

**COMMITTEE OF THE WHOLE MEETING AGENDA**  
SEPTEMBER 2, 2025 7:00PM  
COUNCIL CHAMBERS, BERLIN CITY HALL, 2<sup>ND</sup> FLOOR  
MEETING IS OPEN TO THE PUBLIC AND IS HANDICAPPED ACCESSIBLE  
CITY MEETINGS CAN BE WATCHED LIVE OR RECORDED  
ON THE CITY OF BERLIN YOUTUBE PAGE @CITYOFBERLIN5623

1. Call to order/Roll Call
2. Seat Virtual Attendees (if necessary)
3. General Public Comments. Registration card required (located at podium in Council Chambers). Comments will be limited to **3 minutes** per registrant.
4. Approval of Minutes. RECOMMENDATION: Approve the minutes from the August 5, 2025 Committee of the Whole meeting.
5. Email conversion to cloud-based system versus in house server. RECOMMENDATION: Recommend approval of quote from Corporate Network Solutions to implement Microsoft 365 email services.
6. October 1, 2025 – September 30, 2026 Employee Health Insurance and Employee Dental Insurance provider determination and plan selection. RECOMMENDATION: Approve provider, plan selections and employee contribution for Employer (City of Berlin) provided health insurance and dental insurance.
7. Creation and Posting of Senior Center and Recreation Facility Director Position. RECOMMENDATION: Discussion and action as appropriate.
8. Approval of City of Berlin EMS Policies & Procedures. RECOMMENDATION: Discussion and action as appropriate.
9. Motion to convene into closed session pursuant to *Wis. Stats. 19.85 (1) (e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session.* (Purchase of 169 Ripon Road).
10. Reconvene into open session and take appropriate action as a result of closed session discussion.
11. Adjourn.

*Note: In adherence to the City of Berlin Public Meeting Participation Policy, public participation will be allowed under each agenda item at the discretion of the presiding officer, with the exception of the Consent Agenda. Attendees must register their intention to participate on either a general comments section or a specific agenda item prior to the meeting by filling out a Registration Card, which can be obtained from the Internet, City Clerk's office or in the City Hall Council Chambers at the podium. Registration Cards should be turned in prior to the meeting to either the presiding officer or City Clerk.*

*Please note, upon reasonable notice, efforts will be made to accommodate the needs of the disabled individuals through appropriate aids and services. For additional information to request services, contact the municipal Clerk at 920-361-5400.*

*Note: It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance in the above stated meeting to gather information: no action will be taken by any other governmental body except by the governing body notified above.*

## COMMITTEE OF THE WHOLE MEETING MINUTES

AUGUST 5, 2025 7:00PM

COUNCIL CHAMBERS, BERLIN CITY HALL, 2<sup>ND</sup> FLOOR

MEETING IS OPEN TO THE PUBLIC AND IS HANDICAPPED ACCESSIBLE

CITY MEETINGS CAN BE WATCHED LIVE OR RECORDED

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1. Call to order/Roll Call at 7:06 by *Mayor Burgess*. *Present were Alderpersons Boeck, Hill, Przybyl, Sorenson, Nigbor, and Stobbe. Also present were City Administrator, Jessi Balcom; Debra Theil, Deputy Clerk-Treasurer; Scott Zabel, City of Berlin Street Superintendent.*
2. Seat Virtual Attendees (if necessary) – *None.*
3. General Public Comments. Registration card required (located at podium in Council Chambers). Comments will be limited to **3 minutes** per registrant. – *None.*
4. Approval of Minutes. RECOMMENDATION: Approve the minutes from the July 1, 2025 Committee of the Whole meeting. *Aldersperson Przybyl made a motion to approve the minutes from the July 1, 2025 Committee of the Whole meeting, with a second made by Aldersperson Nigbor. Voice vote carried.*
5. Strategic Planning Session with CP2. RECOMMENDATION: Discussion and action as appropriate. *Presentation by Cory Poris Plasch of CP2 Consulting discussing the City of Berlin Strategic Plan Community Survey results. The survey was completed by 299 community members. Discussion of creating focus groups comprised of a variety of community stakeholders. Anyone wishing to be in a focus group can register. Registration information will be posted in the paper and online.*
6. Review of Garbage and Recycling contract with Waste Management of Wisconsin. RECOMMENDATION: Discussion and action as appropriate. *Discussion of the current contract. Aldersperson Hill discussed difficulty of contacting Waste Management by phone, the missing canister fee, and canister replacement concerns. Mayor Burgess confirmed the contract includes the current Spring Clean Up changes. She also discussed a \$1,000 donation by Waste Management to be used towards an environmentally related project that expires by October 1<sup>st</sup>, and that it should be used. Mayor Burgess discussed the contract states quarterly reports from Waste Management will be given, and questioned if anyone received the reports. Mayor Burgess discussed the contract shows a 7:00am route start time, but since Waste Management went from two routes to one, they are starting before 7:00am. Discussion about inconsistent pick-ups and who at the City is notified of Waste Management equipment breakdowns or route issues. Scott Zabel, City of Berlin Street Superintendent confirmed he receives occasional notice from Waste Management the evening of a concern, but doesn't view the message until the following morning. Discussion that the current contract extends through 2028.*
7. Tax Increment District #17 vacant lot development incentive program. RECOMMENDATION: Discussion and action as appropriate. *City Administrator Balcom proposed an incentive program of up to 50% of the tax increment generated by a new home for three consecutive years, following the completion of the build, but not more than 5 years from the issuance of a building permit, up to \$10,000 per housing unit.*

*Discussion of the 50% rate and current tax rates.*

8. Municipal Vehicle Registration Fee (Wheel Tax) discussion. RECOMMENDATION: Review and recommend creation of Ordinance #08-25 Establishing a Municipal Vehicle Registration Fee of \$25 for Vehicles Kept Within the City of Berlin. *Aldersperson Hill discussed the Strategic Plan Community Survey results showing high dissatisfaction of the roads, but willingness to pay for the roads was not high. Aldersperson Przybyl made a motion to recommend to Common Council the adoption of Ordinance #08-25 to create Chapter 70-21 of the City of Berlin Municipal Code Establishing a Vehicle Registration Fee for Vehicles Kept within the City of Berlin, with a second made by Aldersperson Boeck. Roll call vote carried (5 ayes; Boeck, Hill, Przybyl, Sorenson, Stobbe; 1 nay; Nigbor).*
9. Adoption of Green Lake County Hazard Mitigation Plan. RECOMMENDATION: Review and recommend adoption of Resolution #25-08 Adopting the Green Lake County Hazard Mitigation Plan. *City Administrator Balcom stated the Green Lake County Hazard Mitigation Plan is available on the City's website and a printed copy available at the City Hall for viewing. City Administrator Balcom explained that adopting the plan keeps the City potentially eligible for future grants but not adopting the plan makes the City ineligible. Aldersperson Stobbe made a motion to recommend to Common Council the adoption of Resolution #25-08 Adopting the Green Lake County Hazard Mitigation Plan with a second by Aldersperson Nigbor. Roll call vote carried (6 ayes: Boeck, Hill, Przybyl, Sorenson, Nigbor, Stobbe). Aldersperson Hill questioned if the adoption of the mitigation policy makes the City liable for something in the plan. City Administrator Balcom confirmed that the city is not obligated to complete projects in the mitigation plan, but projects within the plan can be completed as funding allows.*
10. WIS 91 (WIS 49 South to Berlin, Green Lake County) 2029 DOT project discussion of detour and 30% Plan Review. RECOMMENDATION: Discuss and recommend plans. *Scott Zabel, City of Berlin Street Superintendent, presented questions received by Brad Halvensleben of KLEngineering, on STH91 and his recommendations. Discussion on N Johnson St: Asking to remove dog leg on east side of the street. Detour route: Keep state detour route to avoid any issues with townships or counties. Crosswalks: Remove a crosswalk from S Swetting St onto Huron. Bump-outs: Create bump outs on Huron and State, and Huron and Church. Lighting: Discussion about decorative versus standard light posts, and to keep decorative posts from Church St to Spring St. Access and Driveways: Zabel is working with property owners to determine if any driveway narrowing, eliminating, or combining can occur. Parking: Currently 3 parking stalls painted. Discussion about adding additional parking stalls and sufficient parking space. Utilities: Being reviewed by KLEngineering and Kunkle Engineering. Aldersperson Hill made a motion to recommend to Common Council staff's recommendations for the responses on the Wisconsin 91 2029 DOT project, with a second by Aldersperson Stobbe. Voice vote carried.*
11. Adjourn. *Aldersperson Stobbe made a motion to adjourn the meeting at 8:09 pm, with a second by Aldersperson Sorenson. Voice vote carried.*

Respectfully submitted by  
Brittani Majeskie, Deputy Clerk-Treasurer

**CITY OF BERLIN  
COMMITTEE OF THE WHOLE MEETING  
STAFF REPORT**

**TO:** Common Council  
**FROM:** Jessi Balcom, City Administrator  
**AGENDA ITEM:** Email migration to cloud-based Microsoft 365  
**MEETING DATE:** September 2, 2025

**BACKGROUND**

The City's email system has been becoming less and less reliable. Due to the fact that the City is considered a "bulk sender" by many of the email platforms that the employees send to (to correspond with residents, businesses, other government entities), many of these platforms require greater sender authentication (to ensure the email is not spam) than the City's on-site server system can readily provide. This has led to emails that were sent by staff not being received by the intended recipient.

Additionally, recently Spectrum experienced a widespread internet outage, believed to be due to storms over the weekend. The City's internet was restored after close of business on Monday, but the email was not restored until after business hours the following day. This delay was due to restoration that had to be ran to bring the on-site email server back online.

To remedy the continual email issues and provide a reliable and secure email system, staff is recommending moving to a cloud-based email server. The Police Department has already transitioned to a cloud-based email server.

The quote from Corporate Network Solutions, Inc is attached. The fee for cloud-based email is a subscription model, meaning that the City would pay annually, based on the number of email users and the number of PCs they use. The initial cost of this subscription is \$6,085.

Per Corporate Network Solutions, Inc. (the City's IT contractor), Migrating from Microsoft Exchange (on-premises) to Microsoft 365 (cloud) offers numerous benefits, including enhanced collaboration, improved security, and cost savings. It also simplifies IT management, provides access to the latest features, and allows for greater flexibility and scalability.

Enhanced Collaboration and Productivity: **Real-time collaboration:** Microsoft 365 enables teams to collaborate on documents and projects simultaneously, even with external collaborators, fostering better teamwork. **Improved communication:** Features like Microsoft Teams enhance communication and streamline workflows, leading to increased productivity. **Integration with other tools:** Microsoft 365 integrates seamlessly with other productivity tools, optimizing workflows and data management.

Increased Security: **Cloud-based security:** Microsoft 365 offers robust cloud-based security features, including advanced threat protection and data loss prevention. **Simplified compliance:** The platform provides tools for managing compliance requirements, such as HIPAA, making it easier to adhere to regulations. **Reduced risk:** Migrating to a cloud-based solution can reduce the risk of on-premise security breaches.

Cost Savings: **Reduced IT costs:** Migrating to Microsoft 365 eliminates the need for on-premise hardware and software maintenance, reducing IT costs. **Predictable monthly costs:** Microsoft



365 offers subscription-based pricing, providing predictable monthly costs and eliminating the need for large upfront investments. **Scalability:** You can easily scale your Microsoft 365 subscription up or down as your business needs change, avoiding overspending on resources you don't need.

Simplified IT Management: **Reduced infrastructure management:** Microsoft handles the infrastructure and maintenance of the platform, freeing up your IT team to focus on other tasks. **Automated updates:** Microsoft 365 automatically updates, ensuring you always have the latest features and security patches without any downtime. **Centralized management:** Microsoft 365 provides a centralized management console for all your users and services.

Added Agility and Flexibility: **Anywhere access:** Employees can access their emails, files, and other tools from anywhere with an internet connection, enabling remote work and improving flexibility. **Device compatibility:** Microsoft 365 supports various devices, including laptops, tablets, and smartphones, allowing employees to work on their preferred devices. **Scalable solutions:** The platform can easily adapt to changing business needs, whether it's adding new users or expanding storage.

Access to the Latest Features: **Continuous updates:** Microsoft continuously updates Microsoft 365 with new features and improvements, ensuring your organization stays up-to-date with the latest technology. **Innovation:** Access to the latest tools and features helps your organization stay competitive and innovative in a rapidly evolving digital landscape.

#### **SUGGESTED MOTION**

Motion to recommend to the Common Council to accept the quote from Corporate Network Solutions, Inc. of \$6,085 to implement a cloud-based email server through Microsoft 365.



Corporate Network Solutions, Inc.  
1624 East Wisconsin Ave.  
Appleton, WI 54911  
Phone: (920)-832-8406  
Fax: (920)-832-8485

## QUOTE

Quote # AAAQ35506  
Date 08/22/25  
Sales Rep. Todd J. Schroeder

### Quote To:

City of Berlin  
Jessi Balcom  
108 N Capron St  
Berlin, WI 54923

### Ship To:

Corporate Network Solutions, Inc.  
Todd J. Schroeder  
1624 E Wisconsin Ave  
Appleton, WI 54911

Qty	Description	Unit Price	Ext. Price
41	DropSuite Microsoft 365 Email Box Backup and Archiving - Annual Subscription License Per User	\$40.00	\$1,640.00
21	Microsoft 365 Business Standard - Subscription License - 1 User - 1 Year - Single Language - Intel-based Mac, PC, Handheld	\$145.00	\$3,045.00
20	Microsoft 365 Business Basic - Subscription License - 1 User - 1 Year - NCE - Single Language	\$70.00	\$1,400.00
		SubTotal	\$6,085.00
		Sales Tax	\$0.00
		Shipping	\$0.00
		<b>Total</b>	<b>\$6,085.00</b>

ALL orders require 50% payment at time of order and the REMAINDER DUE upon product receipt.

\*\*\*\*\* NO LABOR (PC SETUPS, CONVERSIONS, ETC) IS INCLUDED, UNLESS OTHERWISE SPECIFIED AND DOCUMENTED \*\*\*\*\*

Prices Subject to CHANGE. Prices based upon total purchase - all delivery, training or consulting services to be billed at PUBLISHED rates for each activity involved. All hardware computer components proposed above are covered by a LIMITED Manufacturer's WARRANTY - Covering parts and labor on a depot basis. We specifically disclaim ANY and ALL warranties, express or implied, including but not limited to any implied warranties or with regard to any licensed products. We SHALL NOT BE LIABLE for any loss of profits, business, goodwill, data, interruption of business, or for incidental or consequential merchantability or fitness of purpose, damages related to this agreement. MINIMUM 30% restocking fee for unopened material with original packaging.

**CITY OF BERLIN  
COMMITTEE OF THE WHOLE MEETING  
STAFF REPORT**

**TO:** Common Council  
**FROM:** Jessi Balcom, City Administrator  
**AGENDA ITEM:** Employee Health Insurance and Dental Insurance  
**MEETING DATE:** September 2, 2025

**BACKGROUND**

The City's Health Insurance contract runs from October 1 – September 30 each year.

Currently the City's insurance is with WPS. 2025 costs were/are \$69,630.91 per month for 45 participating employees. The renewal rate offered by WPS is \$76,243.06 per month (9.5% increase).

Should the City choose to move forward with WPS's proposed renewal, total budget impacts to the City are anticipated to be:

Total employer costs of \$865,003.64 (this total includes payouts to employees that choose not to take the insurance benefit and obligations outlined in an approved labor agreement) – assuming the City chooses to implement an employer share of 92.5% and an employee cost share of 7.5%. Currently employees contribute \$25/month for a single plan, \$50/month for an employee + spouse or employee + children plan, and \$75/month for a family plan. The plan provides an embedded Deductible of \$3500 for single plans and \$7000 for family plans.

Total employee costs of \$66,713.68. Costs to be born as monthly contributions of \$59.18 for a single plan, \$112.49 for an employee + spouse and employee + children plan, and \$176.46 for a family plan.

The rate offered by Robin Health Partners is \$63,811.49 per month (0.9% decrease) (for the Broad network).

Should the City choose to move forward with the proposal offered by Robin, total impacts to the City are anticipated to be:

Total employer costs of \$783,233.57 (this total includes payouts to employees that choose not to take the insurance benefit and obligations outlined in an approved labor agreement) – assuming the City chooses to implement an employer share of 92.5% and an employee cost share of 7.5%. Currently employees contribute \$25/month for a single plan, \$50/month for an employee + spouse or employee + children plan, and \$75/month for a family plan. The plan provides an embedded Deductible of \$3500 for single plans and \$7000 for family plans.

Total employee costs of \$61,391.11. Costs to be born as monthly contributions of \$53.54 for a single plan, \$101.78 for an employee + spouse and employee + children plan, and \$159.66 for a family plan.

The Robin proposal that costs have been anticipated on assumes all employee participants would choose to utilize the Broad network. The City could offer a dual choice, allowing employees to choose between Robin's Broad network and Robin's Focused network. If all employees chose to utilize the Focused network, the total anticipated employer costs of the plan would be reduced by \$61,258.24. Additionally, for employees utilizing the Focused network, the employee share (monthly contribution) would be reduced as well (to \$49.26 for a single plan, \$93.64 for an employee + spouse and employee + children plan, and \$146.89 for a family plan).

Enclosed for your review are a comparison of the lowest cost options presented to the City, as well as Robin Health Partner's Broad network and Focused network maps and listings of in-network providers. Both of the networks suggested as part of a dual choice plan offer ThedaCare Medical Center in Berlin, as well as Bellin Health, Holy Family Memorial, and Aurora Health Care options. Should the dual choice option be offered, it is anticipated that total employer costs would fall between \$704,479.59 and \$765,737.83 for 2026 (assuming a 92.5% employer and 7.5% employee cost share).

