

QUAY COUNTY GOVERNMENT  
300 South Third Street  
P.O. Box 1246  
Tucumcari, NM 88401  
Phone: (575) 461-2112  
Fax: (575) 461-6208

AGENDA  
REGULAR SESSION  
QUAY COUNTY BOARD OF COMMISSIONERS  
JANUARY 13, 2020

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**9:00 A.M. Call Meeting to Order**

Pledge of Allegiance

Approval of Minutes-Regular Session December 9, 2019

Approval/Amendment of Agenda

**Public Comment**

**Ongoing Business**

**New Business**

- I. **Quay County Board of Commissioners**
  - A. Distribution of **Financial Interest Disclosure Forms**
  - B. Request Approval of **FY 2019-2020 Resolution No. 27**
    - **Adopting Procedures for Compliance in Accordance with NMSA 10-17; and**
    - **Miscellaneous Provisions that Documents that Annual Audits, Summary Minutes, Monthly Budget, Financial Reports, and Monthly Warrants List are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements**
- II. **C. Renee Hayoz, Presbyterian Medical Services, Administrator**
  - Presentation of **Monthly RPHCA Reports – November-December 2019**
- III. **Jason Lamb, Quay County Extension Agricultural Agent**
  - Presentation of **Quarterly Report – July - September 2019**
- IV. **Russell Shafer, Quay County Sheriff**
  - Presentation of **Sheriff's Reports – November-December 2019**
- V. **Donald Adams, Bard-Endee Fire Chief**
  - Request Approval of **FY 2019-2020 Resolution No. 31 - Bard-Endee/Porter Fire Automatic Aid Agreement**



- VI. Lucas Bugg, Quay County Fire Marshal**
- Request Approval of **EMS Fund Act FY 2021 Application - Fire District 1**
  - Request Approval of **EMS Fund Act FY 2021 Application - Quay Fire**
  - Request Approval of **EMS Fund Act FY 2021 Application - Forrest Fire**
  - Request Approval of **EMS Fund Act FY 2021 Application - Bard-Endee Fire**
- VII. Larry Moore, Quay County Road Superintendent**
- Request Approval of **NMDOT First Amendment – Local Government Transportation Project Contract No. D18366, Control No. LP40006-Historic Route 66 Bridge #1625**
  - **Road Update**
- VIII. Cheryl Simpson, Quay County Finance Director**
- Request Approval of **FY 2019-2020 Resolution No. 28 Budget Increase-Bridge 1625 Appropriation**
  - Request Approval of **FY 2019-2020 Resolution No. 29 Budget Increase-SHSGP Agreement**
  - Request Approval of **FY 2019-2020 Resolution No. 30 Budget Increase-Trigg Hospital**
- IX. Richard Primrose, Quay County Manager**
- **Correspondence**
- X. Request Approval of Accounts Payable**
- XI. Other Quay County Business That May Arise During the Commission Meeting and/or Comments from the Commissioners**
- XII. Request for Closed Executive Session**
- Pursuant to **Section 10-15-1(H) 2. The New Mexico Open Meetings Act to Discuss Limited Personnel Matters**
  - Pursuant to **Section 10-15-1(H) 8. Discussion of the Purchase, Acquisition or Disposal of Real Property or Water Rights**
- XIII. Franklin McCasland, Quay County Commission Chairman**
- Proposed action, if any, from Executive Session

**Adjourn**

*Lunch-Time and Location to be Announced*

**REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS**

**January 13, 2020**

**9:00 A.M.**

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 13<sup>th</sup> day of January, 2020 at 9:00 a.m. in the Quay County Commission Chambers, Tucumcari, New Mexico, for the purpose of taking care of any business that may come before them.

**PRESENT & PRESIDING:**

Franklin McCasland, Chairman  
Mike Cherry, Member  
Sue Dowell, Member  
Ellen L. White, County Clerk  
Richard Primrose, County Manager

**OTHERS PRESENT:**

Lucas Bugg, Quay County Fire Marshal  
Janie Hoffman, Quay County Assessor  
Larry Moore, Quay County Road Superintendent  
Kent Terry, Quay County Citizen  
Daniel Zamora, Quay County Emergency Manager  
Jason Lamb, Quay County Extension Agent  
Cheryl, Simpson, Quay County Finance Director  
Renee Hayoz, Presbyterian Medical Services Director  
Russell Shafer, Quay County Sheriff  
Dennis Garcia, Quay County Under-Sheriff  
Donald Adams, Bard-Endee Fire Chief  
Austin Gibson, Porter Fire Chief  
Ron Warnick, Quay County Sun

Chairman McCasland called the meeting to order. Dennis Garcia led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the December 9, 2019 regular session as presented. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye"

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the Agenda. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye".

Public Comment: NONE

NEW BUSINESS:

The following items were presented by Ellen White, Quay County Clerk, on behalf of the Board of Commissioners:

1. Annual Financial Interest Disclosure Forms were distributed to Department Heads, Elected Officials and Staff.
2. Requested approval of FY 2019-2020 Resolution No. 27; Adopting Procedures for Compliance in Accordance with NMSA 10-17; and Miscellaneous Provisions that Documents, Annual Audits, Summary Minutes, Monthly Budgets, Financial Reports, and Monthly Warrants Lists are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve Resolution No. 27. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy is attached to these minutes.

C. Renee Hayoz, Presbyterian Medical Services Administrator presented the Monthly RPHCA Reports for the months of November and December of 2019. The Reports are attached to these minutes. Hayoz reported the Open House held on December 4 was a success. Chairman McCasland asked what the status of the diabetic eye screening equipment was. Hayoz informed the Commissioners the staff is currently being trained on the equipment and appointments will be available starting next week.

Jason Lamb, Quay County Extension Agricultural Agent provided the Quarterly Report for July through September, 2019. The Report is attached. Lamb stated Susann Mikkelson is the new Home Economist, replacing Brenda Bishop who recently retired.

Russell Shafer, Quay County Sheriff presented the Sheriff Departments Activity Report for the months of November and December, 2019. A copy is attached.

Donald Adams, Bard-Endee Fire Chief and Austin Gibson, Porter Fire Chief presented Resolution No. 31, establishing an Automatic Aid Agreement between the Porter and Bard-Endee Fire Departments. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the Resolution and the Automatic Aid Agreement. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye". Copies are attached to these minutes.

Quay County Fire Marshal, Lucas Bugg, requested approval of the below described EMS Fund Act FY 2021 Applications. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the Applications. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". The Applications are attached to the minutes.

Fire District 1 - \$5,000.00  
Quay Fire District - \$7,000.00  
Forrest Fire District - \$7,225.00  
Bard-Endee Fire District - \$3,325.00

Larry Moore, Quay County Road Superintendent provided the following report:

1. Moore requested approval of the First Amendment to the Local Government Transportation Fund (Match Waiver - \$162,182.37 for the Historic Route 66 Bridge #1624 Project) A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the Amendment. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy is attached.
2. Received notification regarding "Call for Projects" for the 2020-2021 year regarding CAP, School Bus and Co-Op Projects. Moore said the requests are due on March 16, 2020.
3. The Reclaimer is down and being repaired. The cost of repairs is unknown as a portion of it should be under warranty. The crews were able to finish 2.7 miles on Quay Road BH before the equipment breakdown. 4.7 miles still remain on that Co-Op project.
4. Tuesday, January 14, a meeting will be held to begin the Bridge project.
5. Blade Reports were distributed.

Cheryl Simpson, Quay County Finance Director requested approval of the following financial Resolutions:

1. Resolution No. 28; Budgetary Increase of \$3,243,648.00 for Historic Bridge Project to County Improvements (649).
2. Resolution No. 29; Budgetary Increase of \$41,017.00 for Repeater Equipment through the NM Homeland Security Grant (419).
3. Resolution No. 30; Budgetary Increase to Hospital Fund (501) in the amount of \$50,000.00.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the above described Resolutions No. 28, 29 and 30. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". Copies are attached.

Richard Primrose, Quay County Manager provided the following correspondence:

1. Monthly Gross Receipts Tax Report for December, 2019.
2. County Officials and Staff will be attending the NMC Legislative Conference in Santa Fe the week of January 20<sup>th</sup>.
3. A Ute Water Commission meeting will be held on January 16.

A MOTION was made by Sue Dowell SECONDED by Mike Cherry to approve the expenditures included in the Accounts Payable Report ending January 10, 2020. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye".

Other Quay County Business That May Arise during the Commission Meeting and/or comments from the Commissioners:

Cheryl Simpson reminded those in attendance the next Commission Meeting will be on Thursday, January 30.

Ellen White provided election deadlines approaching.

A MOTION was made by Mike Cherry, Seconded by Sue Dowell to go into Executive Session pursuant to Section 10-15-1(H) 8 for discussion of the purchase, acquisition or disposal of real property or water rights and Section 10-15-1(H)2 for discussion of limited personnel matters. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". Time noted 9:35 a.m.

---Executive Session---

Return to regular session. Time noted 10:45 a.m.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell that the above described items were discussed in Executive Session. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye".

Chairman McCasland noted No Action as a result of the Executive Session will be taken.

There being no further business, a MOTION was made by Mike Cherry SECONDED by Sue Dowell to adjourn. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". Time noted 10:50 a.m.

Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS

\_\_\_\_\_  
Franklin McCasland

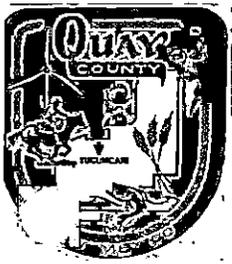
*Sue Dowell*  
\_\_\_\_\_  
Sue Dowell

*Mike Cherry*  
\_\_\_\_\_  
Mike Cherry

ATTEST:

*Ellen L. White*  
\_\_\_\_\_  
Ellen L. White, County Clerk





Fiscal Year 2019-2020

Resolution No. 27

A RESOLUTION ADOPTING PROCEDURES FOR COMPLIANCE IN ACCORDANCE WITH NMSA 10-17; MISCELLANEOUS PROVISIONS

WHEREAS, the County Commission is required to have summary minutes prepared and available for public inspection immediately following the end of a commission meeting approving said minutes; and

WHEREAS, the County Clerk, may use recorders to record all or a portion of a County Commission Meeting; and

WHEREAS, tapes may be used by the Clerk as a tool for transcribing the minutes, any tape recording of a commission meeting will be held as public record and subject to inspection at the office of the County Clerk for two weeks following the records and will be erased thereafter; and

WHEREAS, annual audits, the monthly budget and financial reports including the monthly list of checks shall be made available to the public, establishing the method of compliance with revenue and expenditure requirements.

NOW THEREFORE, BE IT RESOLVED AND ORDERED:

1. The County has adopted this Resolution establishing compliance with NMSA 10-17; and
2. All reports shall be made available for public inspection and review in accordance with the Inspection of Public Records Act, NMSA 14-2.

PASSED, APPROVED AND ADOPTED by the governing body at its meeting on January 13, 2020.

QUAY COUNTY COMMISSIONERS

Franklin McCasland, Chairman

Mike Cherry, Member

Sue Dowell, Member



Attest:

Ellen L. White, County Clerk

**RPHCA Program  
Monthly Level of Operations Form**

revised 7/7/15

<b>Organization Name: Presbyterian Medical Services</b>		<b>Contract #</b>		
<b>Reporting Site: Quay County Family Health Center</b>		<b>Report Month/Year:</b>	11/01/19	
<b>Action Plan Item</b>		<b>Actual Monthly Level</b>		
<b>Level of Operations</b>	Total Number of Primary Care Encounters		318	
	By Provider Type:			
	Physician Encounters		4	
	Midlevel Practitioner Encounters		314	
	Dentist Encounters			
	Dental Hygienist Encounters			
	Behavioral Health Encounters			
	All Other Licensed/Certified Provider Encounters			
	By Payment Source:			
	Sliding Fee Encounters - Medical/Behavioral Health		32	
	Sliding Fee Encounters - Dental			
	Medicaid Encounters - Medical/Behavioral Health		98	
	Medicaid Encounters - Dental			
	County Indigent Encounters			
Other 3 <sup>rd</sup> Party Encounters		64		
Medicare Encounters		120		
100% Self Pay (non-discounted/non-3 <sup>rd</sup> party) Encounters		4		
<b>Unduplicated Number of Users</b>	Total # of unduplicated users		86	
	At or Below Poverty		52	
	Between Poverty and 200% of Poverty		30	
	Above 200% of Poverty		4	
<b>Staffing Level</b>	Administrative Staff		3	
		Clinical FTEs	Admin FTEs	
	Physicians		0.05	
	Certified Nurse Practitioners		2	
	Physician Assistants			
	Certified Nurse Midwives			
	Dentists			
	Dental Hygienists			
	Behavioral Health Professionals			
	<del>Community Health Workers</del>			
	Clinical Support Staff		2.4	
All Other Staff		0.5		
<b>Prior Month's Primary Care Financial Information</b>	<b>Please enter the month being reported: June</b>			
	Total Primary Care Revenues - all sources		67,210	
	Sliding Fee Revenues -- Medical		3,596	
	Sliding Fee Revenues - Dental		0	
	Medicaid Revenues - Medical		18,484	
	Medicaid Revenues - Dental		0	
	County Indigent Fund Revenues		0	
	Other 3 <sup>rd</sup> Party Revenues		8,488	
	Medicare Revenues		12,835	
	100% Self Pay (non-discounted/non-3 <sup>rd</sup> party) Patient Revenues		189	
	Contracts/Grants Revenues (including RPHCA)		23,618	
	Total Primary Care Expenditures		87,338	
	Total Primary Care Charges		76,326	
	Sliding Fee Discounts - Medical		10,087	
Sliding Fee Discounts - Dental		0		
Prepared by: C Renee Hayoz		12/11/2019		

**Clinic/Program Name:** Quay County Family Health Center  
**Month Reported:** November 2019

**Monthly RPHCA Narrative Report**

*Please provide brief but detailed information for the following questions. Answer all questions or mark N/A.*

- 1. Please describe any changes in the types of services provided during the month reported. Describe any discussions about adding new services**

No new services or talks about adding new services were discussed.

- 2. Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?**

Still getting the new providers name out within the community to try and gain new pediatric patients.

- 3. Were there any changes in the encounters (+ or - 10%) from the previous month reported? Please explain any causes for the changes.**

Encounters are below the monthly goal, this month was lower due to PTO request and holidays

- 4. Please describe any changes in the staffing pattern (regardless of the position or the change in FTE).**

None.

- 5. Please describe recruitment efforts for any positions. Which positions? What actions have been taken?**

None

- 6. Were there any changes to the hours? Explain.**

No changes were made. Hours continue to be 7:00 AM – 5:30 PM, Monday through Friday.

- 7. What efforts did you make to collaborate with local and statewide entities?**

- Quay Co Commissioner Meeting
- City of Tucumcari Commissioner Meetings
- MHR – Carelink for Clinical staff

- 8. Please describe any methods for increasing clinic utilization that your program and staff are engaging in.**

Site continues to provide care at the Quay County Detention Center.

9. **Please describe the outreach activities your program and staff provided to the community during the month reported.**

Senior Center visits were ongoing through the month of November.

10. **Have you received any new funding? Are you aware of any new funding opportunities? Please describe any new initiatives or projects that have been implemented.**

None

**Please note the date of the last advisory board meeting AND THE AGENDA ITEMS DISCUSSED.**

Meeting was held on December 4, 2019

Welcome and Introductions

Regional Goals

- Advocacy for Health Center Funding
- Dental Access
- Community Outreach
- Behavioral Risk Factor Surveillance Systems

Clinic Update

- Update from JCO visit
- Diabetic Eye Camera
- PIP Updates

Home Visiting Update

- Enrolled Clients
- Outreach Events

**RPHCA Program  
Monthly Level of Operations Form**

revised 7/7/15

<b>Organization Name: Presbyterian Medical Services</b>		<b>Contract #</b>	
<b>Reporting Site: Quay County Family Health Center</b>		<b>Report Month/Year: 12/01/19</b>	
<b>Action Plan Item</b>		<b>Actual Monthly Level</b>	
<b>Level of Operations</b>	Total Number of Primary Care Encounters	318	
	<b>By Provider Type:</b>		
	Physician Encounters	4	
	Midlevel Practitioner Encounters	314	
	Dentist Encounters		
	Dental Hygienist Encounters		
	Behavioral Health Encounters		
	All Other Licensed/Certified Provider Encounters		
	<b>By Payment Source:</b>		
	Sliding Fee Encounters - Medical/Behavioral Health	32	
	Sliding Fee Encounters - Dental		
	Medicaid Encounters - Medical/Behavioral Health	98	
	Medicaid Encounters - Dental		
	County Indigent Encounters		
Other 3 <sup>rd</sup> Party Encounters	64		
Medicare Encounters	120		
100% Self Pay (non-discounted/non-3 <sup>rd</sup> party) Encounters	4		
<b>Unduplicated Number of Users</b>	Total # of unduplicated users	65	
	At or Below Poverty	40	
	Between Poverty and 200% of Poverty	18	
	Above 200% of Poverty	7	
<b>Staffing Level</b>	Administrative Staff	3	
		Clinical FTEs	Admin FTEs
	Physicians	0.05	
	Certified Nurse Practitioners	2	
	Physician Assistants		
	Certified Nurse Midwives		
	Dentists		
	Dental Hygienists		
	Behavioral Health Professionals		
	<del>Community Health Workers</del>		
	Clinical Support Staff		2.4
All Other Staff		0.5	
<b>Prior Month's Primary Care Financial Information</b>	<b>Please enter the month being reported: June</b>		
	Total Primary Care Revenues - all sources	62,452	
	Sliding Fee Revenues - Medical	3,386	
	Sliding Fee Revenues - Dental	0	
	Medicaid Revenues - Medical	20,975	
	Medicaid Revenues - Dental	0	
	County Indigent Fund Revenues	0	
	Other 3 <sup>rd</sup> Party Revenues	1,843	
	Medicare Revenues	13,978	
	100% Self Pay (non-discounted/non-3 <sup>rd</sup> party) Patient Revenues	178	
	Contracts/Grants Revenues (including RPHCA)	23,092	
	Total Primary Care Expenditures	74,549	
	Total Primary Care Charges	68,794	
Sliding Fee Discounts - Medical	8,831		
Sliding Fee Discounts - Dental	0		
<b>Prepared by: C Renee Hayoz</b>		<b>1/7/2020</b>	

**Clinic/Program Name:** Quay County Family Health Center  
**Month Reported:** December 2019

**Monthly RPHCA Narrative Report**

*Please provide brief but detailed information for the following questions. Answer all questions or mark N/A.*

- 1. Please describe any changes in the types of services provided during the month reported. Describe any discussions about adding new services**

No new services or talks about adding new services were discussed.

- 2. Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?**

Still getting the new providers name out within the community to try and gain new pediatric patients.

- 3. Were there any changes in the encounters (+ or - 10%) from the previous month reported? Please explain any causes for the changes.**

Encounters are below the monthly goal, this month was lower due to Provider surgery, PTO request and holidays

- 4. Please describe any changes in the staffing pattern (regardless of the position or the change in FTE).**

None.

- 5. Please describe recruitment efforts for any positions. Which positions? What actions have been taken?**

None

- 6. Were there any changes to the hours? Explain.**

No changes were made. Hours continue to be 7:00 AM – 5:30 PM, Monday through Friday.

- 7. What efforts did you make to collaborate with local and statewide entities?**

- Quay Co Commissioner Meeting

- 8. Please describe any methods for increasing clinic utilization that your program and staff are engaging in.**

Site continues to provide care at the Quay County Detention Center.

9. **Please describe the outreach activities your program and staff provided to the community during the month reported.**

Senior Center visits were ongoing through the month of December.  
An Open House event was held on December 9 where we entertained patients and guest of the community at the Clinic.

10. **Have you received any new funding? Are you aware of any new funding opportunities? Please describe any new initiatives or projects that have been implemented.**

None

**Please note the date of the last advisory board meeting AND THE AGENDA ITEMS DISCUSSED.**

Meeting was held on December 4, 2019

Welcome and Introductions

Regional Goals

- Advocacy for Health Center Funding
- Dental Access
- Community Outreach
- Behavioral Risk Factor Surveillance Systems

Clinic Update

- Update from JCO visit
- Diabetic Eye Camera
- PIP Updates

Home Visiting Update

- Enrolled Clients
- Outreach Events



# Quay County Extension Service

College of Agricultural, Consumer and Environmental Sciences

## Quarterly Report – July – September 2019

Jason Lamb, County Program Director, Agriculture Agent  
Joyce Runyan, Program Assistant

Colette Mapes, Administrative Assistant

### Community and Economic Development

The Quay County Fair is the major activity of this quarter. In addition to the five days of working at the fairgrounds, much time is spent prior to the event getting ready and after the event tying up loose ends. All staff work hard to make sure all of the pieces come together for a successful event. The fair is coordinated by a volunteer board that works all year long on ways to improve and implement the fair. Many take vacation time to work during the fair. Board members give over 300 volunteer hours to make sure the fair is successful. In addition, over 600 hours are contributed during the fair by volunteers including department help and judges. An estimate of 2000 community members attended the fair this year. The Extension office provides support for every area of the fair including:

- ✓ Working with board members and Ag teachers to tag all animals prior to ownership deadlines
- ✓ Coordination of carnival including ticket sales and business licenses
- ✓ Coordinating the entries and judging of all non-animal exhibits
- ✓ Recruiting and training volunteers to serve as department superintendents and judges
- ✓ Advertising the fair before, during and after including typing all results
- ✓ Creating flyers for daily Facebook posts of events before and during fair
- ✓ Helping with setting up of the exhibit area, pens and hauling equipment to run fair
- ✓ Assisting with all of the shows
- ✓ Assisting with the release of all exhibits including verifying animals
- ✓ Assisting with the sale and follow up thank you advertisement
- ✓ Cleaning up, hauling and storing equipment and wrapping up of fair activities
- ✓ Assisting the 4-H Council Officers with hosting the Itty Bitty Rodeo, Pet Parade and a Scavenger Hunt Activity.
- ✓ Coordinating the Council Officers for their show assignments.
- ✓ Coordinating the 4-H run concession stand.
- ✓ Working with Rabbit and Poultry Superintendent to band poultry and tattoo meat rabbits prior to the fair.
- ✓ Ensuring the buildings were opened in the morning and secured at night.
- ✓ Assisting with program preparation and copy programs.
- ✓ Assisting the treasurer with follow up thank you advertising and money collections.
- ✓ Sending thank you letters to groups and people who assisted with the fair.
- ✓ Turning in results for special awards and make sure winners receive prizes.
- ✓ Contacting exhibit hall award donors
- ✓ Making signs and banners

- ✓ Holding clinics during the fair to help exhibitors with showing skills
- ✓ Providing equipment for running the fair
- ✓ Working with packers for loading animals purchased

During the fair, the Agriculture agent helped 4-H members prepare their livestock for show and conducted showmanship clinics during the fair where 54 youth gained knowledge in showing goats, lambs, steers and heifers. The agricultural agent advised 4-H Members about the proper feeding and management of show animals, showmanship, shearing of animals, as well as treating sick animals

Seventy-seven Junior Exhibitors registered to show at the County Fair with a total of 193 animals/pens. Twenty-two exhibitors had 65 swine, 34 had 79 goats, 10 had 31 lambs, 10 had 12 heifers, and 11 had 18 steers. We also had 13 kids with 24 boiler pens, 10 with 14 meat pens, 9 with 18 egg layers, and 8 with 18 baker rabbits. They competed for a total 49 sale slots.

## **Home Economics**

### **Food Safety**

A program on the Safety of our Food Supply was prepared for the two Extension Clubs and presented to 15 Senior Companions and Foster Grandparents. The program discussed some of the past food safety scares and gave tips for preventing e-coli and salmonella. Participants learned about the many old and new safeguards the United States has in place to insure that the food that we purchase is safe to eat. They learned about the cost to businesses that have food borne illness incidents and their motivation to care for food and prepare it safely.

### **Food and Nutrition**

"Say NO to Disease" is a program prepared by Oregon State University Extension Service that focuses on how our body makes nitric oxide from whole raw foods, especially leafy green. Nitric Oxide has been proven to prevent and reverse many diseases. This program describes in detail how eating leafy greens and other vegetables improve blood vessels and circulation. This program was presented to 28 people attending the Monthly Community Potluck at the San Jon Senior Center. Fourteen completed the evaluation. Evaluations showed that everyone's knowledge about Nitric Oxide and its effects on the body increased and 66% plan on adding additional servings of green vegetables to their diets and 85% plan on practicing deep breathing exercise.

### **GROW Healthy Kids**

The First Saturday Walk for July was Walk with a Doc. There were six medical professionals that walked with people from the community around the park as they visited. There were six committee members and 15 community members of all ages. Those in attendance enjoyed visiting with the medical providers

August 1<sup>st</sup> Saturday Walk was Walk With A Cop. The walk was shorter, due to the Rattler Reunion Parade. There were five committee members, seven cops, and eight participants. All enjoyed the morning and visiting. One mother put a picture of her son and a state police officer

racing around the park on Facebook. She thanked him for visiting with her son, showing him about staying fit, and being a role model.

