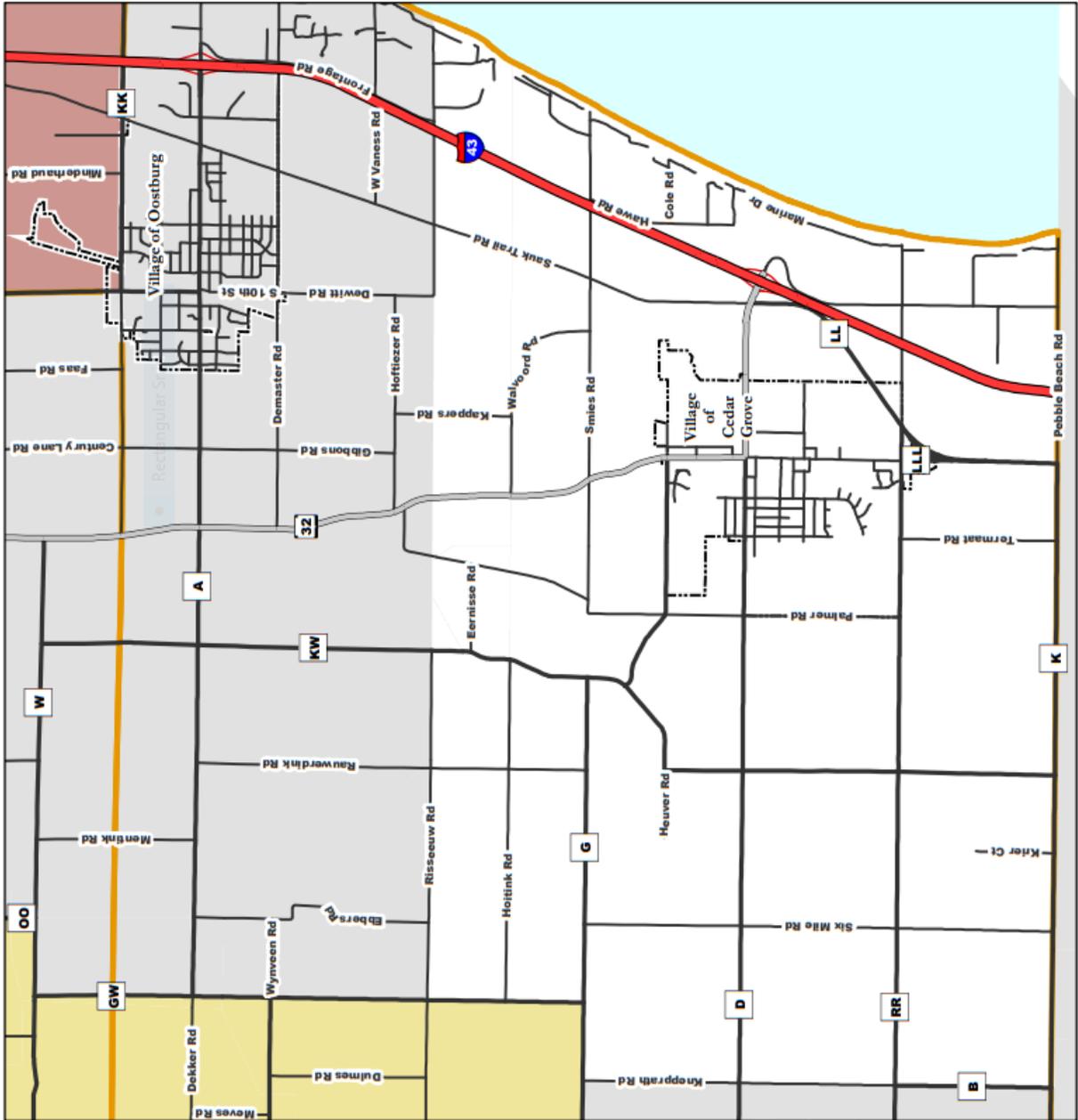
North – Risseeuw Road from CTH GW east. Then east in a straight line from Risseeuw Road to Lake Michigan.

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.

# Cedar Grove First Responders Coverage Area

## Legend

- No FR or Out of County
- Adell First Responders
- Cedar Grove First Responders
- Town of Wilson First Responders



**HOWARDS GROVE FIRE DEPARTMENT  
EMERGENCY MEDICAL RESPONDER UNIT**

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

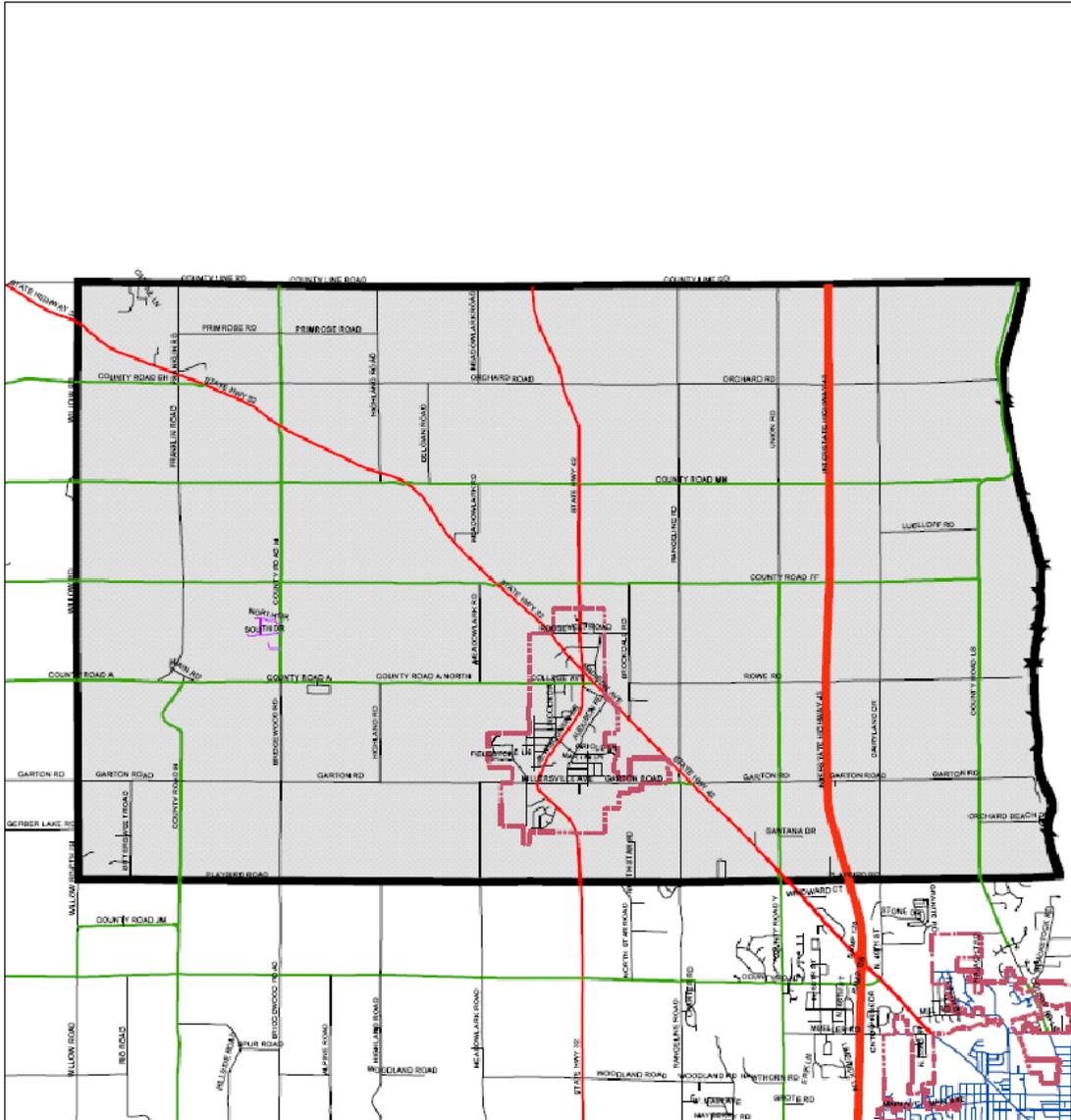
**BOUNDARIES:** East – Lake Michigan from the County Line south to Playbird Road.