Anticipated disruption (employees that would have to find a new doctor due to their current provider no longer being in network) due to the change to Robin Health Partners is anticipated to be close to 0% if the City moved to Robin's Broad network and up to 25% if the City moved to Robin's Focused network.

**Proposed Employee Monthly Contributions:**

Plan Type	Original (Current 2025)	WPS Renewal (2026)	Robin Broad (2026)	Robin Focused (2026)
Single	\$25.00	\$59.18	\$53.54	\$49.26
Employee + Spouse	\$50.00	\$112.49	\$101.78	\$93.64
Employee + Children	\$50.00	\$112.49	\$101.78	\$93.64
Family	\$75.00	\$176.46	\$159.66	\$146.89

**Anticipated Costs:**

Plan Type	Original (Current 2025)	WPS Renewal (2026)	Robin Broad (2026)	Robin Focused (2026)
<b>TOTAL COST</b>	\$826,923	\$914,917	\$827,824	\$761,599
<b>Employer Cost Share</b>	\$797,823.00	\$865,003.00	\$783,233.00	\$721,279.00
<b>Employees Cost Share</b>	\$29,100.00	\$66,713.00	\$61,391.00	\$57,120.00

The City also offers employees dental insurance, at 100% employee cost. The City will not experience any savings or increased cost based on the dental insurance renewal. Staff is suggesting moving forward with the proposed renewal by Delta Dental at an increased employee cost of 8%.

**SUGGESTED MOTION**

Motion to recommend to the Common Council to move forward with Robin Health Partners proposal for employee health insurance for the October 1, 2025 to September 30, 2026 plan year, including an option for both the Broad network plan and Focused network plan with a \$3500/\$7000 and 100% deductible. Total plan costs to be shared by the employer at 92.5% and employee at 7.5% of the employee chosen

plan (employee to select Broad or Focused network and single, employee + spouse, employee + children or family plan).

Motion to recommend to the Common Council to move forward with Delta Dental's renewal proposal for employee dental insurance, to be paid entirely by the employee.



**Vizance, Inc.**  
**City of Berlin**  
Rate and Benefit Analysis 10/01/2025

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EBA - Jeff Luedke  
CSA - Hollyn Watts  
<https://vizance.com/>  
Initial Renewal



Vizance, Inc.  
City of Berlin  
Report as of 25 August 2025

Coverage Period Overview - 10/1/25 - 9/30/26  
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

Medical Plan Group	Total Premium	+	Budgeted HSA/HRA	=	Total Cost	-	Employee Cost	=	Employer Cost
Current Current 1 plan	\$ 835,570 <sup>92</sup>		\$ 0 <sup>00</sup>		\$ 835,570 <sup>92</sup>		\$ 62,667 <sup>62</sup>		\$ 772,903 <sup>10</sup>
	HSA - PPO 3500 100								
Renewal 1 plan	\$ 914,917 <sup>32</sup> +9.5%		\$ 0 <sup>00</sup>		\$ 914,917 <sup>32</sup> +9.5%		\$ 68,618 <sup>80</sup> +9.5%		\$ 846,298 <sup>52</sup> +9.5%
	HSA - PPO 3500 100								
Proposed Robin Broad \$5000/100% 1 plan	\$ 765,114 <sup>24</sup> -8.4%		\$ 0 <sup>00</sup>		\$ 765,114 <sup>24</sup> -8.4%		\$ 57,383 <sup>57</sup> -8.4%		\$ 707,730 <sup>67</sup> -8.4%
	HSA - PPO Empower \$5000/100%								
Proposed Robin Broad \$3500/100% 1 plan	\$ 827,824 <sup>68</sup> -0.9%		\$ 0 <sup>00</sup>		\$ 827,824 <sup>68</sup> -0.9%		\$ 62,086 <sup>65</sup> -0.9%		\$ 765,737 <sup>83</sup> -0.9%
	HSA - PPO Empower \$3500/100%								
Proposed Robin Focused \$3500/100% 1 plan	\$ 761,599 <sup>56</sup> -8.9%		\$ 0 <sup>00</sup>		\$ 761,599 <sup>56</sup> -8.9%		\$ 57,119 <sup>97</sup> -8.9%		\$ 704,479 <sup>59</sup> -8.9%
	HSA - PPO Empower \$3500/100%								

Recommended



Vizance, Inc.  
City of Berlin  
Report as of 25 August 2025

Plan Group Comparison - 10/1/25 - 9/30/26  
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.  
\* = Additional details available

## Medical Plan Group

Current  
Current  
**\$ 772,903.10**

Renewal  
**\$ 846,298.52 +9.5%**

Proposed  
Robin Broad \$5000/100%  
**\$ 707,730.67 -8.4%**

Recommended  
Proposed  
Robin Broad \$3500/100%  
**\$ 765,737.83 -0.9%**

## Medical Plan Design

Wisconsin Physicians Svc Insurance ...  
HSA - PPO 3500 100  
STATEWIDE

Wisconsin Physicians Svc Insurance ...  
HSA - PPO 3500 100  
STATEWIDE

HealthPartners  
HSA - PPO Empower \$5000/100%  
ROBIN BROAD

HealthPartners  
HSA - PPO Empower \$3500/100%  
ROBIN BROAD

	Single	Family
Deductible	\$ 3,500	\$ 7,000
Employee Coinsurance	Embedded 0 %	Embedded 0 %
Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employer Funding	\$ - 0	\$ 0
Net Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employee Annual Premium	\$ + 649	\$ + 1,934
Employee Max Annual Cost	\$ 4,149	\$ 8,934

	Single	Family
Deductible	\$ 3,500	\$ 7,000
Employee Coinsurance	Embedded 0 %	Embedded 0 %
Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employer Funding	\$ - 0	\$ 0
Net Out-of-Pocket Max	\$ + 710	\$ + 2,118
Employee Annual Premium	\$ + 4,210	\$ + 9,118

	Single	Family
Deductible	\$ 5,000	\$ 10,000
Employee Coinsurance	Embedded 0 %	Embedded 0 %
Out-of-Pocket Max	\$ 5,000	\$ 10,000
Employer Funding	\$ - 0	\$ 0
Net Out-of-Pocket Max	\$ + 594	\$ + 1,771
Employee Annual Premium	\$ + 5,594	\$ + 11,771

	Single	Family
Deductible	\$ 3,500	\$ 7,000
Employee Coinsurance	Embedded 0 %	Embedded 0 %
Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employer Funding	\$ - 0	\$ 0
Net Out-of-Pocket Max	\$ + 643	\$ + 1,916
Employee Annual Premium	\$ + 4,143	\$ + 8,916

Medical Copays	Copay
Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	\$ -- \$0 after deductible
Tiers	Integrated with Medical

Medical Copays	Copay
Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	\$ -- \$0 after deductible
Tiers	Integrated with Medical

Medical Copays	Copay
Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	\$ -- \$0 after deductible
Tiers	Integrated with Medical

Medical Copays	Copay
Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	\$ -- \$0 after deductible
Tiers	Integrated with Medical

Enrollment	Prem	ER	EE
Employee Only	15 \$ 720 <sup>61</sup>	93 %	\$ 54 <sup>05</sup>
Employee + Spouse	6 \$ 1,369 <sup>78</sup>	93 %	\$ 102 <sup>73</sup>
Employee + Children	4 \$ 1,369 <sup>78</sup>	93 %	\$ 102 <sup>73</sup>
Family	21 \$ 2,148 <sup>76</sup>	93 %	\$ 161 <sup>16</sup>
Annual Insurance Premium	\$ 835,570 <sup>92</sup>		
Employer Premium Contribution	\$ 772,903 <sup>10</sup>		
Budgeted HRA + HSA	\$ + 0 <sup>00</sup> + 0 <sup>00</sup>		
Employer Annual Cost	\$ 772,903.10		

Enrollment	Prem	ER	EE
Employee Only	15 \$ 789 <sup>64</sup>	93 %	\$ 59 <sup>18</sup>
Employee + Spouse	6 \$ 1,499 <sup>85</sup>	93 %	\$ 112 <sup>49</sup>
Employee + Children	4 \$ 1,499 <sup>85</sup>	93 %	\$ 112 <sup>49</sup>
Family	21 \$ 2,352 <sup>81</sup>	93 %	\$ 176 <sup>46</sup>
Annual Insurance Premium	\$ 914,917 <sup>32</sup> ▲		
Employer Premium Contribution	\$ 846,298 <sup>52</sup>		
Budgeted HRA + HSA	\$ + 0 <sup>00</sup> + 0 <sup>00</sup>		
Employer Annual Cost	\$ 846,298.52 +9.5%		

Enrollment	Prem	ER	EE
Employee Only	15 \$ 659 <sup>85</sup>	93 %	\$ 49 <sup>49</sup>
Employee + Spouse	6 \$ 1,254 <sup>23</sup>	93 %	\$ 94 <sup>07</sup>
Employee + Children	4 \$ 1,254 <sup>23</sup>	93 %	\$ 94 <sup>07</sup>
Family	21 \$ 1,967 <sup>57</sup>	93 %	\$ 147 <sup>57</sup>
Annual Insurance Premium	\$ 765,114 <sup>24</sup> ▼		
Employer Premium Contribution	\$ 707,730 <sup>67</sup>		
Budgeted HRA + HSA	\$ + 0 <sup>00</sup> + 0 <sup>00</sup>		
Employer Annual Cost	\$ 707,730.67 -8.4%		

Enrollment	Prem	ER	EE
Employee Only	15 \$ 713 <sup>93</sup>	93 %	\$ 53 <sup>54</sup>
Employee + Spouse	6 \$ 1,357 <sup>08</sup>	93 %	\$ 101 <sup>78</sup>
Employee + Children	4 \$ 1,357 <sup>08</sup>	93 %	\$ 101 <sup>78</sup>
Family	21 \$ 2,128 <sup>84</sup>	93 %	\$ 159 <sup>66</sup>
Annual Insurance Premium	\$ 827,824 <sup>88</sup> ▼		
Employer Premium Contribution	\$ 765,737 <sup>83</sup>		
Budgeted HRA + HSA	\$ + 0 <sup>00</sup> + 0 <sup>00</sup>		
Employer Annual Cost	\$ 765,737.83 -0.9%		





Vizance, Inc.  
City of Berlin

Report as of 25 August 2025

Plan Group Comparison - 10/1/25 - 9/30/26

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

\* = Additional details available

*Recommended*

## Medical Plan Group

Proposed  
Robin Focused \$3500/100%  
**\$ 704,479.59 -8.9%**

## Medical Plan Design

HealthPartners  
HSA - PRO Employee \$3500/100% FOC  
ROBIN FOCUSED

	Single	Family
Deductible	\$ 3,500	\$ 7,000
Employee Coinsurance	Embedded 0 %	Embedded 0 %
Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employer Funding	\$ - 0	\$ - 0
Net Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employee Annual Premium	\$ + 591	\$ + 1,763
Employee Max Annual Cost	\$ ▼4,091	\$ ▼8,763

Medical Copays			
Primary Care	Copay		
Specialty Care	\$ -- \$0 after deductible		
Urgent Care	\$ -- \$0 after deductible		
Emergency	\$ -- \$0 after deductible		
In-Patient Hospital	\$ -- \$0 after deductible		
Out-Patient Hospital	\$ -- \$0 after deductible		
Rx	Integrated with Medical		
Tiers	\$0		
Enrollment	46	Prem	ER EE
Employee Only	15	\$ 656e2	93 % \$ 4926
Employee + Spouse	6	\$ 1,248s2	93 % \$ 93s4
Employee + Children	4	\$ 1,248s2	93 % \$ 93s4
Family	21	\$ 1,958s3	93 % \$ 146s9
Annual Insurance Premium		\$ 761,599s6 ▼	-8.9%
Employer Premium Contribution		\$	704,479s9
Budgeted HRA + HSA		\$	+ 000 + 000
Employer Annual Cost		\$	<b>704,479.59 -8.9%</b>



Vizance, Inc.  
City of Berlin  
Report as of 26 August 2025

Plan Group Comparison - 10/1/25 - 9/30/26

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

\* = services covered by all plans

### Recommended

Dental Plan Group		Current		Renewal		Proposed	
		\$ 29,983.44		\$ 32,381.88 +8.0%		\$ 27,493.08 -8.3%	
Dental Plan Design		Delta Dental Delta Dental PPO NEG FEE SCH		Delta Dental Delta Dental PPO NEG FEE SCH		HealthPartners Dental Voluntary Open Access UICR 80%	
Deductible		Single	Family	Single	Family	Single	Family
		\$ 50	\$ 150	\$ 50	\$ 150	\$ 50	\$ 50
Annual Max Benefit		\$1,000 per person Prev 100% Basic 80% Major 50%		\$1,000 per person Prev 100% Basic 80% Major 50%		\$1,000 per person Prev 100% Basic 80% Major 50%	
Coinsurance		Exams, Cleanings Composite Fillings, Simple Extractions		Exams, Cleanings Composite Fillings, Simple Extractions		Exams, Cleanings Composite Fillings, Simple Extractions, Endodontics, Periodontics	
Preventive		Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery, Endodontics, Periodontics		Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery, Endodontics, Periodontics		Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery	
Basic		--		--		--	
Major		70% up to \$1,000 by age 26 Until age 26		70% up to \$1,000 by age 26 Until age 26		50% up to \$1,000 by age 18 Until age 26	
Not Covered		--		--		--	
Orthodontia (Lifetime) Dependent Eligibility		30 Prem ER EE 11 \$ 4136 100 % \$ 000		30 Prem ER EE 11 \$ 4467 100 % \$ 000		30 Prem ER EE 11 \$ 3676 100 % \$ 000	
Enrollment		7 Employee + Spouse 3 Employee + Children 9 Family		7 Employee + Spouse 3 Employee + Children 9 Family		7 Employee + Spouse 3 Employee + Children 9 Family	
		\$ 8274 100 % \$ 000 \$ 8223 100 % \$ 000 \$ 13531 100 % \$ 000		\$ 8936 100 % \$ 000 \$ 8861 100 % \$ 000 \$ 14613 100 % \$ 000		\$ 7818 100 % \$ 000 \$ 7818 100 % \$ 000 \$ 12277 100 % \$ 000	
Annual Insurance Premium		\$29,983.44 @ 12 month guarantee		\$32,381.88 ▲ +8.0% @ 12 month guarantee		\$27,493.08 ▼ -8.3% @ 24 month guarantee	
Employer Annual Cost		\$ 29,983.44		\$ 32,381.88 +8.0%		\$ 27,493.08 -8.3%	
		PASSIVE		PASSIVE		PASSIVE. Deductible is per person with no family cap limit.	





Vizance, Inc.  
Client Name: City of Berlin  
Disclaimers - 10/01/2025-09/30/2026

**Vizance Disclaimers: Medical Markets**

Please note: Any change in the census may impact the rates.

Not all in-network benefit details are shown within this illustration. Refer to the SBC or plan documentation for additional information and out-of-network benefits.

51+: These rates are underwritten, but not considered final until all required documentation and a final census are submitted for installation.

Non-Competitive Rates: Anthem Fully-Insured

**Anthem: All Medical Markets**

Blue Preferred: This network is only for those who reside in Wisconsin. If employees located in other states enroll, they will have to be placed in the Blue Access network. The rates for plans with Blue Access are higher than those shown.

The prescription copays reflect the use of a Level 1 pharmacy. Prescriptions must be filled at CVS, Target, Walmart, or Kroger. The use of any other pharmacy will result in additional member cost share.

All plans have Anthem's Essential formulary. The formulary is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.

**Robin with Health Partners: All Medical Market**

51+: Robin Focused: This network of providers includes Aurora, Bellin, Children's Hospital of WI, Theda Care, Froedert Medical College of WI, Holy Family, Marshfield Medical Center, SSM Health and UW Health. Note, Ascension providers are excluded

51+: Robin Broad: This network of providers includes Bellin, ThedaCare, Ascension, Aurora, Children's WI Froedert & the Medical College of WI, Holy Family Memorial, Marshfield, SSM Health, UW Health and the UW Hospitals and clinics, and Cigna (National Network)

The medical rates shown are shown without dental coverage. There may be a discount to the medical premium if dental is added to the benefits package.



Vizance, Inc.  
Client Name: City of Berlin  
Disclaimers - 10/01/2025-09/30/2026

**Vizance Disclaimers: Dental Markets**

Please note: Any change in the census may impact the rates.

Not all in-network benefit details are shown within this illustration. Refer to the benefit summary or plan documentation for additional information and out-of-network benefits.

Delta Dental, Health Partners, UHC: Deductible waived on preventive and diagnostic services.

Balance Billing: Out-of-network providers may bill the member for the difference between billed charges and the amounts allowed by the carrier.

Orthodontia: Benefits have a lifetime maximum. An insurance carrier change does warrant a reset of benefits. Amounts accumulated under the incumbent carrier will transfer to the new carrier.

PASSIVE: Out-of-network benefits are paid at the same percentages as benefits paid for in-network care.

**Delta Dental Dental Markets**

NEG FEE SCH: Negotiated Fee Schedule

Check Up Plus: Charges for diagnostic and preventive dental services are not applied to the individual annual maximum.

Evidence-Based Integrated Care Plan (EBICP): Provides additional cleaning(s) and/or fluoride treatments to people with certain medical conditions.

Premier: Out-of-network providers who agree to no balance billing.

Employer Contribution (Single/Family) is a range from 0-30%. If this changes at install; the rates might change

Benefit Waiting Periods: None

Participation Requirements: Assumes current enrollment

**Health Partners Dental Markets**

Bundling Discount: A 2% discount to each medical network premium option when dental is sold with the medical.