September's 1<sup>st</sup> Saturday Walk was Walk With A Teacher. This activity competed with the startup of the youth soccer season, so the committee was pleased with the turnout. We had five committee members, eight teachers and 19 walkers. All expressed interest in participating in more 1<sup>st</sup> Saturday Walks.

### **Strong Seniors Stay Young**

During this quarter, the Summer session of Strong Seniors Stay Young ended with 22 consistent participants and the Fall session started with 30 participants. Those re-enrolling for the Fall Session were asked why they feel the class is beneficially to them. The majority answered that they needed the motivation, some said the exercises help them to keep moving. Others mentioned bone density, stronger, mind works better, better balance, and the social interaction is important to them.

## **Agriculture**

### **Sustainable Agriculture**

The Table Top Cooperative along with the agent conducted a Beginning Farmer Training on Production Planning. Production planning is the process of organizing planting time, production costs, preparation, and harvesting. Nineteen people attended the training. The agent along with the Rocky Mountain Farmers Union development Specialist presented the training. Fifty-two percent of Beginning Farmers completed a sample plan and learned techniques that will assist them in their production practices.

A Cotton Boll Weevil infestation could devastate the US cotton industry. A Boll Weevil eradication program to monitor the Boll Weevil has been set up by the agent. Quay County has around 6100 acres of irrigated cotton in the county worth approximately 8 million in annual revenue and an on-going monitoring program must be in place for producers to sale their cotton across state lines. To assist in this effort the agent has contributed by setting up Boll Weevil traps throughout the county which are checked on a regular basis. Reports are sent to the Texas Boll Weevil Eradication program and Texas Department of Agriculture. Currently Quay County is Boll Weevil free.

The agent attended the National Association of County Agricultural Agents (NACAA) convention in Fort Wayne, IN where he received the NACAA National Communication Award for Audio Recordings for his "Garden Minute" radio program. Fifty-two audio entries were submitted across the nation. The agent also was a judge for the educational posters and the New Mexico voting delegate. Several trainings on agricultural program were attended in which the agent learned about Livestock mineral research, Beginning Rancher programs, and Meat processer education trainings. The convention provided a great opportunity to network with other state agents and gain new ideas for programs.

## **Horticulture**

Several calls were received about caterpillars eating mulberry trees around the county. The Caterpillar was identified as the Davis Tussock Moth larvae that can defoliate mulberry tree as well as other plants. The problem was wide spread across the county. Home owners learned the proper treatment for the caterpillars or the other option is to leave them alone as trees will lose their leaves soon anyway.

## **Quay County 4-H Program**

### **Livestock Program**

Twenty-six youth competed at the New Mexico State fair this year. 4-H members exhibited pigs, lambs, goats, steers, chickens, and heifers. Youth placed high with twenty animals placing in the top five in their classes. As a result five youth qualified and sold their animals through the junior livestock sale. The agent assisted in advising exhibitors on weight breaks and assisting with entry questions. The agent also advised youth on feeding, classification, and weight decorations. Forty-seven parents and volunteers assisted youth at the fair. 4-Hers learn responsibility, gain knowledge about livestock, feeding at the fair and preparing for their livestock show.

The 2019 Quay County Fair was held in which the agent assisted 110 youth and 62 volunteer leaders in various duties throughout the fair. Over 1600 people attended the fair. 4-H members were taught how to prepare their livestock for show, participated in showmanship clinics where 52 youth gained knowledge in showing goats, lambs, steers and heifers. Youth gained knowledge in proper feeding, management of show animals, showmanship, clipping of animals, and treating sick animals. Other duties included helping packers load and separate animals, getting animals to the sale ring, and advising fair board members.

Quay County fair workday was held in which 63 fair board members and volunteers assisted. Volunteers set up booths, pens, rabbit and poultry cages, hung tarps, labeled pens, and cleaned the fair grounds. The agent assisted in putting up tarps, putting out wood shavings, setting up and labeling pens.

The 4-H Rabbit and Poultry leader along with the agent conducted a poultry banding and rabbit tattooing day at the fairgrounds to certify all entries for the fair. 40 youth along with their family members participated. 24 rabbits were verified and 65 chickens were banded.

### **4-H Contests**

Quay County 4-H members competed in Las Cruces, NM at the State 4-H Conference. Members competed in Livestock Skill-a-thon, Pasture and Range, Agronomy, Horticultural Produce, Family and Consumer Science (FCS) Skill-a-thon, Meats, and FCS Bowl. The Meats team placed second with one 4-Her winning high individual. Pasture and Range team was second, and the Agronomy team placed third. The agent assisted with the pasture and range

and the land judging contests along with coaching teams. Students gained skills in competition, team work, communication, planning and preparation. Youth also gained knowledge in the judging contest material that can prepare them for a career in agriculture.

The Program Assistant scheduled a meeting for 4-H members interested in competing at the NM 4-H Food Challenge during the NMSF in September. This meeting determined the number of teams to submit registration forms and fees. The kids also figured out the parts for the presentation, what to wear and team names. There were enough participants to have a Novice and Junior team compete this year. Eight people attended the meeting. The Food Challenge encourages participants to think outside the box using ingredients to make a tasty dish for judges. The kids also gain public speaking skills to give the presentation that uses knowledge about food safety, My Plate, ingredient nutrition, cost per serving and recipe instructions. Eight people attended the meeting.

### **Fundraisers**

The 2019 Quay County 4-H Rodeo was held on the last weekend in July at the Quay county rodeo grounds in Tucumcari, NM. Seventy-two 4-H members from across the state competed in the Rodeo participating in goat tying, pole bending, barrel racing, team roping and other events. Thirty three buckles and three saddles were presented to the winners. The rodeo is one of the Quay county 4-H's largest fundraisers. The Rodeo requires many volunteers, in which 81 volunteer's assisted in the event and approximately 500 people attended the rodeo. The agent assisted in the set up and operation of the Rodeo. The Rodeo provides an opportunity for youth to develop their skills in horsemanship, handling livestock, competition, and roping skills that can assist them in future agricultural endeavors.

The Program Assistant scheduled a day and time for the 4-H County Council Officers to go to the radio station and record an ad to promote the 4-H Rodeo. All the Council Officers enjoyed recording the ads and learning more about the process. It provided them the opportunity to work on public speaking skills and working as a team. There were thirteen members that attended.

Thirty-two volunteers and the agent held a workday for the Quay County 4-H Rodeo. The volunteers set up the arena by building pens for the roping livestock, hauling supplies to the crow's nest, tarping one side of the arena and setting up the office trailer. Volunteers were treated to hotdogs and drinks after their hard work.

Orders were due to the Extension Office on August 2. The Program Assistant went over the orders, money received, entered orders by family on a spreadsheet and sent total order to be delivered on August 20 at the Fair Barn. There were 101 cases ordered. The Program Assistant arranged times for pick up, sorted and loaded orders. Between the two sales there was a total of 809 cases sold.

### **4-H Promotion**

The Quay County 4-H Summer Fun party was held at the Tucumcari Elks Club swimming pool in which 73 youth and family members attended the fun event. Youth and parents swam and

ate hotdogs. This program promotes the fun of 4-H and keeps kids interested in the 4-H program.

## **Workshops**

### **Sewing Project Final Workshop**

Program Assistant worked with two 4-Hers who had not finished their garments in April, so they would have them done to enter in the fair.

### **Leadership Workshop**

The Council Officers decided to hold a leadership workshop and include a parent track since we often have parents attend with their 4-Hers. The Officers teamed up and had three different presentations. Topics covered were the qualities of leaders, overcoming obstacles and paying attention to who you're listening to. The officers planned opening games and games to go with each presentation. The Program Assistant worked with the officer team to set up the area, get supplies and snacks, made a flyer to advertise the event. The State 4-H Volunteer Specialist came up to provide the parent track. It was decided to include activities for Cloverbuds. The Program Assistant planned activities geared for this age group, got the supplies ready and arranged for a helper for that afternoon. She worked with this age group while the older kids rotated through the officer presentations and the parents were in their group. There was a total of 36 people that attended. The Agricultural Agent and FCS Agent assisted officers with crowd management and refreshments.

### **Cloverbud Workshops** (are planned and conducted by the Program Assistant)

The workshop this quarter focused on Cloverbud record books to conclude the 4-H year. Quay County has a record book reward party for all members that turn in a record book. Cloverbuds can participate in this activity. The Program Assistant thinks it is important to encourage Cloverbuds to work on their record book now. This should become another regular part of being in 4-H. All Cloverbuds are recognized as club members, but Cloverbuds that complete record books receive special recognition at the yearly Achievement Program. There were 11 members that attended.

### **Summer Fun Activity**

To celebrate the accomplishments of the busy year and have some fun before fair, Quay County 4-H holds a Summer Fun Party. The Elks' Lodge hosted the Summer Fun Party this year. They provided hamburgers, hot dogs, buns, condiments and drinks. 4-H members took desserts. The Program Assistant coordinated with the Elks for the event. There were 70 people that attended. We honored our graduating seniors at the party too.

### **School Enrichment**

A farm safety day was held in Santa Rosa where the agent along with the 4-H assistant attended in an effort to assist with the event. 203 youth and teachers from Tucumcari, Santa Rosa, Fort Sumner, and Vaughn participated, learning about fire, food, gun, electricity, wildlife,

and animal safety. Youth gained an understanding of the dangers that can happen in rural areas and how to prevent them. The agent assisted in all aspects of the program and helped out where ever possible.

Agricultural Day was held at the Tucumcari Agricultural Science Center where 4<sup>th</sup> and 5<sup>th</sup> grade students from Tucumcari Elementary were presented topics of agriculture and the 4-H program. The agent present on the Sheep industry and discussed topics of what sheep are used for, breeds of sheep, wool production, and kids handled sheep at the completion of the presentation. 174 students attended the event and gained a better understanding of the science in agriculture and the 4-H program.

**Total personal contacts by staff at the Quay County Extension Service for July – September 2019 was 14,165. Social Media contacts was 53,323 for a total 67488.**

**Follow Us On:**

**Webpage: <http://quayextension.nmsu.edu/>**

**FaceBook: <https://www.facebook.com/pages/Quay-County-Cooperative-Extension-Service/136226003111147?ref=bookmarks>**

**Home Ec Blog: <http://nmsuquayhomeec.blogspot.com/>**

**Ag Blog: <http://nmsuquayag.blogspot.com/>**

November 30, 2019



## Quay County Sheriff's Office monthly report

### Calls for Service

<u>Month Reported</u>	<u>Count</u>
January	90
February	92
March	93
April	94
May	114
June	112
July	122
August	108
September	84
October	74
November	76
December	

### Civil Process

<u>Month Received</u>	<u>Count</u>
January	64
February	70
March	59
April	77
May	42
June	37
July	67
August	53
September	36
October	50
November	46
December	

### Prisoner Transports

<u>Month Reported</u>	<u>Count</u>
January	10
February	11
March	13
April	10
May	12
June	11
July	18
August	15
September	10
October	13
November	6
December	



**Arrests**

<u>Month Arrested</u>	<u>Count</u>
January	17
February	21
March	16
April	12
May	21
June	20
July	22
August	11
September	11
October	7
November	9
December	

**Citations**

<u>Month Issued</u>	<u>Count</u>
January	9
February	3
March	13
April	11
May	18
June	7
July	7
August	3
September	5
October	7
November	18
December	

**Traffic Stops**

<u>Month Occurred</u>	<u>Count</u>
January	38
February	17
March	53
April	65
May	63
June	56
July	43
August	24
September	23
October	44
November	59
December	

	<u>Deputy</u>	<u>Year</u>	<u>UNIT#</u>	<u>Total Mileage</u>
Seven full time Law Enforcement Deputies.	Q-1	19	9651	17911
1 Sheriff	Q-2	18	7016	53128
1 Under Sheriff	Q-3	16	7213	60798
5 Deputies	Q-4	19	7472	5543
Russell Shafer, Sheriff	Q-5	15	2323	47784
	Q-6	15	2317	60664
	Q-7	16	6749	109182

December 31, 2019



## Quay County Sheriff's Office monthly report

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June	11
July	18
August	15
September	10
October	13
November	6
December	15



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February	21
March	16
April	12
May	21
June	20
July	22
August	11
September	11
October	7
November	9
December	9

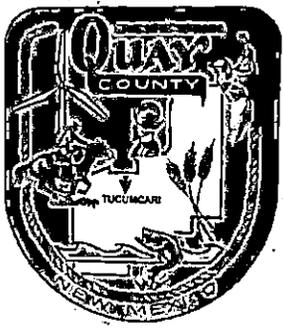
**Citations**

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February	3
March	13
April	11
May	18
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July	7
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March	53
April	65
May	63
June	56
July	43
August	24
September	23
October	44
November	59
December	78

	<u>Deputy</u>	<u>Year</u>	<u>UNIT#</u>	<u>Total Mileage</u>
Seven full time Law Enforcement Deputies.	Q-1	19	9651	18299
1 Sheriff	Q-2	18	7016	54742
1 Under Sheriff	Q-3	16	7213	62450
5 Deputies	Q-4	19	7472	8041
Russell Shafer, Sheriff	Q-5	15	2323	53749
	Q-6	15	2317	61523
	Q-7	14	0262	90486



**QUAY COUNTY GOVERNMENT**  
FISCAL YEAR 2019-2020

**RESOLUTION NO. 31**

**A RESOLUTION ADOPTING A FIRE PROTECTION  
AUTOMATIC AID AGREEMENT**

**WHEREAS**, Quay County Fire Districts, Bard-Endee Fire and neighboring Porter Fire, are entering into an Automatic Aid Agreement; and

**WHEREAS**, both Fire Departments and the County feel it to be mutually beneficial to enter into this agreement to render automatic assistance in suppressing structural fires to protect the citizens in their districts; and

**WHEREAS**, Quay County approves such an agreement to be in the best interests of its citizens located in the rural areas of Bard, Endee and Porter communities.

**NOW, THEREFORE, BE IT RESOLVED AND ORDERED** that the attached Fire Protection Automatic Aid Agreement between Bard-Endee Fire and Porter Fire Districts be approved.

**PASSED, APPROVED AND ADOPTED** by its governing body at the meeting of January 13<sup>th</sup>, 2020.

**QUAY COUNTY COMMISSION**

  
Franklin McCasland, Chairman

  
Sue Dowell, Member

  
Mike Cherry, Member



  
Ellen White, Quay County Clerk

Fire Protection  
Automatic Aid Agreement  
Bard-Endee and Porter Fire Districts  
Quay County, New Mexico

This Automatic Aid Agreement is entered into by and between Bard-Endee Fire Department and neighboring Porter Fire Department in the County of Quay, New Mexico. The Departments listed below enter into this Agreement for the limited and particular purpose of providing fire protection between the named Fire Districts stated herein.

- A. The participating fire districts are Bard-Endee Fire Department and Porter Fire Department, both of Quay County. These Fire Departments consider it to be desirable and beneficial to enter into this Agreement of Automatic Aid for fire suppression.
- B. The County of Quay also considers it to be desirable and beneficial to enter into this Agreement for Automatic Aid for fire suppression.
- C. By signing this Agreement, the Fire Departments agrees to render Automatic Aid and assistance to one another in suppressing structural fires and to protect and promote public health, welfare and safety to their citizens. Such assistance shall be the consideration for this Agreement.
- D. Liability. No party to this Agreement shall be responsible for liability as a result of any other party's acts or omissions in connection with the Agreement. Any liability incurred in connection with the Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, Section 41-1-4 et, seq. NMSA 1978, as amended. This Agreement acknowledges that the participating fire departments are volunteer, as such, no fire department shall be liable if the department is unable to respond to incidents outside of their respective fire districts.
- E. Cost and Expenses. No party to this Agreement shall be required to reimburse any other party for the cost of providing the services set forth in this Agreement. Each party shall pay its own costs and expenses of responding to emergency incidents under this Agreement.
- F. Response Procedures. Dispatch of equipment or personnel pursuant to the Agreement is subject to the following:
  - 1. All calls for structure fires in the above named fire districts shall result in an automatic simultaneous response from the fire departments listed above. To accomplish this, the Tucumcari-Quay Regional Emergency Communications Center ("TQRECC") shall simultaneously dispatch the fire departments listed above.
  - 2. This Agreement shall be in effect 24 hours a day 7 days a week, 365 days a year.

3. The first arriving unit on any emergency incident will establish an incident command management structure that is consistent with the National Incident Management System ("NMIS"). All responding personnel will operate accordingly under the command structure established and will work at all times in assigned sectors.
  4. The automatic dispatch of emergency responders shall include the specific location and type of emergency.
  5. The responding equipment and personnel dispatched shall be used for the specific purpose of providing fire suppression or supporting fire suppression activities. Responding personnel and equipment shall conform to the State of New Mexico driving and speed laws and with current Fire Department Standard Operating Guidelines.
  6. The responding fire department(s) shall report to the officer in charge or Incident Commander ("IC") of the requesting department at the location requested. The personnel of the responding department shall be subject to the direction of the IC unless the responding officer considers the orders to be placing his or her equipment or personnel in danger, at which time he or she may refuse the orders and return to his or her fire district.
  7. The responding department shall anticipate the officer in charge or IC to switch all radio traffic to the channel that the officer in charge or IC has determined to use as stated by Fire Department Standard Operating Guidelines.
  8. The requesting department shall release the responding department when the services of the responding department are needed within their own fire district and/or as soon as the responding department services are no longer needed.
- G. Term. This Agreement shall be effective upon the date of the last signature by the parties hereto and shall continue and remain in effect, notwithstanding any changes in administration of any of the parties in perpetuity unless earlier terminated in conformity with Paragraph H below.
- H. Termination. This Agreement may be terminated by any party upon thirty days written notice to the parties.
- I. Amendment. This Agreement may be amended at any time by a written amendment. Any amendment shall be effective when agreed upon and signed by all parties to this Agreement.

IN WITNESS WHEREOF, the respective parties execute for and on behalf of the parties of this Automatic Aid Agreement as of the last date recorded herein.

Quay County

Franklin McCasland  
Franklin McCasland, Commission Chair

Date 1/13/2020

Sue Dowell  
Sue Dowell, Commission Member

Date 1/13/2020

Mike Cherry  
Mike Cherry, Commission Member

Date 1/13/2020

Lucas Bugg  
Lucas Bugg, Quay County Fire Marshal

Date 1/13/2020

Donald Adams  
Donald Adams, Chief Bard-Endee Fire Dept.

Date 1-13-20

Austin Gibson  
Austin Gibson, Chief Porter Fire Dept.

Date 1/13/20

ATTEST  
Ellen White  
Ellen White, County Clerk

State of New Mexico )

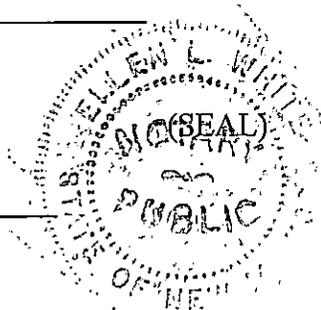
County of Quay )

Subscribed and sworn to before me this 13<sup>th</sup> day of January, 2020.

Ellen White  
Notary's Signature

My Commission Expires:

3-21-2023





**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2021**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 24, 2020**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. To be eligible, an applicant must be an incorporated municipality or county applying on behalf of a local recipient (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report must be postmarked or hand-delivered to the EMS Bureau by 5:00pm on Friday, January 24, 2020. Please adhere to the following instructions, as incomplete applications will not be processed:

- Submit an ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted. (faxed or emailed applications will not be accepted as well)
- NO SPECIAL BINDING (one staple in the left top corner only- NO PAPERCLIPS or BINDERS)
- Be sure to have necessary SIGNATURES and NOTARY.

<b>Local Recipient:</b>	Conservancy Fire District #1			03213	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	P.O. Box 725		Tucumcari	NM	88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	1	2	3	(575) 815-9015	(575) 815-9015
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Michelle Jaynes		Secretary/Treasurer	michelle.jaynes5@gmail.com	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Quay County - Conservancy Fire District 1				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
<b>Mailing Address:</b>	P.O. Box 1246		Tucumcari	NM	88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Cheryl Simpson		Financial Secretary		
	<i>(Name)</i>		<i>(Title)</i>		
<b>Contact Person:</b>	575-461-2112		575-461-6208	cheryl.simpson@quaycounty-nm.	
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> <b>Check if applicable</b> Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> <b>Check if applicable</b> Service has Basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <u>Attached copy(s)</u>	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.
<input type="checkbox"/> <b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> <b>Check if applicable</b> Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> <b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> <b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> <b>Check if applicable</b> If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

**LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED**

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. We must be realistic, please estimate amount closest to funding that service receives every year.
- Use each priority number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
<b>Training:</b>		
3	Continuing Education for 3 EMT's	\$ 750.00
<b>Mileage &amp; Per Diem:</b>		
4	Mileage and per diem to conference to obtain required CE's	\$ 1,000.00
<b>Supplies (Items Under \$500):</b>		
1	Supplies Needed for Rescue to replace used supplies	\$ 500.00
2	EMS UHF Radio, Vaccu splints, KED unit	\$ 2,625.00
<b>** Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
5	Medical Director	\$ 125.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$ 5,000.00</b>

\* Do not make all items Priority No. 1.

\*\* For Capital Outlay Projects for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 - 5 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match

**Note:** If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained. (Communication is key)

### JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

District 1 fire department has a priority on training and maintaining EMS status with Continuing Education for the medics on staff, Educational upkeep of an EMT is expensive, and without this funding we might not have our volunteer EMT's to maintain the service. We also have plans to purchase some of the required equipment that we were not able to purchase brand new.

**SERVICE NAME:** \_\_\_\_\_

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF \_\_\_\_\_ Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:  
(TYPE OR PRINT)

Franklin McCasland  
Mayor OR Chairman, Board of Commissioners

Quay  
Municipality County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

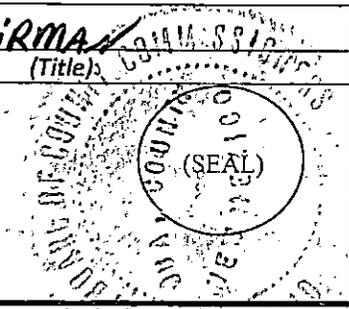
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

*Franklin McCasland*  
Signature of Official Named Above **CHAIRMAN**  
(Title)

The above was sworn and subscribed to before this 13 day of January, 2020

Notary Public: *Edie L. White*

My commission expires: 3-21-2023



**PERSON COMPLETING FORM**

**Name:** Michelle Jaynes Secretary/Treasurer  
(Name) (Title)

**Address:** 4205 QR 63  
Tucumcari NM 88401  
(City) (State) (Zip) (+4)

(575) 461-2351 (575) 461-4765 (575) 815-9015 michelle.jaynes5@gmail.com  
(Work Phone) (Home Phone) (Cellular Phone) (Email)

**Signature:** *Michelle D. Jaynes*

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved: Yes No Final Award: \_\_\_\_\_

Comments/Problem: \_\_\_\_\_

Date Corrected: \_\_\_\_\_

**Patient Compartment Equipment – If Applicable (Interior or Exterior)**

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	<input checked="" type="checkbox"/>	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	<input checked="" type="checkbox"/>
Auto Ventilator Devices (ATV/MTV)	<input type="checkbox"/>	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	<input checked="" type="checkbox"/>
Bag-Valve-Mask Devices (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Oxygen Supply Tubing	<input checked="" type="checkbox"/>
Band-Aids (Assorted Sizes)	<input checked="" type="checkbox"/>	Patient Restraints	<input checked="" type="checkbox"/>
Biohazard Clean-up Supplies	<input checked="" type="checkbox"/>	Pediatric Drug Dosage Tape or chart	<input checked="" type="checkbox"/>
Biohazard Waste bags	<input checked="" type="checkbox"/>	Pediatric Restraint device/car seat	<input checked="" type="checkbox"/>
Blankets	<input checked="" type="checkbox"/>	Pillows	<input checked="" type="checkbox"/>
Body Bags	<input checked="" type="checkbox"/>	Portable Oxygen Equipment	<input checked="" type="checkbox"/>
Cervical Collars - Rigid (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Portable Suction Unit	<input checked="" type="checkbox"/>
Cervical Immobilization Devices	<input checked="" type="checkbox"/>	Seated Spinal Immobilization Device	<input checked="" type="checkbox"/>
Chair Stretcher	<input type="checkbox"/>	Semi-Automatic Defibrillator with Pads	<input checked="" type="checkbox"/>
Cold Pack	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator Batteries	<input checked="" type="checkbox"/>
Cold Weather Warming Devices	<input checked="" type="checkbox"/>	Sharps Container	<input checked="" type="checkbox"/>
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	<input checked="" type="checkbox"/>	Sheets	<input checked="" type="checkbox"/>
Emesis Basin	<input checked="" type="checkbox"/>	Shoulder/chest/extremity straps	<input checked="" type="checkbox"/>
Field Stretcher (Scoop, Collapsible, Vacuum)	<input checked="" type="checkbox"/>	Spinal Immobilization device/backboard	<input checked="" type="checkbox"/>
Foil Blanket	<input checked="" type="checkbox"/>	Splints, Extremity (Rigid, Air, Vacuum)	<input checked="" type="checkbox"/>
Hand Sanitizer	<input checked="" type="checkbox"/>	Sterile Burn Sheets	<input checked="" type="checkbox"/>
Heat Pack	<input checked="" type="checkbox"/>	Sterile Gloves (Assorted Sizes)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input type="checkbox"/>	Sterile Water	<input checked="" type="checkbox"/>
Installed Oxygen System	<input type="checkbox"/>	Stokes Basket	<input type="checkbox"/>
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	<input checked="" type="checkbox"/>	Suction Catheters (Soft & Rigid)	<input type="checkbox"/>
Long Backboard	<input checked="" type="checkbox"/>	Supraglottic Airway Devices	<input type="checkbox"/>
Multi-level Stretcher	<input type="checkbox"/>	Multi-lumen Airway Devices	<input type="checkbox"/>
Multi-Lumen Airways	<input checked="" type="checkbox"/>	Laryngeal Airway Devices	<input checked="" type="checkbox"/>
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	<input checked="" type="checkbox"/>	Towels	<input checked="" type="checkbox"/>
Nasopharyngeal Airways	<input checked="" type="checkbox"/>	Traction Splint	<input checked="" type="checkbox"/>
Occlusive Dressings	<input checked="" type="checkbox"/>	Trauma Dressings	<input checked="" type="checkbox"/>
On-Board Suction System	<input type="checkbox"/>	Trauma Shears	<input checked="" type="checkbox"/>
On-Board Oxygen Supply	<input type="checkbox"/>	Triangular Bandages	<input checked="" type="checkbox"/>
		Urinal (Male and Female)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input type="checkbox"/>
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	<input type="checkbox"/>	Laryngoscope Blades – Adult	<input type="checkbox"/>
		Laryngoscope Blades – Peds	<input type="checkbox"/>
Chest Decompression Catheters	<input type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
Cricothyroidotomy Kit	<input type="checkbox"/>	Magill Forceps	<input type="checkbox"/>
EKG Monitor Electrodes	<input type="checkbox"/>	Needles (Assorted Gauges)	<input type="checkbox"/>
Electrode Defib Pads	<input type="checkbox"/>	Pediatric Fluid Control Device	<input type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Scalpels	<input type="checkbox"/>
Ext. Cardiac Pacing Pads	<input type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Toomey Syringe (60cc)	<input type="checkbox"/>
Inhalation Therapy Equipment	<input type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input type="checkbox"/>
Intraosseous Needles	<input type="checkbox"/>	Tubing, IV Administration (60gts)	<input type="checkbox"/>
IV Catheters	<input type="checkbox"/>	Tubing, IV Administration Set (10gts – 20gts)	<input type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT-Paramedic, and the Service Medical Director			<input type="checkbox"/>
Other: (Specify)			<input type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

We are hoping to add the EMS UHF radio with this years funding, and ad a Ked Unit with some vaccu splints.