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



**GLENBEULAH FIRE DEPARTMENT  
EMERGENCY MEDICAL RESPONDER UNIT**

**RESPONSE AREA:** Village of Glenbeulah

**PORTIONS:** Town of Greenbush

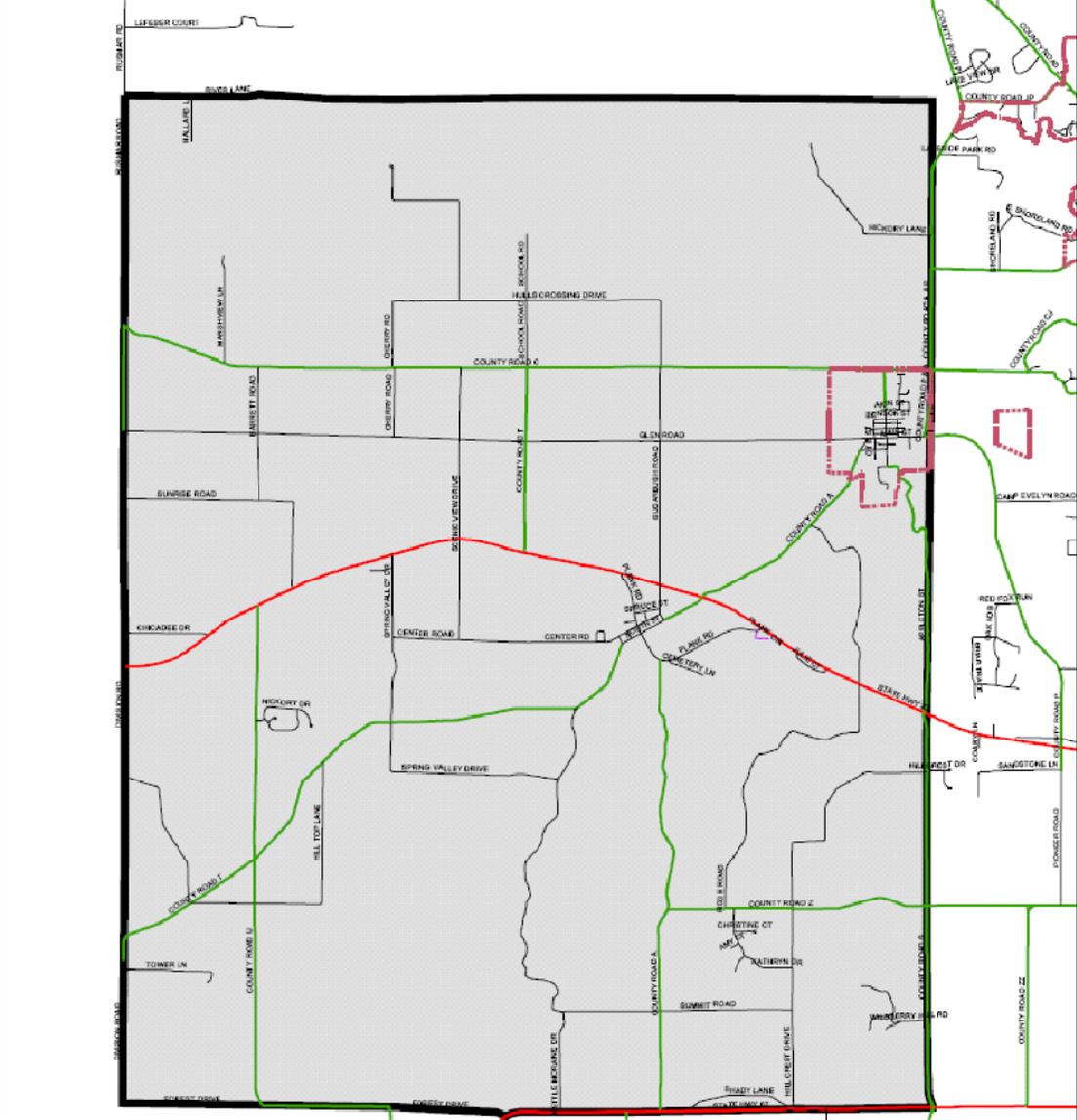
**BOUNDARIES:** East – at intersection of Town of Greenbush Town Line and Town of Rhine Town Line south along CTH P in a straight line to STH 67.