Participation Requirements: 25% of all Eligible Employees and at least 5 enrolled

Benefit Waiting Periods: 6 months on Basic I and Basic II and 12 Months on Major & Orthodontics and/or for late enrollees

UCR: Usual, Customary, and Reasonable - refers to the fee schedule paid on out-of-network claims. Charges are based on percentiles for different dental procedures in an area.

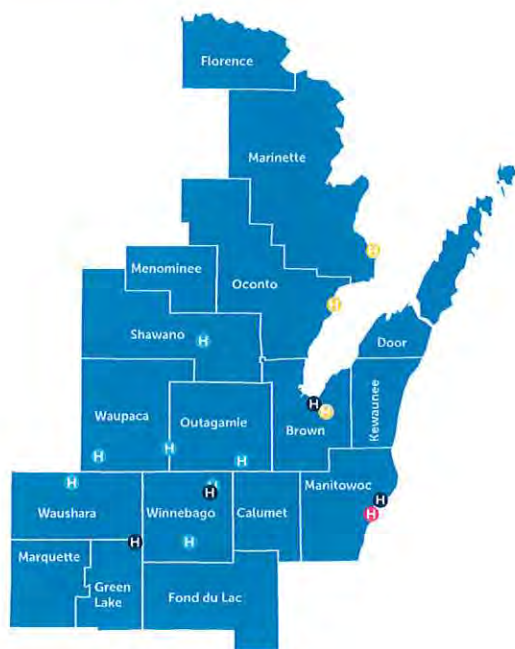
Deductible is \$50 per person with no family cap limit.



# Broad network

To verify if a provider is in-network go to [healthpartners.com/robin/broad](https://healthpartners.com/robin/broad) or call Member Services at **855-813-3888**.

## Robin service area



H Bellin Health    H Aurora Health Care  
H ThedaCare    H Holy Family Memorial

National access to quality and choice. Our strategic alliance with Cigna ensures access to in-network providers nationwide.



### In network (Not all inclusive)

#### Bellin Health

- Bellin Health Hospital – Green Bay
- Bellin Health – Oconto Hospital
- Dickinson County Healthcare System – Iron Mountain, MI

#### ThedaCare

- ThedaCare Regional Medical Center – Appleton
- ThedaCare Medical Center – Berlin
- ThedaCare Medical Center – New London
- ThedaCare Medical Center – Shawano
- ThedaCare Medical Center – Waupaca
- ThedaCare – Wild Rose
- ThedaCare – Neenah

#### SSM Health

- St. Agnes Hospital – Fond du Lac
- Ripon Medical Center – Ripon

#### Holy Family Memorial

- Manitowoc

#### Ascension Health

- St. Elizabeth Hospital – Appleton
- Mercy Medical Center – Oshkosh

- Affinity Health – Multiple locations
- Ministry Health Care – Multiple locations
- Calumet Medical Center – Chilton

#### Aurora Health Care

- Aurora Bay Care Medical Center – Green Bay
- Aurora Medical Center – Oshkosh
- Bay Area Medical Center – Marinette
- Aurora Medical Center – Two Rivers

#### Other

- Neuroscience Group
- Children's Hospital of Wisconsin
- Froedtert and the Medical College of Wisconsin
- UW Health/University of Wisconsin Hospitals & Clinics
- Marshfield Medical Center
- Neuro Spine Center of Wisconsin
- Heart & Vascular Institute
- Orthopedic Surgeons, Inc. (OSI)
- Orthopedic & Sports Medicine Specialists (OSMS)



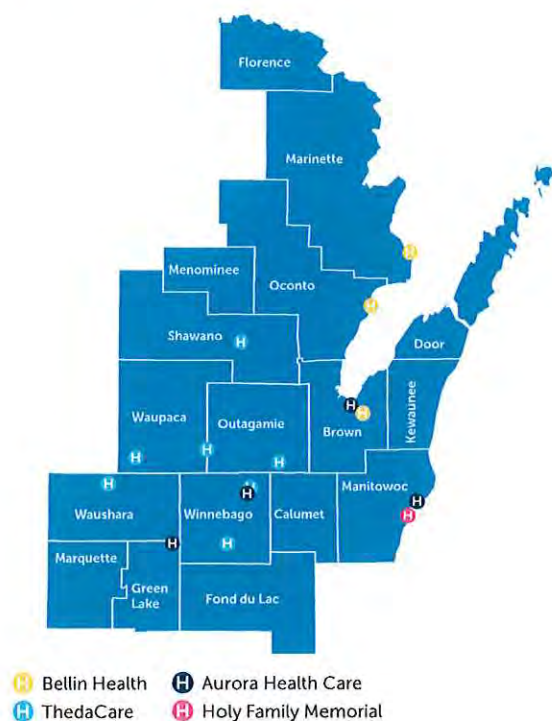
List subject to change. For the most up to date listing go to [healthpartners.com/robin/broad](https://healthpartners.com/robin/broad).

Fully insured Robin with HealthPartners medical plans and fully insured HealthPartners dental plans are underwritten by HealthPartners Insurance Company. 21-1096407-1225647 (10/21) © 2021 HealthPartners

# Focused network

To verify if a provider is in-network go to [healthpartners.com/robin/focused](https://healthpartners.com/robin/focused) or call Member Services at **855-813-3888**.

## Robin service area



National access to quality and choice.  
Our strategic alliance with Cigna ensures  
access to in-network providers nationwide.



### In network (Not all inclusive)

#### Bellin Health

- Bellin Health Hospital – Green Bay
- Bellin Health – Oconto Hospital
- Dickinson County Healthcare System – Iron Mountain, MI

#### ThedaCare

- ThedaCare Regional Medical Center – Appleton
- ThedaCare – Neenah
- ThedaCare Medical Center – Berlin
- ThedaCare Medical Center – New London
- ThedaCare Medical Center – Shawano
- ThedaCare Medical Center – Waupaca
- ThedaCare – Wild Rose

#### Aurora Health Care

- Aurora Bay Care Medical Center – Green Bay
- Aurora Medical Center – Oshkosh
- Bay Area Medical Center – Marinette
- Aurora Medical Center – Two Rivers

#### Holy Family Memorial

- Manitowoc

#### Other

- Neuroscience Group
- Children's Hospital of Wisconsin
- Froedtert and the Medical College of Wisconsin
- UW Health/University of Wisconsin Hospitals & Clinics
- Marshfield Medical Center



List subject to change. For the most up to date listing go to [healthpartners.com/robin/focused](https://healthpartners.com/robin/focused).

Fully insured Robin with HealthPartners medical plans and fully insured HealthPartners dental plans are underwritten by HealthPartners Insurance Company. 21-1096407-1225810 (10/21) © 2021 HealthPartners

**CITY OF BERLIN  
COMMITTEE OF THE WHOLE MEETING  
STAFF REPORT**

**TO:** Common Council  
**FROM:** Jessi Balcom, City Administrator  
**AGENDA ITEM:** Creation and Posting of Senior Center & Recreation Facilities Director Position  
**MEETING DATE:** September 2, 2025

**BACKGROUND**

The Park and Recreation Director (or Senior Center Director) position is currently vacant. I would like to propose renaming this position to Senior Center & Recreation Facilities Director to better reflect the current responsibilities of this position.

Currently the Park and Recreation Director's primary duties are to plan for, direct and manage the Senior Center (including the senior nutrition and transportation programs), coordinate the rental of park facilities and provide staff support to the Park and Recreation Commission and the Committee on Aging.

It is my understanding that a few years ago the City's recreation department was reconfigured and a half time position that was previously responsible for recreational programing was eliminated. This position had reported to the Park and Recreation Director.

The Park and Recreation Commission discussed the proposed position description at a Special Meeting on August 20. The Commission recommended changing the title of the position to "Senior Center and Recreation Facilities Director" and maintaining the position as a full-time, fully benefitted position.

The Committee on Aging discussed the proposed position description on August 26. The Committee also recommended utilizing "Director" rather than "Coordinator" and maintaining the full-time status of the position.

With the input of these committees, I recommend moving forward with the posting of the attached position description as a full-time benefitted salary. The starting salary would be \$44,387 - \$47,695 depending on qualifications (\$21.34-\$22.93/hour). We will plan to post the position with an application deadline of September 26. Interviews are anticipated to take place the week of September 29 with the new employee to start as soon as possible thereafter. We would plan to advertise in the paper the week of September 8.



CITY OF BERLIN  
POSITION DESCRIPTION  
FOR  
**SENIOR CENTER & RECREATION FACILITIES DIRECTOR**

<b>SUPERVISOR:</b>	City Administrator
<b>SHIFT/HOURS:</b>	7:30-4:30PM. M-F generally (other hours as needed) – salaried position

**JOB SUMMARY**

The Senior Center & Recreation Facilities Director is responsible for managing and overseeing the Senior Center and City owned recreational facilities and amenities. This involves the planning and coordination of senior programming, regular and special event planning, managing the senior nutrition and transportation programs, and coordinating the rental/reservation of the City's sports fields, park shelters and camp ground. The Director is directly responsible for working with various agencies to provide services and event planning for older adults, and for record keeping, bookkeeping functions, managing public relations and facility/staff coordination.

**ESSENTIAL JOB FUNCTIONS**

- (1) Plans and directs training programs and development initiatives for Senior Center staff. Hires, trains, and directly supervises all Senior Center, nutrition, and transportation staff. Clearly defines and effectively delegates work assignments to staff; provides support and offers guidance to staff as they carry out their assigned tasks.
- (2) Facilitates County senior nutrition program and senior transportation program and the development of long-range plans. Also includes researching and seeking out of potential grants or any governmental funding programs (including local, state, and federal programs on older adult programs and recreation facilities needs), prepares and plans information pertaining to applications for state and federal funding of projects. When needed, performs duties of the cook for the nutrition program.
- (3) Serves as staff liaison to the Park and Recreation Commission and Committee on Aging; keeps Commission/Committee informed of pertinent issues and guides their efforts to provide the City Council with meaningful advice. Provides all correspondence for Commission/Committee (i.e. monthly agendas, commission meeting packet, coordinate minutes, maintain commission files, and any other correspondence that pertains to issues the commission must act upon.) Keeps the City Administrator informed of any important developments on a timely basis; attends Park and Recreation Commission, Committee on Aging, and City Council and all other meetings as required or directed; also serves on various committees as assigned.
- (4) Administers the camp ground and pavilion rental program. Manages reservations,

collects fees, and ensures policies are communicated and up to date.

- (5) Directs public relations and marketing initiatives. Coordinates updates to City and Senior Center websites and social media, writes weekly press release to local papers and media outlets, coordinates advertising initiatives for campground. Works with the school district, counties and other social service agencies to determine the needs of special population groups, which are economically or socially disadvantaged. Directs a strong public relations program; delivers presentations to community groups, professional groups and others; and oversees the development of promotional materials.
- (6) Attends seminars and continuing education to stay abreast of latest trends in senior needs, programming and maintenance. This includes memberships to related organizations in the field of aging, seniors and recreation as required and/or approved by the governing committee.
- (7) Develops and maintains effective communications with the school district and other community groups.
- (8) Maintains accurate records of senior programming including program registration and data. Responsible for submission of all applicable weekly, monthly, quarterly, semi-annual or annual reports as required. This includes volunteer time, in-kind sheets, expenditures, facility use request and any others as needed due to local, state and federal guidelines.
- (9) Coordinate facility usage/rental (including senior center, ball fields, pavilion use, campgrounds, etc.)
- (10) Receptionist duties as needed.
- (11) Responsible for all departmental purchases, cash deposits, payroll preparation and budgeting (senior nutrition, senior center, and senior transportation) as required by the City. Aid with cash management and prepare regular deposits of senior nutrition, transportation, program, and recreational facility usage fees.
- (12) Performs other duties as needed or assigned.

## **SKILLS & QUALIFICATIONS**

- (1) At least three years of educational and/or experienced background in human services, therapeutic recreation, geriatrics, social work, or a closely related field. Degree not required, but considered a plus.

- (2) Three years administrative and supervisory experience, preferably related to Senior Aging Needs including record and personnel management.
- (3) Working knowledge of community resources, activities and agencies geared to the needs and interests of older adults; working knowledge of the equipment, facilities, and operations.
- (4) The knowledge and ability to coordinate and manage promotional activities pertaining to senior programming.
- (5) The ability to coordinate and manage the activities of personnel; the ability to prioritize and assign jobs, to prepare schedules and anticipate staffing needs.
- (6) Substantial knowledge of municipal senior operations to include multidivisional budget preparation, capital improvement plan development and implementation, coaching and instructing.
- (7) Considerable knowledge of the field of aging and understanding of aging problems.
- (8) Knowledge of recreational activities and community resources and agencies providing service for citizens of all generations.
- (9) Knowledge and education on wellness for all generations and of state and federal agencies and their services for older adults.
- (10) The ability to communicate effectively in both written and verbal form with a variety of city personnel and members of the public, and maintain effective working relationships as well.
- (11) Multi-task oriented and ability to work positively with change.
- (12) Computer literacy including working knowledge of MS Word, Excel, Publisher, PowerPoint, recreation software, and Internet Explorer.
- (13) Valid driver's license.

### **PHYSICAL DEMANDS**

- (1) Ability to occasionally lift and carry heavy objects of 10-50 lbs.
- (2) Ability to sit continuously for long periods of time, and occasionally reach above shoulders and bend.

- (3) While performing the duties of this job, the employee is frequently required to talk or hear; use hands to finger, handle, feel or operate objects, tools, or controls; and reach with hands and arms. The employee is frequently required to stand and walk.
- (4) Eye-hand coordination is necessary to operate various pieces of equipment.

#### **MINIMUM CERTIFICATIONS**

- (1) Serve Safe Certification must be obtained with 120 days of hire.

**CITY OF BERLIN  
COMMITTEE OF THE WHOLE MEETING  
STAFF REPORT**

**TO:** Common Council  
**FROM:** Evan VandenLangenberg, EMS Director  
**AGENDA ITEM:** EMS Policies  
**MEETING DATE:** September 2, 2025

**BACKGROUND**

EMS policies have not been updated since 2015, back when we were still mostly volunteers. Now that we have mostly full-time crews, we need to change and add policies that more conform to our system. This is an addition to the city's handbook.

**SUGGESTED MOTION**

Motion to recommend to the Common Council approval of the EMS policies as presented.



# CITY OF BERLIN

## EMS



## POLICIES

## &

## PROCEDURES

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## OUR COMMITMENT

Our communities and patients are the reason we exist. Berlin EMS is committed to serving the citizens of Green Lake County with state-of-the-art patient care, outstanding customer service, dedication to the communities we serve, and financial health and responsibility. These concepts make up the four pillars of our organization. These pillars lead us in our everyday actions as well as organizational direction.

### Pillar One: State-of-the-Art Patient Care

A strong quality management plan is the key to meeting this pillar. Berlin EMS is committed to using data to drive a Quality Assurance (QA) and Continuous Quality Improvement (CQI) process.

### Pillar Two: Outstanding Customer Service

Berlin EMS is committed to providing outstanding customer service. We are always striving to exceed our community's expectations.

### Pillar Three: Dedication to the Communities

Berlin EMS never forgets that serving the citizens of Green Lake County is a privilege and requires more than just responding to emergency medical calls. Berlin EMS provides training and support for the area's first responders, community education classes, and informational presentations.

### Pillar Four: Financial Health and Responsibility

Berlin EMS receives revenue from the patients who receive medical care. In order to meet the other pillars, this revenue needs to meet operational needs as well as long-term capital needs, essentially ensuring the long-term financial health of the organization. However, Berlin EMS also needs to ensure that every patient is able to afford the service that is provided and has reasonable and compassionate means to collect for the services provided.



## CHAIN OF COMMAND

- The Management team at Berlin EMS consists of one EMS Chief, one Assistant EMS Chief, a Captain, and a Lieutenant. In the absence of all officers, the most senior Paramedic on duty will assume the role of Officer in Charge (OIC). The Shift Lead consists of the Assistant EMS Chief, Captain, and Lieutenant.
- The EMS Chief and Assistant EMS Chief are under the general direction of the City of Berlin Common Council.
- The EMS Chief is responsible for the management, supervision, and coordination of the entire service and staff.
- The EMS Captain and Lieutenant shall carry out responsibilities in accordance with the policies of the department and applicable laws in the absence of the Chief and Assistant EMS Chief to oversee daily operations and staff. The first point of contact for all staff with any questions or concerns shall be the Shift Leader of the day.
- Staff concerns shall be directed to the Shift lead or, in the absence of one, the OIC. For any decisions that include a fiscal impact, the Chief needs to make the final decision.

## SCHEDULES

- Full-time staff will be scheduled per their assigned rotation and as needed to fill the schedule.
- Volunteer staff will utilize Aladtec to sign up for shifts. The schedule will open on the 1st of the month for the next month.
- To request vacation time, you will need to put the request into Aladtec for approval. A two-week notice is preferable, and 48 hours is required.
- In the event that sick time is going to be used, it must also be put into Aladtec.
- Trades can be done hour for hour during the pay week with the approval of the Management team. The schedule will be updated to reflect the changes.

## SICK/LATE CALL INS

- Please refer to the City Handbook.

## PHYSICIANS CERTIFICATE OR EXCUSE

- Please refer to the City Handbook

## SHIFT CHANGE

- All staff must be in uniform when reporting for their shift
- Outgoing staff can only leave once their replacement has arrived. In the event there is a no-show, contact the current Shift Leader and advise them. They will then make the decision if that crew member can leave.

- In the event of a late call going over the end of the shift, the crew must finish the call. Once the crew has returned to quarters with the rig restocked and report complete, then personnel can leave. Make a note of this late call on the punch-out with the call number.
- Any information from the previous shift should be passed on to the oncoming crew as needed. Any issues should be forwarded to the Shift Leader.