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

Item Description	Available	Item Description	Available
Fire Extinguisher (2 lb) or (2 – 1lb)	<input checked="" type="checkbox"/>	Vehicle Registration	<input checked="" type="checkbox"/>
Flashlight	<input checked="" type="checkbox"/>	Vehicle Spotlight or auxiliary lighting	<input checked="" type="checkbox"/>
Fuses (appropriate sizes)	<input checked="" type="checkbox"/>	Warning Lights	<input checked="" type="checkbox"/>
Jack and Handle	<input checked="" type="checkbox"/>	Other: (Specify)	
Lug Wrench	<input checked="" type="checkbox"/>		
Maps or Navigational equipment	<input checked="" type="checkbox"/>		
Patient Care Reports or Reporting System	<input checked="" type="checkbox"/>		
Roadway warning devices	<input checked="" type="checkbox"/>		
Service Specific Protocols and guidelines	<input checked="" type="checkbox"/>		
Siren	<input checked="" type="checkbox"/>		
Spare Tire	<input checked="" type="checkbox"/>		
Star of Life Displayed	<input checked="" type="checkbox"/>		
Tool Box	<input checked="" type="checkbox"/>		
Triage Tags for MCI's	<input checked="" type="checkbox"/>		
U.S. DOT Emergency Response Guidebook	<input checked="" type="checkbox"/>		

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: (Specify)
EMSCOM (UHF) Radio	<input type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: (Specify)
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input checked="" type="checkbox"/>	
Helmet with Face Shield	<input checked="" type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with Infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End-Tidal CO2 monitoring device (optional)	<input checked="" type="checkbox"/>	Other: (Specify)	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		

## MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 9<sup>th</sup> day of April, 2018, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follow:

**1.) Definitions:**

Calling Fire Department / EMS Service requesting Mutual Aid Aiding Fire Department / EMS Service offering Mutual Aid Director. The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement future officers will be bound by this Agreement unless amendments are agreed to in writing,

if at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

**2.) Purpose:**

The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate,

**3.) Method of Call:**

When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

**4.) Equipment and Personnel Response:**

The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist the calling department without undermining the aiding department's ability to respond to calls in its own district.

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

department without undermining the aiding department's ability to respond to calls in its own district.

5). **Command:**

The calling department will retain command authority over personnel and department(s) responding from the aiding department. The aiding department reserves the right to recall personnel and equipment in the event of need in the aiding fire district,

6). **Reporting Losses:**

The aiding services will be responsible for their own vehicles, equipment, and personnel. The aiding department will record the call as per their own Standard Operating Guidelines.

FOR THE AGREEING PARTIES:

Bard-Endee Fire Department

Donald Adams  
Chief Officer

Conchas Dam Fire Rescue

\_\_\_\_\_  
Officer

Conservancy Fire District One

John E. Adams  
Chief Officer

Conservancy Fire District Two

Danny Wallace  
Chief Officer

Conservancy Fire District Three

\_\_\_\_\_  
Officer

Forrest Fire Department & EMS

Joe A. Evans  
Chief Officer

House Fire Department

Ryan Remy  
Chief Officer

Jordan Fire Department

John Letten  
Chief Officer

Logan Ambulance Service

Brenda Rivale  
EMS Director Officer

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

Logan Fire Department [Signature]  
Chief Officer

Nara Visa Fire Department Doug Minard  
Fire Chief Officer

Porter Fire Department [Signature]  
Chief Officer

Quay Fire Department #4 \_\_\_\_\_  
Officer

Quay Fire Department #4 Medical Rescue [Signature]  
EMS Director Officer

Rosebud Fire and Rescue [Signature]  
Chief Officer

San Jon Ambulance Service [Signature]  
Ambulance Director Officer

San Jon Fire Department [Signature]  
Fire Chief Officer

Tucumcari Ambulance Service [Signature]  
Fire Chief Officer

Tucumcari Fire Department [Signature]  
Fire Chief Officer

STATE OF NEW MEXICO )  
  ) SS  
COUNTY OF QUAY )

April The foregoing instrument was acknowledged before me this 9th day of April 2018, by the Director / Chief of the listed Ambulance Services and Fire Departments.



OFFICIAL SEAL  
MICHELLE D. JAYNES  
NOTARY PUBLIC - State of New Mexico  
My Commission Expires 2.24.2022

[Signature]  
Notary Public

(SEAL)  
My Commission Expires: 2.24.2022



**EMS ANNUAL SERVICE REPORT**  
**Fiscal Year 2021**  
**Due Date**  
**January 24, 2020**

Submit to:  
 EMS Bureau  
 1301 Siler Rd Bldg. F  
 Santa Fe, NM 87507  
 Attn: Ann Martinez  
 505-476-8233

<b>Service Name</b>	Conservancy Fire District #1 Quay County
---------------------	--

<b>Mailing Address</b>	P.O. Box 725 <i>(Mailing Address)</i>			
	Tucumcari	NM	88401	0725
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person</b>	Michelle Jaynes		Secretary/Treasurer, D1FD EMS Director	
	<i>(Name)</i>	<i>(Title)</i>		
	575-461-2351	575-815-9015	575-461-4061	michelle.jaynes5@gmail.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>
<b>Administration</b>	Quay County <i>(County or Municipality)</i>			
	P.O. Box 1246 <i>(Mailing Address)</i>			
	Tucumcari	NM	88401	1246
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person</b>	Richard Primrose		Quay County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-2112	575-461-6208	richard.primrose@quaycounty-NM.gov	
	<i>(Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>	
<b>EMS Region</b>	<input type="checkbox"/> Region I		<input type="checkbox"/> Region II	
	<input checked="" type="checkbox"/> Region III			

<b>Physical Location of Ambulance/Medical Rescue Facility(s)</b>				
<b>Location #1</b>				
<b>Name of Facility</b>	Conservancy Fire District #1 Main Station			
	35.16090 North		103.7474 West	
	<i>(Latitude)</i>		<i>(Longitude)</i>	
<b>Street Address</b>	1002 S. Camino del Coronado			
	Tucumcari	NM	88401	0725
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Location #2</b>				
<b>Name of Facility</b>	Conservancy Fire District #1 Sub Station			
	35.2229 North		103.7735 West	
	<i>(Latitude)</i>		<i>(Longitude)</i>	
<b>Street Address</b>	6649 Quay Road AR			
	Tucumcari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(use additional location sheets as needed)</i>			

Service Name: Conservancy Fire District #1 Quay County  
 (EMS Service)

pending

# Years in Operation: 30

Dr. Dan C. Trigg Memorial Hospital

**EMERGENCY MEDICAL SERVICES PERSONNEL  
 LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL**

License level	Paid Indicate full-time and part-time employees		Volunteer	License level	Paid Indicate full-time and part-time employees		Volunteer
	FTE	PTE			FTE	PTE	
EMS First Responder	0	0	0	EMD Instructor	0	0	0
EMT Basic	0	0	2	Nurse	0	0	0
EMT Intermediate	0	0	1	Physician	0	0	0
Paramedic	0	0	0	Driver	0	0	0
Emergency Medical Dispatcher	0	0	0	Other	0	0	0

\*Volunteer may include those paid by the run or other non-salary arrangement.



<b>Service Name</b>	Conservancy Fire District #1 Quay County <i>(EMS Service)</i>
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GROUND/AMBULANCE/MEDICAL RESCUE SERVICES ONLY <b>GROUND/AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)</b>				
List all non-EMS personnel who are functioning as drivers for your service. Indicate the date of completion of the Bureau approved vehicle operator's course, and indicate any medical training they may have completed. <i>(Use additional driver sheets as necessary.)</i>				
Name	Driver's License Number and State	EVOC Course Date	NIMD Class	Other Medical Training
N/A				

GROUND/AMBULANCE/MEDICAL RESCUE VEHICLES								
Enter the total number of each type of vehicle used by your service. <i>(Mandatory)</i>								
Type I	Medical/Rescue							
Type II	Other	Explain	N/A Non Transport					
Type III								
List all ambulance/medical rescue units that are currently used by your service to provide patient transportation or initial response. In addition, please provide a list of all emergency response units in your department (Engines, brush trucks, etc.). <i>(Mandatory)</i> <i>(Use additional vehicle pages as necessary)</i>								
Year	Make and Model	Vehicle Type	License Number	State assigned EMS/COM Number	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
2004	Freightliner #141	Engine	G65379		RWD	0	18757	11/30/2019
2006	Ford Unit 163	Type 6	G643460		4WD	0	89349	11/30/2019
2012	Dodge Unit 159	Type 6	G98169		4WD	0	3680	11/30/2019
2006	Military Unit 148	Type 4	G89189		4WD	0	13493.7	11/30/2019
2015	Dodge Un 155 Rescue	Type 6	G90968		4WD	0	4580	11/30/2019
2004	Dodge Unit 166	Type 6	G98122		4WD	0	153708	11/30/2019
2015	Rosenbaugher 142	Engine	G82655		RWD	0	5667	11/30/2019

Service Name:

Conservancy Fire District #1 Quay County

(BMS Service)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/31/2007	

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1201/11	1201/12	1201/13	1201/14	1201/15
1201/16	1201/17	1201/18	1201/19	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Service Name:</b>	Conservancy Fire District #1 Quay County (EMS Service)
----------------------	---

SERVICE DIRECTOR/CHIEF				
<b>Name:</b>	John Hinze	Chief		
	(Name)	(Title)		
<b>Address:</b>	P.O. Box 725, Tucumcari	NM	88401	0725
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 461-2724	(575) 403-7682	pastorjohn@fbctuc.com		
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
<b>Signature:</b>	<i>John E Hinze</i>			

SERVICE MEDICAL DIRECTOR				
<b>Name:</b>	Dr. George Evetts	Medical Director License# 60-36NM		
	(Name)	(Title)		
<b>Address:</b>	P.O. Box 1128, Tucumcari	NM	88401	1128
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 461-0591				
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
In signing this application I am certifying that I am actively providing medical direction for this EMS service				
<b>Signature:</b>	<i>George Evetts, M.D.</i>			

SERVICE TRAINING COORDINATOR				
<b>Name:</b>	Michelle Jaynes	Secretary/Bookkeeper License 09000741 EMT-B		
	(Name)	(Title)		
<b>Address:</b>	P.O. Box 725, Tucumcari	NM	88401	0725
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 461-2351	(575) 461-4765	(575) 815-9015	michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
<b>Signature:</b>	<i>Michelle Jaynes</i>			

PERSON COMPLETING FORM				
<b>Name:</b>	Michelle Jaynes	Secretary/Bookkeeper		
	(Name)	(Title)		
<b>Address:</b>	P.O. Box 725, Tucumcari	NM	88401	0725
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 461-2351	(575) 461-4765	575-81-5901	michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
<b>Signature:</b>	<i>Michelle Jaynes</i>			

STATE OF NEW MEXICO

COUNTY OF Quay

This instrument was acknowledged before me on the 13 day of January, 2020  
by Michelle Jaynes  
(Person completing form)



My commission expires: 3-21-2023

# QUAY COUNTY FIRE DISTRICT 1

## STANDARD OPERATING GUIDELINES

### MEETINGS

#### Attendance:

1. All members should make every effort to attend all meetings.
2. All members should be on time and ready to work when they arrive.
3. If for some reason a person must miss a meeting they will notify the officer in charge.
4. Special training, maintenance and work meetings will be scheduled by officers.
5. If a member misses a meeting it is their responsibility to find out if they missed anything or need to do anything.
6. Regular meetings will be held on the first and third Thursday of every month. Work sessions on first Thursday of the month

#### Vehicle Maintenance:

1. All vehicles will be completely checked at the beginning of every meeting.
2. Check lists followed on every vehicle every work session.
3. Every member shall do his part to check these vehicles every time, NO EXCEPTIONS.
4. All vehicles will be checked and approved by officer before any other activity is started.
5. Members will not congregate and visit until entire meeting is complete.
6. No member on the department is excused from checking these vehicles.
7. All Vehicle maintenance, repairs, or replacement parts will be recorded in maintenance schedule.

#### Training

1. After all vehicle checklists are complete and officer in charge has approved maintenance session; training session shall begin.
2. Officer's will decide what training is to be done and have everything ready for this training.
3. Any training activity that the training officer sets up shall be done by all members no exceptions.
4. If there is a cleanup and truck restock after the training session, all members will help clean and put up.
5. If a person cannot do training session he/she should inform officer in charge and training officer.
6. Training should be approved by officer in charge and or training officer.
7. Any extra training attended by members can be reported on when they return but members should not expect the department to change SOG's and Policies because of it.
8. Older members should help newer members learn policies and procedures whenever possible.

# QUAY COUNTY FIRE DISTRICT 1

## STANDARD OPERATING GUIDELINES

### NIMS

Emergency Management practice in Conservancy Fire District 1 encompasses mitigation, readiness, response, and recovery, and follows guidelines established by the National Incident Management System (NIMS).

#### Incident Command

The Incident Commander has the authority to direct and control emergency actions. A unified command system will be employed to facilitate a coordinated response by all local, state and federal agencies.

#### Direction and Control

The Incident Commander will control and direct all activities at the scene.

The Command Post will be established at or near the scene. This is the center from which all emergency operations will be directed. Staffing for the Command Post, as directed by the Incident Commander, should be limited to the Command and General Staffs and others who may be appointed by the Incident Commander.

If a disaster is declared, the Chief Executive will exercise Executive Authority over all disaster operations in the municipality in accordance with mission assignments contained in the emergency plan.

Lines of succession within the command structure will follow standard municipal practice.

Incident Commander is responsible to implement the command structure for the incident, including but not limited to the following functions:

1. Assess the magnitude of the scene and report this to the 911/ECD Dispatcher, and assume overall responsibility for determining the status of the emergency.
2. Establish and staff an Incident Command Post as needed.
3. Develop and implement an Incident Action Plan (IAP).
4. Assign Command Staff Officers as needed:

Other Responders. The Incident Commander may request other agencies to respond to the scene. These agencies will typically provide resources which will aid and/or support response activities.

1. These agencies will be involved in response as directed by the Incident Commander.
2. Each such responding agency may become an Operations Branch within the Incident Command System. If an Operations Section Branch is established, each such responding agency will designate a Branch Director.
3. All responders may become members of Task Forces and/or Groups as defined by the Incident Action Plan and designated by the Incident Commander.

#### Plain Language

The use of plain English in radio communications transmissions. No ten-codes, or agency specific codes are used with plain language.

# QUAY COUNTY FIRE DISTRICT 1

## STANDARD OPERATING GUIDELINES

### ALL FIREFIGHTERS WILL DO A 360 BEFORE LEAVING IN TRUCKS

#### RESPONSE GUIDES

100.

When receiving an alarm outside the district, at no time will any member go to the scene in his/her own personal vehicle without checking with the Incident Commander first. We have been asked by the state police to limit private vehicle response to incidents on the interstate.

A. Members should respond to their assigned station when receiving an alarm outside the district.

B. When responding to incidents outside the district, the department must leave enough members to protect our own district. The fire chief or officer in charge must give approval for members to respond to a scene outside the district.

C. When assisting City Fire for mutual aid we will respond with the units and personnel as if the fire is in our district **UNLESS** we are asked for a specific number of personnel or certain number or type of units needed.

101.

The standard response for mutual aid outside the QCD1 FIRE DISTRICT

#### A. STRUCTURE FIRE

1. One pumper- # 141 two personnel with gear and air packs.
2. One brush truck- # 166 two personnel with gear and air packs.

#### B. Grass fire:

1. One Brush Truck #166 two personnel with gear.
2. One tanker # 141 two personnel with gear.

#### C. Rescue:

1. Engine #141

When responding to a call for mutual aid, the requesting district will be incident command unless otherwise specified. The fire department's chief officer in charge may direct response according to his/her judgment.

102.

The standard response for the alarms within the QCD1 Fire District.

Structure fire:

1. Order of Units responding should leave the station  
First out- Truck #141  
Second out- Truck # 142  
Third out- Truck # 148  
Fourth out- Truck #163 Chief

The Incident Commander will have the right to change this, as he/she deems necessary.

Units responding radio dispatch that they are in service. Units call in route to location, repeat location of fire to dispatch to assure you are going to the correct location of the alarm. Unit radio dispatch arrived on scene when you get to the location of the alarm. Maintain radio communication with officer in charge. The officer in charge will be incident command and will determine position of apparatus and water supply needs and locations. The position of apparatus should not hinder incoming units. The incident commander should have an attack plan, and should advise sizes and how many lines to use.

#### 2. Response Plan for structure fires:

First out-	Truck # 141	initial attack pumper
Second out-	Truck # 142	Protect exposures and attack pumper
Third out-	Truck # 148	lays lines from water supply to initial attack pumper
Fourth out-	Truck # 166	should position close to initial attack pumper

2 Firefighters attack the fire in full bunker gear and SCBA while  
 2 additional firefighters in full bunker gear and SCBA will stand-by as rapid entrance team.  
 Additional personal will deploy lines, ventilation vans. Ladders, tools and  
 other equipment.

### 3. Factors To Be Considered

Time the fire has occurred - day/night  
 Life endangerment - rescue operations  
 Building construction and Septic Tank  
 Butane Tank and Electric Lines  
 Height of building  
 Occupancy of building Residence/ Commercial  
 Location and extend of the fire  
 Water Supply  
 Street Conditions  
 Weather Conditions  
 Exposures  
 Apparatus, Equipment, and manpower available

#### **B. Grass Fire**

First out	# 166
Second out-	# 141
Third out-	# 148
Fourth out	# 167

#### **C. Dumpster Fire: All dumpster fires should be approached with caution, as the unknowns always exist.**

First out-	# 141
Second out-	# 142

#### **D. Rescue #141**

#### **F. Car Fire or truck**

First out-	# 141
Second out-	# 142
Third Out	#148
Fourth Out	#166

At all car or truck fires or E.M.S calls on the Interstate or major highway, the FIREFIGHTERS will park our Fire Trucks where it will block traffic approaching the accident scene. This is to ensure the safety of our firefighters.

All Firefighters will wear safety vests or (bunker gear for extrication) and have flagman on the approaching side of traffic with flashlights and slow or stop signs.

The flagman will have and air horn to warn emergency personnel working at the accident if any of the traffic appears to be going to cause a potentially dangerous situation.

“LOOK UP! LOOK DOWN! LOOK AROUND!” for situational awareness. This pertains to the structural service as well and can be a lifesaver. If not yours, your partner’s.

#### G. Hazardous Material

When the department receives an alarm for a HAZMAT incident, all members will respond to the fire station. The officer in charge will determine how we will handle the incident and what equipment and personnel will respond. At no time will any member go to a HAZMAT scene in his/her personnel vehicle without the approval of the chief officer in charge.

203.

While responding, the driver shall use the following response codes:

- A. Code 1- No lights, no siren, and obey all traffic laws.
- B. Code 2- Lights, siren when needed, proceed with caution.
- C. Code 3- Lights, siren, and proceed quickly but safely.

204.

Driver shall use the most direct route to the scene of the emergency, unless otherwise directed by command.

205.

Drivers will be held responsible for reckless, unsafe, or negligent driving.

206.

Drivers shall proceed under code 1-response conditions when proceeding to standby at the station.

207.

Use of red light and siren is strictly forbidden while returning to the station. No one will drive an apparatus for his/her probation period and not until he/she has Passed a driving test for that vehicle and the chief or officer in charge has granted permission. Tanker/Class A require a Class E driver’s license. **ABSOLUTELY** no one will be allowed to drive one of these vehicles until the chief or an officer has approved.

208.

Drivers shall enforce the no tailboard-riding rule while responding to an emergency Incident or returning to the station.

209.

Drivers of all apparatus will load the vehicle with as many personnel as required before leaving the station. Personnel will wear seatbelts were it is accessible

210.

When driving under code 3 response conditions on a four lanes or divided highway, the apparatus shall always be in the left lane when passing vehicles. If you pass a vehicle on the right side you are in violation of the law and may be held responsible if something goes wrong. Remember that vehicles yielding to emergency vehicles will pull to the furthest right lane. **Use Extreme Caution When Passing Other Vehicles.**

211.

Personnel shall wear seatbelts at all times while riding in any moving fire department vehicle. The driver is responsible to see that the personnel comply with the mandatory seatbelt rule.

212.

When you leave the vehicle sitting at an incident, prior to leaving the vehicle, throttle up the engine in order to keep the batteries charged.

213.

The driver of the apparatus is responsible for positioning the apparatus in a position to provide safety for personnel and to serve the apparatus function.

- A. The driver should consider traffic, building collapse, and access to the apparatus.
- B. The apparatus driver will comply with incident command as to where the apparatus should be positioned.

214.

The driver/operator shall not leave apparatus or pump unattended.

215.

The driver should note any problem with the vehicle before driving or after a call. Also he/she should report any problem to the officer in charge. This includes tools and equipment that are missing.

216.

The driver is responsible to ensure that the apparatus is returned to ready status.

- A. All tools and equipment are in place. Missing tools should be noted on the blackboard and reported to chief officer in charge.

**QUAY COUNTY FIRE DISTRICT 1**  
**STANDARD OPERATING GUIDELINES**

APPARATUS DRIVERS

200.

No one will drive an apparatus for his/her probation period and not until he/she has passed a driving test for that vehicle and permission has been granted by the chief or officer in charge. An officer in charge shall approve the apparatus driver to drive the vehicle. Members who have not been trained and approved to drive department vehicles shall not do so unless authorized by an officer.

- A. The driver must be familiar with the operations of the vehicle. This includes but is not limited to pump procedures, emergency equipment, and standard operating guidelines pertaining to drivers and apparatus.

201.

Apparatus drivers are responsible for refueling the apparatus when the fuel level indicator shows  $\frac{1}{2}$  or less. The driver is also responsible for fueling and checking equipment on the apparatus that was used. The driver should also check all fluid levels when fueling the apparatus and equipment. Drivers should fill out the fuel logbook and turn in all fuel tickets to the chief.

