LAMBERTON CITY COUNCIL WORK SESSION ● CITY HALL March 3, 2025 ● 6:00 P.M.

1. CALL TO ORDER/ADOPT AGENDA/CEREMONIAL DUTIES

A. Additions/Deletions to Agenda

2. GENERAL BUSINESS

- A. Police Department
 - 1. Proposal from Derick Determan
 - 2. Application from Javier Ramirez-Valdez
- B. Ambulance Service
 - 1. We are making a big recruitment push
 - a. Letters sent, newspaper articles, letter follow up with calls
 - b. Adding a full-time position
 - 2. Ambulance Policy/Payroll
 - a. Tim has these for review will want his input before any adoption from the council.
 - b. This includes the basis for how payroll is figured. We would have to update the Fee Schedule.
 - c. I have attached 2024 payroll numbers using the proposed rates. (I am using some new data so I will likely have some more or different info on Monday.)
 - 3. Ambulance/City Position
 - a. Position to help cover day shift, be the Ambulance Director, mow parks/city, public works
 - b. We can use one-time funding to offset, we can not hire regular summer help for mowing
 - c. Walnut Grove Job Description Attached
 - d. Val reached out for guidance and has not heard back.
- C. Cannabis Ordinance
 - 1. Attached is the revised ordinance from Matt Novak
 - 2. Please review

3. NEXT MEETING DATES

- A. Regular Council Meeting March 10, 2025 at 6:30 PM
- 4. ADJOURNMENT

To the City Council and Mayor of Lamberton Minnesota:

In this proposal, you will find what it would require for me to accept the position of Chief of Police. Within the proposal, the numbers/ requirements are very similar to what I am currently working or what I held in my previous position as patrol officer.

- I would work 32 hours a week and be considered full time. These hours would vary from daytime, to evening, to weekends and holidays.
- I would take on-call every day that I work and on days off that would work with my available personal time. The department would have a working on-call phone, or I would be reimbursed for my personal phone usage while at work.
- I would be paid hourly at \$62 an hour. On-call hours would NOT be paid. Any call-out time would be considered paid by the hour. Any holidays worked would be considered time and a half for hours worked.
- Anything between 32 hours and 40 hours worked I would leave up to City Council if they want to pay for the hours worked or adjust the schedule to stay and maintain the 32 hours a week.
- I would accrue health insurance, sick time, vacation time, and other benefits that the city already covers for full-time personnel. This also would include any retirement whether it is Law Enforcement PERA, Deferred Comp, or 401(k).
- The hours I work will vary to benefit the city, citizens, businesses, and school district for any events or activities that arise throughout the year.
- Due to the position of taking call, I would require a take home Squad. I currently live outside of Vesta and would not move due to my settlement with family and our current position. It should be noted I live 28 miles from the City of Lamberton.
- I would need to maintain all law-enforcement credits, trainings, meetings, certifications, licenses and equipment at the expense of the police department budget.
- My number one goal for this position is to maintain law and order and peace within the city. I
 would also be following all State, City and Federal laws and policies.
- I would continue to work closely with Redwood County Sheriff's office and other cities and departments when required/ asked.
- I would take all calls and complaints during the time I am working or on call if possible. If a call comes out during my day off, I will take care of it when I come back to work if it is not an emergency. If an emergency call is handled by the Sheriff's Office, I would work closely with them in resolving the case. The Redwood County Sheriff's Office would be able to contact me 24/7 for any questions or concerns they may have.

Please look over this proposal and let me know if you have any questions or concerns. I understand this proposal is long and wordy, but I am just trying to keep it open and honest. Again, this proposal is very close to my current employment position and holdings. If this proposal is agreed upon, I would have it validated for 2 year with no change.

If you have any questions, concerns or want to sit down further, please contact me any time. My personal cell is 507-227-5757.

Respectfully,

Derick Determan

From: <u>Derick Determan</u>
To: <u>Valerie Halter</u>

Subject: Re: Lamberton Chief Proposal

Date: Thursday, February 27, 2025 11:41:33 AM

Hi Val,

I am currently at \$42 an hour but with all the on-call time that I get paid for (\$10 an hour on call paid even days I don't work a shift) that basically equates to what I got paid last year. I have it figured out if I take on call with Lamberton with no pay that will equal out in the end. Plus I'll be going from patrol duties at current job to both Chief duties and patrol at Lamberton. If this all makes sense.

Hope this helps?

Let me know if you have any more thoughts or concerns!

Derick

Sent from my iPhone

On Feb 27, 2025, at 10:40 AM, Valerie Halter <vhalter@lambertonmn.com> wrote:

One question. I thought you were currently at \$42/hour? This states \$62/hour ask.

Valerie Halter

City Clerk <image001.jpg>

112 2nd Ave. PO Box 356 Lamberton, MN 56152

Office: 507-752-7601 FAX: 507-752-7117

www.lambertonmn.com

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From: Derick Determan <derick_d_2003@hotmail.com>

Sent: Wednesday, February 26, 2025 4:24 PM **To:** Valerie Halter < vhalter@lambertonmn.com>

Subject: Fwd: Lamberton Chief Proposal

Val,

Attached is the proposal I have put together for the Chief position. I understand this proposal looks very expensive, but in all honesty it's what I have earned over the last few years.

Let me know your thoughts and get back to me if you choose!

Thanks

Derick Determan

Sent from my iPhone

Begin forwarded message:

From: Derick Determan < derickd@uppersiouxpolice-nsn.gov >

Date: February 18, 2025 at 12:31:29 PM CST

To: Derick Determan < derick d 2003@hotmail.com >

Subject: Lamberton Chief Proposal

Get Outlook for iOS

From: Derick Determan

Sent: Thursday, February 13, 2025 12:09:25 AM

To: alissadeterman@co.lyon.mn.us <alissadeterman@co.lyon.mn.us>;

lisfoot1@hotmail.com lisfoot1@hotmail.com>

Subject: UPDATED proposal Lamberton

Updated....

Dear Hiring Manager,

My name is Javier Ramirez Valdez, bilingual in Spanish/English hoping/seeking to fill in the position.

I can use my education and teamwork skills and attentiveness for this position.

I am a self motivated individual with a tireless work ethic. My willingness to learn and grow has allowed me to become a community minded individual. Assisting at any task thrown at me, communicating with non English speakers, enforcing rules and my ability to be a natural people person.

Please see my resume for additional information detailing my experiences. I look forward to hearing back from you about this employment opportunity and share more about why I am the perfect fit.

I want to use the law enforcement expiernce I gained over the last year and help increase my knowledge further instead of forgetting or falling behind.

Thank you for your time and consideration. Javier Ramirez Valdez

(605) 906 5311 javiierv2023@gmail.com

Application for Employment

We welcome you as an applicant for employment with the City of Lamberton. It is the City of Lamberton's policy to provide equal opportunity in employment. The City of Lamberton will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Lamberton accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact City Hall at 507-752-7601.

Personal Information

Name:	(Last)	(First)	(MI)	
	Ramirez Valdez	Javier	Н	
Street Address	1825 Eleanor street			
City, State, Zip	Worthington MN 56187			
Phone Number	605-906-5311	Alterr	nate Phone	
Email javiie	rv2023@gmail.com	1		

Please print in INK or type when completing this application Title of position applying for: **Every Position** Are you legally eligible to work in the United States in the position for ⊠ Yes □ No which you are applying? Proof of citizenship or work eligibility will be required as a condition of employment. Will your continued employment require employer sponsorship? ☐ Yes ☒ No Are you at least 18 years old? ☑ Yes ☐ No **Educational Information** Circle the highest grade completed 12345678 9 10 11 12 GED 13 14 15 16 MA MS PHD JD Grade School High School College/Technical Graduate ✓ Yes□ No ⊠ Yes □ No □ Yes□ No Did you graduate: (Please check) High School College/Technical Graduate JD **School Name** Address Course of study Degree High School: Worthington MN, DIPLOMA 9-12th Clary Street College: Minnesota West, Law enforcement Law enforcement College Drive Graduate School: Technical/Vocational: Other: Other:

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

ASP TRAINING, USE OF FORCE TRAINING, ACTIVE SHOOTER TRAINING, TASER,

List any current licenses, registrations, or certificates you possess which may be related to this position:

MN POST, ASP, USE OF Force

Employment Experience

List present or most recent employer first. Please note "see resume" is <u>not</u> an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Company	Name of last supervisor	Hrs./Week			
LAW FIRM	Erin	37-40			
Address	Start Date				
222 10TH STREET	07/2024				
City, State, Zip	End Date				
Worthington MN	Current				
Phone Number	Last job title				
	Administration A	Assistant			
Reason for leaving (be specific):					
Current					
Describe your work in this job:					
Helping people who are looking for immigration services.					
Answering phone calls and helping guide to the right services. Making appointments, helping translate for Spanish speakers,					
schedule everyone in the office, help translate forms.					
May we contact this employer? ☐ Yes ☐ No					

Company	Name of last supervisor	Hrs./Week
Slayton PD	Chief Steinle	40
Address	Start Date	
Slayton MN	01/2024	
City, State, Zip	End Date	
Slayton MN	03/2024	
Phone Number	Last job title	Police officer
· · · · · · · · · · · · · · · · · · ·	Had a family emergency come up, spol come up with a solution. Ended on goo transfer part time or temporary hours at	d terms and we couldn't just
Describe your work in this job:		
Provide safety to the city of si ever-day people with small or	ayton and make sure to respond to call bigger tasks	s and assist
May we contact this employer?	Yes □No	
Company	Name of last supervisor	Hrs./Week
Worthington PD	Chief Apel	40
Address	Start Date	
Airport Road	07/23	
City, State, Zip	End Date 08/2023	
Worthington MN 56187		
Phone Number	Last job title Police officer	
	Police officer	
Reason for leaving (be specific): Reason years	Police officer	and a lot of stuff I missed over the years. I
Reason for leaving (be specific): Reason years	Police officer n for leaving I passed my POST exam and was eage since I graduated. Wasn't prepared for the bigger city	and a lot of stuff I missed over the years. I
Reason for leaving (be specific): Reason years to resign to the specific period of the spec	Police officer n for leaving I passed my POST exam and was eage since I graduated. Wasn't prepared for the bigger city	and a lot of stuff I missed over the years. I eat people and environment

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):	-	
Describe your work in this job:		
May we contact this employer?]Yes □ No	

Unpaid Experience

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

Played Bingo with the elderly, teach boxing classes on friday.