## LEAVE OF ABSENCE

- Refer to the City Handbook

## CREW DUTIES

- When starting your shift, communicate with the outgoing crew at the station to know if there is any pertinent information that needs to be passed on.
- Station and rig cleanliness must be maintained throughout the shift. Trash should be taken out daily, and dishes cleaned and put away.
- A rig check should be done as soon as possible at the beginning of the shift. It is the crew's responsibility to make sure your rig is ready for a call. Rig check forms should be filled out on Aladtec and submitted at the start of each shift before 8:00 a.m. The exceptions are on the first of the month, a monthly rig checklist needs to be completed, which includes a long form of the truck. Any excess supplies should be put in the bin on top of the station supply cabinet. If at any time you get a call during your rig check, the rig check needs to be completed and submitted within 2 hours of your returning back to the station. Other duties will be assigned as needed.
- A deep station cleaning is performed on the last day of the California rotation. This includes mopping all non-carpeted floors, vacuuming all areas, wiping down all flat surfaces, cleaning the bathroom, and washing the ambulance.
- At any time you find a discrepancy in the station or rig cleanliness or missing/broken equipment, the Shift Leader should be notified.
- The ambulance should always be clean, with the garbage being emptied after every call.
- Trash bins at Berlin house, Berlin Fire Department, and Princeton house need to be taken to the road one day before the scheduled pick-up day.
- Staff are required to remove snow away from all station entry doors and walkways. At the Princeton and Berlin stations, staff will also be required to remove snow from the sidewalks. At the Green Lake station, staff will be required to remove snow between employees' vehicles to maintain a cleared surface comparable to the plowed sections of the parking lot. Staff will also be responsible for removing snow in front of all EMS bay doors.

## CITY EMAIL

- Email shall be checked at the start, throughout, and at the end of each shift. The city email is only required to be monitored while on shift. When not on shift, your email account does not have to be monitored.



## PATIENT REPORTING SYSTEM

- At the start of every shift, the messaging portion of the reporting system should be checked to see if any corrections or additions are needed for previous reports completed.
- Corrections or additions should be made as soon as possible at the start of the shift to ensure proper documentation and billing can be completed promptly.
- This system only needs to be monitored while on shift and does not require monitoring while off shift.
- All reports must be completed prior to the end of the shift or 24 hours from the time of call, whichever comes first.
- In the event a report is incomplete or missing information, the crew may be contacted via phone or email to complete the report. If this is a recurring issue, disciplinary action may be taken.

## LICENSURE TRAINING

- It is the EMT/Paramedic's responsibility to maintain the individual licenses
- Berlin EMS will provide adequate training throughout the renewal cycle for the Wisconsin State license renewal. Any online or electronically sent training videos, articles, PowerPoint or etc., are for your benefit and not required to be done when not on shift.
- If a mandatory training is scheduled to be completed online, it will be required to be completed while on shift.
- Mandatory training sessions will require employees to report to work and be paid for hours worked while in the training.

## RESPONDING CREWS

- Berlin EMS has a Wisconsin State operational plan and must adhere to the minimal staffing stated in that operational plan
- The minimum ambulance crew must consist of at least two EMTs.
- The highest licensed provider must be with the patient when their assessment determines advanced life support skills and interventions are required to treat the patient.
- If treatments or medications are administered, the employee with the level licensure needed to administer the medications/treatments must remain in back with the patient throughout transport.

## PRIMARY RESPONDERS (EMR)

- Green Lake County utilizes Primary First Responders, hereafter known as Emergency Medical Responders or EMRs of various levels of licensure. Their primary function is to respond to a scene when paged from the 911 dispatch center to render care to a patient before the arrival of the ambulance at the site of a medical/trauma emergency to which an ambulance has been/or will be summoned. How the responders respond to the scene will be determined by the department policies they belong to. EMRs may accompany and assist

EMS crews with patient care en route to the hospital or landing zone, at the discretion of the ambulance crew.

## PAGERS & RADIOS

- Each employee will have a pager and a radio assigned to them. There will also be one house pager at every station as a backup, along with a pager in an amplifier. Do not remove the pager from the amplifier; this is not to be used as a worn pager.
- In the event one is not working correctly, the Shift Leader should be notified immediately to resolve the issue.
- Pagers and radios should be handled with care to eliminate the chance of damage.
- It is the crew's responsibility to make sure they are working properly and charged.
- Each crew member shall take a radio with them to each call or anytime they are leaving the station.
- House pagers shall not be taken home when employees are finished with their shifts.

## DRESS CODE

- The EMS Chief/Assistant Chief or Shift Leader may alter the dress code during extreme weather. If this happens, the crews will be notified via email, phone, or face-to-face, advising what will be allowed for that day's 24-hour period. Any alterations in the dress code will only last for the remainder of that shift and then revert to this policy.

### Standard attire

- Black shoes or boots with toes and heels covered.
- Black EMS pants
- Black Berlin EMS-branded polo shirt or T-shirt, along with a job shirt
- Department-issued Jacket is allowed anytime.
- Black Berlin EMS Hats are allowed.

### Inside the station

- When sleeping, you may change into sleeping attire. Sleeping attire shall consist of pants or shorts that are longer than mid-thigh. A shirt must always be worn. At a minimum, the shirt must cover the same areas of the body as a department-issued T-shirt. No inappropriate words or images are allowed on sleeping attire. All clothing must be opaque.

### Clothing changes

- All clothing changes must take place outside the presence of others unless emergency circumstances, such as a chemical spill, require the immediate removal of clothing for health and safety reasons. Employees should be prepared with at least one change of standard attire per shift.
- If clothing becomes contaminated, the clothing should be removed as soon as possible, outside the presence of others. Remove the clothing without contacting the contaminant if possible. Remove the clothing slowly so as not to spread the contamination. Contaminated



clothing that is transported must be placed in a plastic bag and returned to the station for washing. Contaminated clothing shall not be taken to the EMT's residence to be cleaned. The EMT shall shower as soon as possible after removing contaminated clothing. If the EMT is unable to shower, he or she shall immediately wash down any area of skin that was exposed. If the contamination involves a chemical, the EMT should reference the EMERGENCY RESPONSE GUIDE BOOK and contact the Shift Leader for proper cleaning techniques.

- All incidents of contaminated clothing shall be reported to the Shift Leader as soon as possible without hindering patient care.

## GENERAL CONDUCT

- Employees, while representing this service, will conduct themselves in a manner of dress and language that is respectful to the public, fellow crew members, and all other members of Berlin EMS or any other Emergency Service assisting us in any manner, i.e., police, fire, rescue, mutual aid ambulance, or air transport.
- No part of the EMS clothing that has emblems of Berlin EMS may be worn while the employee is socializing in public while indulging in alcoholic beverages. This includes jackets, shirts, T-shirts, hats, etc.
- On or off duty, your actions still represent Berlin EMS. Just be aware that in the eyes of the public, you will be held to a higher standard as a professional in a public safety organization. This can include what you are posting on social media.

## STATION CODE OF CONDUCT

- Berlin EMS employees shall strive to create and maintain a work environment in which people are treated with dignity, decency, and respect, and that is characterized by mutual trust and the absence of intimidation, oppression, and exploitation. The city will not tolerate unlawful discrimination or harassment of any kind.
- All Berlin EMS employees, regardless of their positions, are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any EMT who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension, or termination of employment.
- Berlin EMS employees shall not bring any animals into any City building or building that is rented by the City. This includes EMS stations and garages. This excludes any service animals.
- Berlin EMS employees shall not engage in verbal harassment. Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, gender, sexual orientation, age, body, disability, or appearance, including epithets, slurs, and negative stereotyping. Verbal sexual harassment includes innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks, and threats; requests for any type of sexual favor (this includes repeated, unwelcome requests for dates); and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment, including that which is sexual in nature and unwelcomed.
- Berlin EMS employees shall not engage in nonverbal harassment. Nonverbal harassment includes distribution, display or discussion of pornographic material, nudity, or content of a defamatory or discriminatory nature and includes any written or graphic material that



ridicules, denigrates, insults, belittles or shows hostility, aversion, or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital status or other protected status. Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that include nudity, are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters, notes, facsimiles, e-mails, photos, text messages, tweets and Internet postings; or other forms of communication that are sexual in nature and offensive.

- Berlin EMS employees shall not engage in physical harassment. Physical sexual harassment includes unwelcome, unwanted physical contact, including touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, and forced sexual intercourse or assault.
- Berlin EMS employees may not use City Internet, e-mail, or other electronic communications to transmit, retrieve, or store any communications or other content of a defamatory, discriminatory, harassing, or pornographic nature. No messages with derogatory or inflammatory remarks about an individual's race, age, disability, religion, national origin, physical attributes, or sexual preference may be viewed or transmitted. Harassment of any kind is prohibited. Berlin EMS employees shall not watch television or other media that includes content in violation of this policy while on duty.
- Berlin EMS employees shall not engage in sexual behavior, even if it is consensual, while on duty or at the stations.
- The city strongly discourages romantic or sexual relationships between a supervisory employee and his or her staff (an employee who reports directly or indirectly to that person). If there is such a relationship, the parties need to be aware that one or both may be moved to a different department, or other actions may be taken.
- If any employee of the City enters a consensual relationship that is romantic or sexual in nature with a member of his or her staff (an employee who reports directly or indirectly to him or her), or if one of the parties is in a supervisory capacity in the same department in which the other party works, the parties must notify the EMS Chief. Reporting is mandatory. This requirement does not apply to employees who do not work in the same department or to parties where neither one supervises or otherwise manages responsibilities over the other.
- No hardship, loss, benefit, or penalty may be imposed on an employee in response to:
  - Filing or responding to a bona fide complaint of discrimination or harassment.
  - Appearing as a witness in the investigation of a complaint.
  - Serving as an investigator of a complaint.
- Lodging a bona fide complaint will in no way be used against the employee or have an adverse impact on the individual's employment status. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.
- Any person who is found to have violated this aspect of the policy will be subject to discipline up to and including termination of employment.
- **ALL COMPLAINTS OF HARASSMENT, DISCRIMINATION, OR RETALIATION SHALL BE REPORTED TO THE EMS CHIEF OR THE OFFICER IN CHARGE.**
- **ALL CONDUCT IN VIOLATION OF THIS POLICY SHALL BE REPORTED TO THE EMS CHIEF OR THE OFFICER IN CHARGE.**



## SOCIAL MEDIA POLICY

- This policy applies to all Service employees, whether full-time or part-time. For the purposes of this policy, social media referenced in this policy includes any activity that integrates technology, social interaction, and content creation. Without limitation, this includes blogs and sites such as Facebook, Instagram, Snapchat, Twitter, X, news sites, or other similar sites. Please refer to the City handbook for additional information.
- Berlin EMS employee may not use personal devices or the City's Internet, e-mail or other electronic devices to communicate, transmit, retrieve, or store any content of a defamatory, discriminatory, harassing, pornographic, derogatory or inflammatory nature about an individual's race, age, disability, religion, national origin, physical attributes or sexual preference. This prohibition applies to co-workers or members of the public served by our Service. Harassment of any kind is prohibited. This rule applies to all social media interactions, whether public or private.
- EMTs may engage in public debate or conversation on matters of concern. If a Service member engages in such activity, they shall identify the opinion or comment as their own and not that of the Service. No Service member shall state such an opinion in a public forum while in a Service uniform. Inner-departmental matters shall not be debated or discussed on a social media platform that is accessible to the public. If an EMT is in doubt about whether to comment or participate in social media activities, the EMT should confer with the EMS Chief/Assistant EMS Chief.
- Without prior approval of the Chief/Assistant EMS Chief, no employee of the Service shall post or display the content of the following on social media:
  - Internal or external EMS station or vehicles
  - An accident or response scene
  - Training, activities, or work-related assignments, including fire and medical calls.
  - Pictures or comments of other department employees while engaged in work-related activities of any kind.
  - Content that would otherwise be illegal under the laws of the United States or the State of Wisconsin, or content that solicits or encourages illegal activity.
  - Any other information that has previously been deemed confidential information of the Service.
  - A photograph of the Service member in uniform and/or displaying official identification, patches, badges, logos, or in any other way, either directly or indirectly, or provides any information, picture, or posting that would identify themselves as an employee of the Service.
- Use of personal visual and/or auditory recording devices while engaged in a call (i.e, phones, tape recorders, etc.) is not permitted without the approval of the Chief/Assistant Chief. No employee shall use any service-provided photography or video equipment without the express consent of the Chief/Assistant Chief.
- No employee shall release, either directly or indirectly, information concerning any EMS or fire calls. The use of descriptions that would identify the call without the use of specific names is also prohibited.
- Use of social media sanctioned by the Chief/Assistant EMS Chief shall comply with the City's Network and Internet Policy.

- A Service member shall not engage in personal use of social media at any time while on a call without the Chief/Assistant Chief's permission. A Service member may engage in the use of social media while on standby in accordance with this policy.

## STATION VISITORS

- Any non-City employees are not allowed to enter the station unless all crew members agree. Station visitors are not to spend the night and must vacate the station no later than 8 pm.
- No Unattended Visitors in stations at any time.

## LEAVING THE STATION

- Anytime you need to leave the station, the whole crew and the ambulance must go. At no time should one crew member leave the station property without their partner and/or the ambulance. Excluding Volunteers who are on duty.
- Staff can practice map reading and drive around their primary response area to learn the roads. You should never leave your primary response area except for calls or without prior Shift Lead knowledge.
- If supplies are needed, the Shift Lead should be notified so supplies can be brought to the station for you. Exception: if you have a serious call and need a lot of supplies, you should contact the Shift Lead and go to the Berlin Fire Station and restock.

## PROHIBITED ACTIVITIES

- EMS employees will not solicit or accept any gifts, gratuities, loans, or fees, whether directly or indirectly related to services provided by Berlin EMS, unless they are of nominal value i.e., food, promotional items, etc.

## SMOKING

- There will be no smoking/vaping tobacco use allowed in or around the ambulance at any time or while attending to a patient. This includes no smoking/tobacco use in or around the station. Around is suggesting that if the smoke can enter through any doors or windows, you are too close.

## USE OF INTOXICANTS

- Drivers and EMTs will refrain from drinking intoxicating beverages or using mind-impairing drugs for a minimum of eight (8) hours before a scheduled shift or while on a shift. No signs of any previously stated substances should be in your system when reporting to a shift.



## WEAPONS POLICY

- No EMS employee, while on duty, can clean, carry, or utilize any type of firearm or other type of weapon. Exception of a rescue knife.
- Members of the Green Lake County Combined Tactical Unit may be exempt from this policy while acting as a member of this unit.

## DISCIPLINE POLICY

- Any complaint against any person connected with the EMS Department shall be in writing. Upon receipt of a complaint, the Chief shall, if the complaint is justified, give an oral admonition to the named subject.
- If a second complaint is received on the same individual, the matter shall be reviewed by the EMS Chief. After review and verification, the subject may be given a written reprimand or suspension from the service. A full report of these actions shall be forwarded to the City Administrator, and a copy shall be placed in their file.
- Should a third complaint be received on an individual, the matter shall be forwarded to the City Administrator for review and action, such as further suspension or possible dismissal from the service.
- Anytime that a complaint is received that is serious in nature as to warrant possible immediate removal from the service, the EMS Chief may proceed directly to step two of the policy. The EMS Chief shall decide the seriousness of the complaint. If a complaint falls under another city policy, i.e., sexual harassment, that policy will be followed.
- Whenever disciplinary actions are necessary due to negligence or poor patient care, the EMS Chief will involve the service's Medical Director in the disciplinary process.

## EMT GRIEVANCE POLICY

- Please refer to the City Handbook

## CONVENTIONS AND SEMINARS

- Berlin EMS staff are encouraged to attend training seminars and conventions pertaining to the Emergency Medical field. To be qualified for reimbursement, the employee shall be in good standing with the service and submit in writing to the EMS Chief their wish to attend such an event and submit proof of payment and attendance. Berlin EMS may limit attendance at such events to (2) staff annually. Requests will be based on the approval of the EMS Chief.

## INSURANCE COVERAGE

- Every person who works for Berlin EMS is covered by the City of Berlin's Liability and Workmen's Compensation Insurance.



- Any job-related injury must be reported to the Shift Leader AND the Officer in Charge on the date of the incident. You will be provided with a number to call and will have to follow all instructions given to you. You will be provided with a reference number and will have to give that reference number to the EMS Chief.
- All coverage begins when you punch in and ends when you punch out.
- All scheduling for standbys must be scheduled through the Management team.
- Any employee who chooses to engage in EMS activities as an EMT/Paramedic, for an outside entity (ex., moonlighting as an EMT for private functions or other events not associated with Berlin EMS), is not and will not be covered by City insurance unless authorized by the EMS Chief. All liabilities fall on the provider who enters the contract, i.e., Malpractice, Personal Liability, etc.
- Any provider who enters an outside contract will not utilize Berlin EMS equipment or supplies unless given permission from the Chief. This includes jump bags, cardiac monitors, AEDs, any disposable medical equipment, etc.

## PAYROLL GUIDELINES

### Full and Volunteer staff payroll policy

- Over time, pay starts after 80 hours for two weeks
- Holidays are paid per the City's policy
- In the event a call runs over the scheduled end of shift, pay will stop when call work is completed. Make a note of this on your punch-out so you get compensated for it. Please include the call run number.
- All Berlin EMS full-time staff are required to use the Time Kiosk through the Aladtec system to accurately record working hours. All hours must be accurately punched in and punched out. When prompted for a reason for punching, full-time staff will give an accurate reason for the time of punch. All reasons that are not clearly stated will be defaulted to the scheduled time.