202.

Fire Department members who drive department vehicles shall maintain control of the vehicle at all times. Drivers shall drive the vehicle for one purpose, to arrive safely.

- A. Drivers shall drive to fit the conditions of the road.
- B. Use of the red light and siren do not give the driver the right to endanger occupants of the apparatus, other drivers on the roadway, or other vehicles.
- C. The driver is in full charge of the apparatus. He or she shall see to it that all Personnel in the vehicle act in ordinance with the fire department standards And guidelines.
- D. When responding under code 3 conditions fire department vehicles may Exceed the posted speed limit, but shall be regulated by existing road Conditions.
- E. When approaching an intersection the driver shall slow the vehicle sufficiently To be able to stop, should another vehicle not yield the right of way.
- F. Upon entering the incident area the driver shall be aware of the hazards that May be encountered. Onlookers will not be paying attention to you and your Vehicle and May, at a moments notice move directly in front of your vehicle.  
**Be Prepared To Stop At All Times.**

**QUAY COUNTY FIRE DISTRICT 1**  
**STANDARD OPERATING GUIDELINES PERSONAL**  
**PROTECTIVE EQUIPMENT**

**Self-Contained Breathing Apparatus (SCBA)**

SCBA shall be provided for and shall be used by all personnel working in areas where:

- The atmosphere is hazardous
- The atmosphere is suspected of being hazardous
- The atmosphere may rapidly become hazardous

In addition to the above, all personnel working below ground level or inside any confined space shall be provided with SCBA and shall use that SCBA unless the safety of the atmosphere can be established by testing and continuous monitoring.

SCBA of the open-circuit design shall be positive pressure and shall meet the requirements contained in NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus for Firefighters.

Sources of a compressed gaseous breathing air, such as compressors, cascade systems, storage receivers, etc. used for filling SCBA cylinders shall be tested at least every six (6) months to assure their compliance with the requirements stated above.

SCBA cylinders shall be hydrostatically tested with the periods specified by the manufactures and the applicable government agencies.

All SCBA shall be inspected. Used and maintained in accordance with manufacturers instructions and fire department standard operating procedures

All members utilizing SCBA shall be regularly trained in the safe and proper use of this equipment.

Members using SCBA shall operate in teams of two (2) or more who are in communication with each other through visual, audible, physical, safety guide rope, electronic or other means to coordinate their activities, and are in close proximity to each other to provide assistance in case of an emergency.

When members are involved in operations that require the use of SCBA or other respiratory protective equipment, at least two members shall be assigned to Remain outside the area where respiratory protection is required. These members shall be responsible for maintaining a constant awareness of the number and identity of personnel using SCBA. Members with SCBA shall be available for rescue.

Beards or facial hair that interfere with the face piece seal shall be prohibited for members required using SCBA. If eyeglasses are worn, the member shall use frames that do not pass through the seal area of the face piece.

## **STANDARD OPERATING GUIDELINES**

### **PERSONAL PROTECTIVE EQUIPMENT**

#### **Protective Clothing and Protective Equipment**

##### **A. General**

The QCD1 Fire District shall provide each member with the appropriate protective clothing and protective equipment to provide protection from the hazards of the work environment to which the member is or may be exposed. Such protective clothing and protective equipment shall be suitable for the tasks that the member is expected to perform in the environment.

Protective clothing and protective equipment shall be used in accordance with fire department standard operation guidelines whenever the member is exposed or potentially exposed to the hazards for which it is provided.

Members shall be responsible for the care, use, inspection, maintenance and limitations of the protective clothing and protective equipment assigned to them or available for their use.

Protective clothing and protective equipment shall be used and maintained in accordance with manufacturer's instructions.

##### **B. Protective Clothing for Structural Firefighting**

All members who may be engaged in or exposed to the hazards of structural firefighting shall be provided with both protective coats and protective trousers that meet the requirements of NFPA, Standard on Protective Clothing for Structural Firefighting.

All members who may be engaged in or exposed to the hazards of structural firefighting shall be provided with helmets that meet the requirements of NFPA, Standard on Helmets for Structure Firefighting.

All members who may be engaged in or exposed to the hazards of structural firefighting shall be provided with gloves that meet the requirements of NFPA, Standard on Gloves for Structure Firefighters.

All members who may be engaged in or exposed to the hazards of structural firefighting shall be provided with footwear that meets the requirements of NFPA, Standard on Protective Footwear for Structural Firefighting.

All members who may be engaged in or exposed to the hazards of structural firefighting shall be provided with approved protective hoods, earflaps, and collar that provide protection for the ears and neck and interface with the SCBA face piece, protective coat and helmet.

QCD1 Fire District shall require all members to wear all of the protective clothing specified in this Section at all times when involved in or exposed to the hazards of structural firefighting.

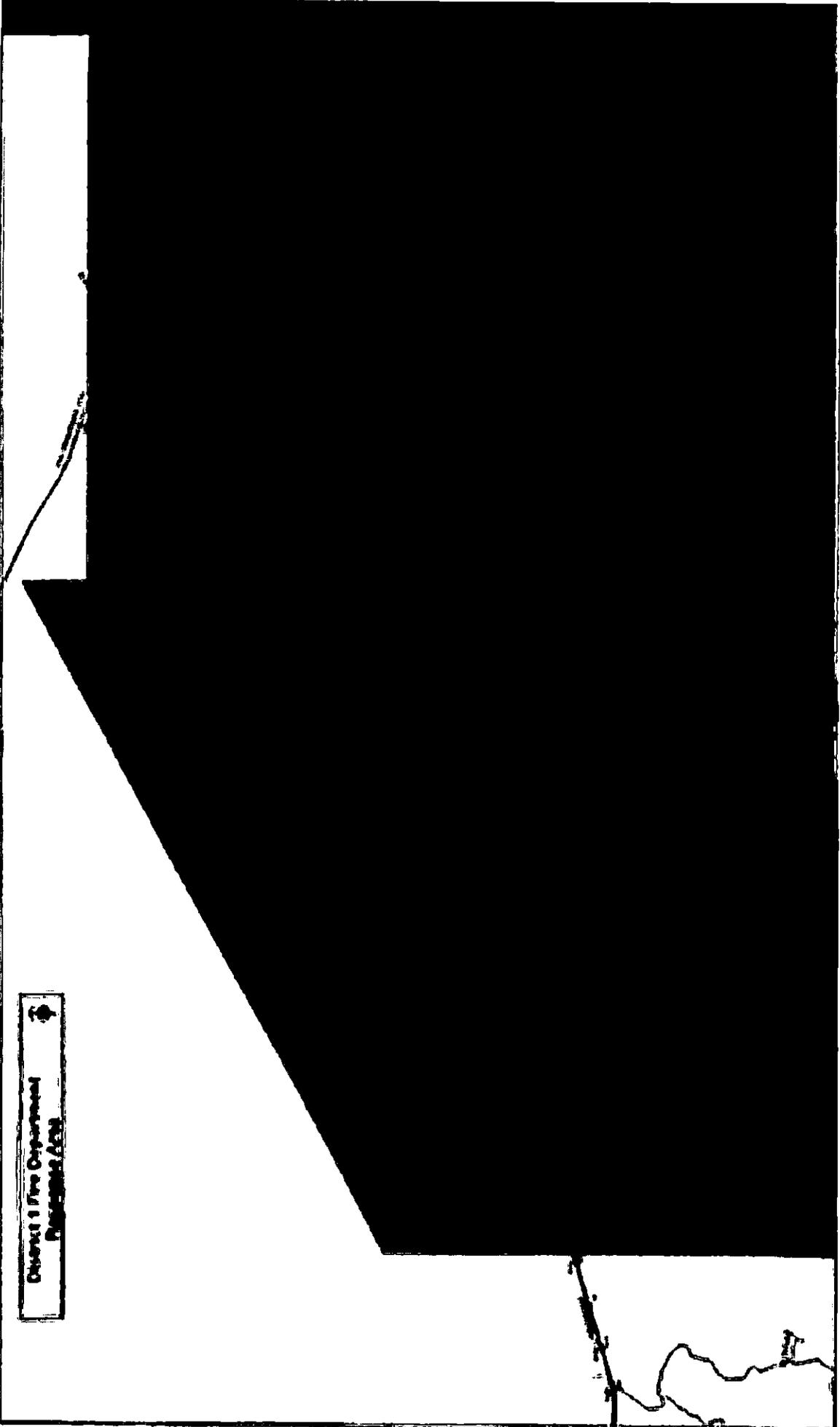
If any flaw or deficiency is found it must be reported to officer in charge immediately.

THE SAFETY OFFICER SHALL HAVE THE AUTHORITY TO HAVE ANY FIREFIGHTER STAND DOWN UNTIL THE IC HAS DETERMINED THAT THE FIREFIGHTER IS READY TO CONTINUE HIS DUTIES FOR WHATEVER REASON.

THE INCIDENT COMMANDER SHALL HAVE THE RIGHT TO CHANGE ANY OF THE ABOVE SOG IF HE/SHE FEELS IT IS IN THE BEST INTEREST IN SAVING LIVES OR PROPERTY.

CASE BY CASE WRITTEN REPORT WILL BE SUBMITTED WITH EACH INCIDENT.

THE INCIDENT COMMANDER HAS THE AUTHORITY TO CALL FOR MUTUAL AID OR ANY OTHER ASSISTANCE THAT WILL SAVE LIFE OR PROPERTY.



District 1 Fire Department  
Pittsburgh, PA

0 0.5 1 2 Miles

The City of Pittsburgh, and its agencies,  
Division of Public Works, the  
Pittsburgh Police Department,  
and the Fire Department.

## RESPONSE

### STAFFING REQUIREMENTS

1. Under normal circumstances, when a request is made for emergency ambulance service, a minimum of one transport capable emergency vehicle will respond to the scene of the emergency. The emergency vehicle must be fully equipped to respond and have all designated equipment in compliance with the unit inventory. The unit inventory must be in compliance with the Public Regulation Commission (PRC) Motor Transportation Rules, Title 18 – Chapter 3 – Part 14.
2. The driver of the emergency vehicle must be a "qualified driver" as defined by the PRC, unless unusual circumstances exist.
3. A minimum of 2 licensed EMTs must respond and be present at the scene of all emergency calls, although they do not have to respond in the emergency vehicle. This does not apply to prearranged transfers of a stable patient or in unusual situations that result in an insufficient number of EMTs available for response.
4. If the incident involves multiple patients, a supervisor or his/her designee will determine how many emergency vehicles will respond initially. No more than two severely injured patients may be transported in one emergency vehicle, except in catastrophic events.
5. When an emergency vehicle responds for assistance to the public, and transportation to a medical facility is not required, a driver and at least one EMT must respond in the vehicle.
6. When an emergency vehicle responds to stand-by for a planned hazardous event (sporting events, automobile races, etc.), a driver and at least one EMT must respond in the vehicle.
7. When an emergency vehicle responds for mutual aid by another agency, a driver and at least one EMT must respond in the vehicle.

### EMERGENCY RESPONSE PROCEDURE

1. The responding emergency vehicle operator must follow all state laws and local policies regarding the use of emergency lights, siren, speed, direction of travel, etc.
2. Emergency response must be either with no lights and siren (code 1) or lights and siren (code 3). During a Code 1 response, all traffic laws must be followed. During a code 3 response, emergency lights and siren must be used at all times during response. The siren should be turned off one block away from the scene unless traffic prohibits the unit from arriving at the scene. When approaching an intersection, the "pitch" of the siren should be changed or an air horn should be sounded.

(Continued next page)

### EMERGENCY RESPONSE PROCEDURE (cont.)

3. New Mexico State law, regarding emergency vehicles, states the driver of the emergency vehicle may:
  - a. Park or stand, irrespective of the provisions of the State of New Mexico Motor Vehicle Code.
  - b. Proceed past a red or stop signal or stop sign, but only after slowing down as necessary for safe operation.
  - c. Exceed the maximum speed limits as long as the driver does not endanger life or property.
  - d. Disregard regulations governing direction of movement or turning in specified directions.
4. This section does not relieve the driver of an emergency vehicle from the duty to drive with due regard for the safety of all persons, nor does it protect the driver from the consequences of his reckless disregard for the safety of others. If conditions become too hazardous (i.e. heavy rain, ice, fog, dust or smoke) response should be discontinued until conditions improve enough for safe response.
5. If it becomes necessary for one emergency vehicle to pass another during an emergency response, the emergency vehicle in the rear must notify the emergency vehicle in the front and advise them what side they will be passing on. If contact cannot be made (i.e. multi-agency response) **EXTREAME** caution must be exercised if it becomes necessary to pass.

## SEAT BELTS

1. All drivers and passengers, both front and rear, must wear seat belts or restraining devices at all times while the vehicle is being operated.

## PASSING SCHOOL BUSES

1. The emergency vehicle **MAY NOT** proceed past a school bus that has warning equipment activated unless the school bus driver signals that it is safe to pass. The emergency vehicle may then proceed past the bus at a safe speed using **EXTREME** caution.

## SCHOOL ZONES

1. The emergency vehicle must observe and adhere to all posted school zone restrictions including speed, crosswalks, etc. This includes both emergency and non-emergency responses.

## ENCOUNTERING AN INCIDENT DURING RESPONSE

1. If the responding emergency vehicle comes upon another emergency incident during response to an **emergency** call, the ambulance must stop at the incident, and notify dispatch of needed resources. The first call for emergency service must take priority, so every attempt must be made to administer emergency care to the first caller in a timely manner.

## SCENE

## EMERGENCY VEHICLE PLACEMENT

1. Upon approaching the scene, a decision must be made regarding the safest and most convenient place to park the emergency vehicle. The emergency vehicle must be parked for maximum visibility. Protection of the EMS personnel, and the patient(s), must also be considered.
2. If it becomes necessary to reposition the emergency vehicle, the driver must ensure that all passengers in the vehicle are seated until the ambulance comes to a complete stop. If backing the vehicle is necessary, a "backer" must be used. The backer must be out of the vehicle and not on the vehicle while it is being positioned.

## SCENE SAFETY

1. All emergency scenes have inherent dangers. It is the responsibility of all EMS personnel to constantly be aware of their surroundings, and ensure that the scene is as safe as possible at all times. If at any time safety becomes questionable, personnel must leave the unsafe environment, re-evaluate the situation, and request additional resources if necessary.
2. The emergency vehicle driver will be responsible for scene safety and the safety of other EMS personnel until an incident commander arrives.
3. All personnel must wear reflective clothing or vests when working in traffic.

## INCIDENT COMMAND

The Incident Command System will be applied to scenes involving multiple patients (i.e. industrial or motor vehicle accidents), and the following guidelines must be followed.

1. The driver of the first arriving emergency vehicle should assume "Incident Command" until command is transferred.
2. The Incident Commander should do the following:
  - a. Identify and assess scene safety.
  - b. Give an initial size-up report.
  - c. Perform a 360-degree walk around of the scene to determine additional resource needs (i.e. police, extrication, or additional EMS response).
  - d. Assure that patients' conditions are assessed and coordinate the prioritization of patient care.
  - e. Establish a "Command Name" (i.e. Buck Mountain Command).
  - f. Establish a "Command Post".
  - g. Give updates and reports to on scene personnel.
  - h. Establish a Medical Sector Officer to be in charge of patient triage, treatment and transport.

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## INCIDENT COMMAND (cont.)

- i. Establish a Level II staging area.
- j. Add to the Command Staff or expand the Incident Command System as needed to manage

- the incident.
- k. When transferring command, brief the new Incident Commander on the situation and progress.

## **MULTIPLE-CASUALTY MANAGEMENT AND START TRIAGE**

1. A Major Medical Incident (MMI) is defined as an incident involving more than three patients. **(Any time patient numbers exceed current resources, consider declaring a MMI).** Triage is a process of selecting the priority of patient treatment and transport based on extent of injuries. **START** Triage quickly distinguishes between critically ill victims and the less severely injured. The goal of managing an MMI will be to assign each patient to a category based on the urgency of care and the resources required to save life and limb.
2. Major Medical scenes will be classed in two ways:
  - a. Multi-Patient Incident (MPI)
    - i. Up to 25 patients
  - b. Mass Casualty Incident (MCI)
    - i. Over 25 patients
3. When multiple patients are encountered, receiving hospital emergency rooms must be notified as soon as possible to give them adequate time to prepare for patients.
4. Multi-Patient Incident (MPI) Guidelines
  - a. Triage function and/or sector assignments
  - b. Notify receiving hospitals
  - c. Consider or establish a treatment area
  - d. Consider additional resources
  - e. Order additional ambulances early
  - f. Complete EMS Tactical Benchmarks
5. Mass Casualty Incident (MCI)
  - a. Triage function and sector assignments
  - b. Assign a Transport Officer/Ambulance Coordinator
  - c. Notify receiving hospitals
  - d. Establish multiple treatment areas
  - e. Activate Emergency Operations Center (EOC)

**(Continued next page)**

## **MULTIPLE-CASUALTY MANAGEMENT AND START TRIAGE (cont.)**

- f. Request additional resources
- g. Establish a Medical Supply Sector
- h. Complete EMS Tactical Benchmarks

6. Tactical Benchmarks
  - a. Triage Report Completion
  - b. Declaration of "All Immediates Transported"
7. Medical treatments rendered when performing START triage:
  - a. Open an airway or insert an OPA
  - b. Attempt to stop any visible bleeding
  - c. Elevate the extremities for shock
8. Patients must be placed in triage categories:
  - a. **IMMEDIATE** (Red) Priority #1 is assigned to those patients whose RPM (Respiration, Pulse, Mental Status) is altered.
  - b. **DELAYED** (Yellow) Priority #2 is assigned to those patients who are unable to follow instructions to evacuate the scene, but whose RPM is intact. It also includes patients who have a significant mechanism of injury (MOI), but whose RPM is intact.
  - c. **MINOR** (Green) Priority #3 is assigned to those patients who were able to evacuate the scene at the instruction of EMS personnel. These are the "walking wounded" and should be tagged later. (Note: The term "minor" patients should not be confused with "pediatric" patients)
  - d. **DEAD/DYING** (Black) Priority #4 is assigned to those patients who cannot breathe after the airway is opened and are mortally wounded. These patients will probably die despite the best resuscitation efforts.

## PATIENT CARE

1. The licensed or certified healthcare professional most medically qualified, specific to the provision of rendering emergency care, will be in charge of patient care. In the case of an incident involving multiple patients, this person may be assigned to triage until adequate resources arrive.

## CONFLICTING ORDERS FROM DOCTOR ON SCENE

1. Control of a medical emergency scene will be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing pre-hospital emergency stabilization and transport.

(Continued next page)

2. The EMS personnel are responsible for the management of the patient under direct or indirect supervision of the service Medical Director and/or the on-line medical control physician.
3. When the patient's physician is present and assumes responsibility for the patient's care, EMS personnel must defer to the orders of the patient's physician if those orders do not conflict with service protocols. All treatment rendered based on orders from the patient's physician, must be in accordance with the EMS personnel's scope of practice and must be documented on the EMS

run report.

4. When the medical orders of the patient's physician differ from service protocols, an on-line physician in the ED must be contacted to discuss treatment with patient's physician. If the patient's physician and the on-line physician are unable to agree on treatment, the patient's physician must either continue to provide direct patient care and accompany the patient to the hospital or defer all remaining care to the on-line physician.
5. The pre-hospital provider's responsibility reverts back to the systems Medical Director or on-line medical direction any time the private physician is no longer in attendance.
6. When at the scene of an emergency, a physician who is positively identified by a New Mexico medical license and New Mexico driver's license or recognition of the physician by the receiving hospital, may:
  - a. Assist the EMTs and offer suggestions, but let the EMTs remain under service protocols; **or**
  - b. Request to speak to the receiving hospital physician and directly offer medical advise and assistance; **or**
  - c. Assume total responsibility for the patient and care given by the EMTs, physically accompany the patient to the receiving hospital and sign for all instructions and treatment given.
7. In the event of a mass casualty incident or disaster, patient care needs may require an intervening physician to remain at the scene rather than accompany the patient to the hospital.

## **DEPARTING THE SCENE**

1. Prior to moving the emergency vehicle after arriving at the scene, the driver of the vehicle must make sure that everyone still on board is aware the vehicle is being moved and if backing the unit, a "backer" must be used. The backer must be out of the vehicle and not on the vehicle while it is being positioned.
2. Upon leaving the scene, the driver must ensure that all passengers are secured by restraining devices.

## **TRANSPORT**

### **PATIENT CARE ENROUTE**

1. At least one EMT, at the appropriate level, must accompany the patient in the patient compartment at all times during transport. If two critical patients are being transported, at least two EMTs must be in the patient compartment. Exceptions to this policy would include transports with a member of a neonatal intensive care team attending a patient in a self-contained

newborn intensive care isolette, and catastrophic events.

2. All patients must be secured with restraining devices at all times during transport.
3. If infants are being transported, infant seats must be used, unless CPR is being performed, or some other device properly immobilizes the patient and the device is secured to the gurney or bench seat.
4. Family members will be allowed to accompany the patient to the hospital if it will benefit the patient. An example would be a mother who is accompanying her child in an attempt to keep the child calm. If the patient is unconscious or critical, family members will not be allowed to accompany the patient to the hospital.
5. If family members are riding with the patient, they should ride in the front and secured by a seatbelt. If they are riding with the patient in the back (non-critical patients), they must be properly seated and secured by a restraining device.

#### **SELECTION OF MEDICAL FACILITY**

1. All unstable patients must be transported to the nearest medical facility that can provide immediate care for the patient. After evaluation in a medical facility, and a determination that a transfer is medically necessary, the patient may be transported to another medical facility.
2. If applicable to local policy, bypass and diversion protocols may be utilized.

#### **NOTIFICATION TO MEDICAL FACILITY**

1. The emergency department must be notified as soon as possible with a detailed report of patient condition and treatment rendered. This must be accomplished in a timely manner, to allow for adequate time to prepare a space for the patient and for the emergency department physician to intervene in treatment if necessary.

#### **ENCOUNTERING ANOTHER INCIDENT WHILE TRANSPORTING A PATIENT**

1. If EMS personnel encounter another incident while transporting a patient to the hospital, the crew must stop and evaluate the incident.
  - a. If a critical patient is being transported, the EMTs first responsibility lies with the transport patient. If EMS personnel are transporting code 3, the crew must notify dispatch of the second incident and continue transport to the medical facility.
  - b. If a non-critical patient is being transported, EMS personnel must evaluate the scene and remain at the scene if necessary to conduct triage, evaluate for additional resources, and treat

life threats. One EMT must remain with the patient at all times

## HOSPITAL

### TRANSFER OF PATIENT CARE

1. Transporting EMS personnel are responsible for the safe and orderly transfer of patient care to appropriately licensed hospital personnel (ER Technician, EMT, LPN, RN, or physician).
2. Transporting EMS personnel must give a complete report to licensed hospital personnel, including:
  - a. A description of the scene, mechanism of injury, and patient assessment.
  - b. All treatment rendered.
  - c. Any changes in patient condition during transport.
3. If EMS personnel are requested to remain at the hospital for assistance in patient care, personnel should remain at the hospital until their services are no longer needed. A supervisor or dispatcher must be notified of the situation.
4. EMS personnel are responsible for:
  - a. Restocking all supplies.
  - b. Sterilization of non-disposable supplies.
  - c. Checking all equipment for future readiness.
  - d. Maintaining the emergency vehicle in operable condition, ensuring cleanliness, decontamination, and orderliness of equipment and supplies.
  - e. Complete all necessary paperwork.

## INFECTION CONTROL

### GENERAL INFECTION CONTROL

1. These general infection control procedures have been developed to minimize the risk of patient acquisition of infection from contact with contaminated devices, objects or surfaces and of transmission of an infectious agent from health-care workers to patients. These procedures should also protect health-care workers from the risk of becoming infected. These procedures are designed to prevent transmission of a wide-range of microbiological agents and to provide a wide margin of safety in the varied situations encountered in the health-care environment.
2. Because of work environments that provide inherently unpredictable risks of exposures, general infection-control procedures shall be applicable to all work situations. Exposures are unpredictable, therefore protective measures may often be used in situations that do not appear to present risk.

**INFECTIOUS DISEASE**

1. Definition - An infection or communicable disease is one that can be transmitted from person-to-person or from an infected animal or the environment to a person.
2. Identification - A person should be considered infectious if he/she displays any of the following:
  - a. Current history of infection
  - b. Fever
  - c. A rash, open sore, or skin lesions anywhere on the body
  - d. Diarrhea
  - e. Vomiting
  - f. Coughing or sneezing, especially with chest pain
  - g. Draining wounds (pus, blood or other matter oozing, flowing or spurting from open wounds anywhere in the body)
  - h. Profuse sweating
  - i. Abdominal pain
  - j. Headache accompanied by stiffness in the neck
  - k. Signs of jaundice (yellowish discoloration of the skin or in the sclera)

**EXPOSURE**

1. Contact with blood or potentially infectious body fluids through the following methods:
  - a. Needle sticks
  - b. Contact of blood or blood-contaminated body fluids with chapped or non-intact skin, open wounds or mucous membranes
  - c. Saliva in a human bite
  - d. Airborne (TB, etc.)