Ringed the bell for the holidays at locations, set up events

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WILLITAN	\sim $ \sim$ \sim	ALIANCA
EASILIFOLE	y LAP	erience

But I do the to the comment	
Did you serve in the U.S. Armed Forces? ☐ Yes ☒ N	lo
Describe your duties:	
Do you wish to apply for Veterans' Preference points:	□ Yes ⊠ No
If you answered "yes," you must complete the enclosed app	
and submit the application and required documentation to t	he City of Lamberton by the application
deadline of the position for which you are applying.	The City of Earmberton by the application
acadime of the position for which you are applying.	
Authorizati	on
I certify that all information I have provided in this applic	ation for employment is true and
complete to the best of my knowledge. Any misrepreser	ntation or omission of any fact in my
application, resume or any other materials, or during an	y interviews, can be justification for
refusal of employment, or if employed, will be grounds for	or dismissal, regardless of length of
employment or when the misrepresentation or omission	
I acknowledge that I have received a copy of the job des	scription summary for the position/s
for which I am applying. I further acknowledge my under	rstanding that employment with the
City of Lamberton is "at will," and that employment may Lamberton or me at any time, with or without notice.	be terminated by either the City of
-	
With my signature below, I am providing the City of Lam information I provided within this application packet, incl	berton authorization to verify all
employers. However, I understand that if, in the Employers	ment Experience section I have
answered "No" to the question, "May we contact your cu	irrent employer?" contact with my
current employer will not be made without my specific a	uthorization.
I have read the included Applicant Data Practices Advise	
criminal history checks may be conducted (after I have to	peen selected for an interview, in the
case of non-public safety positions) and that a conviction	n of a crime related to this position may
result in my being rejected for this job opening. I also un	derstand it is my responsibility to notify
the City of Lamberton in writing of any changes to inform	nation reported in this application for
employment.	
Signature Fairer	00/00/0004
190/21	09/09/2024
Signature	Date

[CITY OF LAMBERTON • PO BOX 356, 112 2ND AVE W • LAMBERTON, MINNESOTA 56152]

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED WITH THE APPLICATION IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Lamberton operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Lamberton.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last)	(First)	(M	I)	Position For Which You Ap	plied	
				Closing Date:		
Address (Street)	(City)	(State)	(Zip)	Phone Number	Are you a US C	itizen or Resident
					Alien?	
					☐ YES	□ NO
VETERAN (10 points) ("Member Copy 4" of E Honorably dis		, or other docu	mentatio	n verifying service, must be ☐ Yes ☐ No	submitted to re	ceive points)
or more must be subm Percent of Di	D214, or other ditted to receive passility:	oints) %		service, and USDVA letter		ng decision of 10%
· lave you ov	or boom promotes	a widini die Oil	y Or Lains	berton employment:	☐ 1 <i>e</i> s	NO
SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death): ("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran). Date of Death: Have you remarried? Yes No						
SPOUSE OF DISABLE	D VETERAN (1	5 points):				

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).

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How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

<u>AFFIDAVIT</u>: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Lamberton by the required application deadline.

09/09/2024

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Lamberton. Please contact our office at (507)752-7601 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Lamberton appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:
Gender: ☑ Male □ Female
With which racial/ethnic group do you identify?
☐ Black or African American
☑ Hispanic or Latino
☐ American Indian or Alaskan Native through Tribunal affiliation or community recognition
□ Caucasian/White
□ Asian
□ Native Hawaiian or other Pacific Islander
☐ Two or more races
Disability status, defined as:
 Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); Has a history of a disability (such as cancer that is in remission); Is regarded as having such an impairment. Do you claim disability status? ☐ Yes ☑ No
-

Applicant Data Practices Advisory

According to Minn. Stat. § 13.04, the City must advise you of the following. Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. Your data will be used for this process. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data: We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

The Importance of Volunteering for Fire and Ambulance Services

Recently, the City of Lamberton experienced a heartbreaking tragedy with the loss of two community members. In times like these, we are reminded of the selfless individuals who respond without hesitation—our volunteer ambulance and fire department members. When emergencies arise, they are the ones who step forward, ensuring that help arrives when it is needed most. But have you ever stopped to ask yourself: if not them, then who?

Lamberton operates both a volunteer ambulance service and a volunteer fire department, and their work is critical to the safety and well-being of our community. Not all calls are tragic, but each response plays a crucial role in protecting lives and property. The reality is that both services are in critical need of volunteers. Without dedicated individuals willing to serve, these essential services cannot function effectively.

If we are unable to answer a call, we are forced to rely on neighboring towns for assistance. This adds response time, which can be critical to the outcome of an emergency. Additionally, neighboring towns are facing the same challenges, as they struggle to cover their own communities. The need for local volunteers is greater than ever.

Volunteering for the fire or ambulance service is not just about answering calls; it is about being part of a team, learning valuable skills, and making a meaningful difference in the lives of your neighbors. No one faces an emergency alone—each responder is backed by a team of trained and supportive individuals who work together in times of crisis.

Currently the ambulance is running with 12 members. Ideally, they could use another 10 members. The Fire Department should have 20 members, but are at 17 with a possibility of 5 retirements coming in the near future. The more members on the services, the less of a time commitment it needs to be.

If you have ever considered volunteering, now is the time. Ask current members about their experiences. Come and see what it's all about. Your willingness to serve could mean the difference between life and death in a critical situation.

To learn more about how you can get involved, contact the Lamberton City Office, and they will connect you with the right person. Our community relies on those willing to step up—because when the call comes, someone must answer.



112 2nd Ave W • PO Box 356 • Lamberton, MN 56152 Phone: (507) 752-7601 • Fax: (507) 752-7117 • Website: https://lambertonmn.com

February 24, 2025

Rosewood Hutterian Brethren 29424 US Hwy 14 Lamberton, MN 56153

Subject: Join the Lamberton Ambulance Service – Your Community Needs You!

Dear Rosewood Hutterian Brethren,

We are reaching out because we believe you would be a great addition to the Lamberton Ambulance Service. Our community depends on dedicated volunteers like you to ensure that emergency medical care is available when it's needed most.

Becoming a volunteer EMT is not only an opportunity to serve your community—it's also a chance to gain valuable lifesaving skills, be part of a strong and supportive team, and make a real difference in the lives of your friends and neighbors. To help make this possible, the City of Lamberton will cover the full cost of your training. In return, we ask for at least one year of service.

Why Join?

- Make a Difference Help save lives and support your community.
- Fully Covered Training Gain skills at no personal expense.
- Teamwork & Support Be part of a dedicated group of local responders.
- Make a Difference Help save lives and support your community.
- Low Time Commitment The more volunteers we have, the less time each person needs to serve!

Ambulance members attend monthly meetings and trainings to stay prepared, but beyond that, we work together to make volunteering manageable. If you're curious, we'd love for you to attend a meeting or talk with current members to learn more—no obligation, just an opportunity to see if it's the right fit for you.

Please consider this unique opportunity to give back in a meaningful way. If you're interested or have any questions, reach out to one of us listed below.

Thank you for considering this important role in our community. We hope to hear from you soon!

Sincerely,

Tim Birkemeyer	Debbie Vollmer	Valerie Halter
Director	Assistant Director	City Clerk
507-430-8958	507-430-1042	507-752-7601

POLICY BOOK





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The Lamberton Volunteer Ambulance Service

Thank you for volunteering your time to become a Lamberton Ambulance Member. Our service would not exist if not for people like you who step forward and give of their time.

The Lamberton Ambulance is a city owned Ambulance Service. The Executive Committee(Lamberton Ambulance Director and Asst Director) of the Lamberton Ambulance Service governs the Ambulance Service, while the Ambulance Director directs the daily operations of the Ambulance Service.

It is the purpose of the Lamberton Ambulance Service to provide appropriate emergency health care services and to contribute to the general health and welfare of the citizens of the City of Lamberton and surrounding area. We shall seek to treat all patients and families with dignity, kindness, understanding, compassion and sympathy.

The greatest single asset of the Lamberton Ambulance Service is its volunteers. We encourage all members of this organization to achieve and maintain the highest possible level of skill and responsibility for the services the organization provides.

Employment Status and Policy Adherence

Members of the Lamberton Ambulance Service are employees of the **City of Lamberton** and are subject to the **City of Lamberton Personnel Policy** in addition to the policies outlined in this handbook. All ambulance team members are expected to comply with both sets of policies, as the City's personnel policy governs general employment matters, while this handbook specifically addresses ambulance service operations, procedures, and responsibilities unique to the role.

In the event of any conflict between the City of Lamberton Personnel Policy and this handbook, the Ambulance Director and the City Clerk will determine the appropriate application of policies. Any updates or modifications to either policy will be communicated accordingly.

Failure to adhere to these policies may result in disciplinary action as outlined in the applicable policy documents.

POLICY TITLE: PURPOSE OF A POLICY MANUAL

These written policies should increase understanding, eliminate the need for personal decisions on matters of service-wide policy and help to assure uniformity throughout the organization. It is the responsibility of the Ambulance Director and Assistant Director to administer these policies in a consistent and impartial manner.

Each Policy will be reviewed annually by the Director and/or Executive Committee. The Executive Committee and the City council will approve changes and authorize revisions.

PROCEDURE:

Procedures and practices in the field of personnel relations are subject to modification and further development in the light of experience.

Members are encouraged to propose Policy improvements to the Ambulance Director for consideration by the Executive Committee.

The Director is responsible for methodically reviewing all Policies and for proposing revisions to the Executive Committee.

The Ambulance Director will forward final Policy change proposals to the City Council for final approval following Executive Committee approval.

The Ambulance Director will provide updates to Ambulance Members for placement in their Handbooks following final approval.

POLICY NO: 101

POLICY TITLE: APLICATION FOR MEMBERSHIP TO THE SERVICE

It shall be the policy of this organization to require that all potential Team Members complete an application to the LAMBERTON Ambulance Service.

The City of Lamberton will perform a criminal background check and driver license check on all applicants. Applicants may also be subjected to random drug screenings.

PROCEDURE:

Potential members of the Ambulance Service shall obtain an application form from the Director or the City Clerk.

Upon completion of the application form the Ambulance Director shall review the application for its completeness and for appropriate documentation. Pending the results of the criminal background check, drug screening and driver license check of the Ambulance Service shall inform the potential member of his/her acceptance in a timely fashion.

POLICY TITLE: CERTIFICATION AND LICENSURE POLICY

All service members who are required by the State of Minnesota to possess an EMS Certification to be eligible for service on the ambulance team must submit a copy with the application form on or before the first day of service to the organization.

Upon certification renewal, a copy of the renewal should be submitted to the Ambulance Director for inclusion in the personnel file.

Each ambulance service member shall submit a copy of his/her Minnesota driver license.

Ambulance Members must continuously possess a valid Minnesota driver license throughout their involvement with the Service.

PROCEDURE:

All team members must submit copies of renewed certifications to the Assistant Ambulance Director upon receipt of said certification to be eligible for service on the team.

