



**TORRANCE COUNTY
COMMISSION MEETING**

April 24, 2024

9:00 A.M.

**For Public View
Do Not Remove**



Torrance County

BOARD OF COUNTY COMMISSIONERS (BCC)

Ryan Schwebach, Chair, District 2

Kevin McCall, Vice Chair, District 1

Samuel D. Schropp, Member, District 3

Janice Y. Barela, County Manager

The meeting will be available via Zoom and the link may be found on the County's website www.torrancecountynm.org/calendar. Click on the event to access Zoom Meeting information.

ADMINISTRATIVE MEETING AGENDA

WEDNESDAY, April 24, 2024 @ 9:00 AM
205 S. Ninth Street, Estancia, NM 87016

1. **Call to Order**
2. **Invocation and Pledge of Allegiance**
3. **Changes to the Agenda**
4. **PROCLAMATIONS**
5. **CERTIFICATES AND AWARDS**
6. **BOARD AND COMMITTEE APPOINTMENTS**
7. **PUBLIC COMMENT and COMMUNICATIONS** (Comments limited to two minutes.)
8. **APPROVAL OF MINUTES**
9. **APPROVAL OF CONSENT AGENDA**
 - A. **FINANCE & PURCHASING:** Request approval of payables.
10. **ADOPTION OF ORDINANCE/AMENDMENT TO COUNTY CODE**
11. **ADOPTION OF RESOLUTION**
 - A. **SHERIFF:** Request approval of Resolution 24-____, A Resolution Setting Law Enforcement Personnel Overtime Threshold, Superseding Resolution 2024-02, and Maintaining the FLSA §7K Exemption.

12. APPROVALS

- A. FIRE/EMS:** Request approval of Torrance County EMS Guidelines set forth by Medical Director John F. Kah.
- B. SHERIFF:** Request approval of the Modification of Grant or Agreement between Torrance County and the USDA, Forest Service, Cibola National Forest and Grasslands for patrol of the Cibola National Forest. (Grant Committee review not required)
- C. GRANTS/CLERK:** Request approval to ratify the Grant Agreement from the Office of the Secretary of State for improvements to voting machine storage warehouse, including cameras and security, total amount awarded \$50,000.
- D. COMMISSION:** Request approval to authorize County Manager Janice Y. Barela to execute an Amendment to extend for four (4) months the current Intergovernmental Services Agreement between the United States Department of Homeland Security U.S. Immigration and Customs Enforcement Office of Enforcement and Removal Operations and Torrance County.

13. DISCUSSION

- A. MANAGER:** Central New Mexico Electric Cooperative (CNMEC) would like to discuss broad band build updates, presented by CEO, Alena Brandenberger.

B. MANAGER'S REPORT**C. COMMISSIONERS' REPORTS**

- 1) Commissioner McCall, District 1
- 2) Commissioner Schwebach, District 2
- 3) Commissioner Schropp, District 3

14. EXECUTIVE SESSION

- 15. Announcement of the next Board of County Commissioners Meeting:** May 8, 2024 at 9:00 AM

16. SIGNING OF OFFICIAL DOCUMENTS**17. ADJOURN**

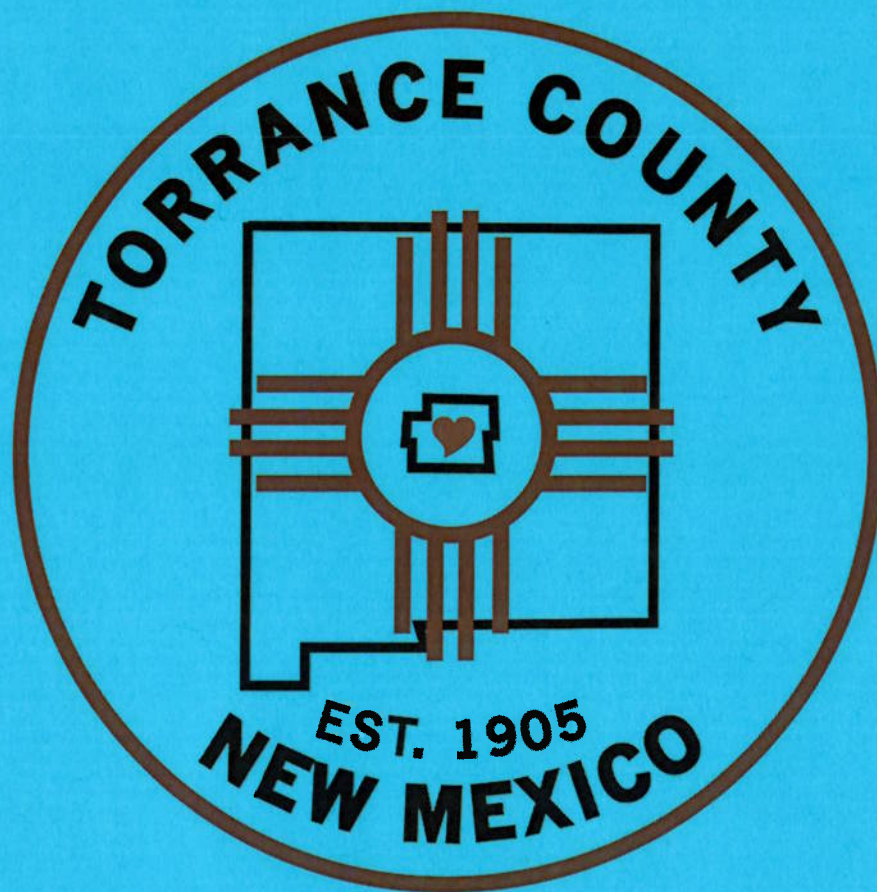
*If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter or any other form of auxiliary aid or service to attend or participate in the hearing(s) or meeting(s), please contact the Manager's Office at 505-544-4700 at least one week prior to the meeting or as soon as possible. Public documents, including agenda and minutes, can be provided in various accessible formats. Please contact the Manager's Office at the number listed above if a summary or other type of accessible format is needed.