**TREATMENT FOR EXPOSURE**

1. Immediately wash the affected area with soap or a decontaminating solution.
2. Consult proper medical authorities for assessment, counseling and preventive treatment as appropriate.
3. Some types of exposure, for example human bites, require attention to prevent other types of infection.

**REPORTING EXPOSURES**

1. Notify immediate supervisor.
2. Document the time and nature of exposure and submit an exposure report to your immediate supervisor as soon as possible after the incident.

**PREVENTING EXPOSURES**

## 1. Hepatitis B vaccination (HBV) and post exposure follow-up.

## a. General Policy

- i. The employer must make available Hepatitis B vaccinations to all employees who have occupational exposure on an average of one or more times per month and post exposure follow-up for all employees with an occupational exposure incident.
- ii. All medical evaluations and procedures must be performed under the supervision of a licensed physician, and an accredited laboratory will conduct all laboratory tests.
- iii. All evaluations, procedures, vaccinations and post exposure management must be provided at a reasonable time and place, and according to standard recommendations for medical practice.

## b. HBV Vaccination

- i. HBV vaccination will be offered free of charge to all employees occupationally exposed on an average of one or more times per month to blood or other potentially infectious materials, unless the employee has a previous HBV vaccination or unless antibody testing has revealed that the employee is immune. If the employee initially declines HBV vaccination, but at a later date, while still covered under the standard and still employed by this employer decides to accept the HBV vaccine, the employer will provide the vaccine at that time. Should a booster dose(s) be recommended at a future date, under the same conditions listed above, such booster dose(s) will be provided, free of charge, according to standard recommendations for medical practice.

(Continued next page)

**PREVENTING EXPOSURES (cont.)**

- c. Following a report of an exposure incident, the employer must make available a confidential medical evaluation and follow-up, including at least the following elements:
  - i. Documentation of the route(s) of exposure, HBV and HIV antibody status of the source patient if known and the circumstances under which the exposure occurred.
  - ii. If the source patient can be determined and permission is obtained, collection of and testing of the source patient's blood to determine the presence of HIV or HBV infection.
  - iii. Collection of blood from the exposed employee as soon as possible after the exposure incident for the determination of HIV and/or HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date if the employee so requests.
  - iv. Follow-up of the exposed employee including antibody or antigen testing, counseling, illness reporting and safe, effective post-exposure prophylaxis according to standard recommendations for medical practice.
- d. For each evaluation under this section, the employer must obtain and provide the employee with a copy of the evaluating physician's written opinion, within 15 working days of the

completion of the evaluation. The written opinion should be limited to the following information:

- i. The physician's recommended limitations upon the employee's ability to receive Hepatitis B vaccination.
- ii. A statement that the employee has been informed of the resulting medical evaluation and that the employee has been evaluated for any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- iii. Specific findings or diagnoses that are related to the employee's ability to receive HBV vaccination, and all findings and diagnoses must remain confidential.

## 2. Gloves

- a. All personnel, prior to initiating any emergency patient care involving exposure to blood or other body fluids, must wear disposable gloves.
- b. In situations where large amounts of blood or other body fluids are likely to be encountered, personnel must make sure that gloves fit tight at the wrist to prevent contamination. "Double gloving" should be considered.
- c. When managing multiple patients during an incident, gloves should be changed and discarded between patient contacts, if time allows.
- d. In situations involving glass or other sharp objects (e.g. automobile extrication), disposable gloves must be worn under heavy fire fighting or extrication gloves.
- e. While wearing gloves, personnel must avoid handling personal items, such as combs and pens, that could become soiled or contaminated.
- f. Gloves that have become contaminated with blood or other body fluids must be removed as soon as possible, taking care to avoid skin contact with the exterior surface. Contaminated gloves must be placed and transported in bags that prevent leakage and will be disposed of or, in the case of reusable gloves, cleaned and disinfected properly.

## 3. Masks eye-wear and gowns

- a. Masks, eyewear and gowns must be present on all emergency vehicles that respond or potentially respond to medical emergencies or victim rescues.
- b. These items must be used in accordance with the level of exposure encountered. In cases of massive bleeding, arterial bleeding or the possibility of splashes of blood or body fluids or airborne pathogens, masks and eyewear must be worn.
- c. Gowns or aprons must be worn to protect clothing from splashes of blood or other body fluids. If large splashes or quantities of blood or other body fluids are present or anticipated, impervious gowns or aprons must be worn.
- d. An extra change of work clothing must be available at all times.

## RESUSCITATION

1. During artificial ventilation, disposable airway equipment or equipment that can be cleaned and sterilized must be used. In multiple patient incidents, equipment that has become contaminated by use on one patient may not be used on other patients.

2. All disposable equipment must be properly disposed of and reusable equipment must be cleaned and disinfected after each use.
3. Ventilation devices (e.g. pocket masks, bag-valve masks, and positive pressure ventilators) must be available on all emergency vehicles and to all emergency response personnel that respond or potentially respond to medical emergencies or victim rescues.

## DISINFECTION, DECONTAMINATION AND DISPOSAL

1. Needles and sharps
  - a. All workers must take precautions to prevent injuries caused by needles, scalpel blades and other sharp instruments or devices during procedures or when cleaning used instruments.
  - b. Needles must not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand.
  - c. After they are used, disposable syringes and needles, scalpel blades and other sharp items must be placed in puncture-resistant containers for disposal.
  - d. The puncture-resistant containers must be located as close as practical to the use area.
  - e. Reusable needles must be left on the syringe body and must be placed in a puncture-resistant container for transport to the reprocessing area.
2. Hand washing
  - a. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood, or other body fluids or other contaminated areas.
  - b. Hands must always be washed after gloves are removed, even if the gloves appear to be intact. Hand washing must be done using appropriate facilities, such as utility or rest room sinks.
  - c. Water-less antiseptic hand cleanser must be provided if hand washing facilities are not available.
3. Cleansing, disinfecting and sterilizing
  - a. Sterilization
    - i. Steam under pressure (autoclave), gas (ethylene oxide, dry heat, or immersion in an EPA - approved chemical "sterilant" for a prolonged period of time, (e.g. 6-10 hours or according to manufacturer's instructions).
  - b. High-Level Disinfecting
    - i. Hot water pasteurization (80-100 C) for 30 minutes or exposure to an EPA-registered "sterilant" chemical as above, except for a short exposure time (10-45 minutes or as directed by the manufacturer).

c. Environmental Disinfecting

- i. Environmental surfaces, that have become soiled, must be cleaned and disinfected using any cleaner or disinfectant agent that is intended for environmental use. Such surfaces include floors, woodwork, ambulance seats, counter-tops, etc.
- ii. Protective gloves, masks, and gowns must be used if appropriate.

(Continued next page)

**DISINFECTION, DECONTAMINATION AND DISPOSAL (cont.)**

- iii. To assure the effectiveness of any sterilization or disinfecting process, equipment and instruments must first be thoroughly cleansed of all visible soil.
- iv. All bins, pails, cans and similar receptacles intended for reuse which have a potential for becoming contaminated must be inspected cleaned and disinfected on a regularly scheduled basis and cleaned and disinfected immediately after use of or upon visible contamination.
- v. Broken glassware, which may be contaminated, must not be picked up directly with the hands. It must be cleaned up using mechanical means such as a brush and dustpan, a vacuum cleaner, tongs, cotton swabs or forceps.

d. Laundry and Uniforms

- i. The employer must make laundry facilities and/or services routinely available.
- ii. Soiled linen must be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and or persons handling the linen.
- iii. All soiled linen must be bagged at the location where it was used and if soiled with blood it must be transported in bags that prevent leakage.
- iv. In general, all laundry (linens, pillowcases, blankets, towels, etc.) must be left at a designated location for service.
- v. All work clothing contaminated with blood or other body fluids must be placed and transported in bags or containers that prevent leakage. Personnel involved in the bagging, transport and laundering of contaminated clothing must wear gloves. Protective clothing and uniforms must be washed and dried according to the manufacturer's instructions. Boots and leather goods may be brush-scrubbed with soap and hot water to remove contamination.

**INFECTIOUS WASTE**

1. The relative risk of disease transmission and application of local regulations determine the selection of procedures for disposal of infectious waste. Infectious waste must be either incinerated or must be decontaminated before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions and secretions may be carefully poured down a drain connected to a sanitary sewer, where permitted.
2. Prior to the removal of protective equipment, personnel remaining on the scene after the patient has been cared for must carefully search for and remove contaminated materials. Debris must be disposed of as noted above.

**TRAINING**

1. All personnel must attend a training session on prevention and spread of infectious disease each year. As part of the training, employees will receive:
  - a. Information as to the location of the written Infection Control Plan as well as any applicable OSHA standards.
  - b. A general explanation of the epidemiology and symptoms of bloodborne diseases
  - c. An explanation of the modes of transmission of bloodborne pathogens
  - d. An explanation of the Infection Control Plan
  - e. An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials
  - f. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
  - g. An explanation of the basis for selection of personal protective equipment
  - h. Information on the Hepatitis B vaccine, including information on its efficacy, safety and benefits of being vaccinated
  - i. Information on the appropriate actions to take, and persons to contact in the event of an emergency
  - j. An explanation of the procedures to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that will be made available

**ADHERENCE TO INFECTION CONTROL POLICIES**

1. All personnel must comply with all infection control policies set forth by this service, and will be subject to disciplinary action for failure to do so.

**RECORD KEEPING**

1. Medical Records
  - a. The employer must establish and maintain an accurate record for each employee.
  - b. This record must include:
    - i. The name and social security number of the employee
    - ii. A copy of the employee's hepatitis B vaccination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident.
    - iii. A copy of all results of physical examinations, medical testing and follow-up procedures as they relate to the employee's ability to receive vaccination or to post exposure evaluation following an exposure incident.
    - iv. The employer's copy of the physician's opinion
    - v. A copy of the information provided to the physician.
- a. The employer must assure that employee medical records are kept confidential and are not

- disclosed or reported to any person within or outside the workplace.
- b. The employer must maintain this record for at least the duration of employment plus 30 years in accordance with "29 CFR 1910.20 Access to Employee Exposure and Medical Records".

## PERSONNEL REQUIREMENTS

### MINIMAL QUALIFICATIONS

1. All EMS response personnel, with the exception of "Qualified Drivers", must maintain a current New Mexico EMT or First Responder license.
2. It is the individual responsibility of all EMS personnel to meet or satisfy all requirements for maintaining New Mexico State licensure. This includes successful completion of all required continuing education, refresher courses, and annual CPR certification.

### FUNCTIONAL POSITION DESCRIPTION

1. Qualifications
  - a. All EMS response personnel must complete a recognized training course from a Bureau approved EMS training institution. They must also possess a valid New Mexico EMT license or First Responder certification.
  - b. All drivers must possess a valid New Mexico driver's license, equivalent to New Mexico class "E" or higher and be in compliance with all restrictions.
  - c. All response personnel must possess a valid Emergency Vehicle Operator's certificate approved by the EMS Bureau.
  - d. All response personnel must meet all requirements of New Mexico Public Regulation Commission Motor Transportation Rules, Title 18, Chapter 3, Part 14.
2. Job Requirements
  - a. All personnel responding to emergency calls must possess the following:
    - i. Ability to communicate verbally, by telephone or radio.
    - ii. Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance).
    - iii. Ability to interpret written and oral instructions.
    - iv. Ability to use good judgement and to remain calm in high-stress situations
    - v. Ability to work effectively in an environment with loud noises and flashing lights.
    - vi. Ability to function efficiently throughout an entire work shift.
    - vii. Ability to calculate weight and volume ratios and read small English print, under life threatening time constraints.
    - viii. Ability to read and understand English language manuals and road maps.
    - ix. Ability to accurately apprehend street signs and address numbers.
    - x. Ability to interview patients, family members and bystanders.
    - xi. Ability to document, in writing, all relevant information in a prescribed format, and to converse orally and in written form in English with coworkers and hospital staff as to the status of patients.

## FUNCTIONAL POSITION DESCRIPTION (cont.)

- xii. Ability to use good manual dexterity to perform all tasks related to the highest quality of patient care.

## QUALITY ASSURANCE

1. All EMS responses will have a corresponding NM EMS Service Report or the equivalent filled out as soon as possible after the incident. A designated member or committee and/or the system Medical Director must review these reports at least once a month. The purpose of the review is to ensure that appropriate medical care is being provided.
2. Standards that will be evaluated during QA activities are:
  - a. Appropriate medical assessments.
  - b. Compliance with service protocol
  - c. Appropriate medical control
  - d. Treatment within the New Mexico Scope of Practice
3. A written report of the problem and corrective action will be provided to the service Medical Director.
4. The Medical Director and/or a designee will address problems and discuss any necessary training and counseling.
5. A written report of any disciplinary action and suggested solutions will be provided to personnel involved with the run, if applicable.

## PATIENT CONFIDENTIALITY

### PROVIDER/PATIENT RELATIONSHIP

1. Information obtained during an incident that pertains to statements or observations made regarding the patient's appearance, chief complaint, physical assessment, symptoms or treatment is considered privileged patient information.
2. Personnel involved in incidents, or who receive information pertaining to patient(s) must avoid making any comments or entering into conversations regarding details of the patient's condition.
3. Personnel must refrain from making comments or statements that may be considered slanderous or a defamation of character.
4. Personnel must avoid comments that may be considered libel or a defamation of character when

preparing written documents regarding an incident.

5. The Service Director or his designee must approve all requests for information, written or verbal, regarding an incident.

## RECORD KEEPING

### EMS SERVICE REPORT

1. A detailed service report must be filled out for each request for emergency medical service. This report must include, but is not limited to:
  - a. Patient information
  - b. Chief complaint
  - c. Patient history
  - d. Assessment
  - e. Treatment
  - f. Transport information
  - g. Changes in patient condition
2. Incidents that require a detailed run report include, but are not limited to:
  - a. EMS incidents
  - b. Standbys
  - c. Mutual aid
  - d. Canceled runs (if the unit clears the station)
  - e. Refusal of service

### REFUSAL OF SERVICE

1. A refusal form must be completed for all patients that refuse treatment and/or transport. This does not include patients that are dead at the scene.



**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2021**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 24, 2020**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. To be eligible, an applicant must be an incorporated municipality or county applying on behalf of a local recipient (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report must be postmarked or hand-delivered to the EMS Bureau by 5:00pm on Friday, January 24, 2020. Please adhere to the following instructions, as incomplete applications will not be processed:

- Submit an ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted. (faxed or emailed applications will not be accepted as well)
- NO SPECIAL BINDING (one staple in the left top corner only- NO PAPERCLIPS or BINDERS)
- Be sure to have necessary SIGNATURES and NOTARY.

<b>Local Recipient:</b>	Quay Fire Department #4			0321359	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	PO Box 643		Tucumcari	NM	88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	1	2	3	(575) 487-2002	(575) 760-7961
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>	
<b>Contact Person:</b>	Paula O'Steen		EMS Director	osteenp2000@yahoo.com	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Quay County				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
<b>Mailing Address:</b>	PO Box 1246		Tucumcari	NM	88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Richard Primrose		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	(575) 461-2112	(575) 461-6208	hard.primrose@quaycounty-nm.gov		
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>		

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations  <input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

## MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 9<sup>th</sup> day of April, 2018, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follow:

**1.) Definitions:**

Calling Fire Department / EMS Service requesting Mutual Aid Aiding Fire Department / EMS Service offering Mutual Aid Director. The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement future officers will be bound by this Agreement unless amendments are agreed to in writing,

If at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

**2.) Purpose:**

The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate,

**3.) Method of Call:**

When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

**4.) Equipment and Personnel Response:**

The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist the calling department without undermining the aiding department's ability to respond to calls in its own district.

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

department without undermining the aiding department's ability to respond to calls in its own district.

5). **Command:**

The calling department will retain command authority over personnel and department(s) responding from the aiding department. The aiding department reserves the right to recall personnel and equipment in the event of need in the aiding fire district,

6). **Reporting Losses:**

The aiding services will be responsible for their own vehicles, equipment, and personnel. The aiding department will record the call as per their own Standard Operating Guidelines.

FOR THE AGREEING PARTIES:

Bard-Endee Fire Department

Donald Adams  
chief Officer

Conchas Dam Fire Rescue

\_\_\_\_\_  
Officer

Conservancy Fire District One

John E. Johnson  
Chief Officer

Conservancy Fire District Two

Danny Wallace  
Chief Officer

Conservancy Fire District Three

\_\_\_\_\_  
Officer

Forrest Fire Department & EMS

Tom C. Evans  
Chief Officer

House Fire Department

Ryan Rong  
Chief Officer

Jordan Fire Department

John Johnson  
Chief Officer

Logan Ambulance Service

Brenda Kwakie  
EMS Director Officer



### LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. We must be realistic, please estimate amount closest to funding that service receives every year.
- Use each priority number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
2	Vehicle maintenance / Repairs / Yearly Inspection	\$500.00
<b>Training:</b>		
3	Conferences Registrations / Continuing Education / Training / License Renewals	\$1,500.00
	Video Loan	
<b>Mileage &amp; Per Diem:</b>		
4	Per Diem / Mileage for Volunteers to travel for trainings and conferences	\$2,500.00
<b>Supplies (Items Under \$500):</b>		
1	Medical / Non-Medical Supplies / Pharmacy License Renewals / Upgrade	\$2,375.00
	Equipment / Replace Expired Supplies / Medical Rescue Registration	
<b>**Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
5	Medical Director	\$125.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$7,000.00</b>

\* Do not make all Items Priority No. 1.

\*\* For Capital Outlay Projects for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 - 5 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained. (Communication is key)

## JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

- 1) Pharmacy Licenses to include clinical and controlled substance licenses renew yearly - you must have these licenses to carry, purchase, and administer medications. Replace expired and used medical supplies. Annual registration of medical rescue unit per New Mexico EMS Bureau is a regulation requirement.
- 2) Repair / Maintenance of vehicle as needed and annual inspections as required by New Mexico EMS Bureau.
- 3) Conferences / Continuing Education for Volunteers to maintain licensure.
- 4) Per Diem to help volunteers with travel expenses for continuing education, training, and conferences.

**SERVICE NAME:** QUAY FIRE DEPARTMENT

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF QUAY

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:  
(TYPE OR PRINT)

Mayor OR Chairman, Board of Commissioners  
Franklin McCasland, Chair

Municipality County  
Quay

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

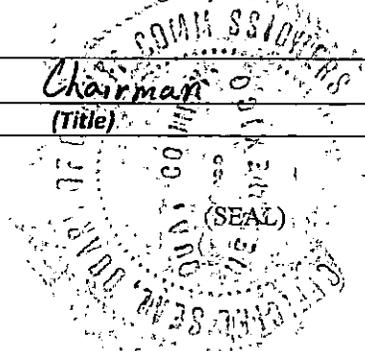
*Franklin McCasland*  
Signature of Official Named Above

*Chairman*  
(Title)

The above was sworn and subscribed to before this 13 day of January, 2020

Notary Public: *Ella L White*

My commission expires: 3-21-2023



**PERSON COMPLETING FORM**

Name: Paula O'Steen EMS Director  
(Name) (Title)

Address: PO Box 643  
Tucumcari NM 88401 0643  
(City) (State) (Zip) (+4)

(575) 487-2002 (575) 760-7961 osteenp2000@yahoo.com  
(Work Phone) (Home Phone) (Cellular Phone) (Email)

Signature: *Paula O'Steen*

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved: Yes No Final Award: \_\_\_\_\_

Comments/Problem: \_\_\_\_\_

Date Corrected: \_\_\_\_\_

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

Item Description	Available	Item Description	Available
Fire Extinguisher (2 lb) or (2 – 1lb)	<input checked="" type="checkbox"/>	Vehicle Registration	<input checked="" type="checkbox"/>
Flashlight	<input checked="" type="checkbox"/>	Vehicle Spotlight or auxiliary lighting	<input checked="" type="checkbox"/>
Fuses (appropriate sizes)	<input checked="" type="checkbox"/>	Warning Lights	<input checked="" type="checkbox"/>
Jack and Handle	<input checked="" type="checkbox"/>	Other: (Specify)	
Lug Wrench	<input checked="" type="checkbox"/>		
Maps or Navigational equipment	<input checked="" type="checkbox"/>		
Patient Care Reports or Reporting System	<input checked="" type="checkbox"/>		
Roadway warning devices	<input checked="" type="checkbox"/>		
Service Specific Protocols and guidelines	<input checked="" type="checkbox"/>		
Siren	<input checked="" type="checkbox"/>		
Spare Tire	<input checked="" type="checkbox"/>		
Star of Life Displayed	<input checked="" type="checkbox"/>		
Tool Box	<input checked="" type="checkbox"/>		
Triage Tags for MCI's	<input checked="" type="checkbox"/>		
U.S. DOT Emergency Response Guidebook	<input checked="" type="checkbox"/>		

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: (Specify)
EMSCOM (UHF) Radio	<input checked="" type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: (Specify)
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input type="checkbox"/>	
Helmet with Face Shield	<input type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End Tidal CO2 monitoring device (optional)	<input type="checkbox"/>	Other: (Specify)	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		

**Patient Compartment Equipment – If Applicable (Interior or Exterior)**

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	✓	Oropharyngeal Airway (Sizes 0 – 5; Infant – Adult)	✓
Auto Ventilator Devices (ATV/MTV)		Oxygen Delivery Devices (Adult, Child and Infant Sizes)	✓
Bag Valve Mask Devices (Adult, Child and Infant)	✓	Oxygen Supply Tubing	✓
Band-Aids (Assorted Sizes)	✓	Patient Restraints	✓
Biohazard Clean-up Supplies	✓	Pediatric Drug Dosage Tape or chart	✓
Biohazard Waste bags	✓	Pediatric Restraint device/car seat	✓
Blankets	✓	Pillows	✓
Body Bags	✓	Portable Oxygen Equipment	✓
Cervical Collars - Rigid (Adult, Child and Infant)	✓	Portable Suction Unit	✓
Cervical Immobilization Devices	✓	Seated Spinal Immobilization Device	✓
Chair Stretcher		Semi-Automatic Defibrillator with Pads	
Cold Pack	✓	Semi-Automatic Defibrillator Batteries	
Cold Weather Warming Devices	✓	Sharps Container	✓
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	✓	Sheets	✓
Emesis Basin	✓	Shoulder/chest/extremity straps	✓
Field Stretcher (Scoop, Collapsible, Vacuum)	✓	Spinal Immobilization device/backboard	✓
Foil Blanket	✓	Splints, Extremity (Rigid, Air, Vacuum)	✓
Hand Sanitizer	✓	Sterile Burn Sheets	✓
Heat Pack	✓	Sterile Gloves (Assorted Sizes)	✓
Inhalation Therapy Equipment	✓	Sterile Water	✓
Installed Oxygen System	✓	Stokes Basket	✓
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	✓	Suction Catheters (Soft & Rigid)	✓
Long Backboard	✓	Supraglottic Airway Devices	✓
Multi-level Stretcher	✓	Multi-lumen Airway Devices	✓
Multi-Lumen Airways	✓	Laryngeal Airway Devices	✓
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	✓	Towels	✓
Nasopharyngeal Airways	✓	Traction Splint	✓
Occlusive Dressings	✓	Trauma Dressings	✓
On-Board Suction System	✓	Trauma Shears	✓
On-Board Oxygen Supply	✓	Triangular Bandages	✓
		Urinal (Male and Female)	✓
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			✓
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input checked="" type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input checked="" type="checkbox"/>
Cardiac Monitor/Defibrillator/Ext. Pacer (Manual)	<input checked="" type="checkbox"/>	Laryngoscope Blades - Adult	<input type="checkbox"/>
		Laryngoscope Blades - Peds	<input type="checkbox"/>
Chest Decompression Catheters	<input type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
Cricothyroidotomy Kit	<input type="checkbox"/>	Magill Forceps	<input type="checkbox"/>
EKG Monitor Electrodes	<input type="checkbox"/>	Needles (Assorted Gauges)	<input checked="" type="checkbox"/>
Electrode Defib Pads	<input checked="" type="checkbox"/>	Pediatric Fluid Control Device	<input checked="" type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Scalpels	<input checked="" type="checkbox"/>
Ext. Cardiac Pacing Pads	<input type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input checked="" type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Toomey Syringe (60cc)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input checked="" type="checkbox"/>
Intraosseous Needles	<input checked="" type="checkbox"/>	Tubing, IV Administration (60gts)	<input checked="" type="checkbox"/>
IV Catheters	<input checked="" type="checkbox"/>	Tubing, IV Administration Set (10gts - 20gts)	<input checked="" type="checkbox"/>
		Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT-Paramedic, and the Service Medical Director	<input checked="" type="checkbox"/>
		Other: (Specify)	<input checked="" type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Items not marked above are EMT-Paramedic items and we are an EMT-Intermediate service.