All service members whose certification expired will be temporarily suspended from the service until appropriate certification is obtained after notice has been made of expiration.

Ambulance personnel who fail to re-certify will be temporarily suspended from the service until appropriate certification is obtained.

Ambulance members must report suspended or revoked Minnesota driver licenses to the Ambulance Director prior to their next scheduled call duty. The team member must not operate an ambulance until proof of license reinstatement is provided and written approval has been given by the City Clerk.

POLICY NO: 103

POLICY TITLE: EMPLOYEE RIGHT TO KNOW ACT

The Lamberton Ambulance Service will comply with the Employee Right to Know Act to ensure that each team member is made aware of hazardous substances, harmful physical agents and infectious agents to which they may be exposed.

PROCEDURE:

New team members during their orientation will be made aware of the Act, what it is and how it affects the team member.

A manual for the Ambulance Service listing the "hazardous substances" and "harmful physical agents" and "Infectious Agents" is placed in at the Ambulance base for easy access by all team members.

All new substances will only be used when the Ambulance Service has been provided a data sheet from the company regarding those substances. The Ambulance Director will place data sheets in the appropriate manuals.

Right to Know: Training is refreshed annually in accordance with MN OSHA requirements. **ATTENDANCE IS MANDATORY.**

RESPONSIBILITY:

Each team member is responsible to read the manual and if they question a substance that is used they will notify the Ambulance Director.

Ambulance Director will ensure that this policy is followed.

POLICY NO: 104

POLICY TITLE: NEW MEMBER ORIENTATION

Each new team member will meet with the Ambulance Director or who he/she delegates prior to starting the ambulance service. The orientation procedure developed will ensure consistent and fair training for all team members.

PROCEDURE:

Prior to the first day of call, the new team member will spend ample time with the Ambulance Director, Assistant Director, at which time the checklist for general policies in this book is completed.

RESPONSIBILITY:

The Ambulance Director and Assistant Director will have the responsibility to the new members to review the Ambulance policies and procedures, rules and regulations. The Director or Assistant Director will line up the new employee with ride-a-longs.

Ambulance orientation checklists will be kept in the Personnel File of team members.

POLICY NO: 106

POLICY TITLE: EMPLOYEE PERSONNEL FILES

The Ambulance Director or who he/she delegates will maintain official team member personnel files that pertain to the employee's

PROCEDURE:

All information pertaining to team members must be filed in the Ambulance Director Office where material will be monitored for appropriateness before filing. These files are available for review in the Director's Office by State Auditors.

Information routinely found in the Personnel File includes:

- Application
- Certification Verification
- Employee Acknowledgement: Employee Handbook, etc....
- Performance Appraisals
- Current Minnesota Driver License Status
- Statement of Confidentiality
- Continuing Education Certificates
- Drug Testing Results
- Pager and/or Radio information Key number

The Assistant Ambulance Director will review and update all personnel files annually.

Additional information regarding the employee will be kept in a file at the City Clerk's office.

POLICY NO: 107

POLICY TITLE: EQUIPMENT DAMAGE

Team members shall not be held financially liable for damage that occurs in the performance of their duties unless extreme negligence is indicated.

PERFORMANCE:

If damage to a piece of equipment or to the ambulance occurs, the team member(s) involved should complete an equipment incident report. form immediately following the run and notify the Ambulance Director. The form will be easily accessible at the Ambulance garage.

POLICY NO: 108

POLICY TITLE: CLOTHING

The ambulance service shall not provide uniforms. The following clothing will not be allowed:

- Open Toe Shoes
- Sandals
- Suggestive or Inappropriate Clothing such as: cropped shirts, bra's visual, and underwear showing out of employee's pants.

NOTE: Shorts and skirts are not recommended.

PROCEDURE:

Members are responsible for any damage to or loss of clothing while performing ambulance duties.

However, team members may make written request to be considered by the Ambulance Director as to the replacement of clothes. Replacement costs, if approved shall not exceed \$50 per incidence.

POLICY TITLE: CALL SCHEDULE

All members are required to be on the schedule for a minimum of 60 hours.

All members are required to be on the schedule.

It shall be the policy of the Ambulance Service to provide a monthly call schedule to all members of the Ambulance Service.

- Shifts are 12 hours on weekdays
 - The dayshift is 6:00 AM to 6:00 PM
 - o The night shift is 6:00 PM to 6:00 AM
- Weekends are 24 hour shifts
 - Starting at 6:00 AM Saturday
 - Ending at 6:00 AM Monday
- Holidays are 24 hour shifts
 - Starting at 6:00 AM
 - Ending at 6:00 AM the following day

PROCEDURE

The Ambulance Director or who he/she delegates will assign members to a monthly schedule.

Unless special circumstance approved by the Ambulance Director. The approval of reduced hours under the required 60 hours, will be <u>written</u> documentation and placed in the personnel file.

Those not completing the required minimum of 60 on-call hours per month without pre-approved permission, will precipitate actions of the City of Lamberton disciplinary policy and may be obligated to pay for annual refresher expenses. This will be reviewed annually and communicated to those members not meeting the requirement. A final hour's review will be completed annually.

Each member is responsible for their shifts on the Ambulance Service on-call schedule. If unable to fulfill the commitment the <u>members are</u> responsible for securing another member to cover the shift.

Suggested procedure of finding shift coverage:

- Post request in the scheduling app for shift coverage.
- Contact members directly for a shift exchange.
- Make the change in the scheduling app.

POLICY NO: 110

POLICY TITLE: CRITERIA FOR TEAM STAFFING

Lamberton Ambulance shall provide staffing set forth by the State of Minnesota.

PROCEDURE:

The team can consist of a minimum of 1 EMR and 1 EMT. The Lamberton Ambulance Service will strive for 3 person teams at all times but understands this may not always be possible.

POLICY TITLE: PUBLIC RELATIONS EVENT COVERAGE

The ambulance service shall ensure that there is adequate coverage for the community of Lamberton during public events at which the ambulance service is asked to provide coverage.

PROCEDURE:

The members scheduled for call during the public event will cover the event.

The Ambulance Director or who he/she delegates will contact county dispatch and remove the Ambulance service if it is an event that the ambulance cannot leave from.

Crew members scheduled to work during the event will be paid 1 hour Call Time rate for covering the event.

A Run Sheet must be filled out for the event.

POLICY NO: 112

POLICY TITLE: DEFINITIONS OF CREW MEMBER TYPES

It is the responsibility of the Lamberton Ambulance service to provide 24x7 ambulance coverage to the service area assigned. Because of this, members may be classified differently. Each classification may carry different expectations and responsibilities.

In-Community Crew Member – A crew member who lives within 5 miles of the city limits of Lamberton.

Out of Community Crew Member - A crew member who lives greater than 5 miles from the city limits of Lamberton but has agreed to assist with covering shifts. Example would be a person living greater than 5 miles from Lamberton but works in Lamberton during the week. (These crew members will need to be within 5 miles of the city of Lamberton during the times they are covering.) Out of Community Crew Members will not be required to cover one weekend a month or be included in the Holiday rotation.

Dayshift Crew Member – These crew members are required to cover dayshift call during the week Monday through Friday. Dayshift crew members will also be required to cover one weekend a month and be included in the Holiday rotation.

Nightshift Crew Member – These crew members are required to cover nightshift call during the week Monday through Friday. Nightshift crew members will also be required to cover one weekend a month and be included in the Holiday rotation.

POLICY NO: 113

POLICY TITLE: VOLUNTARY RESIGNATION

Team members are asked to give notice of their intent to resign at least two (2) weeks prior to the anticipated last day of call responsibility. Officers (Director and Assistant Director) are asked to give notice of their intent to resign at least four (4) weeks to the anticipated last day of call responsibility. The resignation must be in writing. Resignations should be given to the City Clerk who will notify the Director.

Team members will be notified of a resignation when it has been received by the Ambulance Director.

All resignations will be recognized by the city council.

POLICY NO: 114

POLICY TITLE: COUNSELING POLICY

The Lamberton Ambulance Service will make available for any ambulance member or members the Critical Incident Stress Management (CISM) team. This team is for anyone needing or requesting intervention from a traumatic incident or call.

PROCEDURE:

In the event of a critical incident, the Ambulance Director or Assistant Director will contact a CISM team if requested and a date and time will be arranged.

POLICY NO: 115

POLICY TITLE: MUTUAL AID FOR FIRE DEPARTMENT

The Lamberton Ambulance Service will be paged to respond to ALL fire calls to offer support for any victims and/or fire department personnel that may be injured at the scene.

The Lamberton Ambulance Service will be paged to respond to ALL fire calls to offer support for any victims and/or fire department personnel that may be injured at the scene.

POLICY TITLE: PAY PERIODS AND PAYCHECKS

The Lamberton Ambulance Service utilizes the City of Lamberton payroll system.

PROCEDURE:

New employees need to fill out new employee paperwork including direct deposit authorization and W4 forms.

All payroll is paid through direct deposit.

Ambulance members are paid annually for services rendered from December 1 to November 30.

Questions about payroll checks are to be directed through the Ambulance Director. Every precaution is taken to avoid errors in your paycheck. However, if an error does occur it will be corrected as soon as possible to avoid hardship to the ambulance crew members.

It is up to the member to contact the City Clerk for changes in banking information or tax deductions.

POLICY NO: 201

POLICY TITLE: Run Pay

The Ambulance Director shall request an annual review by the City Council of compensation rates paid to Ambulance Members for services rendered as a part of the ambulance team. The review shall proceed the Ambulance Department budget cycle.

Calculation of the number of hours to be compensated shall be as follows:

Run pay as set in the City of Lamberton's Fee Schedule per run for up to three service members will be paid for all documented runs, subject to the following interpretation:

- 1. When multiple patients and run reports are completed on one incident page out Pay for one run.
- 2. When an incident occurs while on a standby run, e.g., structure fires, paid as one run.
- 3. If the person on-call is employed by the City in another capacity while on-call, the call time pay will be paid and run pay will not be paid if the page occurs while on the clock for the other job.

Run pay will be paid for all cancels unless the crew <u>DOES NOT go enroute</u>. A Patient Care Report needs to be completed for cancels.

Following the annual review, the City Council shall establish compensation guidelines, as they deem appropriate for the following year.

POLICY TITLE: CALL PAY

It shall be the policy of the ambulance service to compensate on-call team members.

On-Call Rate will be set annually in the City of Lamberton's Fee Schedule.

PROCEDURE:

The Ambulance Director in preparing the annual pay sheet for payroll consideration shall indicate on the pay sheet those team members entitled to call pay and the amount of time to be paid for. This information will obtained from the schedule on the app used.