## DISPATCH AND RESPONSE

- It is the purpose of this policy to provide a consistent radio transmission with the communication center.
- All full time employee shall be en route following a call for service within 3 minutes. Understanding that at night it may be slightly longer (5 minutes 10p-7a) and during the day will be quicker (under 3 minutes 7a-10p).
- If the crew contains a Volunteer, the unit response will be 10 minutes during all hours that a Volunteer is scheduled.
- If no person acknowledges the receipt of the call within 5 minutes, dispatch will activate a second page.
- If no person acknowledges the receipt of the second page within 5 minutes, dispatch will page the next closest ambulance to respond.
- A crew member will then notify dispatch of going en route.
- A crew member shall notify dispatch upon arrival at the call location.

- A crew member shall notify dispatch upon beginning transport of the patient and the destination.
- A crew member shall notify dispatch upon arrival at the receiving hospital.
- A crew member shall notify dispatch that they are clear of the hospital and returning. If returning and you are already in the County, you can state that you are available even if you are not in your primary response area.

## COMMUNICATIONS

- Crew members should not be using the 10 codes.
- Clear language should always be used.
- Depress the mic for one second before starting to talk and hold for one second after done talking.

## PASSENGERS

- If the patient is a minor child, try not to separate the child from his or her parents even in transport. Have the parent/guardian ride in the patient compartment with the child if needed for the comfort of the child. We cannot refuse the parent/guardian passage in the ambulance with their child. Parent/Guardian must be seat belted.
- All other passengers should ride in the passenger's seat in the cab of the Ambulance and seat belted.
- All other passengers will be allowed at the discretion of the EMS crew.

## EMERGENCY VEHICLE OPERATION

- The purpose of this policy is to coordinate the efficient response of personnel and emergency vehicles to the scene of an emergency while minimizing risk to persons and property.
- **Enforcement**
  - The driver of each vehicle bears full responsibility for adherence to this policy.
  - State and local laws may exempt authorized emergency vehicles from regular traffic laws when the vehicles are responding to an emergency. However, neither state and local laws nor this procedure absolve the driver of an emergency vehicle from the responsibility of driving with due regard (Wis. Stat. §§ 346.03 (5) & 346.19 (2)) for the safety of others on the road. The driver remains fully accountable for his/her actions.
  - Safety should not be sacrificed to increase the speed of the response.
- **Driving Training:**
  - Only personnel who have completed the service's driver training program or received permission from the EMS Chief or Assistant EMS Chief may operate service vehicles in emergency mode unless a person operates a vehicle under supervision as part of the driver training program.



- All emergency vehicle operators shall undergo specific training prior to driving an emergency vehicle. A formal training course, such as the Emergency Vehicle Operators Course (EVOC) or Certified Emergency Vehicle Operator (CEVO), shall be used whenever possible. Training shall include both classroom and behind-the-wheel education. EMS personnel shall successfully complete a final evaluation conducted by the Shift Leader, Chief or Assistant Chief.
- **Driver Background:**
  - All emergency vehicle operators shall have an acceptable driving record as established by City of Berlin policy. Driving records shall be routinely and regularly checked.
- **Continuous Quality Improvement:**
  - The service will evaluate the effectiveness and adherence to this policy.
  - This process will involve the EMS Chief.
  - This process will provide for a rigorous review of all ambulance crashes.
  - Electronic monitoring of vehicle operation and dash cameras may be used.
- **Seat Belts:**
  - All personnel and passengers shall use the vehicle's safety belt restraining systems. All personnel in charge of a service emergency vehicle will ensure that all passengers use safety belts whenever the vehicle is in motion. All personnel in the patient care area shall always be seat-belted unless this interferes with essential patient care.
  - All medical equipment needs to be stowed or secured in the ambulance while the ambulance is in motion.
- **Exiting the Station:**
  - On leaving the station, the driver should be aware of other emergency vehicles leaving at the same time. On leaving the station, the driver shall gently apply the brakes to ensure their operation prior to entering the street. Vehicles leaving the same location should respond using the same route when practical. Emergency vehicles shall not travel closer than 500 feet from each other, and they shall utilize different audible warning devices.
- **Warning Devices:**
  - All audible and visual warning devices shall be in operation when making an emergency response. Headlamps should be turned on whenever the ambulance is in operation for added safety.
- **Speed:**
  - Under ideal conditions (light traffic, dry roads, and excellent visibility), the maximum speed of any responding vehicle shall be reasonable and prudent with considering the posted speed limit. Under less-than-ideal conditions, the maximum allowable speed shall be the posted speed limit. The driver shall always maintain a speed consistent with safe operation of the vehicle under the prevailing conditions.
- **Driving Left of Center:**
  - Driving in the center turning lane or left of center is extremely dangerous and should be avoided whenever possible. If it is necessary to drive in the center turning lane or left of center, the maximum permissible speed shall be

prudent and reasonable, considering the increased possibility of the need to stop suddenly.

- **Intersections:**

- Intersections are the most dangerous areas to approach during an emergency response. The following special precautions shall be observed by all responding vehicles:
- When an emergency vehicle must approach an intersection in the center lane or left of center, the driver shall maintain an ability to come to a complete stop until all other traffic in the intersection has yielded. This applies even when the emergency vehicle has a green light at a controlled intersection.

- **Passing on the Right:**

- Passing vehicles on the right is a potentially dangerous maneuver that shall be avoided whenever possible.

- **Personal Cell Phone Use:**

- At no time shall you use a personal cell phone while driving. This includes using any apps on your phone, messaging, and making/taking phone calls. This is also to include any personal wireless device you may use for communication.
- All personal cell phones and any other devices shall be on silent while on calls.

## USE OF LIGHTS AND SIREN

- The purpose of this policy is to establish a policy for the prudent use of lights and sirens (L&S) when responding to a call or transporting a patient and to improve and enhance safety for the patient, the EMS crew, and the community.
- The use of L&S should be limited to situations in which there is good reason to believe that a potentially unstable patient will benefit from any potential time savings that may be realized from the use of L&S and that the safety of the patient, crew and general public will not be put at undue risk because of the use of L&S. L&S must be used together it's never one without the other while responding.
- Identify patients for whom safe use of L&S during response and/or transport can potentially reduce patient morbidity or mortality sufficiently to balance the risk of such response/transport.
- L&S should be used only when the potential time savings will likely prevent further morbidity or mortality.
- L&S typically should not be used in the following circumstances:
  - For a patient with a valid "Do Not Resuscitate (DNR)" order.
  - For the transport of terminal patients, even if treatment procedures are continued en route.
  - When another call is being held during the transport of a patient who does not warrant the use of L&S.



- Units arriving on the scene should provide further information to the dispatch center and/or other responding units as soon as possible to allow additional responding units to adjust their use of L&S as appropriate.

## ACCIDENTS

- **Accidents Witnessed By, But Not Involving EMS Units:**
  - An EMS vehicle is not responding to an emergency call:
    - Minor accidents, with no injuries, will be reported to the Sheriff Department Dispatcher.
    - Major accidents, with injuries, will be reported to the Sheriff Department Dispatcher. The EMS crew will stop, assess, treat, and transport as necessary.
  - An EMS vehicle responding to an emergency call:
    - Minor accidents, with no injuries, will be reported to the Sheriff Department Dispatcher.
    - Major accidents, with injuries, will be reported to the Sheriff Department Dispatcher. The crew must exercise judgment as to the severity of the collision and the nature of the initial call in determining whether to request authorization to stop. The final decision will be based on the location and the availability of an additional ambulance. Authorization should be obtained from the Shift Leader or OIC.
- **Accidents Involving EMS Vehicles:**
  - General Guidelines:
    - All accidents involving EMS vehicles will be reported immediately to the Sheriff Department Dispatcher and the OIC. The situation should be assessed, and law enforcement and additional back-up ambulance(s) should be requested as needed.
    - As soon as possible, a written report from both crew members of the EMS vehicle involved will be submitted to the EMS Chief.
    - All staff will document any injuries as required. If an EMS crew member is injured, please reference (Page 16) of the Standard Operating Procedures for work-related injuries.
    - EMS personnel shall cooperate with law enforcement agencies in investigating the incident.
  - Accidents occurring en route to an emergency call:
    - Immediately notify the Sheriff Department Dispatcher and then stop to assess damage to the ambulance and possible injuries.
    - If there are injuries, or if unable to continue due to damage to the ambulance, notify the Sheriff, Office Dispatcher, and EMS Chief so that appropriate units may be sent to the accident location and to the initial call.
    - If there are no injuries or damage, allow the ambulance to continue. Notify the EMS Chief after completion of the call, check with the Sheriff Department Dispatcher as to whether to return to the scene of the accident. This can be done on the phone.



- Accidents occurring en route to the hospital with a patient:
  - If the patient is stable and no injuries are incurred, notify the Sheriff's Office Dispatcher, then advise the other party involved in the accident that law enforcement is en route, and then proceed to the hospital.
  - If the patient is unstable and no serious injuries are incurred, advise the Sheriff's Office Dispatcher, then advise the other party involved that law enforcement and another ambulance (if necessary) are en route, then proceed to the hospital.
  - In situations where the patient is stable and serious injuries are incurred, advise the Sheriff's Office Dispatcher to send additional ambulance(s), remain on scene until that unit arrives, then proceed to the hospital.
  - In situations where there is an unstable patient and serious injuries are incurred, the crew should exercise their best judgment and request appropriate resources.

## RESPONSE CANCELLATION

- The purpose of this policy is to establish a standardized procedure when EMS activation has been cancelled while en route to a scene or cancelled before going en route to a scene.
- It is the policy of Berlin Emergency Service that EMS providers adhere to the requirements established herein to ensure that uniformity is maintained with the communications center and the EMS service upon cancellation of an EMS call once en route to the scene, OR before going en route to a scene. Upon notification of the cancellation from the communication center or law enforcement on scene, consider cancellation to be advisory. Downgrade to a non-emergent response and respond non-lights and sirens to the scene to make an evaluation when deemed appropriate at the discretion of the responding crew.

## REFUSAL OF CARE / TRANSPORTATION

- The purpose of this policy is to describe the procedure for accepting a patient's refusal of care under Wis. Stat. § 256.12 (8), Exception to Treatment, and Wis. Admin. Code § DHS 110.35 (2) (e) 4.
- **Follow current medical protocols.**
- Additional Considerations:
  - Once transport is started, there is no option for refusal, and care must be transferred to a higher level of care. Exception: car accidents, we can move the patient to a safe location to get them off the roadway as needed for the safety of the crew and patient, then sign a release.
  - Attempt to evaluate the patient's level of comprehension of the English language and the content of the discussion offered. If the patient is unable to understand English, consider using an interpreter or interpreter service.
  - Determine whether the patient has potential injuries, illness, and/or judgment-altering substance use that may impair decision-making ability.

- Attempt to complete a history and physical examination to determine the primary working assessment.
- Encourage transport if the patient appears undecided.
- Advise the patient (parent or guardian if the patient is a minor) of your findings and/or reasons why there is a need to examine the person and why assistance may be necessary.
- Ask the patient (parent or guardian if the patient is a minor) if he/she understand the explanation. Patient must exhibit the capacity to understand the risks of refusal of care/transport and the benefits of offered care/transport. Patient must also appear to be able to care for self.
- Offer ambulance transport again. Explain possible complications of non-treatment/transport. Explain the hazards of transport by other than an emergency vehicle. Threat to life/limb if appropriate.
- Contact Medical Control for assistance in encouraging patients to conveyance.
- Explain methods of receiving evaluation/treatment if desired at another time.
- Ask the patient (parent or guardian if the patient is a minor) if he/she understand and accept the potential consequences of refusal of care and/or transport.
- Obtain signatures on the patient care refusal form
- If, in the judgment of the EMS team, the patient is not able to fully comprehend the consequences of refusing medical care and/or transport (e.g., the patient does not have decision-making ability), contact the appropriate law enforcement agency to facilitate patient transport.
- If, in the judgment of the EMS team, the patient can fully comprehend the consequences of refusing medical care and/or transport, and the patient continues to refuse, document the following information on the EMS report form:
  - That medical evaluation/treatment was offered, and what was given.
  - That ambulance transport is offered.
  - That patient was informed of the possible complications of non-treatment or transport, such as a threat to life/limb or death if appropriate.
  - That patient was informed of the hazards of transport other than by emergency vehicle.
  - That patient was given methods to receive evaluation/treatment if desired at another time.

## DESTINATION DETERMINATION

- It is the purpose of this policy to provide guidelines for determining the appropriate transport destination for every patient.
- Patients should be transported to the closest, most appropriate hospital.
- Appropriateness is determined by:
  - Patient preference
  - Specialty needs of the patient (pediatric, trauma, cardiac, stroke, recent specialty surgery, etc.) and the hospital's capacity to meet these needs



- Online Medical Control
  - Hospital diversion status
  - Weather
- Critical patients will be transported to the closest and most appropriate facility regardless of the patient's preference.
- Non-critical patients may be transported to the receiving facility of the patient's choice within reason. If unsure, contact the Shift lead or the OIC.
- If a patient was recently discharged from a hospital and is exhibiting the same symptoms, they should be returned to that hospital if it is within reasonable distance.
- **If unsure, contact medical control.**

## REQUESTING ADDITIONAL HELP

- When the assessment of the crew indicates any of the following, an additional ambulance or ambulances shall be requested:
  - When it is determined that there are two or more critical patients.
  - When it is determined that there is one non-critical and one critical patient whose care would be compromised if transported together.
  - Any time that there are multiple patients, patients that are too heavy to handle, or that the crew feels there is a need for additional help, i.e., more ambulances, Fire Department, Police, to treat and transport the patient safely and to prevent any injury to the crew.
- If a request is made for a medical helicopter. The decision to wait on scene or transport to the hospital helipad needs to be determined based on ETA of the helicopter vs transport time.  
**DO NOT WAIT AT THE SCENE IF YOU CAN GET TO AN APPROPRIATE HOSPITAL BEFORE THE HELICOPTER CAN GET TO YOU.**

## RESCUE AND FIRE DEPARTMENTS

- Fire department rescue should respond with the ambulance, either paged by dispatcher or requested by the ambulance, for all auto accidents, person trapped by machinery or silo, underground, hazardous material spill, etc.
- If you have a patient who is going to need extrication from somewhere or something, then request the Fire Department to respond.

## MUTUAL AID

- It will be the decision of the first in crew or the Incident Commander on the scene to initiate whatever action is needed to obtain mutual aid response from ambulance, fire department, or any other services needed to respond from another jurisdiction or County.
- When Berlin EMS crosses County lines or outside their primary response area, they are covered under liability for bodily injury, property damage, malpractice, and Workmen's Compensation while on call for the County in their capacity as EMTs/Paramedics.

- Request for Mutual Aid should be made through the Green Lake County Sheriff's Department Dispatch Center.
- Putting Waushara EMS on standby will be done at the discretion of the Shift lead or OIC only.

## STANDBY DURING FIRE, RESCUE, AND OTHER OPERATIONS

- Berlin EMS will provide an EMS crew and ambulance for standby services in the event of a structural fire, wildfire, search or rescue/recovery operations, which are deemed to need a medical support crew as determined by the Fire, Law Enforcement, EMS Chief, or Assistant EMS Chief.
- **Structure Fire**
  - An EMS crew and ambulance will be requested to be present at all structure fires in the Berlin EMS Service area to provide medical care to victims and rehab to emergency personnel.
  - EMS will clear the scene when released by the Incident Commander.
- **Wildland Fire**
  - An EMS crew and ambulance will respond to wildland fires if requested by a page.
  - An EMS crew will provide care and assistance to responders and victims at the scene as deemed necessary.
  - EMS will clear the scene when the Incident Commander releases the EMS crew from the scene.
- **Search/Rescue /Recovery**
  - An EMS crew and ambulance will respond to aid in search and rescue operations to provide care for victims and crews if necessary.
  - The EMS crew will provide on-scene standby services for special recovery operations to provide care for victims or if there is a risk to the recovery personnel.
  - EMS will clear the scene when all victims are found, the search is called off, the operation is completed, or the crew is released by the agency in charge of the operation
- **Law Enforcement Stand By**
  - If requested to stand by at a Law Enforcement scene an EMS crew and ambulance will respond.
  - Dispatch will advise the location to respond to or stage. Generally, these responses are non-emergent.
  - On location, advise dispatch and wait in the ambulance for further instructions from dispatch or command.
  - Ready equipment, depending on what type of incident you're responding to.

## COMMUNICATIONS WITH HOSPITALS

- Contact the hospital using either the radio or cellular phone when giving the patient report and requesting orders from medical control.



- Use the patient report form with all the needed information for making a report to the hospital.
- Repeat any orders or instructions given by the hospital to make sure of the correct interpretation.
- Speak slowly and clearly.

## ARRIVAL AT THE HOSPITAL

- **REFER TO PATIENT CARE POLICES**
- If the patient is on oxygen, hook up the portable oxygen to transport the patient to the Emergency Room.
- Trauma patients, make sure they are secure.
- Smoothly transfer the patient to the ED staff.
- Provide ED staff with all necessary information regarding the patient verbally and leave a copy of the patient report sheet.
- Fill out ambulance run sheets, supply sheets, insurance forms, and any other forms necessary for the call. These should all be completed electronically.
- Obtain needed billing information from the patient and or the hospital admissions clerk.
- Before leaving the Hospital, the ambulance should be cleaned (patient compartment), all equipment that was used should be cleaned, i.e., suction units, splints, backboards, KED, etc., and put in their proper place. Make the ambulance ready for the next call. If unable to complete, contact OIC and return to Station for decontamination and resupply.