**EMS ANNUAL SERVICE REPORT**  
**Fiscal Year 2021**  
**Due Date**  
**January 24, 2020**

Submit to:  
 EMS Bureau  
 1301 Siler Rd Bldg. F  
 Santa Fe, NM 87507  
 Attn: Ann Martinez  
 505-476-8233

<b>Service Name:</b>	QUAY FIRE DEPARTMENT
	<i>(EMS Service)</i>

<b>Mailing Address:</b>	PO Box 643			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	0643
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Paula O'Steen		EMS Director	
	<i>(Name)</i>		<i>(Title)</i>	
	(575) 487-2002	(575) 760-7961		osteemp2000@yahoo.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>
<b>Administration:</b>	Quay County			
	<i>(County or Municipality)</i>			
	PO Box 1246			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	1246
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	(575) 461-2112	(575) 461-6208	richard.primrose@quaycounty-nm.gov	
	<i>(Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>	
<b>EMS Region:</b>	<input type="checkbox"/> Region I		<input type="checkbox"/> Region II	
	<input checked="" type="checkbox"/> Region III			

<b>Physical Location of Ambulance/Medical Rescue Facility(s)</b>				
<b>Location #1</b>				
<b>Name of Facility:</b>	Quay Fire Department			
	N34 55.448		W103 45.710	
	<i>(Latitude)</i>		<i>(Longitude)</i>	
<b>Street Address:</b>	4209 Quay Road 46			
	Tucumcari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Location #2</b>				
<b>Name of Facility:</b>				
	<i>(Latitude)</i>		<i>(Longitude)</i>	
<b>Street Address:</b>				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(use additional location sheets as needed)</i>			

<b>Service Name</b>	<b>QUAY FIRE DEPARTMENT</b> <i>(EMS Service)</i>
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SERVICE INFORMATION		
<b>Type of Service (Check Only One)</b>	<b>Affiliation Type (Check Primary Affiliation Only)</b>	
<input type="checkbox"/> Certified PRC Ambulance	<input type="checkbox"/> Private for-profit with County or Municipal contract	
<input type="checkbox"/> PRC Certification #: _____	<input type="checkbox"/> Private non-profit with County or municipal contract	
<input type="checkbox"/> Certified Medical/Rescue Service (Non-transport)	<input checked="" type="checkbox"/> Fire department based	
<input checked="" type="checkbox"/> Certified Medical/Rescue Service (Transport capable)	<input type="checkbox"/> Law enforcement or Department of Public Safety based	
<input type="checkbox"/> Medical Rescue Certification #: _____	<input type="checkbox"/> Clinic based	
<input type="checkbox"/> Emergency Medical Dispatch Agency	<input type="checkbox"/> Hospital based	
<input type="checkbox"/> Special Event(s) Agency	<input type="checkbox"/> County based	
<input type="checkbox"/> Air Ambulance with County or Municipal contract	<input type="checkbox"/> Municipality based	
<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Tribal	
	<input type="checkbox"/> Other (please specify): _____	
<b># Years in Operation:</b> 30		
<b>EMS Calls</b>		<b>Local Receiving Hospital(s)</b>
<b>Received By (mark one)</b>	<b>Dispatched by (mark one)</b>	Dan C Trigg Hospital
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	
<input checked="" type="checkbox"/> Enhanced 911	<input type="checkbox"/> Fire Department	
<input type="checkbox"/> Local phone	<input type="checkbox"/> Law Enforcement	
	<input checked="" type="checkbox"/> Central Dispatch	
	<input type="checkbox"/> Dispatch Location	

EMERGENCY MEDICAL SERVICES PERSONNEL LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL							
License Level	Paid Indicate # full-time and part-time employees		Volunteer*	License Level	Paid Indicate # full-time and part-time employees		Volunteer*
	FTE	PTE			FTE	PTE	
EMS First Responder			1	EMD Instructor			
EMR Basic				Nurse			
EMT Intermediate			2	Physician			
Paramedic				Driver			
Emergency Medical Dispatcher				Other			

\*Volunteer may include those paid by the run or other non-salary arrangement



<b>Service Name:</b>	<b>QUAY FIRE DEPARTMENT</b> <i>(EMS Service)</i>
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For Ground Ambulance/Medical Rescue Services Only

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)**

List all non-EMS personnel who are functioning as drivers for your service. Indicate the date of completion of the Bureau approved vehicle operator's course, and indicate any medical training they may have completed.  
*(Use additional driver sheets as necessary.)*

Name	Driver's License Number and State	EVOC Course Date	NMDL Class	Other Medical Training

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLES**

Enter the total number of each type of vehicle used by your service: *(Mandatory)*

Type I:		Medical/Rescue:	1
Type II:	1	Other - Explain:	
Type III:			

List all ambulance/medical rescue units that are currently used by your service to provide patient transportation or first response. In addition, please provide a list of all emergency response units in your department (engines, brush trucks, etc.)  
*(Mandatory)*  
*(Use additional vehicle pages as necessary.)*

Year	Make and Model	Vehicle Type	License Number	State assigned EMSCOM Number	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
2002	E-350	Type II	G-82317	2794	2	2	204,662	
2003	Freightliner	Class A	G-57657		4	0	4,333	
2010	Freightliner	QA	G-79866		4	0	3,746	
1996	Dodge	Brush	G-31070		4	0	5,831	
2004	Chevy	Brush	G-88484		4	0	168,999	
2016	Dodge	Brush	G-98172		4	0	2,274	
2016	Freightliner	Tender	G-98171		4	0	2,331	

Service Name:

QUAY FIRE DEPARTMENT

(BMS Service)

**VEHICLE PREVENTATIVE MAINTENANCE PROGRAM**

Do you have a vehicle preventative maintenance program in place?

Yes  No

If yes, please attach a copy of your program

Indicate the frequency of vehicle inspections:

Daily  Weekly  Monthly  Quarterly

Attach a copy of your annual safety inspection for all units if you are a PAC certificated service.

**OPERATIONS PLAN**

Please provide information on the operations plan for your service.

Do you have an operations plan?

Yes  No

Are operational and medical protocols included in the operations plan?

Yes  No

What was the effective date of your operations plan?

October 2018

Please provide a map of the coverage area for your service

**QUALITY ASSURANCE REVIEW**

Do you have an internal quality assurance/improvement mechanism in place?

Yes  No

If yes, please attach a brief description:

Indicate the dates of this year's quality assurance review activities:

Reviews are conducted:  Daily  Weekly  Monthly  Quarterly  Annually

**DATES OF REVIEWS**

DATE	DATE	DATE	DATE	DATE
12/31/2019				

**PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)**

**RESPONSES TO THE FOLLOWING ARE MANDATORY. FAILURE TO ANSWER WILL RESULT IN AN INCOMPLETE REPORT**

A PECC is an individual(s) who is responsible for coordinating pediatric specific activities (to include education, training and equipment). NHTSA and HRSA have established benchmarks to have a PECC in 90% of EMS services by 2026.

Which one of the following statements best describes your agency?

- We have a designated PECC.
- We do not have a designated PECC.
- We do not currently have a PECC but have a plan to add this role in the next year.
- We do not currently have a PECC but would be interested in adding this role.

If you plan to add or are interested in adding a PECC, when would it be implemented:

- 6 months
- 1 year
- 2-3 years
- Undetermined

If you indicated that you have a PECC, please provide their contact information:

Name:

Email:

Phone:

MR46 - 2002 Medical Rescue  
 Vin #1FDXE45F52H

QUAY FIRE DEPARTMENT  
 VEHICLE CHECK LIST

License Plate G-82317  
 Patient Capacity - 2

DATE: January , 2019

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed	
Tire Condition	Parking Brake	
Tire Pressure	Horn	
Spare Tire	Windshield Wipers	
Headlights, High	Clean All Glass	
Turn Signals	Fire Extinguishers	
Tail Lights	Engine Oil	
Brake Lights	Brake Fluid	
Back-up Alarm	Radiator Fluid	
Siren / PA	Washer Fluid	
Light Bar	Battery Terminals	
Rear Warning Lights	Battery Water	
Flood Lights	Engine Belts	
Rear Work Lights	Engine Hoses	
Radio Check	Power Steering Fluid	
Run Reports	Heater / A/C	
Hazard Flasher	Spotlight	
Throttle	Dome Light	
Seat Belts Operational	Tools	

DATE: February , 2019

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed	
Tire Condition	Parking Brake	
Tire Pressure	Horn	
Spare Tire	Windshield Wipers	
Headlights, High	Clean All Glass	
Turn Signals	Fire Extinguishers	
Tail Lights	Engine Oil	
Brake Lights	Brake Fluid	
Back-up Alarm	Radiator Fluid	
Siren / PA	Washer Fluid	
Light Bar	Battery Terminals	
Rear Warning Lights	Battery Water	
Flood Lights	Engine Belts	
Rear Work Lights	Engine Hoses	
Radio Check	Power Steering Fluid	
Run Reports	Heater / A/C	
Hazard Flasher	Spotlight	
Throttle	Dome Light	
Seat Belts Operational	Tools	

UNITS CHECKED BY: \_\_\_\_\_

On Board O2

Portable O2

# RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE  
12/20/19

D2872412

COMPANY NAME <i>Quay Fire Department</i>			VEHICLE TYPE <i>Ambulance/Rescue</i> <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> DOLLY <input type="checkbox"/> CONVERTER		
STREET ADDRESS <i>4204 Quay Road #16</i>			VEHICLE MAKE <i>Ford</i>		MODEL <i>E350</i>
CITY <i>Quay</i>		STATE <i>NH</i>	ZIP <i>88401</i>	YEAR <i>2002</i>	
INSPECTOR'S NAME (Please Print) <i>C. Brashear</i>				VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <i>1PDXE4JF52H300146 G182317</i>	
				EMPLOYEE NO. <i>1201</i>	

**REPORT OF CONDITION** (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
<b>BRAKES</b>			<b>EXHAUST</b>			<b>STEERING</b>			<b>FRAME</b>		
Adjustment	✓		Leaks	✓		Adjustment	✓		Members	✓	
Mechan. Compon.	✓		Placement	✓		Column/Gear	✓		Clearance	✓	
Drum/Rotor	✓		<b>LIGHTING</b>			Axle	✓				
Hose/Tubing	✓		Headlights	✓		Linkage	✓		<b>TIRES</b>		
Lining	✓		Tail/Stop	✓		Power Steering	✓		Tread	✓	
Low Air Warning	N/A		Clearance/Marker	✓		Other			Inflation	✓	
Trailer Air Supply	N/A		Identification	✓		<b>FUEL SYSTEM</b>			Damage	N/A	
Compressor	N/A		Reflectors	✓		Tank(s)	✓		Other		
Parking Brakes	✓		Other			Lines	✓				
Other									<b>WHEELS/RIM</b>		
			<b>CAB/BODY</b>			<b>SUSPENSION</b>			Fasteners	✓	
<b>COUPLERS</b>			Access	✓		Springs	✓		Disc/Spoke	✓	
Fifth-Wheel & Mount	N/A		Eqpt./Load Secure	✓		Attachments	✓				
Pin/Upper Plate			Tie-Downs	N/A		Sliders	N/A		<b>WINDSHIELD</b>		
Pin/Upper Plate			Headerboard	✓							
Pin/Upper Plate			Other	✓		<b>MIRRORS</b>			<b>WINDSHLD. WIP.</b>		
Safety Chain(s)							✓				

**REMARKS**

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE *Brashear*

DATE *12/20/2019*

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2402) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT AND/OR ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

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Printed in the United States

# QUAY FIRE DEPARTMENT

## OPERATION / PROCEDURES

All EMS run reports will be reviewed annually. All personnel will be present at the time of review.

### VEHICLE INSPECTION

- Use vehicle inspection list to check the working order of each truck
  - Report any problems
- Clean and Wash Truck

### TRUCK SUPPLIES, DRUGS AND EQUIPMENT

- Restock truck after every run
- Intermediates – check off controlled drugs in lock box on truck
- Make sure bag is put back together after every call
- Clean up equipment after every call
- Make sure trucks have run reports with all forms included

### RUN REPORTS

- Fill out reports in a timely manner
- Enter all reports into data base as soon as possible (within 24 hours of run)
- List ALL SUPPLIES used
- Log all reports on log sheet and use log run number on all reports and forms
- Log mileage on all reports (To and From Scene )

- Attach all forms and incident reports if necessary – report any incidents as soon as possible
- Hospital copies must be returned to hospital within 48 hours

Run reports must contain the following, along with the usual information.

- Complete list of all supplies used
- Completed drug use record

Restock truck after each run to assure you have supplies for the next run.



## QUALITY ASSURANCE

1. All EMS responses will have a corresponding NM EMS Service Report or the equivalent completed as soon as possible after the incident. A designated member or committee and/or the system Medical Director must review these reports at least once a month. The purpose of the review is to ensure that appropriate medical care is being provided.
2. Standards that will be evaluated during QA activities are:
  - a. Appropriate medical assessments.
  - b. Compliance with service protocol.
  - c. Appropriate medical control.
  - d. Treatment in compliance with the New Mexico EMS Scope of Practice.
3. A written report of the problem and corrective action will be provided to the service Medical Director.
4. The Medical Director and/or a designee will address problems and discuss any necessary training and counseling.
5. A written report of any disciplinary action and suggested solutions will be provided to personnel involved with the run, if applicable.

<b>Service Name:</b>	QUAY FIRE DEPARTMENT (EMS Service)
----------------------	---------------------------------------

SERVICE DIRECTOR/CHIEF			
<b>Name:</b>	Gerald Hight (Name)	Chief (Title)	
<b>Address:</b>	4314 Quay Road 50.4 / Tucumcari (Street/Mailing)	NM (State)	88401 (Zip) (+4)
(575) 487-2002 (Work Phone)	(575) 487-9514 (Home Phone)		ghight@plateautel.net (Email)
<b>Signature:</b>	<i>Gerald Hight</i>		

SERVICE MEDICAL DIRECTOR			
<b>Name:</b>	George E Evetts, MD (Name)	Medical Director (Title)	
<b>Address:</b>	PO Box 1128 / Tucumcari (Street/Mailing)	NM (State)	88401 (Zip) (+4)
(575) 461-0591 (Work Phone)			gevetts@sr66.com (Email)
In signing this application I am certifying that I am actively providing medical direction for this EMS service			
<b>Signature:</b>	<i>George Evetts MD</i>		

SERVICE TRAINING COORDINATOR			
<b>Name:</b>	Paula O'Steen (Name)	EMS Director (Title)	
<b>Address:</b>	PO Box 643 / Tucumcari (Street/Mailing)	NM (State)	88401 (Zip) (+4)
(575) 487-2002 (Work Phone)	(575) 403-7961 (Home Phone)	(575) 760-7961 (Cellular Phone)	osteenp2000@yahoo.com (Email)
<b>Signature:</b>	<i>Paula O'Steen</i>		

PERSON COMPLETING FORM			
<b>Name:</b>	Paula O'Steen (Name)	EMS Director (Title)	
<b>Address:</b>	PO Box 643 / Tucumcari (Street/Mailing)	NM (State)	88401 (Zip) (+4)
(575) 487-2002 (Work Phone)	(575) 403-7961 (Home Phone)	(575) 760-7961 (Cellular Phone)	osteenp2000@yahoo.com (Email)
<b>Signature:</b>	<i>Paula O'Steen</i>		

STATE OF NEW MEXICO )  
COUNTY OF QUAY )

This instrument was acknowledged before me on the 6<sup>th</sup> day of December, 2019  
by Paula O'Steen  
(Person completing form)

*Brenda Griego*  
Notary Public

My commission expires July 22, 2022





**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2021**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 24, 2020**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report must be postmarked or hand-delivered to the EMS Bureau by **5:00pm on Friday, January 24, 2020**. Please adhere to the following instructions, as **incomplete applications will not be processed:**

- Submit an **ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING (one staple in the left top corner only- NO PAPERCLIPS or BINDERS)**
- Be sure to have necessary **SIGNATURES** and **NOTARY**.

<b>Local Recipient:</b>	Forrest Volunteer Fire Department			321329	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	209 State Highway 210		McAlister	NM	88427
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	1	2	<input checked="" type="checkbox"/> 3	(575) 458-6532	(575) 799-4879
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
	Joe Lavender		Chief	Joegl387@gmail.com	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Quay County				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
<b>Mailing Address:</b>	PO Box 1246		Tucumcari	NM	88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Richard Primrose		Quay County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	(575) 461-2112	(575) 461-6208	richard.primrose@quaycounty-nm.gov		
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>		

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose **one (1)** level for which your service meets or exceeds the criteria.  
**(All responses are subject to review and verification).**

Medical-Rescue Service Entry Level  (\$1,500)	Medical-Rescue Service First Responder  (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service Is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. We must be realistic, please estimate amount closest to funding that service receives every year.
- Use each priority number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
1	Regular maintenance and service on Rescue Unit	\$ 2,000.00
2	Calibration on equipment and yearly service	\$ 1,000.00
<b>Training:</b>		
1	Renewal and refresher training to keep up with changes	\$ 1,100.00
<b>Mileage &amp; Per Diem:</b>		
1	Mileage to attend training in the surrounding area	\$ 500.00
<b>Supplies (Items Under \$500):</b>		
1	One-time use of supplies	\$ 300.00
2	Replace expired supplies	\$ 300.00
3	Cleaning and disinfectant supplies	\$ 100.00
<b>**Capital Outlay (Items Over \$500):</b>		
1	Lifepak 15	\$ 1,000.00
<b>Other Operational Costs:</b>		
1	Pharmacist fee	\$ 300.00
2	Medical Director Fee	\$ 125.00
3	Fuel	\$ 500.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$ 7,225.00</b>

\* Do not make all Items Priority No. 1.

\*\* For Capital Outlay Projects for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 - 5 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match

**Note:** If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained. (Communication is key)

## JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

Service of equipment and regularly scheduled maintenance is a top priority within the Forrest Volunteer Fire Department. Our goal is being able to respond to any type of emergency in a safe and timely manner.

Our equipment needs to be serviced and calibrated for proper standard of operation.

We need to help pay for mileage and training for our volunteers to stay aware of the changes and experiences others have gone through. Since they are volunteers, we do not want to put a financial strain on them, therefore we help pay for their trainings and refresher courses.

All funds will be utilized to keep us safe and at a proper standard of operation.

We have a great need for an updated Lifepak 15. Presently we have a Zoll Cardiac Monitor. It does not always work properly and quits working when we are on runs. We are carrying a backup AED on our ambulance in case our Zoll malfunctions at a crucial time. We are hoping to write a grant to help us get a Lifepak 15 but would like to carry over some funds to help purchase one for our department in the new future.

**SERVICE NAME:** Forrest Volunteer Fire Department

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:  
(TYPE OR PRINT)

Mayor OR Chairman, Board of Commissioners

Municipality County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

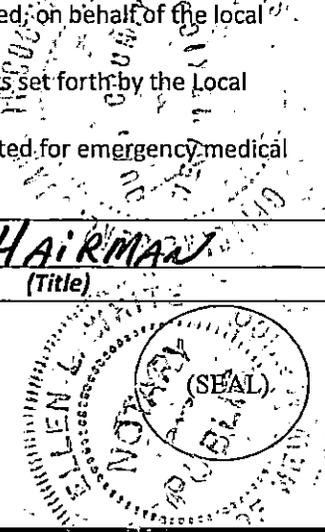
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required; on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

Franklin McCasland  
Signature of Official Named Above CHAIRMAN  
(Title)

The above was sworn and subscribed to before this 13 day of January, 2020

Notary Public: Elle L. White

My commission expires: 3-21-2023



**PERSON COMPLETING FORM**

<b>Name:</b>	Denese Runyan	EMS Coordinator	
	<i>(Name)</i>	<i>(Title)</i>	
<b>Address:</b>	4698 Quay Road 27		
	House	NM	88121 9709
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i> <span style="margin-left: 20px;"><i>(+4)</i></span>
(575) 279-7101	(575) 279-7101	(575) 799-0901	drunyan@plateautel.net
<i>(Work Phone)</i>	<i>(Home Phone)</i>	<i>(Cellular Phone)</i>	<i>(Email)</i>

**Signature:** Denese Runyan

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved:      Yes                  No                  Final Award: \_\_\_\_\_

Comments/Problem: \_\_\_\_\_

Date Corrected: \_\_\_\_\_

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

Item Description	Available	Item Description	Available
Fire Extinguisher (2 lb) or (2 - 1lb)	<input checked="" type="checkbox"/>	Vehicle Registration	<input checked="" type="checkbox"/>
Flashlight	<input checked="" type="checkbox"/>	Vehicle Spotlight or auxiliary lighting	<input checked="" type="checkbox"/>
Fuses (appropriate sizes)	<input checked="" type="checkbox"/>	Warning Lights	<input checked="" type="checkbox"/>
Jack and Handle	<input checked="" type="checkbox"/>	Other: (Specify)	
Lug Wrench	<input checked="" type="checkbox"/>		
Maps or Navigational equipment	<input checked="" type="checkbox"/>		
Patient Care Reports or Reporting System	<input checked="" type="checkbox"/>		
Roadway warning devices	<input checked="" type="checkbox"/>		
Service Specific Protocols and guidelines	<input checked="" type="checkbox"/>		
Siren	<input checked="" type="checkbox"/>		
Spare Tire	<input checked="" type="checkbox"/>		
Star of Life Displayed	<input checked="" type="checkbox"/>		
Tool Box	<input checked="" type="checkbox"/>		
Triage Tags for MCI's	<input checked="" type="checkbox"/>		
U.S. DOT Emergency Response Guidebook	<input checked="" type="checkbox"/>		

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: (Specify)
EMSCOM (UHF) Radio	<input checked="" type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: (Specify)
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input checked="" type="checkbox"/>	
Helmet with Face Shield	<input checked="" type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End Tidal CO2 monitoring device (optional)	<input checked="" type="checkbox"/>	Other: (Specify)	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		

**Patient Compartment Equipment – If Applicable (Interior or Exterior)**

Basic Level					
Item Description	Available		Item Description	Available	
Adhesive Tape 1" and 2"	<input checked="" type="checkbox"/>		Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	<input checked="" type="checkbox"/>	
Auto Ventilator Devices (ATV/MTV)	<input checked="" type="checkbox"/>		Oxygen Delivery Devices (Adult, Child and Infant Sizes)	<input checked="" type="checkbox"/>	
Bag Valve Mask Devices (Adult, Child and Infant)	<input checked="" type="checkbox"/>		Oxygen Supply Tubing	<input checked="" type="checkbox"/>	
Band-Aids (Assorted Sizes)	<input checked="" type="checkbox"/>		Patient Restraints	<input checked="" type="checkbox"/>	
Biohazard Clean-up Supplies	<input checked="" type="checkbox"/>		Pediatric Drug Dosage Tape or chart	<input checked="" type="checkbox"/>	
Biohazard Waste bags	<input checked="" type="checkbox"/>		Pediatric Restraint device/car seat	<input type="checkbox"/>	
Blankets	<input checked="" type="checkbox"/>		Pillows	<input checked="" type="checkbox"/>	
Body Bags	<input type="checkbox"/>		Portable Oxygen Equipment	<input checked="" type="checkbox"/>	
Cervical Collars - Rigid (Adult, Child and Infant)	<input checked="" type="checkbox"/>		Portable Suction Unit	<input checked="" type="checkbox"/>	
Cervical Immobilization Devices	<input checked="" type="checkbox"/>		Seated Spinal Immobilization Device	<input checked="" type="checkbox"/>	
Chair Stretcher	<input checked="" type="checkbox"/>		Semi-Automatic Defibrillator with Pads	<input checked="" type="checkbox"/>	
Cold Pack	<input checked="" type="checkbox"/>		Semi-Automatic Defibrillator Batteries	<input checked="" type="checkbox"/>	
Cold Weather Warming Devices	<input checked="" type="checkbox"/>		Sharps Container	<input checked="" type="checkbox"/>	
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	<input checked="" type="checkbox"/>		Sheets	<input checked="" type="checkbox"/>	
Emesis Basin	<input checked="" type="checkbox"/>		Shoulder/chest/extremity straps	<input checked="" type="checkbox"/>	
Field Stretcher (Scoop, Collapsible, Vacuum)	<input checked="" type="checkbox"/>		Spinal Immobilization device/backboard	<input checked="" type="checkbox"/>	
Foil Blanket	<input checked="" type="checkbox"/>		Splints, Extremity (Rigid, Air, Vacuum)	<input checked="" type="checkbox"/>	
Hand Sanitizer	<input checked="" type="checkbox"/>		Sterile Burn Sheets	<input checked="" type="checkbox"/>	
Heat Pack	<input checked="" type="checkbox"/>		Sterile Gloves (Assorted Sizes)	<input checked="" type="checkbox"/>	
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>		Sterile Water	<input checked="" type="checkbox"/>	
Installed Oxygen System	<input checked="" type="checkbox"/>		Stokes Basket	<input checked="" type="checkbox"/>	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medlum, Large, X-Large)	<input checked="" type="checkbox"/>		Suction Catheters (Soft & Rigid)	<input checked="" type="checkbox"/>	
Long Backboard	<input checked="" type="checkbox"/>		Supraglottic Airway Devices	<input checked="" type="checkbox"/>	
Multi-level Stretcher	<input checked="" type="checkbox"/>		Multi-lumen Airway Devices	<input type="checkbox"/>	
Multi-Lumen Airways	<input checked="" type="checkbox"/>		Laryngeal Airway Devices	<input checked="" type="checkbox"/>	
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	<input checked="" type="checkbox"/>		Towels	<input checked="" type="checkbox"/>	
Nasopharyngeal Airways	<input checked="" type="checkbox"/>		Traction Splint	<input checked="" type="checkbox"/>	
Occlusive Dressings	<input checked="" type="checkbox"/>		Trauma Dressings	<input checked="" type="checkbox"/>	
On-Board Suction System	<input checked="" type="checkbox"/>		Trauma Shears	<input checked="" type="checkbox"/>	
On-Board Oxygen Supply	<input checked="" type="checkbox"/>		Triangular Bandages	<input checked="" type="checkbox"/>	
			Urinal (Male and Female)	<input type="checkbox"/>	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director.				<input checked="" type="checkbox"/>	
Other: (Specify)					

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input checked="" type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input checked="" type="checkbox"/>
Cardiac Monitor/Defibrillator/Ext. Pacer (Manual)	<input checked="" type="checkbox"/>	Laryngoscope Blades – Adult	<input type="checkbox"/>
Chest Decompression Catheters	<input type="checkbox"/>	Laryngoscope Blades – Peds	<input type="checkbox"/>
Cricothyrotomy Kit	<input type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
EKG Monitor Electrodes	<input checked="" type="checkbox"/>	Magill Forceps	<input type="checkbox"/>
Electrode Defib Pads	<input checked="" type="checkbox"/>	Needles (Assorted Gauges)	<input type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Pediatric Fluid Control Device	<input type="checkbox"/>
Ext. Cardiac Pacing Pads	<input type="checkbox"/>	Scalpels	<input checked="" type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input type="checkbox"/>	Toomey Syringe (60cc)	<input type="checkbox"/>
Intraosseous Needles	<input checked="" type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input checked="" type="checkbox"/>
IV Catheters	<input checked="" type="checkbox"/>	Tubing, IV Administration (60gtts)	<input checked="" type="checkbox"/>
		Tubing, IV Administration Set (10gtts – 20gtts)	<input type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT-Paramedic, and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Our volunteer ambulance serves a large area that is sparsely populated, and we do not get as many calls as the larger EMS companies. We do not charge our patients for runs because of our volunteer status. The only funding, we get, is through the EMS Fund Act. We decided not to carry the controlled drugs license because of the cost of the license and drugs. We do carry some of the drugs and equipment that is specific to an EMT-I, but not the ones that require a controlled substance license. We have mutual aid agreements with Air-flight companies and larger EMS Departments, so we decided that if it deems necessary to use some of the equipment not purchased here we will call for an intercept with the closest or appropriate services to provide mutual aid for our patients.

## MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 25<sup>th</sup> day of August, 2014, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follows:

1.) **Definitions:**

Calling Fire Department / EMS Service requesting Mutual Aid  
Aiding Fire Department / EMS Service offering Mutual Aid  
Director: The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement, future officers will be bound by this Agreement unless amendments are agreed to in writing.

If at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

2.) **Purpose:**

The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate.

3.) **Method of Call:**

When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

4.) **Equipment and Personnel Response:**

The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

the calling department without undermining the aiding department's ability to respond to calls in its own district.

5.) **Command**

The calling department will retain command authority over personnel and department(s) responding from the aiding department. The aiding department reserves the right to recall personnel and equipment in the event of need in the aiding fire district.

6.) **Reporting Losses:**

The aiding services will be responsible for their own vehicles, equipment, and personnel. The aiding department will record the call as per their own Standard Operating Guidelines.

**FOR THE AGREEING PARTIES:**

Tucumcari Ambulance Service

Tony Rojas  
EMS Dir. Officer

Tucumcari Fire Department

Tony Rojas  
Chief Officer

Logan Fire Department

Ray Stolt  
Chief Officer

Logan Ambulance Service

Teressa Brule  
Director Officer

San Jon Fire Department

Chris  
Chief Officer

San Jon Ambulance Service

Debbie Storer  
Assistant Director Officer

House Fire Department

\_\_\_\_\_  
Officer

Arch Hurley Conservancy District One

John S. Zhang  
Chief Officer

Arch Hurley Conservancy District Two

Tony Jones  
Assistant Chief Officer

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

Arch Hurley Conservancy District Three

\_\_\_\_\_  
Officer

Quay Fire Department (four)

Gerald Hight  
Chief Officer

Quay Fire Dept Medical Rescue

Gerald Hight  
Chief Officer

Nara Visa Fire Department

Mark Mirand  
Chief Officer

Bard-Endee Fire Department

Donnae Adams  
Chief Officer

Jordan Fire Department

Bill Roland  
Chief Officer

Forrest Fire Department

Joe A. Davis  
Chief Officer

Porter Fire Department

Mark C. Brown  
Chief Officer

Conchas Dam Fire Department

Edward R. Wright  
Chief Officer

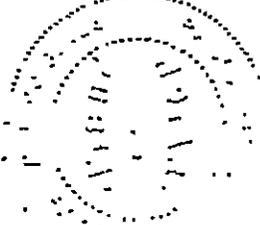
STATE OF NEW MEXICO )

COUNTY OF QUAY )

) ss  
)

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of August, 2014, by the Director / Chief of the listed Ambulance Services and Fire Departments.

Paula O'Steen  
Notary Public



(SEAL)

My commission expires: 08/27/2017

EAST CENTRAL FIRE AND EMS ASSOCIATION  
MUTUAL AID AGREEMENT

ATTACHMENT

ADDITION OF ADDITIONAL DEPARTMENTS:

Rosebud Fire and Rescue

Robert L. Conale  
Chief Officer

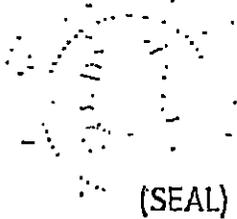
STATE OF NEW MEXICO)

)ss

COUNTY OF QUAY )

The foregoing instrument was acknowledged before me this 14<sup>th</sup>  
day of October, 2014, by the Director / Chief of the listed Ambulance  
Services and Fire Departments.

Paula O'Steen  
Notary Public



My Commission Expires: 08/27/2017



**EMS ANNUAL SERVICE REPORT**  
**Fiscal Year 2021**  
**Due Date**  
**January 24, 2020**

Submit to:  
 EMS Bureau  
 1301 Siler Rd Bldg. F  
 Santa Fe, NM 87507  
 Attn: Ann Martinez  
 505-476-8233

<b>Service Name:</b>	Forrest Volunteer Fire Department <i>(EMS Service)</i>
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<b>Mailing Address:</b>	209 State Highway 210 (Village of Forrest) <i>(Mailing Address)</i>			
	McAlister <i>(City)</i>	NM <i>(State)</i>	88427 <i>(Zip)</i>	 <i>(+4)</i>
<b>Contact Person:</b>	Joe Lavender <i>(Name)</i>		Chief <i>(Title)</i>	
	(575) 799-4879 <i>(Business Phone)</i>	(575) 458-6312 <i>(Emergency Phone)</i>	(575) 279-7101 <i>(Fax)</i>	Joegl387@gmail.com <i>(Email)</i>
<b>Administration:</b>	Quay County <i>(County or Municipality)</i>			
	PO Box 1246 <i>(Mailing Address)</i>			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	1246 <i>(+4)</i>
<b>Contact Person:</b>	Richard Primrose <i>(Name)</i>		County Manager <i>(Title)</i>	
	(575) 461-2112 <i>(Phone)</i>	(575) 461-6208 <i>(Fax)</i>	richard.primrose@quaycounty-nm.gov <i>(Email)</i>	
<b>EMS Region:</b>	<input type="checkbox"/> Region I		<input type="checkbox"/> Region II	
	<input checked="" type="checkbox"/> Region III			

Physical Location of Ambulance/Medical Rescue Facility(s)				
<b>Location #1</b>				
<b>Name of Facility:</b>	Forrest Volunteer Fire Department			
	34.794682 <i>Latitude</i>		103.601018 <i>Longitude</i>	
<b>Street Address:</b>	209 State Highway 210			
	Forrest/McAlister <i>(City)</i>	NM <i>(State)</i>	88427 <i>(Zip)</i>	 <i>(+4)</i>
<b>Location #2</b>				
<b>Name of Facility:</b>				
	<i>Latitude</i>		<i>Longitude</i>	
<b>Street Address:</b>				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(use additional location sheets as needed)</i>			

<b>Service Name:</b>	Forrest Volunteer Fire Department
	(EMS Service)

SERVICE INFORMATION			
Type of Service (Check Only One)		Affiliation Type (Check Primary Affiliation Only)	
<input type="checkbox"/> Certified PRC Ambulance		<input type="checkbox"/> Private for-profit with County or Municipal contract	
<input type="checkbox"/> PRC Certification #: _____		<input type="checkbox"/> Private non-profit with County or municipal contract	
<input type="checkbox"/> Certified Medical/Rescue Service (Non-transport)		<input checked="" type="checkbox"/> Fire department based	
<input checked="" type="checkbox"/> Certified Medical/Rescue Service (Transport capable)		<input type="checkbox"/> Law enforcement or Department of Public Safety based	
<input type="checkbox"/> Medical Rescue Certification #: 321329		<input type="checkbox"/> Clinic based	
<input type="checkbox"/> Emergency Medical Dispatch Agency		<input type="checkbox"/> Hospital based	
<input type="checkbox"/> Special Event(s) Agency		<input type="checkbox"/> County based	
<input type="checkbox"/> Air Ambulance with County or Municipal contract		<input type="checkbox"/> Municipality based	
<input type="checkbox"/> Other (please specify): _____		<input type="checkbox"/> Tribal	
		<input type="checkbox"/> Other (please specify): _____	
# Years in Operation: 10			
EMS Calls		Local Receiving Hospital(s)	
Received By (mark one)	Dispatched by (mark one)		Dan C. Trigg Memorial Hospital
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	<input checked="" type="checkbox"/> Central Dispatch	Plains Regional Medical Center
<input checked="" type="checkbox"/> Enhanced 911	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Dispatch Location:	
<input type="checkbox"/> Local phone	<input type="checkbox"/> Law Enforcement		

EMERGENCY MEDICAL SERVICES PERSONNEL							
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL							
License Level	Paid Indicate # full-time and part-time employees		Volunteer*	License Level	Paid Indicate # full-time and part-time employees		Volunteer*
	FTE	PTE			FTE	PTE	
EMS First Responder			2	EMD Instructor			0
EMT Basic			3	Nurse			0
EMT Intermediate			1	Physician			0
Paramedic			0	Driver			4
Emergency Medical Dispatcher			0	Other: _____			

\*Volunteer may include those paid by the run or other non-salary arrangement



<b>Service Name:</b>	Forrest Volunteer Fire Department
	(EMS Service)

**For Ground Ambulance/Medical Rescue Services Only**

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)**

List all non-EMS personnel who are functioning as drivers for your service, indicate the date of completion of the Bureau approved vehicle operator's course, and indicate any medical training they may have completed.  
(Use additional driver sheets as necessary.)

Name	Driver's License Number and State	EVOC Course Date	NMDL Class	Other Medical Training
Joe Lavender	<del>X2X243790</del>	10/2017	A	EMT-B
Joe Garrett	<del>X26951329</del>	10/2017	A	EMT-B
Rick Mitchell	<del>X48188120</del>	10/2017	A	EMT-I
Denese Runyan	<del>X00661278</del>	10/2017	B	EMT-B
David Rush	<del>X52688208</del>	10/2017	E	EMT-FR
Jeri Rush	<del>X54878808</del>	10/2017	E	EMT-FR

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLES**

Enter the total number of each type of vehicle used by your service. (Mandatory)

Type I:		Medical/Rescue:	1
Type II:		Other - Explain:	
Type III:			

List all ambulance/medical rescue units that are currently used by your service to provide patient transportation or first response. In addition, please provide a list of all emergency response units in your department (engines, brush trucks, etc.)  
(Mandatory)  
(Use additional vehicle pages as necessary)

Year	Make and Model	Vehicle Type	License Number	State assigned EMSCOM Number	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
2009	Chevy Kodiak	TW	01867G	New Mexico	2WD	2	234,748	8/2018

<b>Service Name:</b>	Forrest Volunteer Fire Department
	(EMS Service)

**VEHICLE PREVENTATIVE MAINTENANCE PROGRAM**

Do you have a vehicle preventative maintenance program in place?  Yes  No  
 If yes, please attach a copy of your program.

Indicate the frequency of vehicle inspections:  Daily  Weekly  Monthly  Quarterly  
 Attach a copy of your annual safety inspection for all units if you are a PRC certificated service.

**OPERATIONS PLAN**

Please provide information on the operations plan for your service.

Do you have an operations plan?  Yes  No  
 Are operational and medical protocols included in the operations plan?  Yes  No  
 What was the effective date of your operations plan? 10/2010  
 Please provide a map of the coverage area for your service.

**QUALITY ASSURANCE REVIEW**

Do you have an internal quality assurance/improvement mechanism in place?  Yes  No  
 If yes, please attach a brief description.

Indicate the dates of this year's quality assurance review activities.  
 Reviews are conducted:  Daily  Weekly  Monthly  Quarterly  Annually

DATES OF REVIEWS				
DATE	DATE	DATE	DATE	DATE
07/08/19				

**PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)**

**RESPONSES TO THE FOLLOWING ARE MANDATORY. FAILURE TO ANSWER WILL RESULT IN AN INCOMPLETE REPORT.**

A PECC is an individual(s) who is responsible for coordinating pediatric specific activities to include education, training and equipment. NHTSA and HRSA have established benchmarks to have a PECC in 90% of EMS services by 2026.

Which one of the following statements best describes your agency?

We have a designated PECC.  
 We do not have a designated PECC.  
 We do not currently have a PECC but have a plan to add this role in the next year.  
 We do not currently have a PECC but would be interested in adding this role.

If you plan to add or are interested in adding a PECC, when would it be implemented:  
 6 months  1 year  2-3 years  Undetermined

If you indicated that you have a PECC, please provide their contact information:

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Name:	Forrest Volunteer Fire Department
	(EMS Service)

SERVICE DIRECTOR/CHIEF				
Name:	Joe Lavender	Chief		
	(Name)	(Title)		
Address:	2121 State Highway 268, Melrose	NM	88124	
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 799-4879	(575) 458-6312	(575) 799-4879	joegl387@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:	<i>[Signature]</i>			

SERVICE MEDICAL DIRECTOR				
Name:	George E. Evetts	Medical Director		
	(Name)	(Title)		
Address:	PO Box 1128, Tucumcari	NM	88401	
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 461-0591			gevetts@sr66.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
In signing this application I am certifying that I am actively providing medical direction for this EMS service				
Signature:	<i>[Signature]</i>			

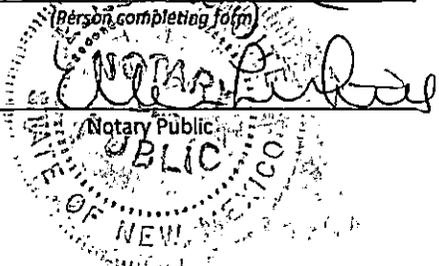
SERVICE TRAINING COORDINATOR				
Name:	Denese Runyan	EMS Supervisor		
	(Name)	(Title)		
Address:	4698 Quay Road 27, House	NM	88121	9709
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 799-0901	(575) 279-7101	(575) 799-0901	drunyan@plateautel.net	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:	<i>[Signature]</i>			

PERSON COMPLETING FORM				
Name:	Denese Runyan	EMS Supervisor		
	(Name)	(Title)		
Address:	4698 Quay Road 27, House	NM	88121	9709
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 799-0901	(575) 279-7101	575-79-9090	drunyan@plateautel.net	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:	<i>[Signature]</i>			

STATE OF NEW MEXICO

COUNTY OF Quay

This instrument was acknowledged before me on the 13 day of January, 2020  
 by Denese Runyan  
(Person completing form)



My commission expires: 3-21-2023

**FORREST VOLUNTEER FIRE DEPARTMENT  
VEHICLE PREVENTATIVE AND MAINTENANCE PROGRAM**

At the regular, monthly meetings of the Forrest Volunteer Fire Department each of the following items are checked and maintained on each truck/vehicle in the Forrest VFD barn.

1. All electrical systems
2. All fluid levels
3. All lights
4. All belts
5. All batteries
6. Air and wear and tear on each tire
7. All trucks and vehicles are started and driven 4 miles

**FORREST VOLUNTEER FIRE DEPARTMENT**  
**QUALITY ASSURANCE REVIEW**

Forrest VFD has a continuous Quality Assurance Review. After each run, there is a discussion on what happened on each run, if there were any equipment malfunctions, or other problems that occurred. Successes or failures are discussed as well. In addition, at our monthly meeting in July we review our runs and make sure nothing has been overlooked.

The following insert is from our EMS System Document that is part of our Standard Operating Guidelines.

***INSERT FROM SOG GUIDE:***

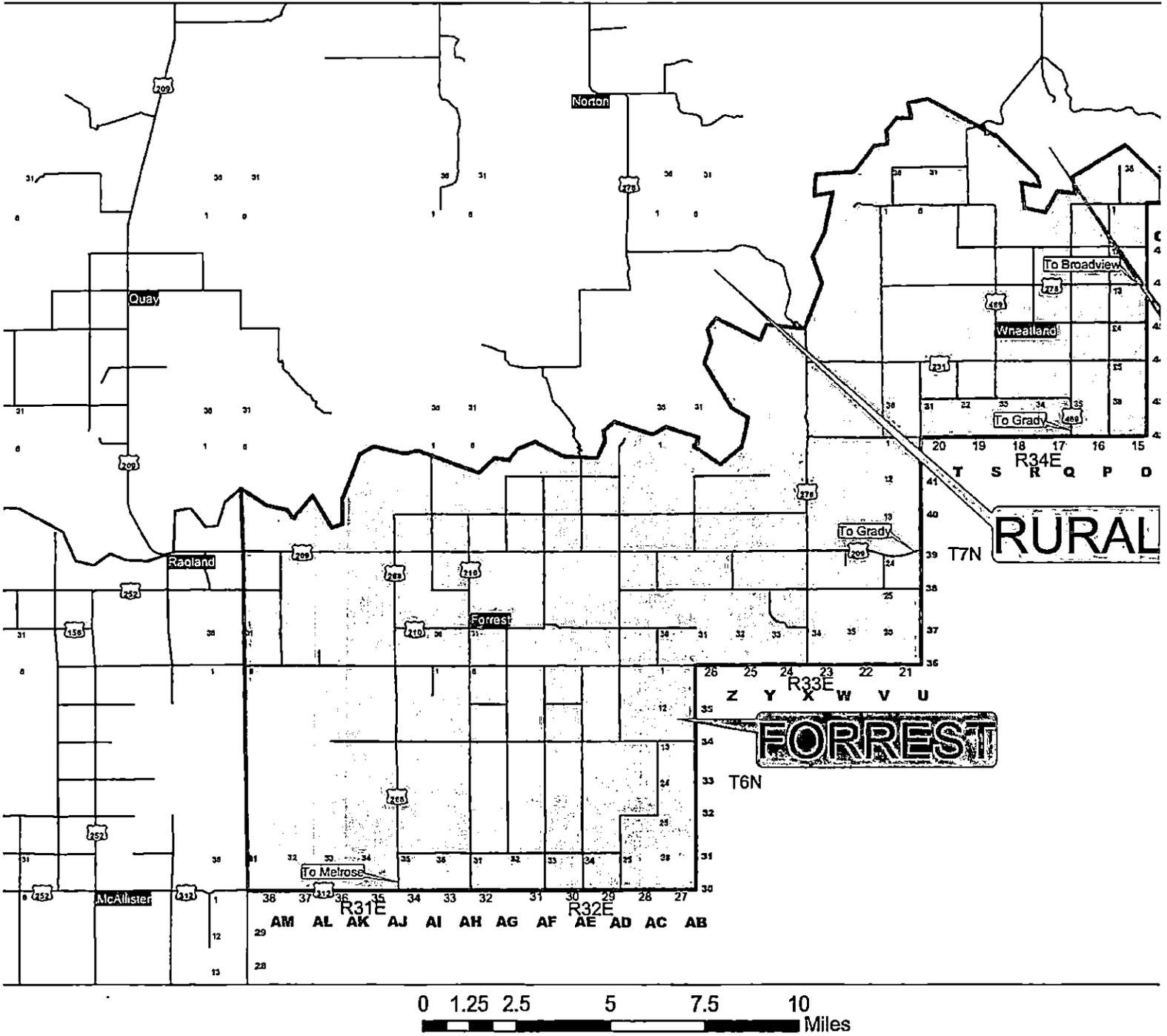
**Continuous Quality Improvement**

To maximize the quality of care in EMS, it is necessary to continually review all EMS activity to identify areas of excellence and potential sources of errors. This method allows optimal and continuous improvement. CQI is defined as a proactive involvement in issues and applications to constantly assess the value and direction of the EMS system. Components of CQI include: active communication, documentation, case presentations, protocol review and refinement, medical direction involvement, medical community involvement, continuing education, and reassessment of expected goals and outcomes. Participation in the CQI process is mandatory to function within the system. The primary focus of CQI is on "system performance". Specifically, CQI focuses on the bigger picture of our system, including protocols, guidelines, equipment, training and standard operating procedures.

The EMS Medical Director may request additional documentation, typically an incident report, for the purposes of gathering information about a call, event or procedure in question. Cooperation with the CQI or quality assurance process is encouraged.

**Forrest Volunteer Fire Department**  
**Attachment 3: MAPS**

# Forrest Fire/EMS





**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2021**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 24, 2020**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2020**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES -- Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING (one staple in the left top corner only- NO PAPERCLIPS or BINDERS)**
- Be sure to have necessary **SIGNATURES** and **NOTARY**.

<b>Local Recipient:</b>	Bard-Endee Fire District			321340	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	1097 Route 66		Bard	NM	88411
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	1	2	3	575.576.2233	575.403.7343
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Dale Bone		EMS Director	dbone@plateautel.net	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	QUAY COUNTY				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
<b>Mailing Address:</b>	P.O. Box 1246		Tucumcari	NM	88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Richard Primrose		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	575.461.2112	575.461.6208	chard.primrose@quaycounty.nm.g		
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>		

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose **one (1) level** for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level  (\$1,500)	Medical-Rescue Service First Responder  (\$3,000)	Medical-Rescue Service/Ambulance Basic Level  (\$5,000)	Medical-Rescue Service/Ambulance Advance Level  (\$7,000)
<input type="checkbox"/> <b>Check if applicable</b> Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the Initial request for funding).	<input checked="" type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> <b>Check if applicable</b> Service has Basic medical supplies and equipment.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <u>Attached copy(s)</u>	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.
<input type="checkbox"/> <b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> <b>Check if applicable</b> Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> <b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> <b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> <b>Check if applicable</b> If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

### LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. We must be realistic, please estimate amount closest to funding that service receives every year.
- Use each priority number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
4	oil & tires, battery	450.00
<b>Training:</b>		
1	update skills, CE	600.00
<b>Mileage &amp; Per Diem:</b>		
2	To get CE , and conferences	700.00
<b>Supplies (Items Under \$500):</b>		
3	Batteries, blankets, pillows, glucose monitor, car seat and out dated test supplies	600.00
<b>**Capital Outlay (Items Over \$500):</b>		
5	Handheld Radio	850.00
<b>Other Operational Costs:</b>		
6	Medical Director	125.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>3,325.00</b>

\* Do not make all items Priority No. 1.

\*\* For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 - 5 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match

**Note:** If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained. (Communication is key)

### JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

Just normal everyday equipment to get the job done and stay current on training and CEUs.