Any trading among crews must be dealt with between team members and then updated in the scheduling app. Contact the Director if you are unable to make the necessary changes in the app.

POLICY NO: 203

POLICY TITLE: MEETING ATTENDANCE

In order to remain current on the Ambulance Service policies, procedures and general activity it is extremely important that all team members attend regularly scheduled ambulance service meetings.

PROCEDURE:

To be considered a member in **good standing**, members shall have gone on at least one ambulance run during the preceding twelve months and attended at least six of the preceding twelve ambulance meetings; or, if a member did not go on at least one ambulance run, that member shall have attended not less than eight meetings during the preceding twelve months. Members belonging to the organization for less than twelve months shall be considered to be members in good standing regardless of the number of runs they have participated in or number of meetings they have attended.

- Members need to contact the Director or Assistant Director of their meeting absence for it to be excused.
- Members not meeting the meeting attendance criteria will be given a verbal warning to correct attendance for the following year.
- Members not meeting the meeting attendance criteria for the second year, will be considered a member not of good standing and removed from the service.

The good standing will be reviewed during the current year December meeting.

Members will be paid the per meeting rate set for the in the City of Lamberton's Fee Schedule.

RESPONSIBILITY:

Assistant Ambulance Director

POLICY TITLE: HOLIDAYS RECOGNIZED FOR AMBULANCE CALL PAY

It shall be the policy of the ambulance service to compensate on-call team members the per hour on-call pay rate for 6:00 a.m. to 6:00 a.m. the next day for the following days (hours):

- 1. New Years Day
- 2. Memorial Day
- 3. 4th of July
- 4. Labor Day
- 5. Thanksgiving Day
- 6. Christmas Eve
- 7. Christmas Day
- 8. New Years Eve

PROCEDURE:

The Ambulance Director in preparing the annual pay sheet for payroll consideration shall indicate on the pay sheet those team members entitled to holiday call pay.

The City will only compensate team members scheduled on the appropriate holiday and or weekend. Any trading among crews must be dealt with between team members and the scheduling app updated. This benefit is available only to those team members who sign up for call AND respond to calls during the designated time frames. Members are encouraged to pick up 2 - 12 holiday hour shifts during a year to make it fair for all crew members

POLICY NO: 205

POLICY TITLE: GRATUITIES

The ambulance service belief is that the practice of accepting gifts or gratuities is not only unnecessary and undesirable but also contrary to the interests served by the ambulance service. Hence, the ambulance service prohibits its team members from accepting personal gifts or gratuities from firms, organizations, their employees, agents or patients.

POLICY NO: 206

POLICY TITLE: TUITION/EDUCATION REIMBURSEMENT

To provide educational assistance designed to stimulate interest in off-the-job education of team members for on-the-job self-development. To encourage and financially assist team members who are in good standing to continue their education and acquire greater skills in areas mutually beneficial to them and the ambulance service.

PROCEDURE:

If, on the approval of the Ambulance Director and City Council, you desire to attend educational sessions benefiting your department, certain expenses will be allowed. Approval must be received from the City

Council before attending meetings or expenses will not be paid. The allowance is for registration fees, mileage at the City's approved rate and food allowance. (Mileage will be paid from the ambulance base to meeting site, unless direct from home to meeting site involves less mileage at which instance the lesser mileage will be paid.)

Funds are limited and will be allocated based on potential positive impact to the Service.

RESPONSIBILITIES:

Each team member is responsible for accumulating his/her continuing education hours and maintaining certification by availing themselves to relevant and available educational experiences.

The Ambulance Service responsibility lies in maintaining high quality patient care standards through qualified staff. When the ambulance service requires attendance, certain costs will be reimbursed, as noted above and the ambulance service will maintain records of participation.

Training opportunities offered by the Lamberton Ambulance Service should be priority over seeking the same training elsewhere. All training taken elsewhere must be approved by the Ambulance Director prior to taking. Training must meet the standards set forth by the EMSRB and the Lamberton Ambulance Service.

POLICY NO: 207

POLICY TITLE: EMT COURSE

To provide potential ambulance team members tuition assistance in becoming an EMT, the ambulance service shall pay the tuition cost with the following conditions:

- 1. Complete and pass course.
- 2. Accepted on the Lamberton Ambulance Service and approved by the City Council.
- 3. Remain with the Lamberton Ambulance Service for a minimum of one year in good standing.

PROCEDURE:

Contact the Ambulance Director to request tuition assistance.

POLICY NO: 208

POLICY TITLE: REFRESHER TRAINING

The ambulance service shall pay for the cost of taking the 20 hour refresher course for re-certification of members in good standing.

PROCEDURE:

Staff must be responsible for knowing when their license needs to be renewed. The Ambulance Director or who he/she delegates will provide class information for local refresher classes to be held each year. Staff must inform the Ambulance Director of the class they will be attending so he/she will be able to report to the City Council. Employees in good standing can attend a local class and will have the fee paid by the Ambulance Service.

Extenuating circumstances will be taken into consideration.

The actual requirement hours for EMT and EMR licenses is more than the required refresher course and are set forth by the State regulatory entity.

POLICY NO: 300

POLICY TITLE: SERVICE RESPONSIBILITY

Patients are never an interruption to our work as it pertains to this ambulance service; they are the purpose of it. We are not doing them a favor by serving them; rather they are doing us a favor by giving us the opportunity to do so. Patients are not dependent on us; we are dependent upon them.

Physicians, Hospital Staff, patients' family and friends, the clergy and others all demand and deserve friendly, warm, competent and confidential treatment.

IT IS YOUR RESPONSIBILITY TO:

- 1. Make a good impression on every person you meet at the hospital, other hospitals and in the Community.
- 2. Don't settle for less
- 3. Show your concern for patients, their families and friends, physicians and co-workers.
- 4. Do your job efficiently, knowledgeable, courteously and enthusiastically.
- 5. Have a good attitude toward people, even on days when you are not feeling the best.
- 6. Follow standing orders

What you say and do will affect a patient's experience be it good or bad. Aim for 100% good experience for the service.

All members of the Volunteer Ambulance Association are expected to conduct themselves in a professional and respectful manner at all times. This includes how we communicate with each other, the public, and on social media.

Members should refrain from making negative, disparaging, or unprofessional remarks about the service, fellow members, or leadership. Such behavior can damage the reputation of the organization and hinder our ability to attract and retain volunteers. Constructive feedback and concerns should be directed through the appropriate internal channels to ensure a positive and supportive environment for all.

By maintaining a culture of mutual respect and professionalism, we help strengthen our team and ensure the best possible service to our community.

POLICY TITLE: Executive Committee

The Executive Committee consists of the Ambulance Director, Assistant Director, and 2 City Council Liaisons.

Ambulance Director

This position is responsible for or delegating these responsibilities:

- Main point of contact for ambulance service for business and personnel
- Payroll
- Scheduling
- Budgeting
- MN Star run report entering/filing
- Mutual Aid agreements
- Billing contact, supply billing with appropriate information
- Volunteer contact, placement of new volunteers
 - Run background checks via Law Enforcement
 - Present new volunteer applications to the city council
 - Help arrange training for needed licenses
 - Once approved, create ambulance ride along schedule and writing documentation training
- City Council Contact
 - Attend city council meetings
 - Supply requested information to city council
 - Liaison for the department to the city council
- Department training schedule
 - EMT and First Responder refresher training
 - New volunteer training
 - Monthly Department training
 - MN EMSRB reporting (assist members)
 - Schedule monthly training
- Direct department training if applicable
- Rig Maintenance
 - Oil Changes and maintenance
 - Notify appropriate people when rig is out of service
 - Rig checklists
- Inventory and ordering supplies and make sure items are not expired
- Present Business at the Lamberton Ambulance department meetings
- Research and apply for EMS grants (to assist in equipment costs, training costs, etc.)
- Day-to-day operations along with other duties that arise

Ambulance Assistant Director

This position is responsible for:

- Point of contact in the absence of the Director
- Attend and host meetings in the absence of the Director
- Assist the Director in other duties as assigned

Assist in scheduling

PROCEDURE:

Letters of interest and city employment applications for open or upcoming positions are to be submitted to the City Clerk. The current Executive Committee will review all applications at which time an interview may be conducted.

The Ambulance Director will be recommended by a combination of the Ambulance Executive Committee and the City of Lamberton Human Resources Committee. The City Council will be responsible for hiring the Ambulance Director.

POLICY NO: 302

POLICY TITLE: CONFIDENTIAL INFORMATION

In the course of performing your duties, you will come in contact with information and material which is confidential. No information, records, or material concerning patients or ambulance business may be used, released or discussed with anyone outside the ambulance service. Patient information for continuity of care should be relayed to other caregivers only in the appropriate patient care areas.

PROCEDURE:

- 1. Discuss job-related experiences in private-and only with those individuals directly involved in the case, i.e., never in elevators, cafeterias or other locations where "outsiders" and uninvolved people who could overhear.
- 2. Team members should respond to inquiries by saying, "I can't give out information" or "I'm sorry but I can't answer that question". It helps to inform family members and friends of the policy and ask them to help by not putting you in that kind of a situation.
- 3. Press, radio, or television requests will be referred to City Clerk or the Director No information will be released by the Ambulance crew.
- 4. Requests from the patient's family members, staff or other interested persons will be referred to the Charge Nurse or the patient's physician.
- 5. If you are able to overhear a conversation or are aware that others can overhear a conversation, ask the person or persons to move to a private area.
- 6. If you become aware of a breach of confidentiality by an ambulance team member it is your responsibility to report that to the Director.
- 7. In the event of a breach of confidentiality, the Director is responsible to take immediate appropriate action.
- 8. Each team member will be asked to sign a Statement of Confidentiality. Failure to respect the confidentiality of patient and hospital information is a breach of ethics and will be considered course for immediate termination.

POLICY NO: 303

POLICY TITLE: TRANSFER PROTOCOL

The Lamberton Ambulance Service requires that any patient to be transferred via our service has no medications outside the Lamberton Ambulance protocols set forth by Dr. Conterato, the Lamberton

Ambulance Medical Director.

PROCEDURE:

Any transfer with medications outside Lamberton Ambulance Protocols shall be referred to an Intercept

with Advanced Life Support Ambulance.

POLICY NO: 304

POLICY TITLE: ON CALL EXPECTATIONS AND STANDARDS

1. All primary on call team members will immediately respond to the ambulance garage, once paged or

notified by other means.

2. While responding, all ambulance members will obey traffic laws.

3. Lamberton Ambulance Service members are covered by the City's auto liability policy while in a City

vehicle only.

NOTE: Any member on call shall communicate to Redwood County dispatch if they intend to respond

to the call. They should also inform their fellow crew members on call that they will be doing this.