## DOCUMENTATION OF PATIENT CARE REPORT

- Clear and concise documentation of all events, including scene assessment, patient assessment, treatment, and transportation, should be made in every patient encounter. All reports must be complete and, in the system, no more than 24 hours after the call or before the end of the shift, whichever comes first. If the report is not found in the system, contact the incoming Shift lead or OIC. For every patient contact, the following must be documented at a minimum:
  - PCRs shall be completed on ALL incidents, such as ambulance calls, paged or pre-scheduled fire calls, standbys, refusals, and significant exposures.
  - All PCRs MUST have the Physician's name, who was functioning as online Medical Control, that has given medical control orders.
  - All PCR should be signed by all legal crew members.
  - All transport and refusal of transport forms must be filled out appropriately with initials and signatures documented at the time of service.
  - A clear history of the present illness, including chief complaint, time of onset, associated complaints, pertinent negatives, mechanism of injury, etc.
  - An appropriate physical assessment that should include pupil assessment, breath sounds, skin condition, motor function, abdominal exam, chest exam, head exam, extremity exam, etc.
  - An exact level of consciousness using the Glasgow Coma Score method.

- At least two complete sets of vital signs (pulse, respirations, oxygen saturation, and blood pressure). These vital signs should be repeated and documented after every drug administration and as needed during the transport of a patient. A reason must be documented for a lack of complete vital signs.
  - For drug administrations, you must document the dosage of the drug, route of administration, time of administration, and response to the drug. There must also be two signatures from the crew members who administered the medication(s).
  - A complete listing of treatments performed in chronological order. Any response to these treatments should also be listed.
  - For patients with an extremity injury, neurovascular status (CMS) must be noted before and after immobilization and include the type of immobilization method used.
  - For patients with spinal immobilization, document motor function (CMS) before and after spinal immobilization.
  - For IV administration, document the size of the IV catheter, placement of IV, number of attempts, type of fluid, and flow rate.
  - A lead II strip should be attached for all patients placed on the cardiac monitor. Any significant rhythm changes should be documented. For cardiac arrests, the initial strip, ending strip, pre- and post-defibrillation, pacing attempts, etc., should be attached.
  - 12-lead EKGs, when performed, should also be included in the report.
  - For patients who receive intubation, please note the centimeter mark at the teeth, methods to confirm placement, size of ET tube, and number of attempts.
  - Any requested orders, whether approved or denied, should be documented clearly.
  - For any deceased patient, the time of death per the ER physician, as well as the physician's name, should be documented in the narrative.
  - Any waste of narcotics should include the quantity wasted, where wasted, and the name of the person who witnessed the waste and documented it on the electronic narcotic control form.
  - All transport and refusal of transport forms must be filled out appropriately with initials and signatures documented at the time of service.
- All reports will be locked after 24 hours from the time of the call.
  - Any corrections to the report after the report has been completed should be added in using an addendum.
  - All information pertaining to the patient and your treatment is a legal and confidential document and shall be treated as such.

## RESPONSIBILITY OF CREWS UPON COMPLETION OF CALL

- It will be the responsibility of each ambulance crew to:



- Make a list of missing supplies (that cannot be replaced from backstock at the station) and contact the Shift lead or the OIC.
- Clean the inside of the ambulance after calls, either at the hospital or station. Includes rinsing or washing the outside and making sure the windshield is clean.
- Check all oxygen equipment and refill or replace oxygen as needed. Minimum pressure is 500 psi.
- Check gas, fill if under 1/2 tank.
- Report any mechanical or equipment problems to the Shift lead or the OIC.
- Replace all expendable supplies.
- Check the equipment that was used on the call, clean the equipment, and plug in the equipment when the run is completed.
- The driver's compartment should be clean and organized.

## CHILD ABUSE RECOGNITION AND REPORTING

- **Policy:**

- Child abuse is the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare. The recognition of abuse and the proper reporting are critical steps to improving the safety of children and preventing child abuse.

- **Purpose:**

- Assessment of a child abuse case is based upon the following principles:
  - **Protect** the life of the child from harm, as well as that of the EMS team from liability.
  - **Suspect** that the child may be a victim of abuse, especially if the injury/illness is not consistent with the reported history.
  - **Respect** the privacy of the child and family.
  - **Collect** as much information as possible and preserve physical evidence.

- **Procedure:**

- With all children, assess for and document psychological characteristics of abuse, including excessively passive, compliant, or fearful behavior, excessive aggression, violent tendencies, excessive crying, fussy behavior, hyperactivity, or other behavioral disorders.
- With all children, assess and document physical signs of abuse, especially any injuries that are inconsistent with the reported mechanism of injury. The back, buttocks, genitals, and face are common sites for abusive injuries.
- With all children, assess for and document signs and symptoms of neglect, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
- Immediately report any suspicious findings to both the receiving hospital (if transported) and to the appropriate law enforcement agency, and document in the ePCR. EMS should not accuse or challenge the suspected abuser.



This is a legal requirement to report, not an accusation. In the event of a child fatality, law enforcement must also be notified.

## DOMESTIC VIOLENCE RECOGNITION AND REPORTING (PARTNER AND/OR ELDER ABUSE)

- **Policy:**

- Domestic violence is physical, sexual, or psychological abuse and/or intimidation that attempts to control another person in a current or former family, dating, or household relationship. The recognition, appropriate reporting, and referral of abuse is a critical step to improving patient safety, providing quality health care, and preventing further abuse.
- Elder abuse is the physical and/or mental injury, sexual abuse, negligent treatment, or maltreatment of a senior citizen by another person. Abuse may be at the hands of a caregiver, spouse, neighbor, or adult child of the patient. The recognition of abuse and the proper reporting is a critical step to improve the health and well-being of senior citizens.
- "Elderly" means any person who is 65 years of age or older.

- **Purpose:**

- Assessment of an abuse case is based upon the following principles:
  - **Protect** the patient from harm, as well as protecting the EMS team from harm and liability.
  - **Suspect** that the patient may be a victim of abuse, especially if the injury/illness is not consistent with the reported history.
  - **Respect** the privacy of the patient and family.
  - **Collect** as much information as possible and preserve physical evidence.

- **Procedure:**

- Assess all patient(s) for any psychological characteristics of abuse, including excessively passive, compliant, or fearful behavior, excessive aggression, violent tendencies, excessive crying, behavioral disorders, substance abuse, medical non-compliance, or repeated EMS requests.
- Assess the patient for any physical signs of abuse, especially any injuries that are inconsistent with the reported mechanism of injury. Defensive injuries (e.g., to forearms) and injuries during pregnancy are suggestive of abuse. Injuries in different stages of healing may indicate repeated episodes of violence.
- Assess all patients for signs and symptoms of neglect, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
- Immediately report any suspicious findings to both the receiving hospital (if transported) and the appropriate law enforcement department, and document in the ePCR.

## SIGNIFICANT EXPOSURE TO BLOOD BORNE PRODUCTS

- Ambulance personnel should document, on a Significant Exposure report form, the details of any “significant exposure” to blood and body fluids that occurs during emergency care. It should also include a description of the type of exposure that occurred. This documentation may be the only record of the exposure, which will be available to ensure that proper follow-up occurs. The receiving hospital personnel should be told of the exposure when the patient is delivered to the emergency department. Workers’ Compensation paperwork should also be completed.
- If you feel you have had a significant exposure, but you do not transport, i.e., DOA, Refusal, complete a significant exposure form. An incident report must be filled out and turned into the EMS Office, along with contacting the Shift Lead or OIC as soon as possible.
- **Procedures for Handling Body Fluids**
  - No distinction is made between body fluids from individuals with a known disease or those from persons without a diagnosed disease or symptoms of illness. The body fluids of all persons should be considered to contain potentially infectious agents, i.e., bacteria and viruses.
  - Body Fluids Include: blood, semen, drainage from scrapes, cuts, and open lesions, feces, urine, vomit, respiratory secretions, i.e., nasal discharge and saliva, etc.
- **Contact with Body Fluids**
  - If any contact is made with body fluids, follow these procedures:
    - **Wash Hands Immediately!**
    - Proper hand washing requires soap and water and vigorous washing under a stream of running water for approximately 30 seconds. Rinse under running water, and use paper towels to dry hands thoroughly. Soap dispensers are preferable to bar soap. If soap and water are not readily available, use the alcohol foam supplied on the ambulance.
    - Disposable gloves are REQUIRED to be worn by all personnel on all calls. Face masks, gowns, and protective jumpsuits should be worn when the need arises. Following removal of gloves, hands are to be thoroughly washed with soap and water if available; if not, use the alcohol foam provided in the ambulance.
    - Contaminated disposable items such as tissues, dressings, diapers, or paper towels should be handled with disposable gloves and be discarded in a plastic bag or lined trash container. Plastic bags/liners are to be secured and disposed of daily.
    - Clothing and other non-disposable items contaminated with body fluids are to be handled with disposable gloves and are to be placed in secured red bio-hazard bags and sent with the patient. EMT’s clothing soaked or contaminated with body fluids should be placed in a red bio-hazard bag and brought to the EMS station to be laundered.



- **Disinfectants**

- The disinfectant to be used should be one registered by the US Environmental Protection Agency (EPA).
- Sodium Hypochlorite with at least 100 ppm available chlorine (1 ½ cup) household bleach in one gallon of water, needs to be freshly prepared each time it is used.
- Ethyl or Isopropyl Alcohol, at least 75% solution.
- Phenolic Germicidal Detergent in a 1% aqueous solution (Lysol, example).
- Hydrogen Peroxide (3% solution)
- Heat at 130 degrees for 10 minutes.
- Disinfection of rugs and upholstery. Apply the approved sanitary absorbent agent, let it dry, and vacuum. If necessary, mechanically remove with broom and dustpan, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Again, rinse the dustpan and broom in disinfectant. Wash brushes with disinfectant and rinse. Dispose of non-reusable materials and clean equipment as above.

- **Removal of Body Fluids from the Environment**

- Use approved disinfectants to remove body fluids from all surfaces
- Disposable gloves are to be worn when using these agents.
- Following the removal of a body fluid spill, a disinfectant is to be applied.
  - Mops should be soaked in the disinfectant after use and rinsed thoroughly. If machine washed, use the hot water cycle, and then rinse.
  - Disposable cleaning equipment should be discarded in a secure plastic bag.
  - Non-disposable cleaning equipment (dust pans, buckets, brooms) should be thoroughly rinsed in disinfectant.
  - The contaminated disinfectant solution is to be promptly disposed of down a drainpipe or toilet.
  - Remove gloves and discard in an appropriate receptacle.

- **STATUTORY DEFINITION OF SIGNIFICANT EXPOSURE (252.15, Wis. Stats.):**

- This definition refers to an exposure that carries the potential for transmission of HIV (AIDS virus) since other infectious diseases can also be transmitted by significant exposure to blood or body fluids. This form would be used to document any such exposure.
- Under Wisconsin Statutes 252.15, "significant exposure" means: sustained a contact that carries a potential for transmission of HIV, by one or more of the following:
  - Transmission of blood, semen, or other body fluid into a body orifice.
  - Exchange of blood during the accidental or intentional infliction of a penetrating wound, including a needle puncture.



- Blood or other body fluid exchange into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred.
  - Exposure to saliva as a result of a bite during which the skin is broken.
  - The provision of cardiopulmonary resuscitation.
- **Significant exposure forms are in all ambulances and are to be filled out if an exposure occurs.**
- **Disposal of used I.V. Needles, Syringes, and Lancets:**
  - Any IV needles, syringes, or lancets that have been used shall be disposed of in the containers provided in each ambulance. When this container becomes full, it is the responsibility of the ambulance crew on duty at the time to tape the container up and dispose of it at whichever hospital you are at, if they still accept it, or bring the full container to the EMS office.

## LAWS GOVERNING THE EMERGENCY MEDICAL TECHNICIANS

- **Medical Practice Acts**
  - Every State has laws, regulations, or written policies that govern the actions of the EMTs. These rules of practice take the form of a Medical Practice Act in most areas. Medical Practice Acts usually define the minimum qualifications for those who may perform medical procedures and provide a means of Licensure for different categories of health professionals.
  - Medical Practice Acts now dominate the area of rulemaking involving medical personnel. More and more States, however, are developing and passing specific legislation to cover all phases of EMS, including the training, certification, and licensure, of EMTs. Whether a State or area has a Medical Practice Act or specific EMS legislation, it is essential to become familiar with such laws.
- **Duty to Act.**
  - The duty to Act doctrine requires that a public or municipal ambulance operator come to the aid of an injured person in that jurisdiction. This requirement does not, in most instances, apply to private ambulance providers, who are usually permitted to select patients and answer calls as they choose. Ambulance providers who do not charge for their work, including public, municipal, and volunteer services, are **REQUIRED** to respond to every call for help.
- **Consent**
  - In rendering emergency care, EMTs, like physicians, must gain the patient's consent to receive such care. This is necessary to avoid possible charges of technical assault and battery. Several standards exist governing forms of consent and the ways in which it can be given. These standards depend on the patient's age and condition.
  - Consent must be informed; that is, the patient must be told in an easily understood manner, of the nature and extent of the procedure to be performed and the possible risks involved.
  - Consent must be obtained from every conscious, mentally competent adult.

- Consent is implied for emergency lifesaving treatment in the unconscious adult and only applies while in these conditions: incapacitated by drug, alcohol intoxication, trauma, shock, mental disorder, a minor, no parent or guardian.
- Consent must be obtained from the parent or guardian in the case of children, as legally defined by the State, or of adults who are mentally incompetent. If a parent or guardian is not available, emergency treatment to maintain life may be undertaken without consent.
- Consent refused by a conscious and mentally competent adult means that the patient cannot be treated without a court order. In such cases, the physician should be consulted for instructions.
- Generally, the wisest approach is to inform the patient of the possible consequences of refusing the treatment. If the patient understands these consequences and still refuses treatment, there is little that can be done. Document on the run sheet.
- Psychiatric emergencies present more difficult problems in regard to obtaining patient consent. Under most conditions, a law enforcement officer is the only person with the authority to restrain and transport a person against that individual's will. The EMT should not attempt intervention unless directed to do so by a police officer or when it is obvious that the patient is about to do harm to themselves or others. Neither the physician nor the patient's family can authorize the actual transport and eventual confinement of a psychiatric patient. The physician and family can authorize involuntary commitment for psychiatric treatment, but their authority does not extend to forceful transport of a patient against his or her will. Thus, it is important that each EMS system establish procedures, based on local laws and policies, for dealing with psychiatric emergencies. In most cases, police involvement will be required.

- **Abandonment**

- Abandonment is defined as the termination of a physician-patient relationship by the physician without the consent of the patient and without allowing the patient enough time to find another physician. For abandonment to occur:
  - There must have been an initial physician-patient relationship.
  - The physician must have ended the relationship without the patient's consent.
  - The physician must have ended the relationship without allowing the patient enough time to obtain the services of another physician.
  - The patient must have had a continued need for medical treatment.
  - Injury or death must have resulted from termination of the physician-patient relationship.
- Although the above definition is stated mainly in terms of the physician, those who act as agents of a physician are clearly also involved. Therefore, once the EMT has responded to an emergency, he or she must not leave a patient who needs continuing medical care until another competent health professional takes responsibility for the patient. Although this may seem obvious, critically ill or injured patients occasionally are left at a hospital



emergency department and die before emergency department personnel have taken adequate note of them. An EMT must stay with the patient until an orderly transfer of care has taken place.

- **Medical Direction**

- Actions of EMTs in the field are considered the delegated actions of a physician; that is, the physician has designated the EMT as the one delegated to carry out these actions. It always should be remembered, however, that these actions are still legally those of a physician and that the physician bears legal responsibility for them. For this reason, many activities cannot be carried out without an order from a licensed physician. Orders may be given by radio or defined by protocols (standing orders). EMTs are not free to disregard or go against an order given by a physician.
- To avoid such situations, it is best for the medical director of the EMS system to develop policies defining the EMT's relationship with the medical director and with other physicians in the community. When conflicts arise between EMTs and physician bystanders in the field, these problems should be resolved by the medical director, not by the EMT.

- **Written Medical Records**

- Even the most skilled and conscientious health professional may have to go to court eventually as a witness or a defendant in a civil or criminal action. In these circumstances, the best protection is a thorough and accurate medical record. This point cannot be overemphasized. Whenever care is given to a patient in the field, the EMT should make a careful, detailed record of:
  - The date and time call were received, the time of arrival and departure from the scene, and the time the patient arrived at a medical facility.
  - The information obtained from the patient or bystanders (history)
  - EMT/Paramedic observations at the scene.
  - The findings of the physical examination.
  - Any treatment rendered and documented by the EMT providing the skill or intervention.
  - Any changes in the patient's condition while under the care of the EMT.
  - Again, the EMT should be as precise and detailed as possible. A medical record may become a legal document that reflects upon its author. A sloppy, incomplete record suggests to the reader (and to the Court) that the care of the patient also may have been sloppy and incomplete. Therefore, time must be taken to make the records accurate and thorough. The medical record is never the place for flippant or derogatory remarks about a patient.
- All patients must receive the HIPAA Privacy Notice.

- **Confidentiality / Release of Patient Information**

- Confidentiality of EMS files and records shall not be disclosed to the public, and they shall be considered private unless a signed written consent by the patient requests disclosure to certain parties.



- All information concerning a patient is confidential and should never be discussed other than in the performance of your duties. You should never discuss, in the presence of visitors or unauthorized personnel, information about the patient's condition or treatment. Authorized personnel are defined as emergency room staff directly involved in the care of the patient, EMTs/Paramedics involved with the call, the Coroner, the EMS Administration, and the Medical Director of Berlin EMS.
- All members of Berlin EMS are responsible for protecting a patient's privacy and must refrain from disclosing information, even when wishing to ease someone's anxiety. Under no circumstances should a member of Berlin EMS gossip about the fact that a person was treated and/or transported to a hospital by Berlin EMS.
- Failure to follow this policy violates Federal HIPAA laws and could result in legal action against you!
- DHSS. Chapter 146.81 Paragraph 2.
- Release of any type of information to Attorneys, Insurance Companies, the Press, or the public will be done only by the EMS Office. EMTs will not release any information, make or sign any statements concerning information on calls unless it is given to the police, coroner, or an investigating officer at the scene.

## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

REFERENCE: Public Law 104-191, 42 U.S.C. 1301 et seq; 45 C.F.R. 160.001 et seq. and Wisconsin Statute 146.50 (a)

- **PURPOSE:**

- The purpose of this policy is to set forth guidelines for compliance with the Health Information Portability and Accountability Act of 1996, hereafter called "HIPAA," and Wisconsin 146.50 (a), by Berlin EMS, hereinafter referred to for all purposes as EMS.

- **POLICY:**

- It is the policy of Berlin EMS to comply with the provisions of HIPAA and to protect Individually Identifiable Health Information (IIHI), also herein referred to as Protected Health Information (PHI) gathered while providing Emergency Medical Services; all employees and agents of Berlin EMS shall always maintain the highest level of confidentiality and information and protected health information gained from patients during EMS assessment and treatment and kept in any form by Berlin EMS.

- **DEFINITIONS**

- Employee
  - Any person employed by Berlin EMS, including those employed full-time, part-time, volunteer on a seasonal or event basis.
- Individual
  - Any person using the services of Berlin EMS.

- Individually Identifiable Health Information (IIHI) – Is information that is a subset of health information, including demographic information collected from an individual, and:
  - Is created or received by a health care provider
  - Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
  - That identifies the individual or with respect to whom there is a reasonable basis to believe the information can be used to identify the individual.
- Individually Identifiable Health Information is also referred to herein as Protected Health Information (PHI), and the two terms shall have the same meaning.
- Business Associate - One who uses individually identifiable health information for:
  - Claims processing for Berlin EMS
  - Medical direction
  - Education in an affiliated EMS education program
  - Utilization review
  - Quality assurance or improvement
  - Billing
  - Benefit management
  - Legal advice
  - Accounting and auditing
  - Consulting
  - Data management
  - Financial services
  - Collection agency
- Health Care – Emergency or non-emergency assessment, treatment, or procedures with respect to physical or mental condition or functional status of an individual or that affects the structure or function of the body; use or dispensing of a drug, device, supply item, equipment, or other item from a prescription or under medical protocols.
- Information -- Any information, recorded in any way whatsoever, that is
  - Created or received by a provider
  - Relates to past, present, or future physical or mental health or condition
  - Related to the provision of health care
  - Related to payment for services
- Standard
  - A rule or requirement that employs IIHI for describing information for the classification of components, specification of materials, performance, or operations, or a description of procedures.
- Designated Record



- A set of one patient's records, which includes medical records and billing.
  - Disclosure
    - Release, transfer, divulging, or providing access to IIHI and PHI to anyone other than Berlin EMS for the purposes of billing, conducting quality assessment and improvement activities, outcome evaluations, legal consultations, developing clinical guidelines, protocol development, unit and personnel deployment strategies, case management and care coordination, student and employee education, and release of information to law enforcement, governmental agencies, and media as permitted or required by law, customer service, auditing, fraud and abuse studies, complaint resolution, employee discipline, transfer to another entity if such entity replaces Berlin EMS as an ambulance provider, and all other like disclosures.
  - EMS
    - Berlin EMS
  - Minimum Necessary Standard
    - The minimum necessary amount of IIHI or PHI that is needed by an individual to carry out that individual's job function.
  - Protected Health Information (PHI)
    - Any individually identifiable health information (IIHI) or other information in the possession of Berlin EMS that is protected by HIPAA, or Wisconsin Statute 146.50 (a), or by any other pertinent statute or regulation.
  - Designated Record Set (DRS)
    - A designated record set means all records containing protected health information (PHI) that relates to a patient. DRS should include the patient care report and all its parts, including billing documents, ECG monitor strips, medication records, treatment records, physician statements of medical necessity, transfer records, photographs, x-rays, or any other materials or data that are a part of the patient care record. Similarly, records of claims, whether paper or electronic, all correspondence and documents from or with insurance payers, and amendments of patient records, statements of disagreement by the patient requesting amendment when the patient's request for amendment is denied, summaries of patient records, and copies of patient request forms and EMS responses to them. DRS should also include copies of records created by and received from other health care providers.
      - DRS should not include quality assurance/quality improvement data, accident reports, incident reports, or peer review documents or materials.
- **General Provisions**
  - Privacy Officer
    - Berlin EMS will maintain a designated Privacy Officer to oversee all confidentiality issues and to serve as a contact point for patients and their families to voice concerns, complaints, to access records, or to request that amendments be made to their patient records. All

requests for patient information/records should be referred to the Privacy Officer. The Privacy officer will: monitor employee and company (or department) compliance with all state and federal privacy standards.

## CRIME SCENE

- The priority of EMS personnel is the treatment of the patient. It is emphasized that while care is to be taken in minimizing patient and/or object movement, this is a secondary consideration and should not hinder resuscitative efforts. Any conflict between EMS personnel and law enforcement should be reported immediately to the EMS Chief for resolution of the conflict.
- **Injured Patient** – If treatment is needed, the following guidelines should apply:
  - Utilize the same route in and out of the crime scene, disturbing as little of the surroundings as possible.
  - Note the position of the body and other pertinent objects, weapons, medications, etc.
  - Avoid cutting through or tearing apparent bullet or knife holes. Clothing should be cut (if necessary) along seams or in areas that would not compromise entrance or exit wound markings on the clothing.
  - Place any clothing or materials in the patient's possession in paper bags and do not discard; these items should be given to the investigator.
  - Give the law enforcement officer on the scene a detailed, accurate description of the body position, location of weapons, and objects left or touched by EMS personnel. If the scene or patient is disturbed in any fashion to perform patient care, document the "pre-disturbed" position of things on the reporting forms, if possible, and report to the investigator.
- **Dead on Scene** – If the patient is obviously dead and death appears to be due to other than natural causes, the following procedures are to be used:
  - Do not touch or move the body.
  - Immediately request the appropriate law enforcement agency, if not already on scene.
  - Do not touch or move any weapons, medication containers, suicide notes, or any other items that may be pertinent to the incident investigation.
  - Avoid touching doors, windows, light switches, etc.
  - Utilize the same route in and out of the crime scene, disturbing as little of the surroundings as possible. If the death is obvious, wait for law enforcement to make entry to confirm with only one EMT/Paramedic making entry.
  - Never cover the body with a blanket or towels; this could destroy evidence.

## ON-SCENE ROLES

- **Primary Paramedic**
  - The primary Paramedic on the first EMS unit on the scene assumes overall control and direction of the other crews.



- Scene control may be taken over only by previously designated personnel with supervisory responsibility.
  - Scene control may be relinquished in deference to the patient's need for advanced care.
  - If Med 1 is on scene, control of the scene can be turned over to this resource
- **On-Scene Physician**
    - In some cases, where a physician, who is not the patient's personal physician, appears on scene and elects to direct the care of the patient, thus assuming medical control of the scene, the following guidelines should be used:
      - This physician should identify his or herself and their specialty to the senior EMS crew member.
      - After identification, contact should be made with Medical Control to secure a transfer of medical direction.
      - If approved by Medical Control, the on-scene physician should then sign a document identifying themselves and their willingness to accept responsibility for the patient.
      - The physician then **MUST** accompany the patient to the hospital and fill out documentation required by the receiving hospital, including the patient care report form. The signatures should be complete and legible with all forms dated and witnessed.
- **Additional EMS Personnel**
    - At times, individuals with EMS certification, but from outside an organization's service area, will coincidentally be passing through the service area at the time of an emergency and will offer help. These individuals should not be allowed to participate in patient care before showing written verification that their certification is valid. Regardless of the certification of these individuals, scene control will remain with the primary medic of the first crew.
- **Nurses and Other Allied Healthcare Professionals**
    - These persons ARE NOT trained in pre-hospital care and are NOT CERTIFIED or licensed to administer it. Before allowing these persons to assist in patient care, their certification/license should be verified. The extent to which they participate in patient care is solely determined by the on-scene control of the EMT/Paramedic.
- **Fire Department Personnel**
    - Fire Department personnel are responsible for all fire suppression, hazard control, and heavy extrication.
    - In all rescue and extrication operations, the role of EMS personnel will be to direct patient care and advise rescue teams on phases of the operation that might compromise the patient's condition. EMS personnel will not direct the technical aspects of extrication.
    - Fire Department personnel may be utilized as drivers of the ambulance if additional EMS personnel are required for patient care in the back of the ambulance. In the event of a full resuscitation, Fire Department personnel with a minimum of current AHA CPR certification may be utilized for the

purposes of providing compressions, under the direction of the EMT/Paramedic providing primary patient care, en route to the hospital.

- **Law Enforcement Personnel**

- Law Enforcement officers are responsible for traffic control and the control of disruptive bystanders or patients. Law enforcement officers can be utilized as drivers of the ambulance if additional EMS personnel are required for patient care in the back of the ambulance. Refer to Transport of Prisoners and Patient Restraint policies.

- **Other EMS Services on Scene**

- These situations arise when a call involves mutual aid or when the exact location of the emergency is unknown, and two or more services are dispatched to the general area where the emergency is thought to be. In the following, it is assumed that all parties are acting in a good faith manner solely in the best interest of the patient.
  - When approaching the scene of an obvious emergency, which is out of the prescribed jurisdictional service area, the crew should continue their response and initiate patient care as required with service protocols.
  - If a crew from the area of jurisdiction does not arrive before the point in patient care when transport is needed, the crew should transport to their usual facility.
  - If a crew from the area of jurisdiction does arrive before patient transport, then both crews should negotiate further patient treatment and cooperatively determine transport destination based on the patient's further medical needs (considering patient's condition, BLS vs. ALS capabilities of the services, distance, and capability of medical centers, etc). If there is any delay or conflict in making these decisions, Medical Control should be contacted for assistance.
  - If a crew arrives at a scene within their jurisdiction and finds that another service from outside that jurisdiction has already initiated patient care, the arriving crew should not attempt to take charge of patient care but should expeditiously negotiate with the attending crew as to who will continue patient care and to what medical facility the patient will be transported. If delays or conflicts arise in making these decisions, Medical Control should be contacted for assistance.

- **Personal Physician**

- When EMS personnel are in direct contact with a patient's personal physician (either by phone, radio, or in person at the scene), that physician is to be respected as the senior medical person on the scene and their orders are to be followed without question as long as it is within the providers scope of practice and in accordance to the service protocols.
- When the physician elects to accompany their patient to the hospital, EMS personnel should respect the physician's wishes in the management of the patient during the entire course of care for the patient. When the physician requests that the patient should be transported immediately, this should be done with all reasonable haste, after obtaining patient consent.



- It is reasonable to expect a physician or their representatives to give an adequate report regarding the patient to EMS personnel, and physicians will be continually encouraged by the Medical Director to give such a report.
- If EMS personnel disagree with the physician's management or with the appropriateness of their use of the EMS system, this subject shall not be discussed with the physician, but rather, their requests should be respected, and EMS's questions should be discussed with the EMS Chief or Assistant EMS Chief.
- Once direct contact ends with a patient's personal physician, EMS personnel will give a progress report to the receiving Emergency Department by radio or phone. The Emergency Department physician may then give additional orders or change previous orders depending upon the patient's condition.

## PATIENT RESTRAINT

- Under normal circumstances, EMS personnel should not attempt to restrain a violent patient. Law enforcement personnel should be called for assistance. However, any patient who presents a significant threat to themselves or others may be physically restrained by EMS personnel. When patient restraint becomes necessary, the following procedure should be followed:
  - Soft wrist and ankle restraints, along with folded sheets, are the only authorized restraining materials.
  - Use techniques that will cause no injury to the patient, i.e., the minimum amount of force possible will be used to secure the restraints.
  - Restraints shall allow for a small amount of movement in each extremity. In no case shall they be so secure as to prevent all movement.
  - Pulses and other measures to assure distal circulation will be checked frequently following the application of restraints.
  - Get assistance from a law enforcement officer when possible and, if available, get the officer to accompany the patient in the back of the ambulance.
  - At the termination of the call, fully document all pertinent details, including signatures of witnesses if possible.

## SELF-PROTECTION

- In all cases where the threat of physical harm is possible, EMS personnel should contact law enforcement through the Sheriff's Office dispatcher before entering the area. The EMS crew should NOT enter the area until law enforcement advises that the scene is secure. At no time should personnel attempt to manage the situation without aid. Primary emphasis should be on the safety of the crew.
- If already on the scene, EMS personnel, when threatened with bodily harm either by serious verbal threat or weapon(s), should make every effort to avoid confrontation by leaving the premises/scene and requesting law enforcement assistance.
- In situations where EMS personnel are exposed to serious verbal threat or threat by weapon(s) where efforts to avoid confrontation are unsuccessful and personal injury seems imminent, EMS personnel may use any measure reasonable and prudent to protect

themselves and their partner from injury or death. Immediately notify law enforcement through the Sheriff's Office dispatcher.

## CONCEALED CARRY / PATIENT WITH A FIREARM

- Car / ATV / Snowmobile Crash Scenario
  - **Conscious & Orientated x 4 patient:**
    - Have the patient remove the weapon while still in its holster and give it to a law enforcement officer.
- Home / Residence Scenario
  - **Conscious & Orientated x 4 patient:**
    - Have the patient remove the weapon while still in its holster and place it away from the patient. If there are other adults in the home who will accept responsibility, have them secure the weapon. If no one is available, leave the weapon in the home and lock the house. Treat and transport your patient without the weapon. Document all related information in the PCR narrative section.
- Any Scenario with an altered Level of Consciousness
  - **Unconscious or disoriented patient:**
    - Notify law enforcement for the removal of the weapon. The officer will make the determination of who shall retain possession of the weapon. Be sure to document!

## SEXUAL ASSAULT

- In the event a patient reports that he or she has been sexually assaulted, the following procedure should be followed:
  - With the patient's permission, notify the Sheriff's Office dispatcher immediately. If a weapon is involved, the Sheriff's Office dispatcher must be notified. To maintain patient confidentiality, avoid using the patient's name or the nature of injury over monitored radio frequencies.
  - History taking should be limited to information pertinent to the patient's injuries and subsequent treatment. Any detailed description of the assault is unnecessary and may be psychologically injurious to the patient.
  - Injuries should be treated following standard triage conditions. Wounds containing debris should not be cleansed at the scene unless they are life-threatening. The site of the sexual assault should not be examined by EMS personnel unless obvious bleeding needs to be controlled.
  - In addition to the treatment of physical injury, particular attention should be paid to the psychological injury. Referral to a sexual assault program might be helpful. A non-judgmental attitude must be maintained by the EMS crew.



- The patient should be advised not to wash, shower, brush their teeth, use a mouthwash, douche, urinate, or defecate before examination in an Emergency Department. If the assault was oral, they should also be advised not to drink or smoke to help preserve physical evidence.
- The scene should be treated as any other crime scene, with special attention given to the preservation of evidence.
- Any clothing that must be removed should be handled as little as possible and given to law enforcement.
- Each garment should be placed separately in its own paper bag. It is preferable that each piece of clothing be folded inward, placing a piece of paper against any stain, so that stains are not in contact with the bag or other parts of the clothing.
- If moisture of any kind is on the clothing and might leak through the paper bag, it should be placed inside a larger paper bag with the top of the second bag left open.
- If it is necessary to cut off items of clothing, be sure not to cut through existing rips, tears, or stains if possible.
- Circumstances and time permitting, recommend that a change of clothing be brought to the hospital.
- Be aware that the patient has the right to refuse treatment and/or transportation, either initially or at any point thereafter. However, you should stress to the patient the importance of seeking an immediate examination, since injuries can go unnoticed or appear later.

## RIDE-ALONG PERSONNEL IN THE EMS VEHICLE

- All Ride-Along personnel must sign a release form before riding in any EMS unit. A release form should be signed every calendar year if one chooses to ride along for longer than 1 year.
- Only authorized persons will be allowed to ride in an EMS vehicle.
- Ride-Along personnel must be informed of all requirements and rules before riding in an EMS vehicle.
- No one under the age of 18 years of age may ride unless they are enrolled in a state-approved EMT class, or they must also have the expressed written permission from the EMS Chief and the Parent or Guardian of the ride-along.
- It is the responsibility of all EMS personnel to ensure that the rider has been approved to ride and a release form has been signed.
- It is the responsibility of all EMS personnel to note the personal appearance of each rider when he or she reports to ride along. If he or she is not dressed appropriately, they will be advised by the EMS personnel and will not be permitted to ride until he or she has complied with proper dress.