**SERVICE NAME:** Bard-Endee

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:  
(TYPE OR PRINT)

Franklin McCausland

Mayor OR Chairman, Board of Commissioners

Quay County

Municipality County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

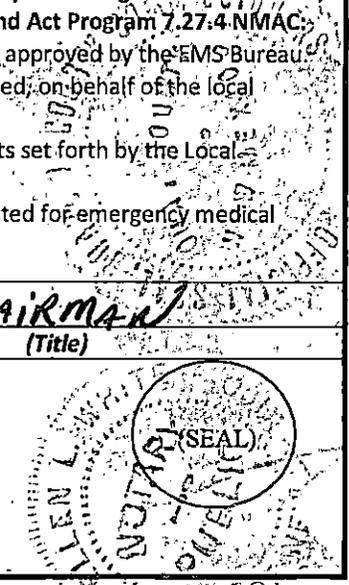
*Franklin McCausland*  
Signature of Official Named Above

CHAIRMAN  
(Title)

The above was sworn and subscribed to before this 3 day of January 2020

Notary Public: *Ella Lechice*

My commission expires: 3-21-2023



**PERSON COMPLETING FORM**

Name: Dale Bone EMS Director  
(Name) (Title)

Address: 6452 Quay Rd. 0 Bard  
(City) (State) (Zip) (+4)  
575.576.2709 575.403.7343 dbone@plateautel.net  
(Work Phone) (Home Phone) (Cellular Phone) (Email)

Signature: *Dale Bone*

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved: Yes No Final Award: \_\_\_\_\_

Comments/Problem:

Date Corrected:

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

Item Description	Available	Item Description	Available
Fire Extinguisher (2 lb) or (2 – 1lb)	<input checked="" type="checkbox"/>	Vehicle Registration	<input checked="" type="checkbox"/>
Flashlight	<input checked="" type="checkbox"/>	Vehicle Spotlight or auxiliary lighting	<input checked="" type="checkbox"/>
Fuses (appropriate sizes)	<input checked="" type="checkbox"/>	Warning Lights	<input checked="" type="checkbox"/>
Jack and Handle	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>	
Lug Wrench	<input checked="" type="checkbox"/>		
Maps or Navigational equipment	<input checked="" type="checkbox"/>		
Patient Care Reports or Reporting System	<input checked="" type="checkbox"/>		
Roadway warning devices	<input checked="" type="checkbox"/>		
Service Specific Protocols and guidelines	<input checked="" type="checkbox"/>		
Siren	<input checked="" type="checkbox"/>		
Spare Tire	<input checked="" type="checkbox"/>		
Star of Life Displayed	<input type="checkbox"/>		
Tool Box	<input type="checkbox"/>		
Triage Tags for MCI's	<input type="checkbox"/>		
U.S. DOT Emergency Response Guidebook	<input checked="" type="checkbox"/>		

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
EMSCOM (UHF) Radio	<input checked="" type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input checked="" type="checkbox"/>	
Helmet with Face Shield	<input checked="" type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End Tidal CO2 monitoring device (optional)	<input type="checkbox"/>	Other: <i>(Specify)</i>	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		

**Patient Compartment Equipment – If Applicable (Interior or Exterior)**

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	<input checked="" type="checkbox"/>	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	<input checked="" type="checkbox"/>
Auto Ventilator Devices (ATV/MTV)	<input type="checkbox"/>	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	<input checked="" type="checkbox"/>
Bag Valve Mask Devices (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Oxygen Supply Tubing	<input checked="" type="checkbox"/>
Band-Aids (Assorted Sizes)	<input checked="" type="checkbox"/>	Patient Restraints	<input checked="" type="checkbox"/>
Biohazard Clean-up Supplies	<input checked="" type="checkbox"/>	Pediatric Drug Dosage Tape or chart	<input checked="" type="checkbox"/>
Biohazard Waste bags	<input checked="" type="checkbox"/>	Pediatric Restraint device/car seat	<input checked="" type="checkbox"/>
Blankets	<input checked="" type="checkbox"/>	Pillows	<input checked="" type="checkbox"/>
Body Bags	<input checked="" type="checkbox"/>	Portable Oxygen Equipment	<input checked="" type="checkbox"/>
Cervical Collars - Rigid (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Portable Suction Unit	<input checked="" type="checkbox"/>
Cervical Immobilization Devices	<input checked="" type="checkbox"/>	Seated Spinal Immobilization Device	<input checked="" type="checkbox"/>
Chair Stretcher	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator with Pads	<input checked="" type="checkbox"/>
Cold Pack	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator Batteries	<input checked="" type="checkbox"/>
Cold Weather Warming Devices	<input checked="" type="checkbox"/>	Sharps Container	<input checked="" type="checkbox"/>
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	<input checked="" type="checkbox"/>	Sheets	<input checked="" type="checkbox"/>
Emesis Basin	<input checked="" type="checkbox"/>	Shoulder/chest/extremity straps	<input checked="" type="checkbox"/>
Field Stretcher (Scoop, Collapsible, Vacuum)	<input checked="" type="checkbox"/>	Spinal Immobilization device/backboard	<input checked="" type="checkbox"/>
Foil Blanket	<input checked="" type="checkbox"/>	Splints, Extremity (Rigid, Air, Vacuum)	<input checked="" type="checkbox"/>
Hand Sanitizer	<input checked="" type="checkbox"/>	Sterile Burn Sheets	<input checked="" type="checkbox"/>
Heat Pack	<input checked="" type="checkbox"/>	Sterile Gloves (Assorted Sizes)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input type="checkbox"/>	Sterile Water	<input checked="" type="checkbox"/>
Installed Oxygen System	<input type="checkbox"/>	Stokes Basket	<input checked="" type="checkbox"/>
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	<input checked="" type="checkbox"/>	Suction Catheters (Soft & Rigid)	<input checked="" type="checkbox"/>
Long Backboard	<input checked="" type="checkbox"/>	Supraglottic Airway Devices	<input checked="" type="checkbox"/>
Multi-level Stretcher	<input type="checkbox"/>	Multi-lumen Airway Devices	<input checked="" type="checkbox"/>
Multi-Lumen Airways	<input type="checkbox"/>	Laryngeal Airway Devices	<input checked="" type="checkbox"/>
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	<input checked="" type="checkbox"/>	Towels	<input checked="" type="checkbox"/>
Nasopharyngeal Airways	<input checked="" type="checkbox"/>	Traction Splint	<input checked="" type="checkbox"/>
Occlusive Dressings	<input checked="" type="checkbox"/>	Trauma Dressings	<input checked="" type="checkbox"/>
On-Board Suction System	<input type="checkbox"/>	Trauma Shears	<input checked="" type="checkbox"/>
On-Board Oxygen Supply	<input type="checkbox"/>	Triangular Bandages	<input checked="" type="checkbox"/>
		Urinal (Male and Female)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			<input type="checkbox"/>
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input type="checkbox"/>
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	<input type="checkbox"/>	Laryngoscope Blades – Adult	<input type="checkbox"/>
		Laryngoscope Blades – Peds	<input type="checkbox"/>
Chest Decompression Catheters	<input type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
Cricothyroidotomy Kit	<input type="checkbox"/>	Magill Forceps	<input type="checkbox"/>
EKG Monitor Electrodes	<input type="checkbox"/>	Needles (Assorted Gauges)	<input type="checkbox"/>
Electrode Defib Pads	<input type="checkbox"/>	Pediatric Fluid Control Device	<input type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Scalpels	<input type="checkbox"/>
Ext. Cardiac Pacing Pads	<input type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Toomey Syringe (60cc)	<input type="checkbox"/>
Inhalation Therapy Equipment	<input type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input type="checkbox"/>
Intraosseous Needles	<input type="checkbox"/>	Tubing, IV Administration (60gtts)	<input type="checkbox"/>
IV Catheters	<input type="checkbox"/>	Tubing, IV Administration Set (10gtts – 20gtts)	<input type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			<input type="checkbox"/>
Other: (Specify)			<input type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.



**EMS ANNUAL SERVICE REPORT**  
**Fiscal Year 2021**  
**Due Date**  
**January 24, 2020**

Submit to:  
 EMS Bureau  
 1301 Siler Rd Bldg. F  
 Santa Fe, NM 87507  
 Attn: Ann Martinez  
 505-476-8233

<b>Service Name:</b>	Bard-Endee Fire District
	<i>(EMS Service)</i>

<b>Mailing Address:</b>	1097 Route 66			
	<i>(Mailing Address)</i>			
	Bard	NM	88411	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Dale Bone		EMS Director	
	<i>(Name)</i>		<i>(Title)</i>	
	575.576.2709	575.403.7343		dbone@plateautel.net
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>
<b>Administration:</b>	QUAY COUNTY			
	<i>(County or Municipality)</i>			
	P.O. Box 1246			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575.461.2112	575.461.6208	Richard.primrose@quaycounty-nm.gov	
	<i>(Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>	
<b>EMS Region:</b>	<input type="checkbox"/> Region I	<input type="checkbox"/> Region II	<input checked="" type="checkbox"/> Region III	

Physical Location of Ambulance/Medical Rescue Facility(s)				
<b>Location #1</b>				
<b>Name of Facility:</b>	Bars Station			
	N35.114394		W 103.114394	
	<i>Latitude</i>		<i>Longitude</i>	
<b>Street Address:</b>	1097 Route 66			
	Bard	NM	88411	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Location #2</b>				
<b>Name of Facility:</b>	Endee Station			
	N 35.164762		W 103.104268	
	<i>Latitude</i>		<i>Longitude</i>	
<b>Street Address:</b>	325 State Hwy. 392			
	Bard	NM	88411	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(use additional location sheets as needed)</i>			

<b>Service Name:</b>	Bard-Endee Fire District
	(EMS Service)

SERVICE INFORMATION		
<b>Type of Service (Check Only One)</b>		<b>Affiliation Type (Check Primary Affiliation Only)</b>
<input type="checkbox"/> Certified PRC Ambulance		<input type="checkbox"/> Private for-profit with County or Municipal contract
<input type="checkbox"/> PRC Certification #: _____		<input type="checkbox"/> Private non-profit with County or municipal contract
<input type="checkbox"/> Certified Medical/Rescue Service (Non-transport)		<input checked="" type="checkbox"/> Fire department based
<input type="checkbox"/> Certified Medical/Rescue Service (Transport capable)		<input type="checkbox"/> Law enforcement or Department of Public Safety based
<input type="checkbox"/> Medical Rescue Certification #: _____		<input type="checkbox"/> Clinic based
<input type="checkbox"/> Emergency Medical Dispatch Agency		<input type="checkbox"/> Hospital based
<input type="checkbox"/> Special Event(s) Agency		<input type="checkbox"/> County based
<input type="checkbox"/> Air Ambulance with County or Municipal contract		<input type="checkbox"/> Municipality based
<input type="checkbox"/> Other (please specify): _____		<input type="checkbox"/> Tribal
		<input type="checkbox"/> Other (please specify): _____
<b># Years in Operation:</b> _____		
<b>EMS Calls</b>		<b>Local Receiving Hospital(s)</b>
<b>Received By (mark one)</b>	<b>Dispatched by (mark one)</b>	Dan C. Trigg
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service <input checked="" type="checkbox"/> Central Dispatch	
<input checked="" type="checkbox"/> Enhanced 911	<input type="checkbox"/> Fire Department <input type="checkbox"/> Dispatch Location:	
<input type="checkbox"/> Local phone	<input type="checkbox"/> Law Enforcement	

EMERGENCY MEDICAL SERVICES PERSONNEL						
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL						
License Level	Paid Indicate # full-time and part-time employees		Volunteer*	License Level	Paid Indicate # full-time and part-time employees	
	FTE	PTE			FTE	PTE
EMS First Responder				EMD Instructor		
EMT Basic			2	Nurse		
EMT Intermediate				Physician		
Paramedic				Driver		5
Emergency Medical Dispatcher				Other:		15

\*Volunteer may include those paid by the run or other non-salary arrangement



<b>Service Name:</b>	Bard-Endee Fire District
	(EMS Service)

**For Ground Ambulance/Medical Rescue Services Only**  
**GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)**  
 List all non-EMS personnel who are functioning as drivers for your service, indicate the date of completion of the Bureau approved vehicle operator's course, and indicate any medical training they may have completed.  
*(Use additional driver sheets as necessary.)*

Name	Driver's License Number and State	EVOC Course Date	NMDL Class	Other Medical Training
Don McCoy	X06289004X	2000	CDL	Past EMT
Donald Carter	X00180049X	2000	CDL	Past EMT
Wade Lane	X051008554X	2000	E	Past EMT
Donald Adams	X00674803X	2000	E	Past EMT
Austin Gibson	X087802418X	2014	E	CPR/F-A

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLES**  
 Enter the total number of each type of vehicle used by your service *(Mandatory)*

Type I:	Medical/Rescue:	x
Type II:	Other – Explain:	
Type III:		

List all ambulance/medical rescue units that are currently used by your service to provide patient transportation or first response. In addition, please provide a list of all emergency response units in your department (engines, brush trucks, etc.)  
*(Mandatory)*  
*(Use additional vehicle pages as necessary)*

Year	Make and Model	Vehicle Type	License Number	State assigned EMSCOM Number	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
1979	IHC	RESCUE	G63259	#8	2WD	0	7345	2019
1996	FORD	B	G24105	#4	4WD	0	11800	2019
2007	FORD	B	G71893	#10	4WD	0	7400	2019
2008	PETERBUILT	E	G75110	#12	4WD	0	4500	2019
2010	IHC	E	G81419	#13	4WD	0	4250	2019

<b>Service Name:</b>	Bard-Endee Fire District
	(EMS Service)

**VEHICLE PREVENTATIVE MAINTENANCE PROGRAM**

Do you have a vehicle preventative maintenance program in place?  Yes  No  
**If yes, please attach a copy of your program**

Indicate the frequency of vehicle inspections:  Daily  Weekly  Monthly  Quarterly  
**Attach a copy of your annual safety inspection for all units if you are a PRC certificated service.**

**OPERATIONS PLAN**

Please provide information on the operations plan for your service.

Do you have an operations plan?  Yes  No  
 Are operational and medical protocols included in the operations plan?  Yes  No  
 What was the effective date of your operations plan?  
**Please provide a map of the coverage area for your service.**

**QUALITY ASSURANCE REVIEW**

Do you have an internal quality assurance/improvement mechanism in place?  Yes  No  
**If yes, please attach a brief description.**

Indicate the dates of this year's quality assurance review activities.  
 Reviews are conducted:  Daily  Weekly  Monthly  Quarterly  Annually

DATES OF REVIEWS				
DATE	DATE	DATE	DATE	DATE
DEC. 2019				

**PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)**

**RESPONSES TO THE FOLLOWING ARE MANDATORY. FAILURE TO ANSWER WILL RESULT IN AN INCOMPLETE REPORT**

A PECC is an individual(s) who is responsible for coordinating pediatric specific activities to include education, training and equipment. NHTSA and HRSA have established benchmarks to have a PECC in 90% of EMS services by 2026.

Which one of the following statements best describes your agency?

We have a designated PECC.  
 We do not have a designated PECC.  
 We do not currently have a PECC but have a plan to add this role in the next year.  
 We do not currently have a PECC but would be interested in adding this role.

If you plan to add or are interested in adding a PECC, when would it be implemented:  
 6 months  1 year  2-3 years  Undetermined

If you indicated that you have a PECC, please provide their contact information:

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Service Name:</b>	Bard-Endee Fire District		
	(EMS Service)		

SERVICE DIRECTOR/CHIEF			
<b>Name:</b>	Donald Adams	Fire Chief	
	(Name)	(Title)	
<b>Address:</b>	5913 Quay RD.K Bard	NM	88411
	(Street/Mailing)	(State)	(Zip) (+4)
	575.576.2210	575.403.7911	bardendee@yahoo.com
	(Work Phone)	(Home Phone)	(Cellular Phone) (Email)
<b>Signature:</b>	<i>Donald Adams</i>		

SERVICE MEDICAL DIRECTOR			
<b>Name:</b>	Dr. George Evetts, MD	MD	
	(Name)	(Title)	
<b>Address:</b>	916 Escuela Ave. Tucumcari	NM	88401
	(Street/Mailing)	(State)	(Zip) (+4)
	575.461.0591	575.403.7935	gevetts@sr66.com
	(Work Phone)	(Home Phone)	(Cellular Phone) (Email)
In signing this application I am certifying that I am actively providing medical direction for this EMS service			
<b>Signature:</b>	<i>George Evetts MD</i>		

SERVICE TRAINING COORDINATOR			
<b>Name:</b>	Dale Bone	EMS Director	
	(Name)	(Title)	
<b>Address:</b>	6452 Quay Rd. 0 Bard	NM	88411
	(Street/Mailing)	(State)	(Zip) (+4)
	575.576.2709	575.403.7343	dbone@plateautel.net
	(Work Phone)	(Home Phone)	(Cellular Phone) (Email)
<b>Signature:</b>	<i>Dale Bone</i>		

PERSON COMPLETING FORM			
<b>Name:</b>	Dale Bone	EMS Director	
	(Name)	(Title)	
<b>Address:</b>	6452 Quay Rd. 0 Bard	NM	88411
	(Street/Mailing)	(State)	(Zip) (+4)
	575.576.2709	575.403.7343	dbone@plateautel.net
	(Work Phone)	(Home Phone)	(Cellular Phone) (Email)
<b>Signature:</b>	<i>Dale Bone</i>		

STATE OF NEW MEXICO )

COUNTY OF Quay )

This instrument was acknowledged before me on the 13 day of January, 2020  
 by Dale Bone  
 (Person completing form)

*Elder Lohmeier*  
 Notary Public

My commission expires: 3-21-2023

Contract No. D18366  
Vendor No. 000054395  
Control No. LP40006

**FIRST AMENDMENT TO  
LOCAL GOVERNMENT TRANSPORTATION PROJECT FUND**

This **First Amendment** is to the Agreement entered into between the New Mexico Department of Transportation (Department) and the Quay County (Public Entity). This Amendment is effective as of the date of the last party to sign on the signature page.

**RECITALS**

**Whereas**, the Department and the Public Entity entered into an Agreement, Contract No. D18366 , on 10/21/2019; and,

**Whereas**, Section 19 allows for modification of the Agreement by an instrument in writing executed by the parties; and,

**Whereas**, the Department and the Public Entity want to waive the Public Entity's 5% matching share, as provided for under NMSA 1978, Section 67-3-78; and,

**Whereas**, the State Transportation Commission approved the Project changes on November 21, 2019 ; and,

**Whereas**, the parties agree to modify this Agreement.

**Now, therefore**, the Department and the Public Entity agree as follows:

1. Section 2a and 2b, Project Funding, is deleted and replaced by the following:

**2. Project Funding.**

a. The estimated total cost for the Project is Three Million Two Hundred Forty Three Thousand Six Hundred Forty Seven Dollars and Thirty Seven Cents (\$3,243,647.37) to be funded in proportional share by the parties as follows:

1. Department shall fund the Project from the following Programs:

LGTPF State Fund	95%	\$3,081,465.00
Match Waiver Program	5%	\$162,182.37

Historic Route 66 Bridge #1625

2. The Public Entity's required proportional matching of 5% is **Waived**

3. Total Project Cost

\$3,243,647.37

- b. The Public Entity shall pay all Project costs, which exceed the total amount of Three Million Two Hundred Forty Three Thousand Six Hundred Forty Seven Dollars and Thirty Seven Cents (\$3,243,647.37).

All other obligations set forth in the Original Agreement shall remain in full force and effect unless expressly amended or modified by this First Amendment.

**The remainder of this page is intentionally left blank.**

In Witness Whereof, each party is signing this Agreement on the date stated opposite that party's signature.

**New Mexico Department of Transportation**

By: \_\_\_\_\_  
Cabinet Secretary or Designee

Date: \_\_\_\_\_

Approved as to form and legal sufficiency by the New Mexico Department of Transportation's Office of General Counsel

By: Cynthia A. Chant  
Assistant General Counsel

Date: 12-27-19

Quay County

By: Franklin McAsland  
Name: FRANKLIN McASLAND  
Title: CHAIRMAN

Date: 1-13-2020

ATTEST:

By: Ellen White  
Quay County Clerk

Date: 1-13-2020



DATE/19	NAME	ROAD	BLADED	BLOCKS	MILES	ADDITIONAL WORK TO ROAD/COMMENTS
12/2/19	DONALD	QUAY ROAD BK		5550-5750	2.00	PULL DITCHES, POTHOLES, WASHBOARD
12/3/19	DONALD	QUAY ROAD BK		5200-5500	3.00	PULLED DITCHES, FIX HOLES, RUTS, WASHBOARD
	DONALD	QUAY ROAD AZ		5950-6000	0.50	
	DONALD	QUAY ROAD 61		2900-3100	2.00	
12/4/19	LARRY	QUAY ROAD 61		2750-2800	1.50	
	LARRY	QUAY ROAD AE		6300-6400	1.00	
	LARRY	QUAY ROAD AG		6300-6400	1.00	
	LARRY	QUAY ROAD 64		2900-3200	3.00	
12/9/19	DONALD	QUAY ROAD 69		3100-3400	3.00	PULL DITCH
	DONALD	QUAY ROAD AF		5700-5749	0.49	PULL DITCH
	DONALD	QUAY ROAD 62		3400-3600	2.00	PULL DITCH
	DONALD	QUAY ROAD AJ		6200-6300	1.00	PULL DITCH
12/16/19	KENNY	QUAY ROAD 90		1700-1800	1.00	
	KENNY	QUAY ROAD R		9000-9200	2.00	
12/17/19	DONALD	QUAY ROAD 63.8		3600-3700	1.00	PULL DITCH, FIXED WASHBOARD
	DONALD	QUAY ROAD AK.4		6350-6375	0.22	PULL DITCH, FIXED RUTS
	DONALD	QUAY ROAD 63.5		3600-3650	0.50	PULL DITCH, FIXED POTHOLES
12/18/19	LOUIS	QUAY ROAD E		6600-7350	7.40	
	KENNY	QUAY ROAD F		8300-8600	3.00	
				<b>TOTAL</b>	<b>35.61</b>	

**QUAY COUNTY**  
**FISCAL YEAR 2019-2020**  
**RESOLUTION No. 28**

Authorization of Budgetary Increase to **County Improvements (649) State Appropriations**

**WHEREAS**, at meeting of the Board of Quay County Commissioners on January 13, 2020 the following was among the proceedings;

**WHEREAS**, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase;

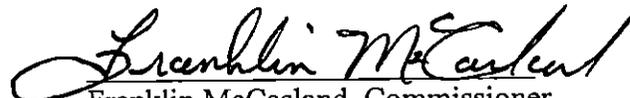
**State Fund 30400**  
**Budgetary Increase**

	<u>DEBIT</u>	<u>CREDIT</u>
30400-0000-47499 Other State Grants		\$3,081,465.00
30400-0000-47499 Other State Grants		\$ 162,183.00
30400-5001-58090 Roadways/Bridges	\$3,243,648.00	

**WHEREAS**, the above activity was not contemplated at the time the final budget was adopted and approved **Local Government Transportation Project Fund Grant Agreement**

**NOW THEREFORE, BE IT RESOLVED** that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Adjustments be made.

DONE at Tucumcari, County of Quay, New Mexico this 13<sup>th</sup> day of January, 2020.

  
Franklin McCasland, Commissioner

  
Sue Dowell, Commissioner

  
Mike Cherry, Commissioner

ATTEST

  
Ellen White, County Clerk

**QUAY COUNTY  
FISCAL YEAR 2019-2020  
RESOLUTION No. 29**

**Authorization of Budgetary Increase to NM Homeland Security (419)  
Intergovernmental Grants**

**WHEREAS**, at meeting of the Board of Quay County Commissioners on January 13, 2020 the following was among the proceedings;

**WHEREAS**, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase;

**State Fund 21800  
Budgetary Increase**

	<u>DEBIT</u>	<u>CREDIT</u>
21800-0000-47699 Federal - Other		\$41,017.00
21800-2002-58020 Equipment & Machinery	\$41,017.00	

**WHEREAS**, the above activity was not contemplated at the time the final budget was adopted and approved 2019 State Homeland Security Grant Program (SHSGP) Agreement for purchase of Repeater Equipment

**NOW THEREFORE, BE IT RESOLVED** that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Adjustments be made.

DONE at Tucumcari, County of Quay, New Mexico this 13<sup>th</sup> day of January, 2020.

  
*Franklin McCasland*  
Franklin McCasland, Commissioner

*Sue Dowell*  
Sue Dowell, Commissioner

*Ellen White*  
Ellen White, County Clerk

*Mike Cherry*  
Mike Cherry, Commissioner

QUAY COUNTY  
FISCAL YEAR 2019-2020  
RESOLUTION No. 30

Authorization of Budgetary Increase to **Hospital Fund (501)**

**WHEREAS**, at meeting of the Board of Quay County Commissioners on January 13, 2020 the following was among the proceedings;

**WHEREAS**, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase;

State Fund 22100  
Budgetary Increase

DEBIT

CREDIT

22100-4002-57200 Sole Community Providers \$ 50,000.00

**WHEREAS**, the above activity was not contemplated at the time the final budget was adopted and approved **FY20 Distribution to Local Hospital increased-funded by Cash Balance**

**NOW THEREFORE, BE IT RESOLVED** that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Adjustments be made.

DONE at Tucumcari, County of Quay, New Mexico this 13<sup>th</sup> day of January, 2020.

  
Franklin McCasland, Commissioner

  
Sue Dowell, Commissioner

  
Mike Cherry, Commissioner

ATTEST

  
Ellen White, County Clerk