PROCEDURE:

1. The Ambulance Director will monitor ambulance response time performance through the EMSRB

website.

2. The Ambulance Director will make recommendation on a case-by-case basis.

3. All team members must replace themselves on the call schedule when unable to respond so as to

ensure the team is not short staffed.

POLICY NO: 305

POLICY TITLE: PAGER SERVICE

Pager checks shall be initiated by the Redwood Sheriff's Department every night at 18:30 (6:30 PM).

All ambulance runs will be initiated by the use of the pagers and e-911 app designated by the ambulance

service.

POLICY NO: 306

POLICY TITLE: INCIDENT REPORTING

An incident is any occurrence, which is not consistent with routine activities and will be reported using the Incident Report forms. The incident may be a situation, which produced and injury or might produce an injury. It may involve a patient, visitor, or employee, property damage, missing articles or unusual happening. All incidents will be reported within 24 hours to the Director, or Assistant Director in absence of the Director.

PROCEDURE:

- Incident Occurs-Immediate Action
 - a. Patient or employee is attended.
 - b. Corrective action is taken to prevent immediate recurrence.
 - c. Patient's chart is appropriately documented.
 - d. Incident report is completed by staff person (s) involved or observing the incidents. Only report facts, not feelings or opinion.

2. Initial Review

- a. The Director shall review all reports for content, completeness, accuracy and clarity.
- b. Further intradepartmental review occurs to determine facts relating to the incident.
- c. Further corrective action is taken where possible and recommendations made.
- d. The Incident Report is forwarded to the Medical Director.

3. Secondary Review

- a. The Medical Director will determine the action on all incidents requiring further investigation, analysis and/or corrective action.
- b. Appropriate action is taken by those involved, and appropriate recommendations are entered on the back of third copy and it is then given to the Director.
- c. The Director will check to see that it has been appropriately documented with Medical Records and then filed.

ADMINISTRATION

Where an incident is serious and an actual claim may be expected, the appropriate action should be immediately taken to notify the insurance company.

POLICY NO: 307

POLICY TITLE: EXPOSURE TO BLOOD AND BODY FLUIDS UNIVERSAL PRECAUTIONS

This policy establishes guidelines for ambulance personnel to minimize the risk of exposure to bloodborne pathogens and other infectious materials through the use of universal precautions.

All ambulance personnel must adhere to universal precautions to prevent exposure to bloodborne pathogens, including but not limited to HIV, Hepatitis B (HBV), and Hepatitis C (HCV). Universal precautions require treating all blood and body fluids as potentially infectious and implementing appropriate protective measures.

This policy applies to all ambulance personnel, including emergency medical technicians (EMTs), paramedics, and other first responders.

PROCEDURES

1. Use of Personal Protective Equipment (PPE)

- **Gloves** must be worn whenever there is a risk of exposure to blood, body fluids, non-intact skin, or mucous membranes. According to CDC recommendations:
 - o **Non-sterile disposable gloves** (nitrile or latex) are suitable for routine patient care.
 - Nitrile gloves are preferred for high-risk exposure situations as they provide better resistance to punctures and chemicals.
 - Vinyl gloves are acceptable for low-risk situations but are not recommended for procedures involving significant exposure to blood or body fluids.
 - o Sterile surgical gloves must be worn when performing invasive procedures.
- Face shields, goggles, or masks must be used to protect the eyes, nose, and mouth from splashes.
- Gowns or protective clothing must be worn when there is a risk of contamination to clothing or skin.
- Respiratory protection (e.g., N95 masks) must be used for suspected airborne infections.

2. Hand Hygiene

- Hands must be washed with soap and water after removing gloves and immediately after patient contact.
- Alcohol-based hand sanitizers may be used if soap and water are not immediately available, but hands should be washed as soon as possible.

3. Safe Handling of Sharps

- **Needles and sharps** must not be recapped, bent, broken, or removed by hand.
- Used sharps must be placed in designated puncture-resistant containers immediately after use.
- Sharps containers must be securely closed and disposed of according to regulations.

4. Decontamination and Cleaning

- Contaminated surfaces and equipment must be cleaned and disinfected promptly using an approved disinfectant.
- Linens and clothing contaminated with blood or body fluids must be handled with gloves and transported in biohazard-labeled bags.

5. Exposure Incident Response

- If an exposure occurs (e.g., needlestick, blood or body fluid splash), the affected team member must:
 - 1. **Immediately wash** the affected area with soap and water; if in the eyes, flush with clean water or saline
 - 2. **Report** the exposure to a supervisor immediately.
 - 3. **Seek medical evaluation** as soon as possible for post-exposure follow-up and prophylaxis, if necessary.
 - 4. **Complete an incident report** as required by policy.

6. Training and Compliance

- All personnel must receive annual training on universal precautions, bloodborne pathogens, and proper PPE use
- Compliance with this policy will be monitored, and failure to adhere may result in disciplinary action.

Regulatory References

- Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030)
- Centers for Disease Control and Prevention (CDC) Guidelines for Infection Control

POLICY NO: 308

POLICY: NEEDLE STICK LEADING TO BLOOD AND BODY FLUID EXPOSURE

The City of Lamberton acknowledges the fact that health care workers have the potential to be exposed to infectious agents in the emergency setting.

Even though-health care workers have been-taught to use the protective devices supplied to prevent transmission of blood borne infections such as HBV and HIV, it is not uncommon for them-to sustain an accidental exposure. A significant exposure to the health care worker is defined as any puncture of the skin or contamination of open skin, eyes or mucous membranes with body fluids from a patient.

1. PROCEDURE AFTER NEEDLE STICK

- 2. IMMEDIATELY call the Ambulance Director or City Clerk if the Director is not available. No matter what time it is.
- 3. Seek medical attention immediately.
- 4. Medical Facility must fill out "First Report of Injury Form"
- 5. Testing will be performed on both you and the patient.
- 6. You will be instructed on the follow-up testing requirements.
- 7. If symptoms develop at any time seek medical attention.
- 8. If applicable, file a worker's compensation plan claim for medical costs related to the exposure.

POLICY NO: 309

POLICY TITLE: INFECTION CONTROL-HANDWASHING

All team members must be aware and follow good hand washing techniques.

PROCEDURE:

Nosocomial infection is frequently spread by contact, and the most common form of contact is hand contact. Thus, the course of action for nurses, doctors, and others who work with the patients seems simple and clear: Wash your hands!

The infection control nurse must constantly teach the value of hand washing, the proper methods of hand washing, and then closely monitor hand washing throughout the hospital. The teaching can be done through orientation and in-service. Education, every new team member should receive specific instructions on hand washing.

This is particularly important for those who have patient contact (nurses, aides, etc.), those who prepare or serve food, and those who handle supplies and equipment used by patients.

Proper hand washing requires the right equipment and the right technique! The basic needs are a sink, soap, and paper towels. Ordinary faucets will usually do, if one cardinal rule is remembered and practiced: After washing never turn off the water by touching the faucet. USE A PAPER TOWEL. In surgical and other high-risk areas, foot or knee pedals will be in use to control the water flow.

A foot-operated soap dispenser is ideal and should be used in patient care areas.

In the actual hand washing, use continuously running water for a minimum of one minute. Use plenty of soap, and apply with vigorous contact on all surfaces dorsal, ventral and interdigital. Keep the hands down at all times, so any runoff will go into the sink and not down the arms. Avoid splashing, rinse thoroughly and dry well with paper towels, discarding the towels into a plastic bag provided for that purpose. Finally, use a paper towel to turn off the faucet.

How frequently should the hands be washed? Well, certainly before beginning work, before eating, after using the bathroom, after any contact with a patient or equipment. This is the very minimum, any further washings

increase the margin of safety.

The principle job will be conveying the constant message that proper hand washing is important. It can mean life or death to the threatened patient, or to your fellow worker.

POLICY NO: 310

POLICY TITLE: RELEASE OF PATIENT INFORMATION

No information will be given out by any member of the Ambulance Service regarding any incident and/or patient information that is protected under the data privacy laws and per HIPPA.

Any requests shall be directed to the Ambulance Director.

POLICY NO: 311

POLICY TITLE: RESPONDING TO A SUBPOENA FOR AN AMBULANCE CALL

To establish guidelines for ambulance personnel who receive a subpoena related to an ambulance call, ensuring compliance with legal obligations while protecting patient confidentiality under HIPAA regulations.

Ambulance personnel may be subpoenaed to provide testimony, records, or other documentation related to an ambulance call. All responses to subpoenas must comply with legal requirements while ensuring the confidentiality and privacy of patient information as required by law.

This policy applies to all ambulance personnel, including emergency medical technicians (EMTs), paramedics, and administrative staff who may receive a subpoena related to an ambulance call.

PROCEDURES

1. Notification and Review

- Any employee who receives a subpoena related to an ambulance call must immediately notify the Ambulance Director.
- The subpoena must be forwarded to the ambulance service's legal counsel for review before responding.
- The legal counsel will determine the appropriate course of action and ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

2. Handling Patient Confidentiality

- Patient care records or any protected health information (PHI) must not be released without legal review and authorization.
- If a subpoena requests PHI, the ambulance service will ensure that either:
 - o The patient has provided written authorization for the release of information.
 - o The subpoena is accompanied by a court order requiring disclosure.
 - Legal counsel determines that disclosure is legally required.

3. Testifying in Court

- Employees required to testify in court must coordinate with legal counsel before appearing.
- Testimony should be limited to factual observations made during the ambulance call. Personal opinions, speculations, or discussions about the patient's medical condition beyond what was documented in the report should not be provided.
- If an employee is unsure how to answer a question, they should request clarification from the legal representative present.

4. Documentation and Record-Keeping

- A copy of the subpoena and any related correspondence must be maintained in a secure file.
- Any release of records must be documented, including what information was provided, to whom, and under

what legal authority.

5. Legal Representation and Support

- Employees will be provided legal guidance and support when responding to subpoenas.
- If legal counsel determines that a subpoena is invalid or improper, the ambulance service may challenge or seek to modify it before compliance.

Time & Mileage Compensation

Ambulance members that are required to attend court will be compensated for their mileage and time in the following manner:

- Team member must accept compensation offered by the court. If this compensation is not utilized, the team member will not be eligible for compensation through the city.
- If compensation for mileage or time is not offered by the court, the city will pay the team member with the proper forms completed and approved by the Ambulance Director.
 - Employee will submit an "Expense Reimbursement Form" to receive mileage and meal compensation.
 - Receipt must be attached for meals. Maximum Daily amount is \$35.
 - Claims must not be made for, or include within, the cost of any alcoholic beverages, tips or delivery charges.
 - Employee will submit an "Employee Timesheet" to receive compensation for time spent at court proceedings and travel to and from.
 - Rate of reimbursement will be \$20/hour.