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



**VILLAGE OF ELKHART LAKE  
EMERGENCY MEDICAL 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.

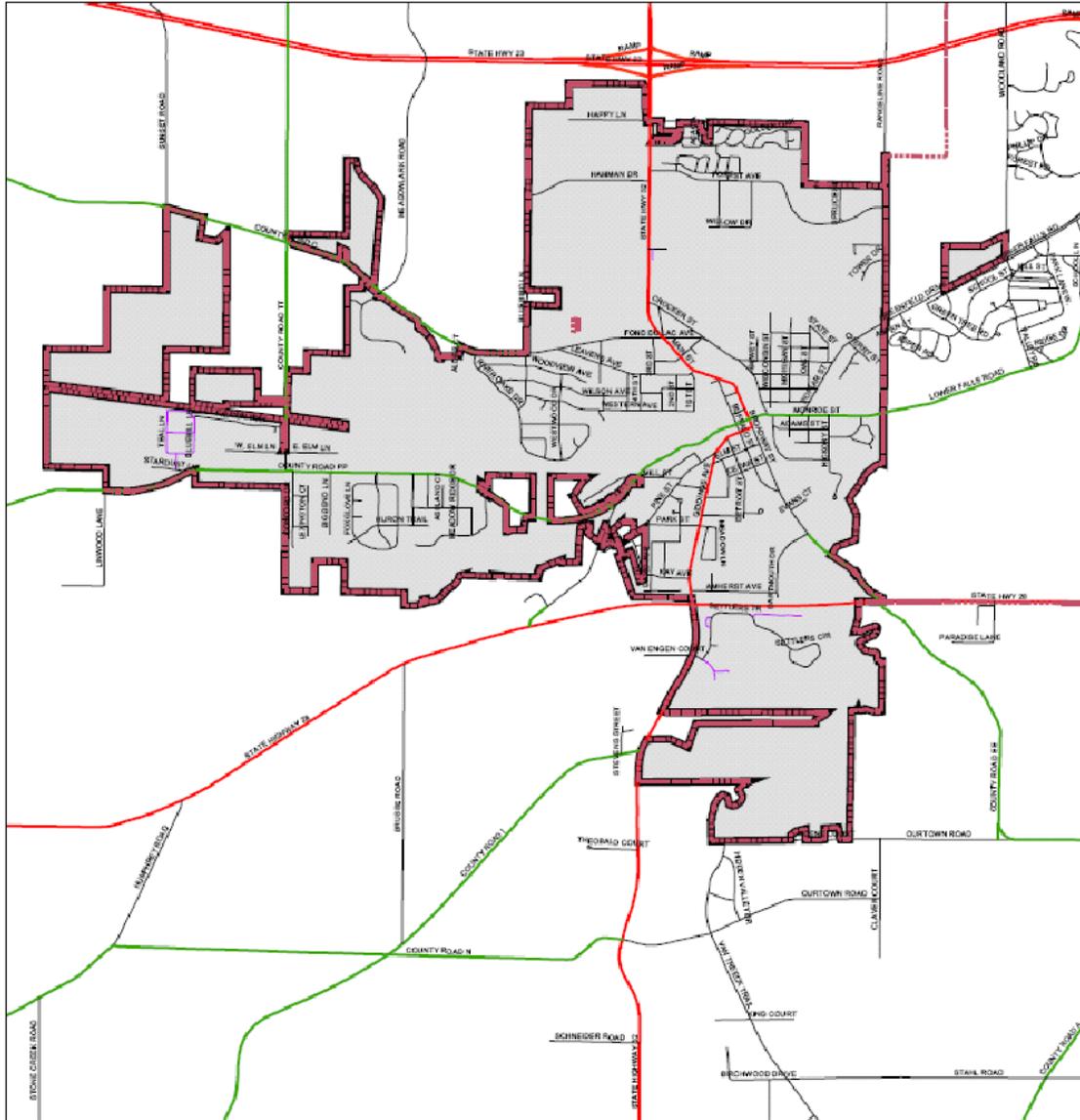


**CITY OF SHEBOYGAN FALLS FIRE DEPARTMENT  
EMERGENCY MEDICAL RESPONDER UNIT**

**BOUNDARIES:** Corporate City Limits of Sheboygan Falls

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

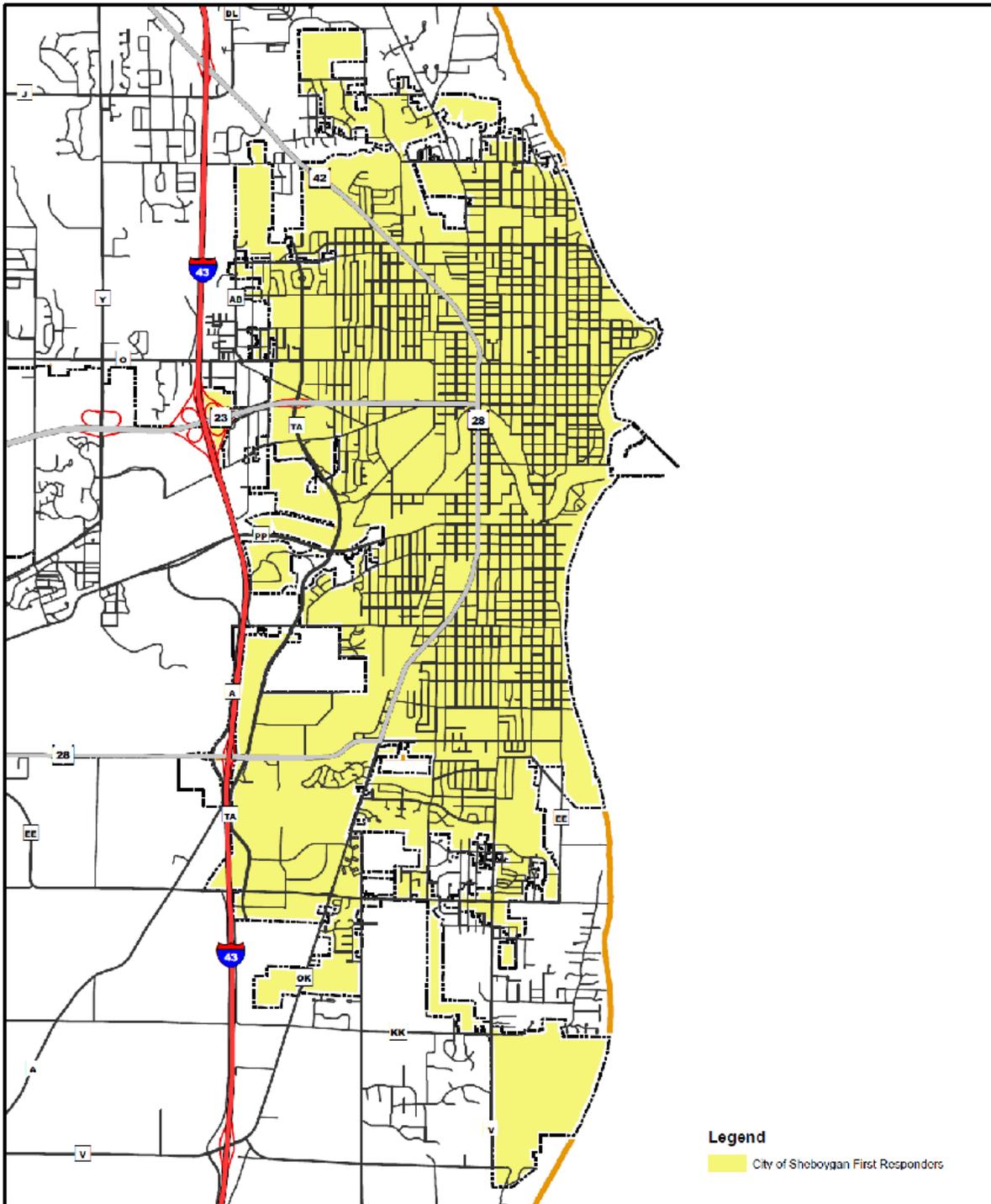
# CITY OF SHEBOYGAN FALLS FIRE DEPARTMENT FIRST RESPONDER UNIT



**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**  
**EMERGENCY MEDICAL RESPONDER UNIT**

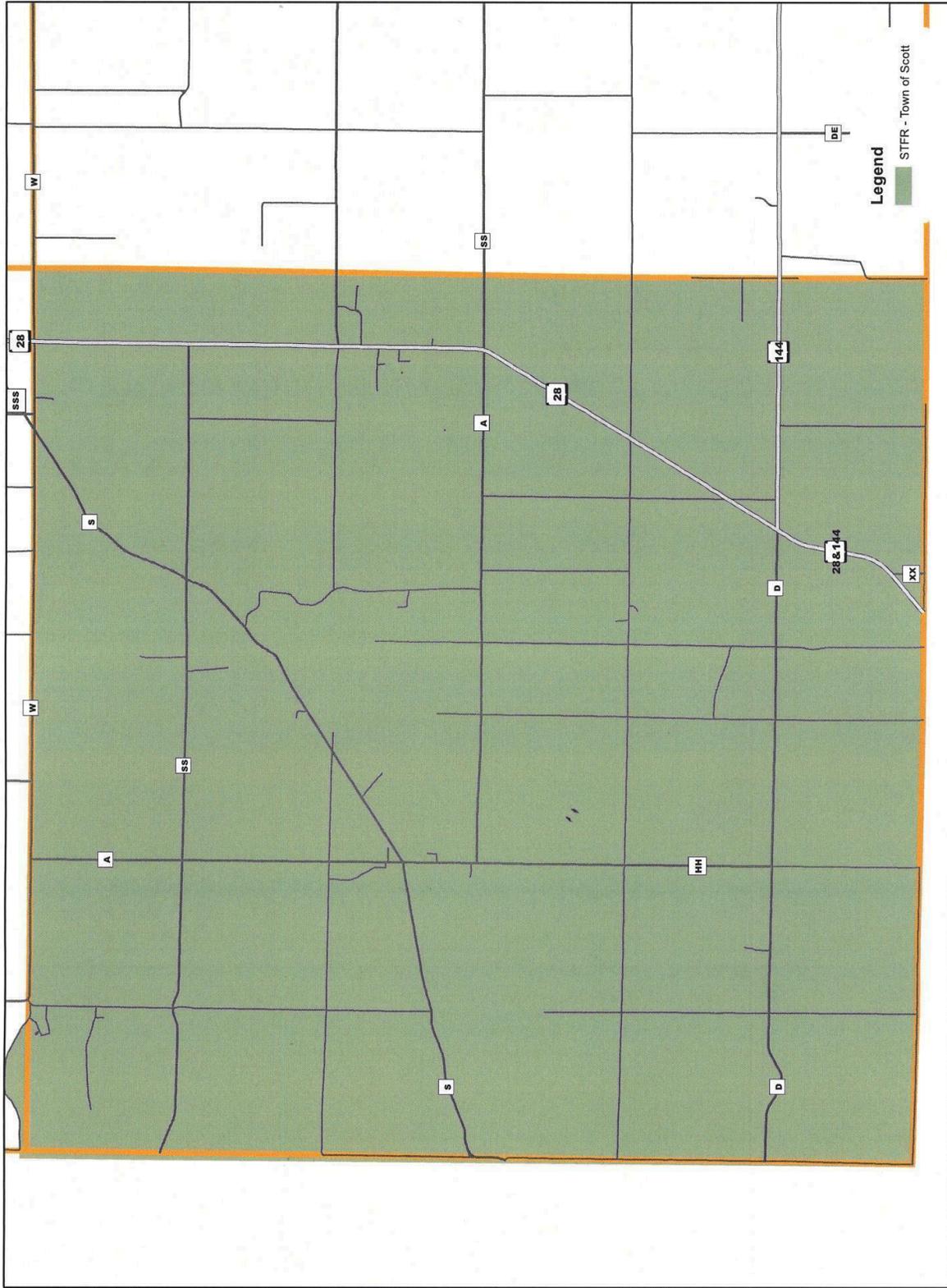
**RESPONSE AREA:** Town of Scott

**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

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**TOWN OF SHEBOYGAN FALLS FIRE DEPARTMENT  
EMERGENCY MEDICAL RESPONDER UNIT**

**RESPONSE AREA:** Johnsonville  
Town of Sheboygan Falls

**PORTION:** Town of Lima  
Town of Wilson

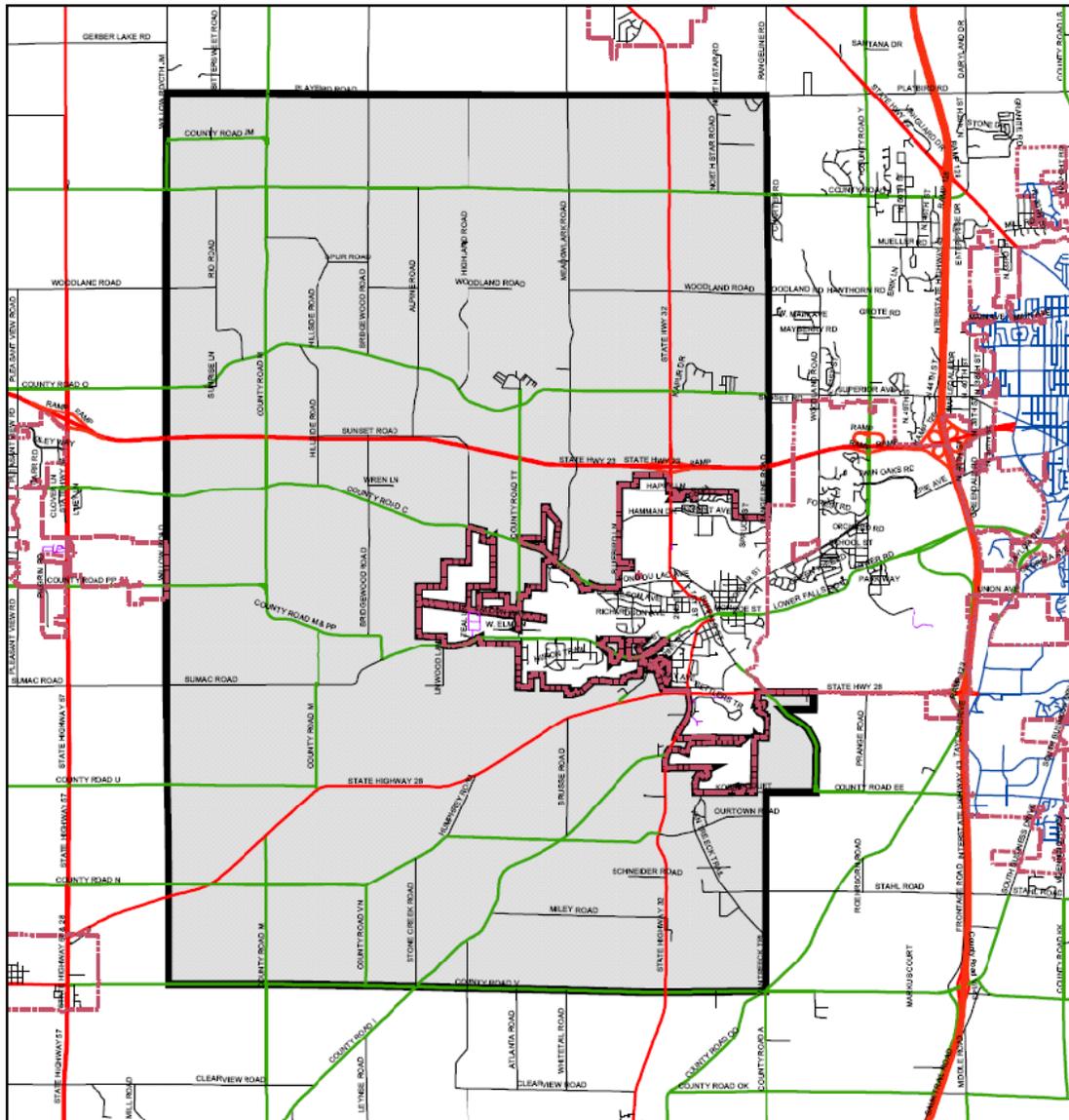
**BOUNDARIES:** East – Van Treeck Trail from CTH V north and continuing in a straight line north along the Lima Town Line and Claver Street, west side of the road, to Ourtown Road then east to Broadway Road (CTH EE) then north to STH 28. STH 28 east from Broadway Road to the last residence east of Paradise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