### **Ride-Along Personnel Rules and Regulations**

- Ride-Along personnel fall into two groups: observers and student interns.
  - Observers
    - These are individuals who, for some personal reason, may desire the experience of prehospital care by observation. Frequently, this is to

- gain a sense of EMS roles in the community and to understand the interaction of various agencies.
  - Observers should not be involved in the patient care process. EMS personnel will render care to the patient.
- Student Interns
  - Their role is to interact in the patient care process by performing duties as delegated by an affiliate agreement with the training institution. The amount of involvement is to be determined by the medical staff on the ambulance.
  - Interns should perform skills, as determined by the crew leader, that falls within the practice for the certification the student is working toward. Interns are "in training" and should not be left alone in the role of providing sole care for the patient. Not enough skill or training may have been obtained by the student to permit critical, independent judgments. All decisions should be agreed upon by the EMS crew leader.
- All EMS Ride-Along personnel will always conduct themselves with proper decorum. They are to refrain from:
  - Use of alcoholic beverages prior to and during the shift.
  - Use of profane or abusive language.
  - Use of excessive conversations while riding in the unit, which may interfere with radio communications.
  - Making remarks or voicing opinions to patients or family members, bystanders, law enforcement, fire personnel, or first responders in any manner that would tend to provoke or degrade anyone or escalate tension or anxiety.
  - Making known to a person not authorized, any information concerning the emergency call, patient information, or outcome.
  - Using information gained through the EMS rider program for personal gain.
  - Wearing on their clothing any article, sign, or symbol that advertises any product, business, or organization.
- EMS Ride-Along personnel are to:
  - Adhere to all policies and procedures pertaining to EMS personnel.
  - Provide personal transportation to and from the EMS Station.
  - Shall not bring any other person to the EMS Station during their ride-along time.
  - Ride in a designated seat with the seat belt always fastened.
  - Remain in or near the unit while on an emergency call.
  - Shall not remove any equipment from the unit unless expressly directed to do so by the crew
  - Are to observe only, unless instructed by a crew member. Exceptions are students who have clearance to perform certain procedures as part of their training program and hold a valid training permit through the State of Wisconsin.
  - Shall not carry weapons during the ride-along.



- Ride-Along personnel are to always dress neatly and conservatively. Conservative type shoes, including black athletic shoes or boots, must be worn. Hair must be groomed. Sandals, tank tops, or shorts are prohibited. Cleanliness and physical hygiene are always required.
- All Ride-Along personnel are subject to removal for any violation of the above rules and regulations. Additionally, due to operations or training requirements, they may be asked to leave at a moment's notice.

## CONTROLLED SUBSTANCES AND ALCOHOL TESTING POLICY

- This policy applies to all emergency medical service ("EMS") personnel of Berlin EMS, including full-time, part-time, volunteer, and applicants to the EMS (collectively "employees"). This drug and alcohol testing program shall be managed by the City of Berlin.
- **PROHIBITED SUBSTANCES**
  - The use of any drug or substance identified in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812), as further defined by 21 CFR 1300.11 through 1300.15, and including all drugs assigned a U.S. Drug Enforcement Administration number, is always prohibited unless a legal prescription has been written for the substance. This includes, but is not limited to, marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any substance that causes the presence of these drugs or drug metabolites not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes the use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Employees taking such drugs in accordance with a legal prescription shall self-report to the Program Manager if the prescribed drug adversely affects the employee's job performance.
  - All employees are prohibited from reporting for duty or remaining on duty if there is a qualitative presence of a prohibited drug in their system, which measures above the minimum thresholds as defined in 49 CFR PART 40, as amended. Additionally, all employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances anytime and anywhere, whether during work or nonworking hours. Finally, all employees are prohibited from reporting for work or working if there is a presence of a prescribed drug in their system in excess of the prescribed rate or if the prescribed drug interferes with the employee's ability to competently perform his or her duties.
- **Reasonable Suspicion Testing.**
  - Employees may be subject to reasonable suspicion testing when there is reasonable suspicion that the employee has used a prohibited drug or that the employee is under the influence of alcohol. To trigger a reasonable suspicion test, the employee must contact the OIC, and then the OIC will make the decision based on their observations whether the employee will be tested. The individual shall require an employee to undergo such testing based only on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered individual. The employee shall be immediately informed of the individual's observations and suspicions. The notification to the employee shall be



documented. The employee shall proceed immediately to the testing facility or location for reasonable suspicion testing for drugs and/or alcohol. During the pendency of the test result, the employee shall be placed on paid administrative leave. If the test administered is an alcohol breath test and the employee has a prohibited blood alcohol concentration, the employee shall immediately be placed on unpaid administrative leave.

- **Drug Testing Protocol.**

- The employee shall provide a urine specimen to be tested. The specimen will be sent to a laboratory certified by the State of Wisconsin. If the laboratory reports a positive result for prohibited substances or levels, the Program Manager shall then report the positive result to the City Administrator along with the EMS Chief and the affected employee.

- **Alcohol Testing Protocol.**

- Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol. Employees are cautioned against the use of various medications or remedies that may contain alcohol (ex., over-the-counter cold remedies). Alcohol testing is performed using a breath test, which measures the amount of alcohol in the individual's system. To perform the test, the employee will be asked to provide a breath sample into the device, which then calculates the extent of alcohol concentration. The machines used to perform these tests are calibrated, and the operators are required to undergo training and testing to meet the state of Wisconsin criteria.
- Prohibited use of alcohol includes the following:
  - Employees are prohibited from consuming alcohol or being under the influence of alcohol while performing job functions. An employee who has consumed alcohol in the 8 hours preceding reporting to work is required to acknowledge his/her consumption at the time that they report for duty. Employees who acknowledge the use of alcohol, but claim that they can perform, will be required to submit to an alcohol test.
  - Reporting for duty or remaining on duty while having an alcohol concentration of 0.02 or greater.
- An employee who is required to undergo alcohol testing as part of a post-accident/incident test may not use alcohol for eight hours following the accident or until such time as the post-accident test is completed. Usually, two breath tests shall be performed in order to determine if an individual has a prohibited alcohol concentration. A screening test is conducted first. A result less than 0.02 alcohol concentration is considered a negative test. If the concentration is 0.02 or greater, a second confirmation test is conducted. If the confirmation test results in a value at 0.02 or less than 0.04, the employee will be removed from duty until the alcohol level measures below 0.02, or the next regular scheduled duty period, but not less than 8 hours following the test. The EMS Chief will note the name of the employee, the date and time of the alcohol test, and the alcohol concentration. Employees with an alcohol concentration level of 0.04 or greater shall be placed on



unpaid administrative leave pending determination of their employment status by the City of Berlin

- **Refusal of Test.**

- Employees are required to submit to a drug/alcohol test as outlined in this policy. Failure to report for testing at the location prescribed by the EMS Chief within a reasonable time after being notified of the need for testing constitutes a refusal to test. If an employee refuses to test, the test shall be presumed positive, and the employee shall be removed from duty and placed on unpaid administrative leave pending determination of their employment status by the City of Berlin.
- The following acts and omissions also constitute a refusal under the terms of this drug and alcohol testing policy:
  - Failing to remain at the test location prescribed by the EMS Chief until the testing process is complete.
  - Failing to provide enough urine/breath to conduct the test, and it has been determined, through an ensuing medical evaluation, that there was no adequate medical explanation for the failure.
  - Failing to permit monitoring or observation during the drug testing process.
  - Failing to take a second drug test when directed by the Program Manager.
  - If the certified testing laboratory verifies that a test was adulterated or that an employee used a substitute urine specimen.

- **Procedure after Positive Test Result.**

- Receipt of information from the testing facility that an employee has tested positive for drugs, or in the event of a positive breath test for alcohol, the employee shall be immediately removed from duty and placed on unpaid administrative leave pending a determination regarding their continued employment by the City of Berlin.
- Employees are subject to disciplinary action up to and including termination on notice of a positive drug test result, if they have an alcohol concentration that exceeds 0.02, or if they refuse to test as defined in this policy
- An employee restored to active duty following failure of a drug or alcohol test shall be subject to unannounced follow-up testing, which shall be conducted during the following 12-month period.
- An employee restored to active duty following failure of a drug or alcohol test shall be subject to conditions of return to duty imposed by the EMS Chief, including but not limited to attendance and successful completion of a drug or alcohol counseling program
- An employee who fails to comply with the conditions of return established by the EMS Chief will be subject to immediate termination.

- **Voluntary Treatment**

- Berlin encourages employees who are struggling with alcohol or drug use to seek professional assistance.

- If an employee voluntarily seeks help (such as counseling, rehab, or other professional support) *before* breaking any company policies, laws, or this specific policy, they will not be disciplined for actions that happened before they asked for help.
  - Key points
    - The employee must seek help **voluntarily**.
    - They must do so **before** any violation occurs.
    - It protects employees from discipline for **past actions** up to that point.
    - It encourages employees to get help early (e.g., for substance abuse, mental health, etc.).
- Furthermore, employees undergoing voluntary treatment are not exempt from the disciplinary provisions of this policy for actions occurring after entry into voluntary treatment or the drug and alcohol testing requirements.

## ALCOHOL TREATMENT PATIENT TRANSPORT PROCEDURE

- When the Berlin EMS ambulances are dispatched to a location for an intoxicated patient, our units will transport, if medically necessary, to hospitals only. If the ambulance crew feels the need for an officer to ride with or follow the unit for safety reasons, the patient will not be transported until an officer is available. After releasing the patient to the ER staff, your responsibility to the patient ends.
- Under no circumstances shall an ambulance transport a patient to a De-Tox or rehab facility from a 911 response.

## CONTROLLED SUBSTANCE MEDICATION

- Controlled substances include, but are not limited to:
  - Fentanyl
  - Midazolam (Versed)
  - Dilaudid (Hydromorphone)
  - Ketamine
- Purchasing and replacement
  - Controlled substances are purchased by the EMS Chief.
- Security – Building
  - Controlled substances will be kept in the Chief's office storage closet and in a locked safe. If the needed replacements are needed and the office is closed, the EMS crew must contact the Shift lead or the OIC for access to the medications.
- Security – Ambulance



- Controlled substances will be kept in a locked "Narc safe" inside the ambulance. All documentation will be done on the approved electronic system that is in place.
- Inventory Procedure
  - If the seal is intact and the correct recorded number, no further checking is required.
  - If the seal is NOT intact (i.e., broken or missing), an inventory of the contents must be done upon discovery, and the safe re-secured.
  - If the safe has not been properly secured and tagged, the safe must be opened and the contents inspected upon discovery.
- Inventory and documentation
  - Documentation of the name, dose, time given, and route of administration of a controlled substance shall be recorded on the patient care report.
  - Documentation of use of a controlled substance will also be recorded on the "Controlled Substance Log" section in the patient care report, including a minimum of (2) signatures.
  - Wasting of a controlled substance requires one person to waste the medication and a second person to witness the waste. The wasted amount is to be recorded on the "Controlled Substance Log" in the patient care report along with proper signatures.
- Expiration Dates
  - On the first day of each month, the crews will be contacted by either the OIC or Shift Leader, and the expiring medications will be counted, and then the OIC/Shift Leader will deliver the new medications and take the expired medications.
- Discrepancies or missing controlled substances
  - Any discrepancies or missing controlled substances must be reported to the Shift Leader or the OIC as soon as the discrepancy is discovered.

## MULTIPLE CASUALTY INCIDENT PLAN (MCI)

- Objective:
  - To provide emergency medical treatment to all injured parties as fast and efficiently as possible during a multiple casualty incident.
- Goals:
  - The multiple casualty incident plan will provide:
    - A simple, clear chain of command for EMS in MCI.
    - A clearly defined role description of the various Incident Command positions.
    - A method of operation for triage treatment and transportation of injured patients.
- Definition:
  - An MCI exists when the number of patients and the nature of their injuries make the normal level of stabilization and care unachievable.
- Chain of Command and Procedure for MCI

- The plan may be activated any time the incident fits into the above definition.
- When responding to a known MCI, advise the closest hospital, depending on the location of the MCI that you are responding to.
- In the event the situation develops into an MCI, the first ambulance crew is responsible for activating the MCI Plan and notifying dispatch, requesting the necessary resources, and the EMS Chief should be paged.
- Establish an Incident Command Post (ICP) and utilize the Incident Command System.
- Incident Command System
  - During the incident, the Incident Commander (IC) is responsible for the overall management of the incident. The IC is selected based on experience, qualifications, and jurisdictional authority. Major responsibilities of the IC include:
    - Establishing an Incident Command Post. An ICP is a fixed location where the IC is located and will work from. Once the ICP is established, it should not be moved.
    - Determining immediate priorities. The priority is always the safety of the people involved in the incident.
    - The second priority is stabilizing the incident. While stabilizing the incident, always take into consideration life safety, command, and the management of resources efficiently and cost-effectively.
    - Determining incident objectives, strategy, and tactics.
  - Other functions of the Incident Commander include:
    - Assessing the situation
    - Approving, authorizing, and implementing an Incident Action Plan
    - Ensuring scene safety
    - Coordinating activity for the command and general staff
    - Coordinating with key officials
    - Approving requests and releases of resources
    - Keeping agency officials informed of incident status
    - Approving the use of outside personnel
    - Authorizing the release of information to the news media through the Information Officer
    - Ordering the demobilization when appropriate
    - The IC may have a deputy to help accomplish all these tasks, but the deputy must have the same qualifications as the IC and must be ready to take over the role of the IC at any time.
    - If an incident changes to the degree that someone with their qualifications is needed, command can be handed to a better-qualified person or changed to a Unified Command System (UCS).
- Command Staff
  - There are three important staff functions that are the responsibility of the IC. The IC can choose to take on these responsibilities or may assign staff to these duties instead. These Officers need to be in the ICP.
    - Information Officer



- One member of the Command Staff is the Information Officer (IO). The IO is responsible for developing and releasing information to the news media, incident personnel, and other appropriate agencies per the IC's discretion. There is only one IO per incident, but the Information Officer may have one or more assistants.
- Some of the things the IO should consider include:
  - Establishing a work location separate from the Incident Command Post (ICP) yet close enough to have access to information.
  - Establishing an area for the media to gather.
  - Arranging for media photo opportunities.
- Liaison Officer
  - Another Command Staff member is the Liaison Officer (LO). An LO is essential for incidents involving several jurisdictions or agencies.
  - The LO is responsible for assisting and coordinating with other agencies and personnel other than those involved in Unified Command. The Liaison Officer is utilized when the incident gets so large that the IC can no longer coordinate with each agency on an individual basis, or when two or more jurisdictions are involved.
- Safety Officer
  - The third Command Staff member is the Safety Officer. The Safety Officer's (SO) function is to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. All response efforts require safety, but in a HAZMAT incident, the assigning of a Safety Officer is required.
- Depending on the scope of the MCI, additional officers may be utilized
  - Extrication Sector Officer
    - This officer should have an assistant or be from the Fire \ Rescue Team.
    - Determine resources needed to extricate patients and deliver them to the triage area before final placement at the treatment sector.
    - Communicate resource requirements to command.
    - Allocate assigned resources.
    - Assign, direct, and supervise personnel and resources.
    - Collect, assemble, and assess patients with obvious minor injuries and isolate them from the treatment and extrication sector operations.
    - Provide frequent progress reports to command.
  - Triage Sector Officer
    - Establish a sector area at or near the entrance to the treatment sector operations.
    - Follow local protocols for triage procedures.

- Treatment Sector Officer
  - Locate a suitable treatment sector area and report that location to the extrication sector officer and command.
  - Evaluate resources required for patient treatment and report those needs to command.
  - Provide suitable RED, YELLOW, and GREEN treatment areas.
  - Assign, direct, supervise, and coordinate personnel within the sector.
  - Report progress to command.
- Transport Sector Officer
  - Establish ambulance staging area (if command has not done so) and patient loading areas.
  - Establish and operate a helicopter landing zone (may use fire for this zone).
  - Work with the communications center and hospitals to obtain medical facility status.
  - Coordinate patient allocation and transportation with the treatment sector, the communication center, and hospitals.
  - Maintain a log of patients transported, including name or number, basic injury, destination, and time leaving the treatment sector.
  - Report resource requirements to command.
  - Supervise personnel.
  - Report when the last patient has been transported.
- Staging Sector Officer
  - Coordinate with law enforcement to block streets, intersections, and other access routes required for staging operations.
  - Ensure that all apparatus is parked in an orderly manner within staging so they can be deployed efficiently to the incident site.
  - Maintain a log of units available in the staging area as well as specialized equipment and medical supplies that may be required at the scene.
  - Confer with command about essential resources in the staging area and coordinate requests for additional resources with the communications center.
  - Assume a position that is visible and accessible to incoming and staged units.
  - Announce the location of staging to command and the communications center.

## ATTENDING SCHOOL / FURTHER EDUCATION POLICY

- In the event you are going to be attending any school, please follow the guidelines below to take time off.
  - It is your responsibility to find trades to cover your shifts. This is not the responsibility of the Service to give you time off for school, but the Chief will work with you as much as possible to accommodate it.



- Acceptable ways to cover your shifts:
  - Trade your hours with another employee. There needs to be an effort on the employee to contact fellow employees about trades for hours.
  - If a volunteer is willing to cover your hours, you will need to use sick or vacation leave to cover your hours.
  - If no one can trade, then you need to report to work. Calling into work sick to go to school can result in disciplinary action.
  - Paramedic Interns have a separate contract with the City of Berlin and must adhere to that contract

## OVERTIME MANDATE POLICY

- When experiencing staffing deficits, Berlin EMS management can mandate its full-time staff to work overtime to ensure safe and effective operations.
- It shall be the responsibility of the EMS Chief to enforce and follow this procedure.
- Mandatory overtime will be assigned based on seniority (seniority is based on full-time service), starting from lowest to highest. The person with the lowest seniority and skill level needed will be required to work overtime as assigned. This will be done on a rotating basis with individuals that are mandated to work overtime subsequently being placed back in the rotation but at the top of the list. Notification of this overtime mandate must be done within 48 hours of the start of the shift being mandated.
- The only excusable instances that an employee can refuse mandatory overtime are approved FMLA, approved vacation, active workman's compensation, or if the mandatory shift would put an employee on shift for >72 hours. Mandatory overtime can only be assigned in increments of 24 hours or less. If 48 hours need to be filled, two EMS staff will be mandated to work.
- Should an employee be advised of mandated overtime, but another staff person voluntarily comes forward to fill the required shift, the employee assigned the overtime will be removed from the schedule and placed back on the rotating OT schedule