Compliance and Training

- All personnel will receive periodic training on legal obligations related to subpoenas, HIPAA compliance, and patient confidentiality.
- Failure to follow this policy may result in disciplinary action.

POLICY NO: 312

POLICY: MEDIA RELATIONS AND INFORMATION REQUESTS

This policy establishes guidelines for handling requests for information from news media and ensures that accurate and appropriate information is provided while maintaining confidentiality and professionalism.

PROCEDURE

1. Authorized Spokespersons

- No ambulance team member shall release or comment on any information to the news media.
- All media inquiries, including those related to ambulance incidents, patient care, or operational matters, must be directed to either:
 - The Ambulance Director. or
 - The Lamberton City Clerk.

2. Confidentiality Compliance

- All patient information is confidential and must be handled in accordance with HIPAA (Health Insurance Portability and Accountability Act) regulations and other applicable privacy laws.
- No patient names, medical conditions, or other identifying details shall be shared with the media without proper authorization.

3. Media Inquiries and Public Statements

- The Ambulance Director or City Clerk will review all media requests and determine the appropriate response.
- In the event of a major incident, the designated spokesperson may issue a public statement or coordinate with emergency management officials to provide accurate information while safeguarding privacy and legal considerations.

4. Social Media and Public Communication

- Team members must not post or share any information related to ambulance calls, patient care, or operational matters on social media or other public forums.
- Official announcements related to Lamberton Ambulance Service will be communicated through authorized channels only.

Enforcement:

• Any violation of this policy may result in disciplinary action, up to and including termination.

POLICY NO: 313

POLICY: AMBULANCE PROCEDURE AND PROTOCOL FOR CALLS INVOLVING UNATTENDED DEATH

If there is any evidence of trauma or foul play, secure the area and contact authorities immediately. Stay on site until released by Incident Command person

Appropriate law enforcement shall be contacted regarding the incident.

PROCEDURE:

Contact info by telephone to keep as much info as possible off the radio.

Secure the scene until Law Enforcement arrives on scene and is briefed. No unnecessary crew should enter the scene until given permission by Law Enforcement.

POLICY NO: 314

POLICY TITLE: DEATH IN ROUTE POLICY

If a patient dies in route, or death is imminent, arrangements should be made to stop at nearest available hospital. Contact should then be made with transferring hospital for further orders.

If the patient has a DNR (Do Not Resuscitate) order and patient has expired in route, above procedure should still be followed unless attending physician at transferring facility has given orders otherwise.

If a patient is a DOA, Ambulance staff will take a AED strip to check for asystole or rhythm, contact ED Doctor to give status of patient and answer all questions asked.

ED Doctor will call time of death. Funeral home will be called by LEC or Ambulance and they must stay with body until Funeral Home personnel arrive.

Ambulance Reporting Form

Date and Time of Incident:
Location of Incident:
Crew Members Involved (Names & Roles):
What equipment was involved? (e.g., stretcher, monitor, radio, vehicle, etc.)
Describe the incident in detail (What happened? How was the equipment affected?):
Was the equipment in use during a patient call? Yes / No
Were there any patient care impacts due to this incident? Yes / No (If yes, explain) Explain:
Is the equipment still functional? Yes / No / Partially Explain:
Was there visible damage? Yes / No Explain:
Did the equipment fail completely or intermittently? Completely / Intermittently
What immediate steps were taken to address the issue?
Was backup equipment used? Yes / No
Explain:
Was the incident reported to a supervisor or maintenance personnel? Yes / No Reported to:
Does the equipment need repairs, replacement, or further inspection?
Were photos taken of the damage/issue? Yes / No If yes – please email to ambulance@lamberton.com
Additional comments or recommendations:

Submitted by:

Clothing Damage Replacement Request Form

Date of Request:
Crew Member Name:
Contact Number:
Describe the situation that led to the clothing damage:
Was the damage related to patient care or an emergency response?
Type of clothing damaged (e.g., pants, boots, jacket, etc.):
Brand and approximate age of the clothing item:
Describe the extent of the damage (e.g., tear, stain, burned, unwearable, etc.):
Is the clothing item repairable? Yes / No Explain:
Estimated cost of replacement (attach receipt or price quote if available):
Was a photo of the damage provided? Yes / No Please email to ambulance@lambertonmn.com
Have you previously requested reimbursement for clothing damage? Yes / No
Member Signature:
Date Reviewed:
Approved/Denied (Check One) & Reason for Decision: ☐ Approved ☐ Denied
Explain:
Supervisor's Signature (for verification):



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City of Lamberton and Lamberton Ambulance Policy Acknowledgements

- 1. I hereby acknowledge that I have received and read the City of Lamberton Personnel Policy and have had an opportunity to ask any questions. I understand that my failure to read, understand and follow these policies may result in disciplinary action including revocation of system privileges or termination.
- 2. I hereby acknowledge that I have received and read the Lamberton Ambulance Policy Book. I understand that my failure to read, understand and follow these policies may result in disciplinary action including revocation of system privileges or termination.
- 3. If applicable, I hereby agree to complete mandatory training within the reasonable time offered by my employer. Further, I agree and understand that my failure to complete the training may result in disciplinary action including suspension, revocation of system privileges or termination.

Print Name	Date	
Signature		

TEST Ambulance Payroll

Lower Base Rate, Higher Call Rate. Run Rate - USING 2024 NUMBERS

	EMT	EMR	Driver	Meeting Rate	Weekend On-Call Bonus Rate	Weekday On-Call Rate	Weekend On-Call Rate
Pay Rate	\$1,500	\$1,000	\$0	\$30.00	0%	\$1.25	\$1.25
Run Rate	\$45	\$30					Hours for Run 2.0

Null Nat	.c	930									iours for ituri	1 2.0				
		Role/	Base-Pay Eligible	Meetings	Weekday	Weekend	On-Call				Weekend				202	24 Actually
Member	Payroll-ID	Certification	Months	Attended	On-Call Hours	On-Call Hours	Coverage %	Base Pay	Meeting Pay	Weekday Pay	Pay	Runs	Officer Pay	Total Pay		Paid
1 Churchill, Nicole		EMT	1	6	97.5	18.5	0.73%	\$125.00	\$180.00	\$145.00	\$23.13	\$ 450.00		\$923.13	\$	628.27
2 Vollmer, Debbie		EMT	8	11	609.5	496.5	6.96%	\$1,000.00	\$330.00	\$1,382.50	\$620.63	\$ 1,890.00	\$1,250.00	\$6,473.13	\$	4,880.70
3 Irlbeck, Jill		EMT	12	10	799.5	650.5	9.13%	\$1,500.00	\$300.00	\$1,812.50	\$813.13	\$ 2,160.00		\$6,585.63	\$	4,790.57
4 Stoppel, Stacy		EMT	12	10	822.5	532.5	8.53%	\$1,500.00	\$300.00	\$1,693.75	\$665.63	\$ 1,260.00		\$5,419.38	\$	4,591.87
5 Lenning, Matt		EMR	9	5	845.5	480	8.35%	\$750.00	\$150.00	\$1,656.88	\$600.00	\$ 1,860.00		\$5,016.88	\$	3,394.93
6 Osland, Stacy		EMT	10	9	755	277	6.50%	\$1,250.00	\$270.00	\$1,290.00	\$346.25	\$ 1,080.00		\$4,236.25	\$	3,626.94
7 Stevenson, Derek		EMT	5	5	376.5	335.5	4.48%	\$625.00	\$150.00	\$890.00	\$419.38	\$ 1,080.00		\$3,164.38	\$	2,218.46
8 Birkemeyer, Tim		EMT	1	9	162	37	1.25%	\$125.00	\$270.00	\$248.75	\$46.25	\$ 990.00	\$1,500.00	\$3,180.00	\$	2,397.30
9 Stoppel, Robert		EMR	12	6	757	580	8.42%	\$1,000.00	\$180.00	\$1,671.25	\$725.00	\$ 1,020.00		\$4,596.25	\$	3,899.29
10 Brown, Marissa		EMT	2	5	217.5	207.5	2.68%	\$250.00	\$150.00	\$531.25	\$259.38	\$ 810.00		\$2,000.63	\$	1,265.57
11 Hesse, Mindi		EMR	12	11	1010.5	612.5	10.22%	\$1,000.00	\$330.00	\$2,028.75	\$765.63	\$ 1,260.00		\$5,384.38	\$	4,539.27
12 Mariner, John		EMR	1	7	156.5	296.5	2.85%	\$83.33	\$210.00	\$566.25	\$370.63	\$ 300.00		\$1,530.21	\$	1,250.78
13 Conyers, Heidi		EMT	12	11	791	733	9.60%	\$1,500.00	\$330.00	\$1,905.00	\$916.25	\$ 2,340.00		\$6,991.25	\$	4,989.28
14 Wolmutt, Amber		EMT	9	8	508	404.5	5.75%	\$1,125.00	\$240.00	\$1,140.63	\$505.63	\$ 1,080.00		\$4,091.25	\$	3,338.34
15 Nielsen, Olivia		EMR	1	2	123	61	1.16%	\$83.33	\$60.00	\$230.00	\$76.25	\$ 60.00		\$509.58	\$	501.77
16 Gisch, Brad		EMT	5	7	378	367	4.69%	\$625.00	\$210.00	\$931.25	\$458.75	\$ 1,620.00		\$3,845.00	\$	2,381.36
17 Middlestad, Kim		EMT	4	5	296	292	3.70%	\$500.00	\$150.00	\$735.00	\$365.00	\$ 1,260.00		\$3,010.00	\$	1,863.73
18 Fuchs, Adam		EMR	1	6	120	26	0.92%	\$83.33	\$180.00	\$182.50	\$32.50	\$ 780.00		\$1,258.33	\$	630.15
19 Ramthun, Chloe		EMR	5	5	488	158.5	4.07%	\$416.67	\$150.00	\$808.13	\$198.13	\$ 360.00		\$1,932.92	\$	1,811.42
20															_	
* Gray lines were already paid ou	ut before pay scale imp	olementation													_]	
Total				138	9313.5	6566		\$10,708.33	\$3,150.00	\$15,821.88	\$6,571.25	\$ 21,660.00		\$55,501.46		
% of Total Payroll								19%	6%	29%	12%					

Job Title: General City Assistant /EMS Coordinator

Grade Level/Salary Range: TBD (suggest grade 11)

Hours per week: 30

Shift: 10 am to 4 pm

Benefits Eligible: Yes at 75%

Walnut Grove Proposed Job Description

Position Scope

The focus of the General City Assistant will be to provide assistance for all departments within the city of Walnut Grove. The General City Assistant will also work with the appropriate departments on applicable grant appointments and completion.