**ALDRICH LLC  
EMERGENCY MEDICAL RESPONDERS**

**RESPONSE AREA:** MILLIPORE Sigma Chemical Facilities

**BOUNDARIES:** MILLIPORE Sigma Facilities

**TOWN OF WILSON  
EMERGENCY MEDICAL 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**

1/18/2023  
 Source: Sheboygan County Planning & Conservation Department  
 C:\Departments\EM\MapDocs\Emergency Medical Services Plan Maps\TWFR - Wilson First Responders.mxd

**ST. CLOUD**  
**EMERGENCY MEDICAL 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).

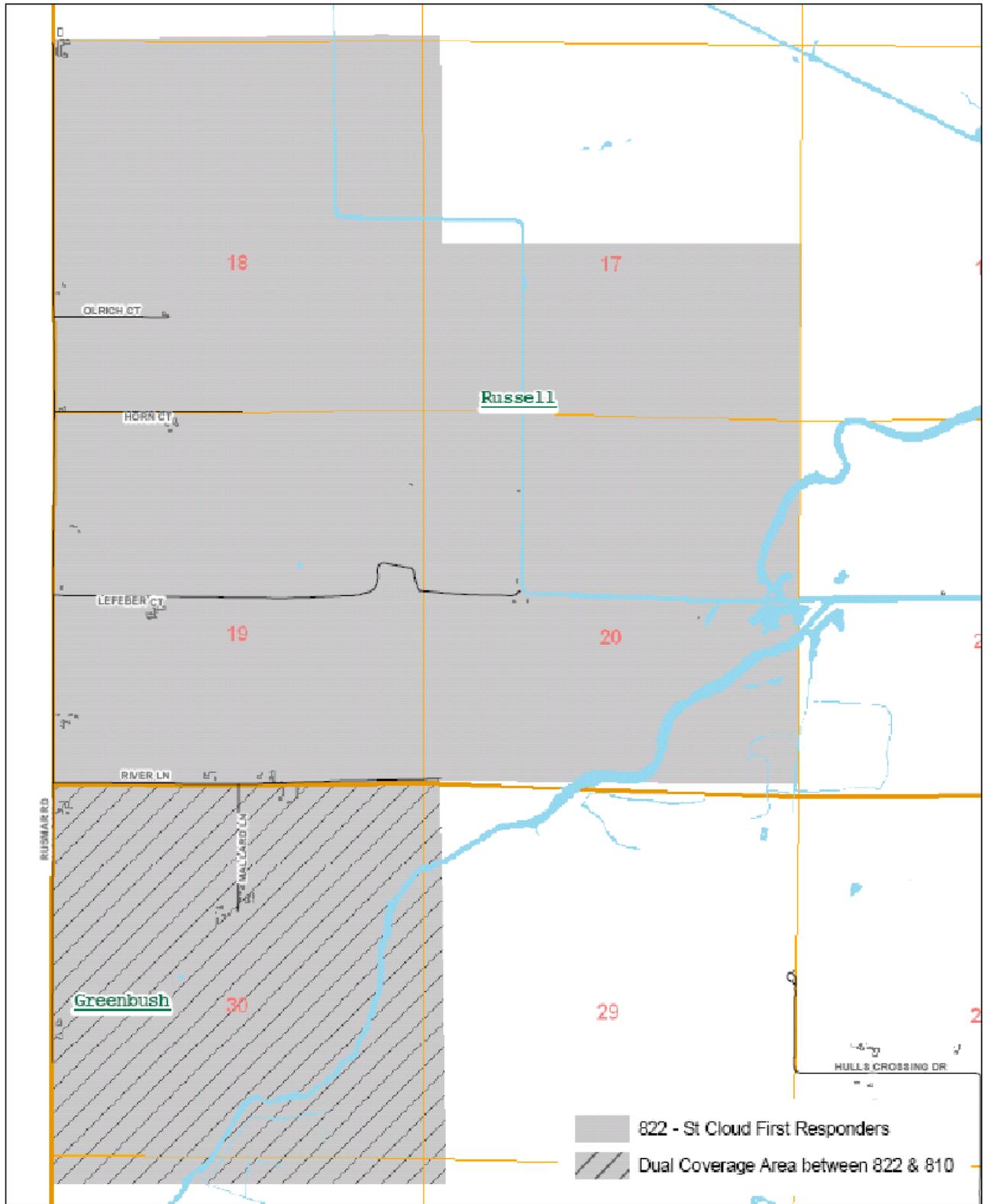
East – An imaginary line created by the straight line extension south from the dead–end of Hunters Court to the point of intersection to the north with the straight line extension from the end of Hulls Crossing Road and the point of intersection to the south with the straight line extension east of River 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 Emergency Medical Responders also cover this area.



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

1" = 1,800'



**OOSTBURG EMERGENCY  
MEDICAL RESPONDERS**

**RESPONSE AREA PORTIONS:** Village of Oostburg  
Portions of Town of Holland  
Portion of Town of Lima

**BOUNDARIES:**

East – Beginning at the intersection of County Road A and County Road V, south on County Road A to Town Line Road. It then follows Town Line Road, including all portions of the Village of Oostburg lying north of Town Line Road, to the Lake Michigan shoreline and then south to Dewitt Road.

West – County Road GW from Risseeuw Road to County Road W and then it follows County Road W from County Road GW to Leynse Road. This western edge then runs to north on Leynse Road to County Road I, and northeast on County Road I to County Road V.

North – County Road I (angled) and County Road V from Leynse Road to County Road A.

South – A straight line that runs with Risseeuw Road and Dewitt Road from County Road GW to the Lake Michigan shoreline.



**APPENDIX B**

**TRANSPORTATION SERVICES**

**AND**

**BOUNDARIES**

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

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

**PORTIONS:** Town of Greenbush  
Town of Holland  
Town of Lima  
Town of Lyndon  
Town of Rhine  
Town of Russell  
Town of Sheboygan Falls

**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.

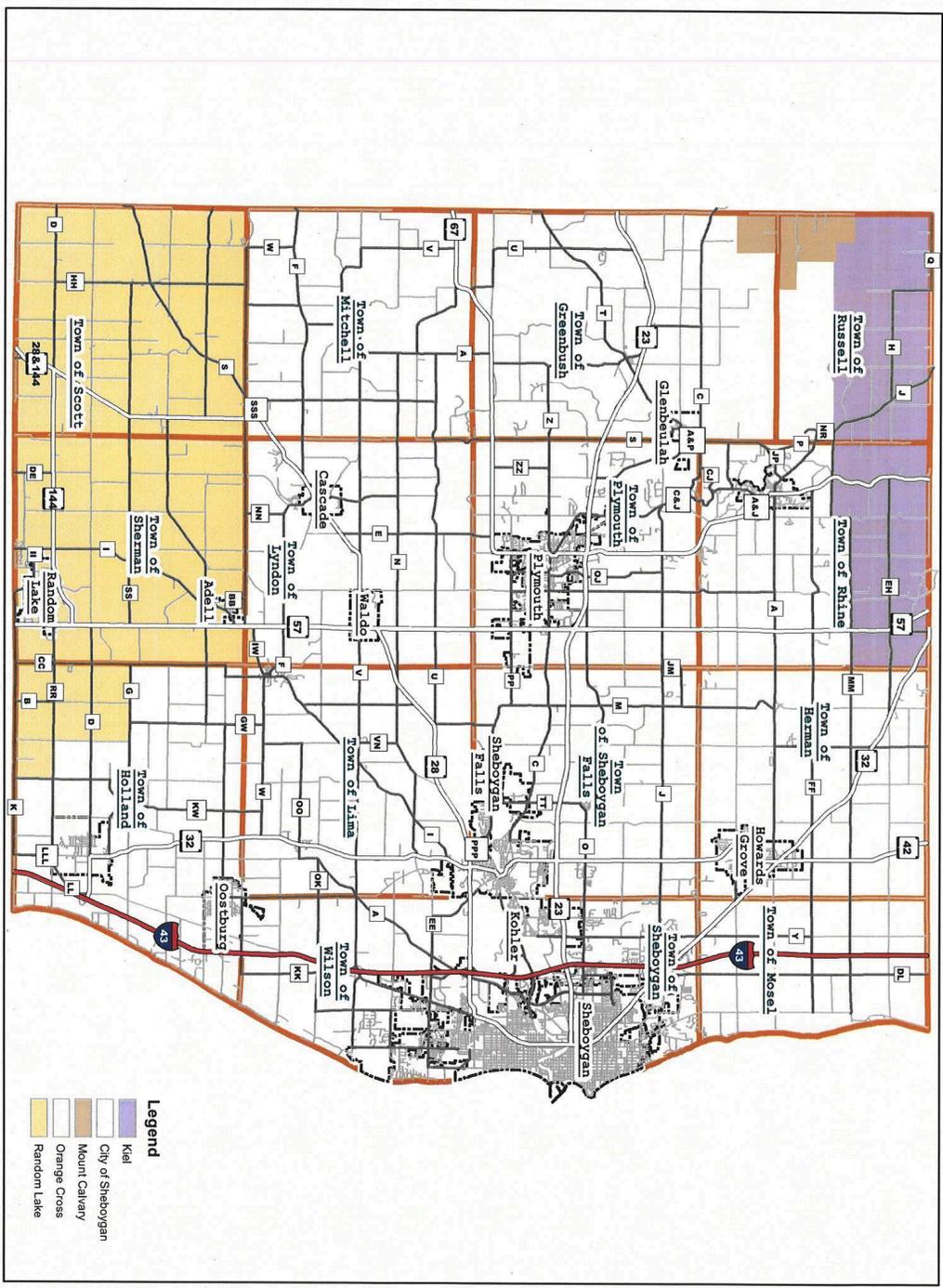
North – County Line Road and/or Sheboygan/Manitowoc County Line from Lake Michigan west Willow Road. Then south on Willow Road (including both sides) to CTH MM. Then west from Willow Road along CTH MM (up to but not including) to Snake Road. Then south on Snake Road (up to but not including) to CTH MM. 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 continue east with a straight line extension to Mill Road. Then south on Mill Road/CTH CC to CTH G. Then east on CTH G to Six Mile Road. Then south on Six Mile Road to CTH RR. Then east on CTH RR to CTH KW. Then south on CTH KW to CTH K. Then east on CTH K to CTH LL. Then continue east on Pebble Beach 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.