The focus of the EMS coordinator will be to provide EMT services to the residents of Walnut Grove during daytime hours Monday thru Friday. The EMS coordinator will also provide clerical and administrative support to the Ambulance, Fire, and Police departments of Walnut Grove.

Position Responsibilities

General City Assistant

Have the ability to complete City Payroll including PERA, State, and Federal requirements as needed in the City Clerks absence

Have the ability to complete payment of invoices as needed in the City Clerks absence

Assist City Clerk as needed gathering information required for city audit

Attend Regular and Special Council meetings

Maintain city records for OSHA compliance, inspections, and incidents. Reporting as necessary to OSHA

Research grants that could benefit the community and apply as directed by the council

Maintain the city website adding events, information, and images as needed

Maintain the city Facebook page, responding to messages and requests as needed

Assist in planning and organizing the annual Kid's Christmas Party

Complete and Maintain records management for all parts of the city following record retention policy set forth by the city. Discarding of unneeded documentation appropriately

Knowledge city software programs, i.e. funds, payroll, utilities

Customer Service entailing receiving payments, scheduling events, etc.

Assist with cleanliness of all city property including community center, parks, etc

Assist Bar & Grill Manager with maintaining POS system and troubleshooting

Assist Bar & Grill with staffing as needed i.e. cooking, serving, inventory

Ability to complete the record keeping, ordering, and daily operations of the bar and grill.

Maintains certification for Election Judge and present at local elections for scheduled shift

Purchases supplies and equipment as needed

Assist with Walnut Grove City Cemetery plot sales and record keeping

EMS Coordinator

Examine and evaluate patients, Generally, this includes but is not limited to providing first-aid treatment or life support care to sick or injured patients and transporting patients safely to hospital and care facilities.

Provide patients with emergency care by utilizing appropriate techniques and equipment.

Document patient information, condition and treatment administered.

Maintain patient confidentiality and perform all care with respect to patient rights.

Adhere to all federal, state, and local laws and regulations including HIPPA laws.

Maintain a safe and clean environment for patients.

Order/stock supplies for Ambulance department.

Clean Ambulance vehicle and keep garage clean.

Provide training and mentorship for all members on the ambulance department

Report any issues with ambulance emergency medical equipment/Schedule regular maintenance for emergency medical equipment.

Enter/submit ambulance/fire reports into state/local databases (to be completed monthly and provide reports to Ambulance Director and Fire Chief)

Complete required run sheet checks and submit to Medical Direction as required

Submit claims to insurance carriers/follow up with insurance carriers for payments and pursue payment on delinquent accounts.

Research EMS rules with State of MN and Medical Direction as needed

Maintain training records for ambulance, fire, and police departments.

Provide community support/outreach to schools, businesses and city owned assisted living facilities.

Research and submit grants as requested by City Council and Ambulance Director

Assist other city employees as needed.

Qualifications and Education Requirements

18 years of age

High School Diploma or GED

EMT-B certification

Computer Skills, i.e Microsoft Windows 10, Outlook, Word

Valid Driver's License

The ability to provide care in stressful situations.

Problem solving skills

Good organizational skills

Knowledge of City Code, ordinances, resolutions, and policies

Considerable ability to perform mathematical calculations and maintain accurate and complete records

Ability to communicate effectively both orally and in writing.

Ability to self-supervise to prioritize work, research, and problem solve

Considerable ability to read, write, and understand English

Ability to hand public contact with friendliness, responsiveness, and tact.



Guidance for Use of Emergency Ambulance Aid

On December 26, 2024, the Department of Revenue will distribute aid payments to licensed ambulance services consistent with Minnesota law. 2024 Session Law Chapter 122 outlines the appropriate uses and various timing provisions for licensed ambulance services to use that aid. This document highlights some key points and provides some general guidance on using this funding.

Key Dates

- Funds will be released to qualifying ambulance services on December 26, 2024
- Funds must be spent or encumbered by December 31, 2025
- All licensed ambulance services will be required to report on how they used the funding by February 15,
 2026. The new Office of EMS will release a reporting form in early 2025. Make sure to keep all receipts,
 and invoices as supporting documentation.

Timing of Expenditures

Funds must be spent or encumbered by December 31, 2025. EMSRB <u>recommends</u> expenditures occur on or after July 1, 2024, to align with state fiscal year 2025, which is when the funds were appropriated.

For expenses that were incurred prior to July 1, 2024, but were financed with either a loan or bonding, this aid could be used to pay any portion of the outstanding balance due as of July 1, 2024 as the cost is still being incurred.

Encumbrance Defined

Per Minnesota law, encumbering funds means "the commitment of a portion or all of an allotment to meet an obligation expected to pay for goods or services." For example:

• For example, an ambulance service has previously entered into a contract to purchase a new ambulance. The funds are set aside, but payment is delayed until ambulance delivery in 2026. Such funds are encumbered and remain valid under the law. An ambulance service could also use aid funding for contracts entered into prior to July 1, 2024, if payment has not yet been made.

While most funds should be spent by December 31, 2025, encumbered funds allow for flexibility in specific scenarios such as long lead times for equipment or vehicle delivery. Keep clear documentation of contracts and obligations to meet reporting requirements.

Acceptable Uses

As outlined in the law, the acceptable uses are broad. There was recognition that the needs of ambulance services could vary. In general, there are two categories of expenses that can be paid for using this funding operational and capital. It is very important to note that the aid spent under this law must be spent *ONLY for items that support ambulance services providing service in Minnesota*. Services that have responsibilities outside the state must not use these funds for operations outside of Minnesota. Additionally, the primary focus is ambulance services and not other entities within the healthcare system. **This document is not an all-inclusive list, but rather one with common uses and addressing questions that have been received to date.**

Operational Expenses

In many instances operational expenses are the most common for an ambulance service. The law creates a definition for operational expenses.

"Operational expenses mean costs related to personnel expenses, supplies and equipment, fuel, vehicle maintenance, travel, education, fundraising, and expenses associated with obtaining advanced life support intercepts."

Personnel Expenses

Examples of acceptable uses under this category include but are not limited as this is NOT an all-inclusive list:

- Salary and payroll expenses for personnel, including payroll taxes. This could also include pay related to EMS personnel being on-call.
- Compensation to EMS Medical Directors and/or their required professional insurance coverages
- Financial bonuses for employees/volunteers. More specific examples could be payment of bonuses to individuals responding to more EMS calls, or individuals taking higher amounts of on call time. Any program implemented should be done with clear and transparent organizational policies to prevent misuse
- Costs associated with recruiting or retaining personnel. This could include offering relocation assistance or other incentives.
- Costs associated with providing insurance benefits to personnel including workers compensation and life insurance.
- Costs associated with providing various retirement benefits.
- Employee onboarding costs including background checks.
- Uniforms for ambulance service personnel.

Supplies/Equipment

Supplies and equipment are a common expense category for ambulance services. Services that are considering upgrading their license from BLS to ALS or PT ALS can use these funds to purchase the needed equipment to do so. Examples of expenses in this category include but are not limited to:

- Telehealth Equipment and subscriptions
- Patient Care Devices- Including stretchers, AED's cardiac monitors, ventilators, suction units, automated
 CPR devices, IV pumps etc. Would also include any needed accessories and maintenance plans.
- Communication Equipment: radios, repeaters, pagers, text-based incident notification (Active 911/lamresponding etc.)
- Data collection equipment: Computers, PCR software expenses, costs with linking 911 computer aided dispatch to PCR software.
- Routine Equipment- Stethoscope, B/P cuffs, bags for carrying equipment.
- Patient treatment supplies: oxygen delivery equipment, airways devices, bandages, gauze, defibrillator pads, etc.
- Personal Protective Equipment: Bullet proof vests, PAPRS (Powered Air Purifying Respirators)
- Infection Control Supplies: Disinfectant supplies and delivery devices, isopods,
- Medications: Would include all medications prescription or over the counter used by the ambulance service

Vehicle Maintenance and Fuel

 Any and all expenses related to maintaining and fueling vehicles that are used for the provision of emergency medical services by a licensed ambulance service.

Travel

- Expenses incurred by bringing staff in from other areas.
- Expenses incurred by sending staff to training and education in state and out of state.

Education

- Continuing education courses including required refresher courses. If you use funding for the purpose of refresher education for EMTs, AEMTs, or Paramedics, be sure not to also submit reimbursements to the state for the Volunteer Education Reimbursement program as double dipping is not permitted.
- Initial education courses including EMT or Paramedic. Be sure not to also submit reimbursement requests to the state for the Volunteer Education Reimbursement program as double dipping is not permitted.
- Community Paramedic/Community EMT courses or tuition
- EMR courses
- Professional development/EMS conferences.
- Student loan reimbursement to encourage recruitment and retention.
- Educational equipment including certification courses (ACLS/CPR/PALS/ITLS/PHTLS etc.)
- Textbooks, training mannequins, and other types of training equipment

Fundraising Expenses

- Costs of contracting with a company to coordinate collection of monetary donations.
- Costs associated with purchasing food sold for fundraising purposes (pancake breakfasts/fried chicken dinners/ etc.)
 - NOTE: State law generally does not permit the purchase of alcohol or firearms with state funds

Capital Expenses

The aid law also allows the use of funds for capital expenses. Capital expenses are defined as

"expenses that are incurred by a licensed ambulance service provider for the purchase, improvement, or maintenance of long-term assets to improve the efficiency or capability of the ambulance services, with an expected useful life of greater than 5 years."

Several types of equipment previously identified in the equipment and supplies section could equally be categorized as capital expenses. Additionally, the purchase of new/used ambulances would also fall under this category. Additional investments into building construction or renovation for an ambulance station could also meet the definition of being a capital expense. In the case of multi-use buildings, it is recommended that the percent of construction costs that this funding is put towards does not exceed the percentage of square footage used for the ambulance service.

Additional Guidance

This listing of potential acceptable uses included in this document is intended to provide high level guidance. It is not intended to serve as a must use list. If ambulance services have specific questions as to whether an expense would be considered an acceptable use, they are encouraged to contact us via email at aid.ems.emsrb@state.mn.us for a preliminary determination.

CHAPTER 16: THE REGULATION OF CANNABIS

SECTION 1. DEFENITIONS

As used in this ordinance, the terms defined in this section shall have the following meanings ascribed to them:

Cannabis:

Any part of the plant Cannabis sativa L., whether growing or not, including its seeds, extracts, and derivatives, as well as any product containing cannabinoids derived from the plant.

Cannabis Product:

Any product containing cannabis or cannabis-derived substances, including concentrates, edibles, topicals, and beverages, intended for human consumption or use.

Cannabinoid:

Any chemical compound found in cannabis, including but not limited to THC (tetrahydrocannabinol) and CBD (cannabidiol).

THC (Tetrahydrocannabinol):

The primary psychoactive compound in cannabis responsible for the "high" effect.

CBD (Cannabidiol):

A non-psychoactive compound found in cannabis known for its potential therapeutic effects.

Cultivation:

The process of growing, harvesting, drying, and curing cannabis plants.

Dispensary:

A licensed retail facility where cannabis and cannabis products are sold to consumers.

Medical Cannabis:

Cannabis prescribed or recommended by a healthcare provider for the treatment of specific medical conditions.

Adult-Use Cannabis (Recreational Cannabis):

Cannabis intended for personal use by adults aged 21 and older.

Microbusiness:

A small-scale cannabis business licensed to engage in multiple activities, such as cultivation, processing, and retail.

Processor:

An entity licensed to manufacture or prepare cannabis products, including extraction, refinement, and packaging.

Testing Facility:

A licensed laboratory authorized to conduct quality and safety testing on cannabis and cannabis products.

Licensee

An individual or entity holding a valid license issued under this ordinance to engage in any cannabis-related activity.

On-Site Consumption:

The consumption of cannabis products on the premises of a licensed facility.

Public Place:

Any area accessible to the general public, including parks, sidewalks, and buildings, where cannabis consumption is prohibited.

Edibles:

Cannabis-infused food or beverage products intended for oral consumption.

Concentrates:

Highly potent cannabis products created by extracting cannabinoids from the plant, often used for dabbing or vaporizing.

Infused Products:

Non-edible items such as lotions, balms, and oils that contain cannabis extracts.

Security Requirements:

The set of standards and protocols required to ensure the safety and security of cannabis facilities, employees, and products.

Track-and-Trace System:

A regulatory system used to monitor the production, distribution, and sale of cannabis and cannabis products to prevent diversion.

Zoning Compliance:

Adherence to local zoning laws that regulate where cannabis businesses can operate.

Buffer Zone:

The minimum required distance between a cannabis establishment and sensitive areas such as schools, parks, and residential zones.

Home Cultivation:

The personal cultivation of cannabis plants by an individual for personal use, subject to limitations and regulations.

Impaired Driving:

Operating a motor vehicle while under the influence of cannabis.

Advertising Restrictions:

Regulations governing the marketing and promotion of cannabis products to protect minors and public health.

SECTION 2. ADMINISTRATION

The purpose of this ordinance is to implement the provisions of Minnesota Statutes, Chapter 342, which authorizes the City of Lamberton to protect the public health, safety, welfare of the City of Lamberton residents by regulating cannabis businesses within the legal boundaries of the City of Lamberton.

The City of Lamberton finds and concludes that the proposed provisions are appropriate and lawful land use regulations for the City of Lamberton, that the proposed amendments will promote the community's interest in reasonable stability in zoning for now and in the future, and that the proposed provisions are in the public interest and for the public good.

A. Authority and Jurisdiction

The City of Lamberton has the authority to adopt this ordinance pursuant to:

- Minn. Stat. § 342.13(c), regarding the authority of a local unit of government to adopt reasonable restrictions of the time, place, and manner of the operation of a cannabis business provided that such restrictions do not prohibit the establishment or operation of cannabis businesses.
 Minn. Stat. § 342.22, regarding the local registration and enforcement requirements of state-licensed cannabis retail businesses and lower-potency hemp edible retail businesses.
- 2. Minn. Stat. § 152.0263, Subd. 5, regarding the use of cannabis in public places.
- 3. Minn. Stat. § 462.357, regarding the authority of a local authority to adopt zoning ordinances.

This ordinance shall be applicable to the legal boundaries of the City of Lamberton.

B. Severability

If any section, clause, provision, or portion of this ordinance is adjudged unconstitutional or invalid by a court of competent jurisdiction, the remainder of this ordinance shall not be affected thereby.

C. Enforcement

The City of Lamberton is responsible for the administration and enforcement of this ordinance. Any violation of the provisions of this ordinance or failure to comply with any of its requirements constitutes a misdemeanor and is punishable as defined by law. Violations of this ordinance can occur regardless of whether or not a permit is required for a regulated activity listed in this ordinance.

SECTION 3: REGISTRATION OF CANNABIS BUSINESS

A. Consent to registering of Cannabis Businesses

- 1. No individual or entity may operate a state-licensed cannabis retail business within the City of Lamberton without first registering with the City of Lamberton.
- 2. Any state-licensed cannabis retail business that sells to a customer or patient without valid retail registration shall incur a civil penalty of up to \$2,000 for each violation.
- 3. The City of Lamberton does hereby limit the number of licensed cannabis retailers, cannabis mezzo businesses with a retail operations endorsement, and cannabis microbusinesses with a retail operations endorsement to no more than one registration for every 12,500 residents.
- 4. In addition to the limit described in 3A.3., above, if Redwood county has one active registration for every 12,500 residents, the City of Lamberton will not register a cannabis business.

B. Compliance Checks Prior to Retail Registration

Prior to issuance of a cannabis retail business registration, the City of Lamberton shall conduct a preliminary compliance check to ensure compliance with local ordinances.

Pursuant to Minn. Stat. 342, within 30 days of receiving a copy of a state license application from OCM, the City of Lamberton shall certify on a form provided by OCM whether a proposed cannabis retail business complies with local zoning ordinances and, if applicable, whether the proposed business complies with the state fire code and building code.

C. Registration & Application Procedure

The City of Lamberton shall charge an application fee of \$500.

A registration fee, as established in the City of Lamberton's annual fee schedule, shall be charged to applicants depending on the type of retail business license applied for.

An initial retail registration fee shall not exceed \$500 or half the amount of an initial state license fee under Minn. Stat. 342.11, whichever is less. The initial registration fee shall include the initial retail registration fee and the first annual renewal fee.

Any renewal retail registration fee imposed by the City of Lamberton shall be charged at the time of the second renewal and each subsequent renewal thereafter.

A renewal retail registration fee shall not exceed \$1,000 or half the amount of a renewal state license fee under Minn. Stat. 342.11, whichever is less.

A medical combination business operating an adult-use retail location may only be charged a single registration fee, not to exceed the lesser of a single retail registration fee, defined under this section, of the adult-use retail business.

D. Application Submittal

The City of Lamberton may issue a retail registration to a state-licensed cannabis retail business that adheres to the requirements of Minn. Stat. 342.22.

- 1. An applicant for a retail registration shall fill out an application form, as provided by the City of Lamberton. Said form shall include, but is not limited to:
 - a. Full name of the property owner and applicant.
 - b. Address, email address, and telephone number of the applicant;
 - c. The address and parcel ID for the property which the retail registration is sought;
 - d. Certification that the applicant complies with the requirements of local ordinances established pursuant to Minn. Stat. 342.13.
- 2. The applicant shall include with the form:
 - a. the registration fee as required in Section 3-C;
 - b. a copy of a valid state license or written notice of OCM license preapproval;
- 3. Once an application is considered complete, the City Clerk shall inform the applicant as such, process the application fees, and forward the application to the City Council for approval or denial.
- 4. The application fee shall be non-refundable once processed.

E. Application Approval

- A state-licensed cannabis retail business application shall not be approved if the cannabis retail business would exceed the maximum number of registered cannabis retail businesses permitted under Section 3-A.
- 2. A state-licensed cannabis retail business application shall not be approved or renewed if the applicant is unable to meet the requirements of this ordinance.

F. Annual Compliance Checks

The City of Lamberton shall complete at minimum one compliance check per calendar year of every cannabis business to assess if the business meets age verification requirements, as required under Minn. Stat. 342.22 Subd. 4(b) and Minn. Stat. 342.24 and this ordinance.

The City of Lamberton shall conduct at minimum one unannounced age verification compliance check at least once per calendar year.

Age verification compliance checks shall involve persons at least 17 years of age but under the age of 21 who, with the prior written consent of a parent or guardian if the person is under the age of 18, attempt to purchase adult-use cannabis flower, adult-use cannabis products, lower-potency hemp edibles, or hemp-

derived consumer products under the direct supervision of a law enforcement officer or an employee of the local unit of government.

Any failures under this section must be reported to the Office of Cannabis Management.

G. Location Change

A state-licensed cannabis retail business shall be required to submit a new application for registration under Section 3-D if it seeks to move to a new location still within the legal boundaries of the City of Lamberton

H. Renewal of Registration

The City of Lamberton shall renew an annual registration of a state-licensed cannabis retail business at the same time OCM renews the cannabis retail business' license.

A state-licensed cannabis retail business shall apply to renew registration on a form established by the City of Lamberton.

A cannabis retail registration issued under this ordinance shall not be transferred.

1. Renewal Fees

The City of Lamberton may charge a renewal fee for the registration starting at the second renewal, as established in the City of Lamberton's fee schedule.

2. Renewal Application

The application for renewal of a retail registration shall include, but is not limited to:

a. Items required under Section 3-D of this Ordinance.

I. Suspension of Registration

1. When Suspension is Warranted

The City of Lamberton may suspend a cannabis retail business's registration if it violates the ordinance of the City of Lamberton or poses an immediate threat to the health or safety of the public. The City of Lamberton shall immediately notify the cannabis retail business in writing the grounds for the suspension.

2. Notification to OCM

The City of Lamberton shall immediately notify the OCM in writing the grounds for the suspension. OCM will provide the City of Lamberton and cannabis business retailer a response to the complaint within seven calendar days and perform any necessary inspections within 30 calendar days.

3. Length of Suspension

The suspension of a cannabis retail business registration may be for up to 30 calendar days, unless OCM suspends the license for a longer period. The business may not make sales to customers if their registration is suspended.

The City of Lamberton may reinstate a registration if it determines that the violations have been resolved.

The City of Lamberton shall reinstate a registration if OCM determines that the violation(s) have been resolve.

4. Civil Penalties

Subject to Minn. Stat. 342.22, subd. 5(e) the City of Lamberton may impose a civil penalty, as specified in the City of Lamberton's Fee Schedule, for registration violations, not to exceed \$2,000.

J. Limiting Registrations

The City of Lamberton shall limit the number of cannabis retail businesses to no more than one registration for every 12,500 residents within City Limits

If Redwood County has one active cannabis retail businesses registration for every 12,500 residents, the City of Lamberton shall not be required to register additional state-licensed cannabis retail businesses.

The City of Lamberton shall limit the number of cannabis retail businesses to no more than one for every 12,500 residents.

Section 4: Cannabis Ordinance History Adoption & Updates

This ordinance shall become effective upon its passage and publication as provided by law.							
Passed by the Lamberton City Council on this	s day of ,	2025					
Lydell Sik, Mayor	Valerie Halter, Clerk						