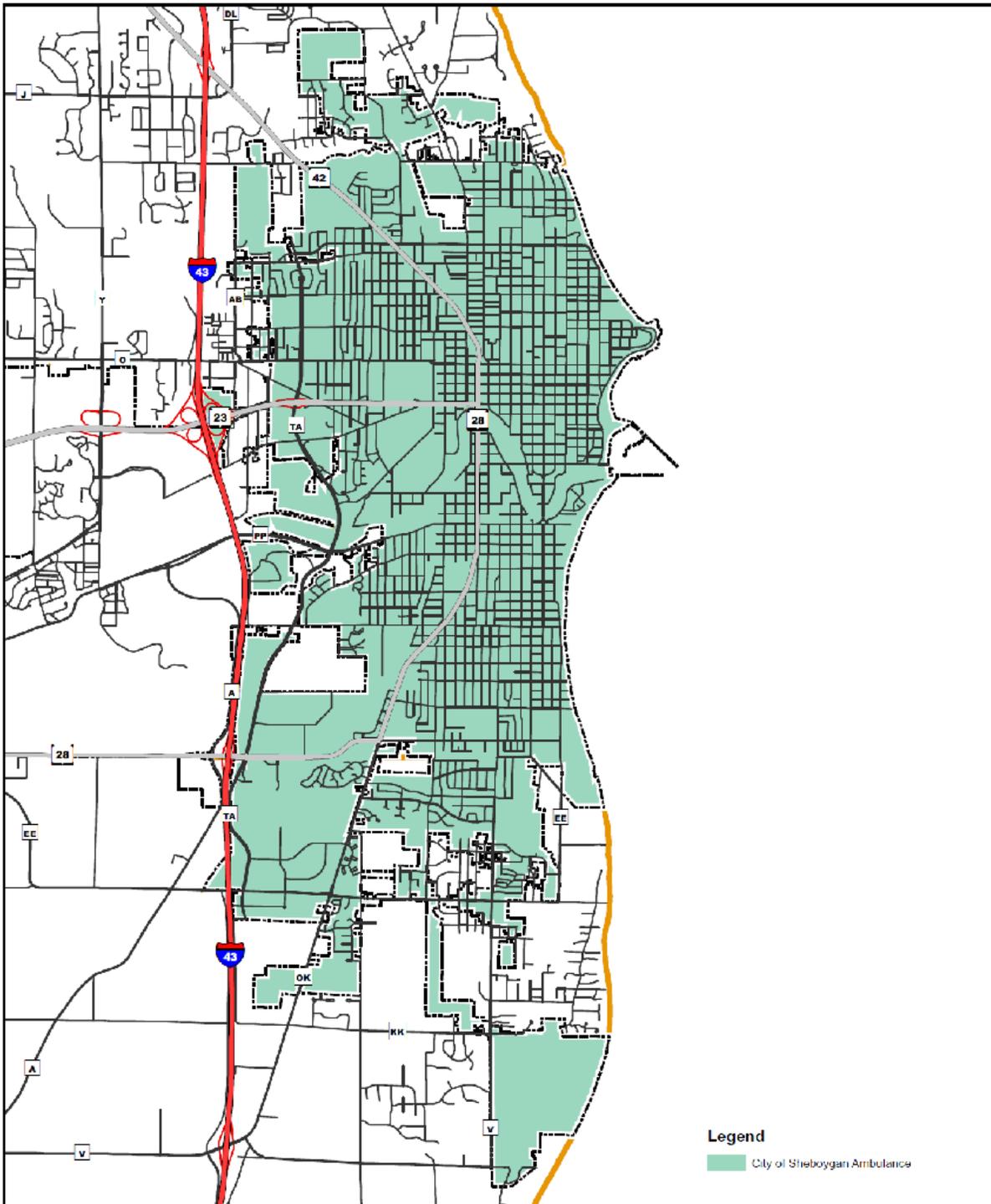
# Orange Cross Ambulance Coverage Area



## 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**



**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

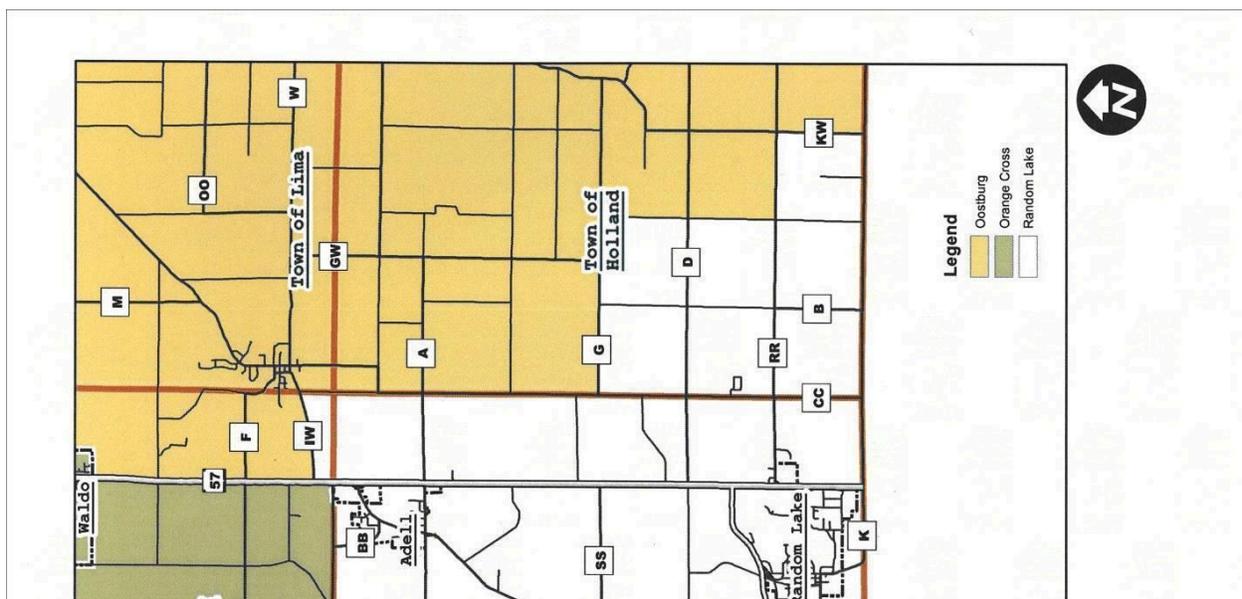
**PORTIONS:** Town of Holland  
Town of Lyndon

**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).



## KIEL AMBULANCE SERVICE

**RESPONSE AREA PORTION:** Town of Russell  
Town of Rhine

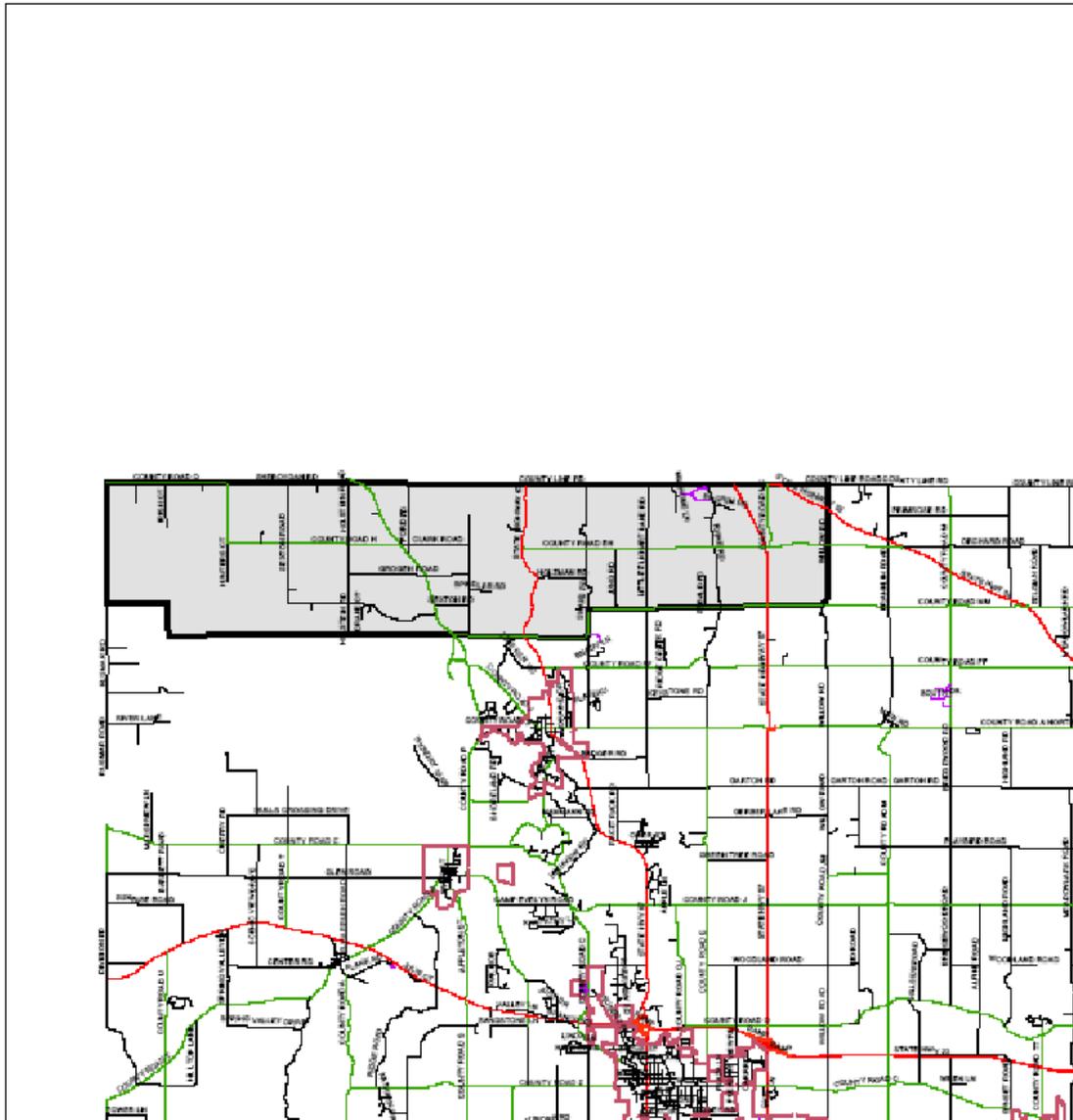
**BOUNDARIES:** East -- Willow Road (up to but not including)  
south from County Line Road to CTH MM.

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



## PLYMOUTH FIRE DEPARTMENT

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

## MOUNT CALVARY AMBULANCE SERVICE

**RESPONSE AREA PORTIONS:** Town of Russell  
Town of Greenbush

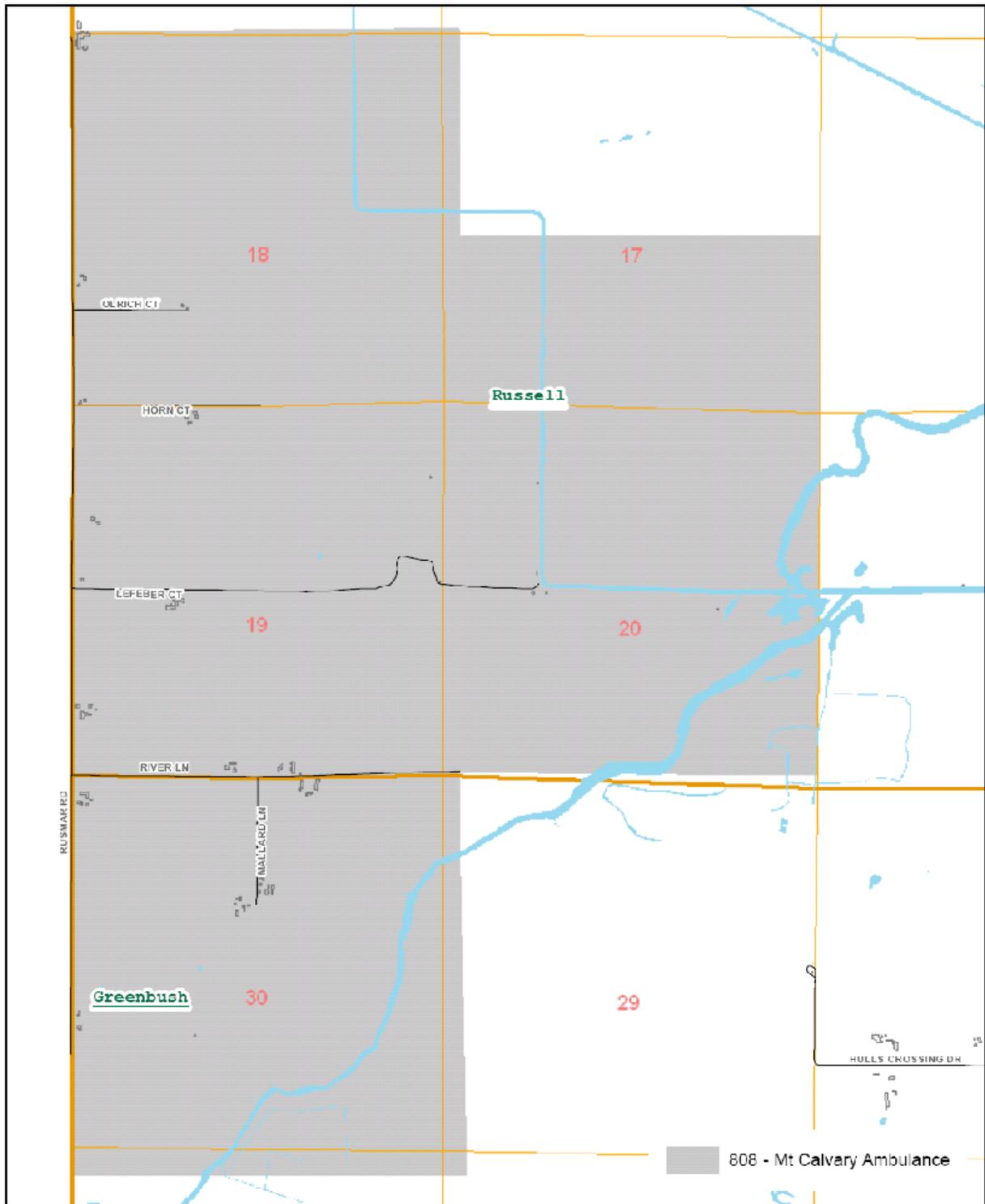
**BOUNDARIES:** Description of area contracted for by the Town of Russell and Town of Greenbush request (includes both sides of the road).

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

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

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

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



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

1" = 1,800'



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

**APPENDIX C**

**GUIDELINES**

**FOR**

**TRAUMA DEFINITION**

Recommendations  
from the  
Southeastern Regional Trauma Council  
2021

# National Guideline for the Field Triage of Injured Patients

## **RED CRITERIA** *High Risk for Serious Injury*

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> <li>• Penetrating injuries to head, neck, torso, and proximal extremities</li> <li>• Skull deformity, suspected skull fracture</li> <li>• Suspected spinal injury with new motor or sensory loss</li> <li>• Chest wall instability, deformity, or suspected flail chest</li> <li>• Suspected pelvic fracture</li> <li>• Suspected fracture of two or more proximal long bones</li> <li>• Crushed, degloved, mangled, or pulseless extremity</li> <li>• Amputation proximal to wrist or ankle</li> <li>• Active bleeding requiring a tourniquet or wound packing with continuous pressure</li> </ul>	<p>All Patients</p> <ul style="list-style-type: none"> <li>• Unable to follow commands (motor GCS &lt; 6)</li> <li>• RR &lt; 10 or &gt; 29 breaths/min</li> <li>• Respiratory distress or need for respiratory support</li> <li>• Room-air pulse oximetry &lt; 90%</li> </ul> <p>Age 0–9 years</p> <ul style="list-style-type: none"> <li>• SBP &lt; 70mm Hg + (2 x age in years)</li> </ul> <p>Age 10–64 years</p> <ul style="list-style-type: none"> <li>• SBP &lt; 90 mmHg or</li> <li>• HR &gt; SBP</li> </ul> <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> <li>• SBP &lt; 110 mmHg or</li> <li>• HR &gt; SBP</li> </ul>

*Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system*

## **YELLOW CRITERIA** *Moderate Risk for Serious Injury*

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none"> <li>• High-Risk Auto Crash               <ul style="list-style-type: none"> <li>– Partial or complete ejection</li> <li>– Significant intrusion (including roof)                   <ul style="list-style-type: none"> <li>• &gt;12 inches occupant site OR</li> <li>• &gt;18 inches any site OR</li> <li>• Need for extrication for entrapped patient</li> </ul> </li> <li>– Death in passenger compartment</li> <li>– Child (age 0–9 years) unrestrained or in unsecured child safety seat</li> <li>– Vehicle telemetry data consistent with severe injury</li> </ul> </li> <li>• Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)</li> <li>• Pedestrian/bicycle rider thrown, run over, or with significant impact</li> <li>• Fall from height &gt; 10 feet (all ages)</li> </ul>	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> <li>• Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact</li> <li>• Anticoagulant use</li> <li>• Suspicion of child abuse</li> <li>• Special, high-resource healthcare needs</li> <li>• Pregnancy &gt; 20 weeks</li> <li>• Burns in conjunction with trauma</li> <li>• Children should be triaged preferentially to pediatric capable centers</li> </ul> <p>If concerned, take to a trauma center</p>

*Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)*

## **APPENDIX D**

### **REQUIRED EQUIPMENT**

**All Emergency Medical Responder Units should carry the following minimum equipment**

<b>Sheboygan County EMR minimum equipment list for units</b>	
<b>Airway and Ventilation</b>	
Portable Suction - Manual or Electric	1
Large bore ridged suction tip	1
Large bore flexiable suction tip	1
Portable Oxygen System with Flow Regulator (25 LPM)	1
Cylinder Wrench	1
Adult Nasal Cannula	2
Pediatric Nasal Cannula	1
Adult non-rebreather (NRB) mask	2
Blob Mask	1
Pediatric non-rebreather (NRB) mask	1
Bag Valuve Mask with oxygen tubing to connect	
Child (per AHA Standards)	1
Non-Visual Airway Devices (one or the other)	
King and appropriate sizes	1 set
Igel and approrate sizes	1 set
Orophargaeal airway - complete set (5 pc minimum)	1 set
Nasalpharyngeal Airway - complete set (5 pc minimum)	1 set
Bite Sticks	1
<b>Monitoring and Assessment</b>	
Blood Pressure cuffs - XL, Adult, and Child	1 set
Stethoscope	1
Penlights	1
AED with Pads - Adult and Peds	1
Glucometer kit (optional)	1
Pulse Oximeter for Adult and Pediatric (Band aid type for LifePack)	1
EKG Accusition equipment with cables for same (optional)	1
<b>Immobilization Equipment</b>	
Rigid Cervical Collars - (Each size or adjustable)	1 set
Padded Extremity Splints (carboard, wire, air, SAMS)	
<b>Wound Management</b>	
Sterile Burn Sheets	1
Sterile "10 x 30" Mutlti-Trauma Dressings	1
Sterile "4 x 4" guaze	6
Sterile "5 x9" dressings	1

Sterile occlusive dressings, 3" x 8" or larger (Expired AED Pads)	1
Band-Aids - Various sizes	10
Adhesive Tape - assorted sizes and types	2-3 rolls
Self-adhering guaze dressings - Kling or equivalent 3 " min.	2-3 rolls
Triagluar Bandages	2
Commercial Arterial Toruniquet - (CAT, MAT, ect)	1
Heavy Duty Bandage or Trauma Scissors	1
Steril Water for irragation (500 ml)	1
<b>Sheboygan County EMR minimum equipment list for units</b>	
<b>Infection Control</b>	
NIOSH N-95 or N-100 face mask	1
Surgical Mask	1
Protective Eyewear - Full glasses, goggles, or face shield	1
Protctove Gowns or Coveralls	1
Protective Shoe Covers	1
Disposable exam gloves meeting NFPA 1999 (Various sizes)	1
Portable sharps containers	1
Biohazard trash bags	1
Disinfectant waterless hand cleanser	1
<b>OB Equipment</b>	
OB Kit	1
Aluminum Warming blanket	1
Blankets (optional)	
<b>Medications if Medical Direction Approved</b>	
Narcan (intranasal) (Optional)	
Oral Glucose	45 mg
Epinephrine 1:1000 (EpiPen Jr or Adult, or draw up) (optional)	
<b>Miscellanous</b>	
Flashlight	1
Cold Packs	2
Hot Packs	2
Triage Tags as approved by Sheboygan County (SALT)	25
<b>Safety</b>	
Current DOT Emergency Respense Guidebook (Paper or Electronic)	1
High Visiability Clothing (vest)	1

Clothing Identfing Unit	1
Spring Loaded Window Punch	1
Revised 8/16/2023	
Approved by SCEMSA	

**--The Sheboygan County EMS Council recognizes this list  
Represents only minimum equipment requirements. Many  
Emergency Medical 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: \_\_\_\_\_  
Pat Depies

SHEBOYGAN FIRE DEPT. AMBULANCE

By: \_\_\_\_\_  
Mike Lubbert

PLYMOUTH FIRE DEPT. AMBULANCE

By: \_\_\_\_\_  
Jason McCoy

KIEL AMBULANCE

By: \_\_\_\_\_  
Richard Isley

AURORA MEDICAL CENTER - SHEBOYGAN

By: \_\_\_\_\_

HSBS ST NICHOLAS HOSPITAL

By: \_\_\_\_\_

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**

**April 2025**

## 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 6<sup>th</sup> Street, Sheboygan, WI 53081 or via e-mail to: [steve.steinhardt@SheboyganCounty.com](mailto:steve.steinhardt@SheboyganCounty.com).

Sheboygan EMS Association  
MCI committee

Steve Steinhardt  
Daniel Althaus  
Tom Hass  
Nick Broetzman

Tom Bahr  
Mike Lubbert  
Dr. Suzanne Martens

## **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 Emergency Medical 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 Emergency Medical Responders.

- B. Sheboygan County is fortunate to be served by medical Emergency Medical 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 Emergency Medical 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 using the SALT method 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 five categories, Red, Yellow, Green, Gray, 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. Gray – Victim whose injuries make them unlikely to survive and/or extensive or complicated care is needed within minutes.
  - e. Black - These victims are deceased.

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 Unit Leader may decide to treat patients in a common area. However, if the incident is large enough the Treatment Unit Leader 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 Unit Leader.

1. The EMS Group Supervisor will decide if a treatment area is needed. If so, a Treatment Unit Leader will be designated. He or she will be responsible for:
  - a. Re-evaluating the patient’s condition.
  - b. Directing EMS personnel to deliver 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 Unit Leader should determine where the patient loading area will be. He / she is also responsible to determine hospital availability, coordinate patient allocation with the treatment unit and supervise the movement of patients from the treatment area to the ambulance loading area or helicopter landing zone.

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

### **C. Staging Area**

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

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

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

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

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

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

## **VIII. EMERGENCY COMMUNICATIONS**

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

### **A. Radio Identification**

1. When communicating during a response to a mass casualty incident, all responding units shall identify themselves on the radio with “Department Name - Unit Type - Unit Number”.
2. Once a unit is assigned a task, it should identify itself on the appropriate radio talk group. (i.e. “TREATMENT AREA to TRANSPORTATION AREA.”) When a task is complete, the unit should report back to the assigning officer that the given task is complete and that the Department Name - Unit Type – Unit Number is available.
3. Units using radio communications should first make sure that the receiving unit is ready to copy before sending a message. The receiving unit should then summarize the receipt of the message or order.

4. In order to provide for maximum safety and clarity of operation, certain key words must be understood to mean the same to all involved:
  - a. Withdraw - In an orderly manner, back out of the area taking all equipment with you as you go.
  - b. Evacuate - Immediately leave area, dropping in place any equipment that would slow down your retreat
  - c. All Clear - It has been determined that the hazard has been eliminated or does not exist.

**B. Initial Communication by Responding Agency**

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

**C. Use of the Radio System**

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

**D. Use of Cellular Phones**

1. Depending upon the scope and type of the incident, cellular phones may provide a communications system between dispatchers, the Incident Command, medical personnel on scene, local hospitals, and other organizations.

2. Available cellular phones at the incident scene should be identified to the Incident Commander, in the event that they are needed at specific times.
3. If the incident is one of longer duration, area cellular companies will be asked to provide cellular phones and priority access at the scene of the incident.

## **IX. REQUESTING ADDITIONAL MEDICAL SUPPLIES**

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

## **X. PATIENT TRACKING**

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

## **XI. REVIEW OF MASS CASUALTY INCIDENTS**

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

## **XII. TRAINING AND EXERCISES**

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

**APPENDIX A**  
**NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION DESCRIPTIONS**

EMS Group Supervisor

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

Triage Unit Leader

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

Treatment Unit Leader

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

### Transportation Unit Leader

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

### Staging Area Manager

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

## **APPENDIX B POSITION CHECKLISTS**

### **EMS GROUP SUPERVISOR**

**Responsible:**

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

**Reports to:**

Incident Command

**Tasks:**

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

- Appoint a Triage Unit Leader
  
- Appoint a Treatment Unit Leader
  
- Appoint a Transport Unit Leader
  
- Communicate regular updates to Incident Command on EMS operations

### **TRIAGE UNIT LEADER**

#### **Responsible:**

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

#### **Reports to:**

EMS Group Supervisor

#### **Tasks:**

- Assume position as Triage Unit Leader and identify yourself by wearing reflective vest
  
- Observe scene for hazards and take necessary precautions
  
- Determine the location, number and condition of patients involved in the incident
  
- Advise EMS Group Supervisor of the approximate number and severity of injuries
  
- Establish a strategy for triage with the EMS Group Leader, including:
  - Triage patients where they are found

- Coordinate and move patients to the treatment area
  
- Determine and order any additional personnel, equipment or supplies through the EMS Group Supervisor.
  
- Assign and control all personnel in the triage area, including:
  - Establish triage teams and define operating zones
  
  - Make sure that sufficient quantities of triage tags are available
  
- Provide regular updated progress reports to EMS Group Supervisor
  
- Advise “All Clear” to EMS Group Supervisor when all patients have been triaged and moved to the treatment sector

## **TRANSPORTATION UNIT LEADER**

### **Responsible:**

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

### **Reports to:**

EMS Group Supervisor

### **Tasks:**

- Assume position as Transportation Unit Leader upon assignment by EMS Group Supervisor and identify yourself by wearing reflective vest

- Determine the location for the staging of the transportation of patients
  
- Determine and order any additional personnel, ambulances, Emergency Medical 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**

SALT 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 = Gray)**

Patients 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.

### **Priority 5 (Triage Tag Color = Black)**

Priority 5 patients are those persons obviously deceased.

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 5 with no treatment administered, while available resources concentrate on treating a large number of salvageable patients.

Once tagged, Priority 5 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 SALT triage tags

Emergency Medical Responder Units - 50 SALT 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", March 2026, revision.

\_\_\_\_\_ Date: \_\_\_\_\_  
Gerald Jorgensen, Chairman

\_\_\_\_\_ Date: \_\_\_\_\_,  
Paul Gruber, Vice-Chairman

\_\_\_\_\_ Date: \_\_\_\_\_,  
Wendy Schobert, Secretary

\_\_\_\_\_ Date: \_\_\_\_\_,  
Charlette Nennig, Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Suzanne Speltz, Member

## EMERGENCY MEDICAL SERVICE UNITS – SHEBOYGAN COUNTY

### Ambulance Services

1. Orange Cross Ambulance  
Daniel Althaus, Executive Director  
1919 Ashland Avenue  
Sheboygan, WI 53081  
[dalthaus@orangecross.org](mailto:dalthaus@orangecross.org)  
Phone: (920) 694-0344  
Fax: (920) 694-0350
2. City of Sheboygan Fire Department Ambulance  
Mike Lubbert, Assistant Chief  
1326 North 25<sup>th</sup> Street  
Sheboygan, WI 53081  
[Michael.Lubbert@sheboyganwi.gov](mailto:Michael.Lubbert@sheboyganwi.gov)  
Station: (920) 459-3975  
Main: (920) 459-3328
3. Random Lake Fire Department Ambulance  
Pat Depies, Chief  
718 Spring Street  
Random Lake, WI 53075  
[randomlakechief@gmail.com](mailto:randomlakechief@gmail.com)  
Phone: (920) 946-1848
4. Kiel Ambulance Service  
Richard Isley, Service Director  
90 Raider Heights  
Kiel, WI 53042  
[dick.isely@kielwi.gov](mailto:dick.isely@kielwi.gov)  
Phone: (920) 286-0414  
Fax: (920) 894-2144
5. Plymouth Fire Department Ambulance  
Jason McCoy, EMS & Safety Assistant Chief  
P.O. Box 294  
Plymouth, WI 53073  
[jason.mccoy@sargento.com](mailto:jason.mccoy@sargento.com)  
Station: (920) 893-1331

## **Emergency Medical Responder Units**

1. Adell Emergency Medical Responders  
Dan Wiersema, Captain  
516 Clark Street  
Cascade, WI 53011  
Station: P.O. Box 242, Adell, WI 53001  
[adellfdemscaptain@gmail.com](mailto:adellfdemscaptain@gmail.com)  
Phone: (920) 838-4326
2. Cascade Emergency Medical Responders  
Kelly Green, Captain  
801 Madison Street  
Cascade, WI 53011  
[cascadefirstresponders@gmail.com](mailto:cascadefirstresponders@gmail.com)  
Station: (920) 528-8432
3. Cedar Grove Emergency Medical Responders  
Kyle Voskuil, Manager  
306 S Main Street  
Cedar Grove, WI 53013  
[Kvoskuil22@yahoo.com](mailto:Kvoskuil22@yahoo.com)
4. Glenbeulah Emergency Medical Responders  
Adam Multer, EMS Captain  
110 N Swift Street  
Glenbeulah, WI 53023  
[amulter@glenbeulahwi.gov](mailto:amulter@glenbeulahwi.gov)  
Phone: (920) 838-6390
5. Howards Grove Emergency Medical Responders  
Tyler Wuestenhagen  
1013 South Wisconsin Drive  
Howards Grove, WI 53083  
[tyler.wuestenhagen@sheboygancounty.com](mailto:tyler.wuestenhagen@sheboygancounty.com)  
Station: (920) 565-2121
6. Town of Sheboygan Falls Emergency Medical Responders  
Tom Hass  
N5480 County Road TT  
Sheboygan Falls, WI 53085  
[medic375@charter.net](mailto:medic375@charter.net)  
Work: (920) 802-1990  
Phone: (920) 698-2453
7. City of Sheboygan Fire Department Emergency Medical Responders  
Michael Lubbert, Assistant Chief  
1326 North 25<sup>th</sup> Street  
Sheboygan, WI 53081  
[Michael.Lubbert@sheboyganwi.gov](mailto:Michael.Lubbert@sheboyganwi.gov)  
Station: (920) 459-3975  
Main: (920) 459-3328

8. Elkhart Lake Emergency Medical Responders Station: (920) 876-2244  
Michael Meeusen, EMS Service Director  
610 South Lincoln Street  
Elkhart Lake, WI 53020  
[mmeeusen@elkhartlakewi.gov](mailto:mmeeusen@elkhartlakewi.gov)
9. City of Sheboygan Falls Emergency Medical Responders Station: (920) 467-7914  
Amanda Myszewski, Captain  
375 Buffalo Street  
Sheboygan Falls, WI 53085  
[amandamyszewski@gmail.com](mailto:amandamyszewski@gmail.com)
10. Town of Sheboygan Emergency Medical Responders Station: (920) 467-6800  
Mike Brungraber, EMS Captain Town Hall: (920) 451-2320  
Andrew Perman, EMS Chief  
3911 CTH Y  
Sheboygan, WI  
[Michael.Brungraber@sheboygancounty.com](mailto:Michael.Brungraber@sheboygancounty.com)
11. Town of Scott Emergency Medical Responders  
Theresa Reysen, Service Director Phone: (262) 483-9259  
N1306 Boltonville Rd  
Adell, WI 53001
12. Village of Kohler EMS  
Shawn Splivalo Chief Station: (920) 459-3877  
319 Highland Drive  
Kohler, WI 53044  
[ssplivalo@kohlerpolice.com](mailto:ssplivalo@kohlerpolice.com)
13. Town of Wilson Emergency Medical Responders  
Shelley Hittman, Service Director Station: (920) 208-2390  
Pam Schneckloth, Co-Director  
5935 South Business Drive  
Sheboygan, WI 53081  
[72shelleyh@gmail.com](mailto:72shelleyh@gmail.com)
14. St. Cloud Emergency Medical Responders  
Jeff Horn Station: (920) 999-1234  
1105 Main Street Phone: (920) 904-2564  
St. Cloud, WI 53079  
[Jeffhorn80@yahoo.com](mailto:Jeffhorn80@yahoo.com)

15. Millipore Sigma Work: (920) 917-1211  
Brenda Blaser  
5485 County Road V  
Sheboygan Falls WI 53085  
[Brenda.Blaser@Milliporesigma.com](mailto:Brenda.Blaser@Milliporesigma.com)
16. Oostburg FD Emergency Medical Responders Station: (920) 564-3844  
Cree TenDolle (920) 698-0868  
PO Box 700048  
Oostburg, WI 53070  
[captain@oostburgemr.org](mailto:captain@oostburgemr.org)

### **Hospital Emergency Departments**

1. Aurora Medical Center Sheboygan County Phone: (920) 802-2100  
Craig Schicker, Director ED  
3400 Union Ave  
Sheboygan, WI 53081  
[Craig.schicker@ahh.org](mailto:Craig.schicker@ahh.org)
2. HSHS St. Nicholas Hospital Phone: (920) 459-4717  
Courtney Loebel, Nursing Manager ED  
3100 Superior Avenue  
Sheboygan, WI 53081  
[Courtney.Loebel@hshs.org](mailto:Courtney.Loebel@hshs.org)

## EMS COUNCIL MEMBERS

Mr. Thomas Bahr  
2122 South 7<sup>th</sup> Street  
Sheboygan, WI 53081  
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[tombahr78@gmail.com](mailto:tombahr78@gmail.com)  
MEMBER AT LARGE

Atty. Joel Urmanski  
615 North 6<sup>th</sup> Street  
Sheboygan, WI 53081  
920-459-3040  
920-459-3933  
[Joel.urmanski@da.wi.gov](mailto:Joel.urmanski@da.wi.gov)  
COUNTY BAR ASSOCIATION

Dr. Suzanne Martens  
1919 Ashland Avenue  
Sheboygan, WI 53081  
920-451-9111 (w)  
[smartensmd@aol.com](mailto:smartensmd@aol.com)  
Licensed Medical Provider

Steve Green  
301 1<sup>st</sup> Street  
Cascade, WI 53011  
[cascaderec@hotmail.com](mailto:cascaderec@hotmail.com)  
VILLAGE GOVERNMENT

Mr. Craig Schicker  
3400 Union Avenue  
Sheboygan, WI 53081  
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NURSING REPRESENTATIVE

Michael Meeusen  
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40 Pine Street  
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CITY LAW ENFORCEMENT

Courtney Loebel  
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HOSPITAL ADMINISTRATION

Mr. Robert Kulhanek  
2422 North 7<sup>th</sup> Street  
Sheboygan, WI 53083  
[Bob.kulhanek@sbcglobal.net](mailto: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@gmail.com](mailto:rnarbatovics@gmail.com)  
TOWN GOVERNMENT

VACANT  
CITY GOVERNMENT  
[daniel.peterson@sheboyganwi.gov](mailto:daniel.peterson@sheboyganwi.gov)

Wendy Schobert  
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COUNTY BOARD

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Licensed Medical Provider

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Sheboygan Falls, WI 53086  
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INDUSTRY

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SHEBOYGAN FIRE DEPARTMENT

Tyler Wuestenhagen  
1013 South Wisconsin Drive  
Howard Grove, WI 53083  
[tyler.wuestenhagen@howardsgrovefd.com](mailto:tyler.wuestenhagen@howardsgrovefd.com)  
SHEBOYGAN COUNTY FIRE DEPARTMENTS

Mr. Pat Depies  
Random Lake Ambulance Service  
N7045 Kay-K Road  
Belgium, WI 53004  
[randomlakechief@gmail.com](mailto:randomlakechief@gmail.com)  
RESCUE SERVICES

Daniel Althaus  
Orange Cross Ambulance  
1919 Ashland Avenue  
Sheboygan, WI 53081  
[dalthaus@orangecross.org](mailto:dalthaus@orangecross.org)  
PRIVATE AMBULANCE SERVICES

Thomas Hass  
3400 Union Avenue  
Sheboygan, WI 53081  
[thomas.hass@aah.org](mailto:thomas.hass@aah.org)  
EMERGENCY MEDICAL RESPONDERS

Mr. Steve Steinhardt  
Sheboygan County Sheriff's Department  
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Sheboygan, WI 53081  
920-459-3360 (w)  
[steve.steinhardt@SheboyganCounty.com](mailto:steve.steinhardt@SheboyganCounty.com)  
EMERGENCY MANAGEMENT

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525 North 6<sup>th</sup> Street  
Sheboygan, WI 53081  
[sam.sujet@SheboyganCounty.com](mailto:sam.sujet@SheboyganCounty.com)  
COUNTY LAW ENFORCEMENT