**TORRANCE COUNTY
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Agenda Item

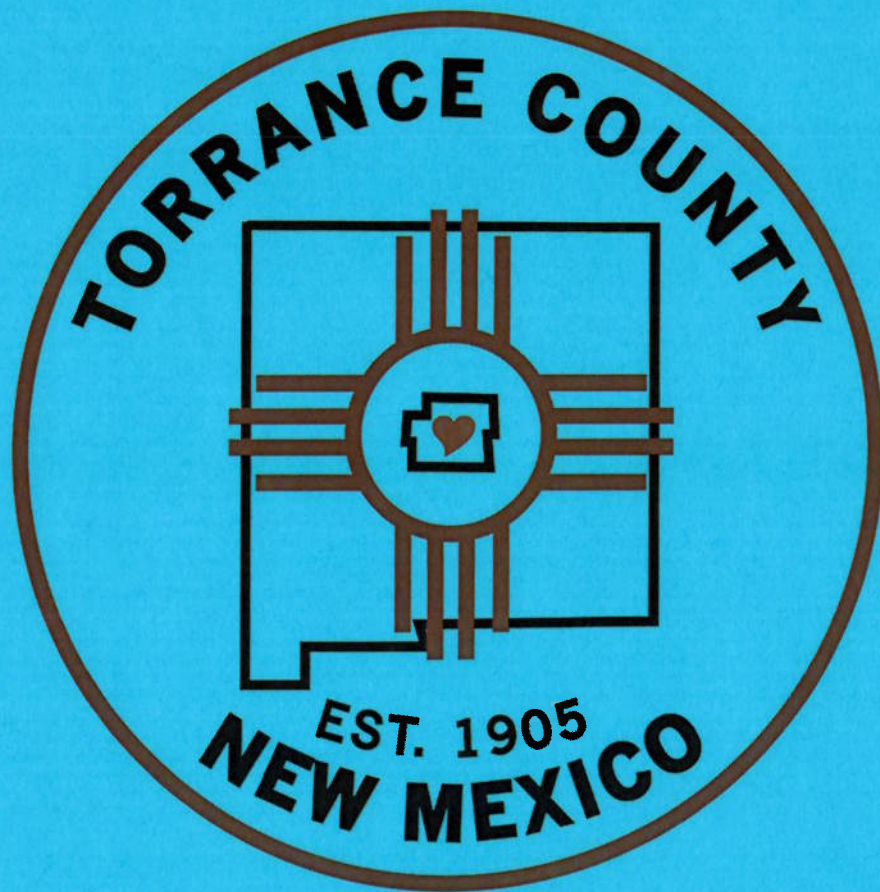
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

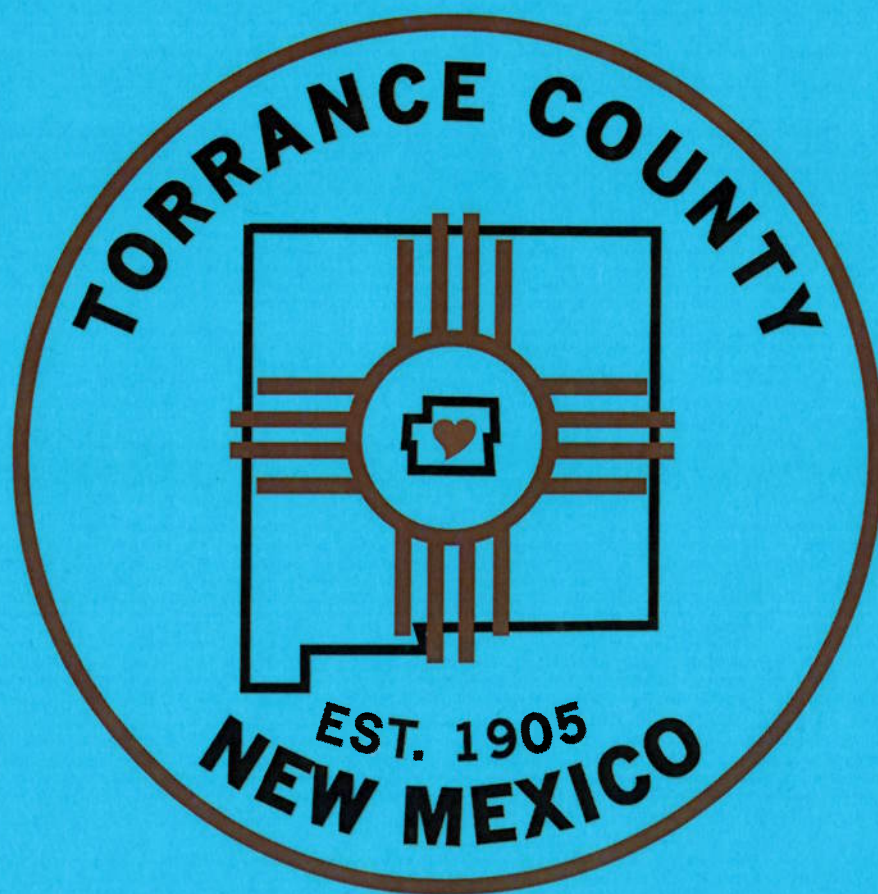
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

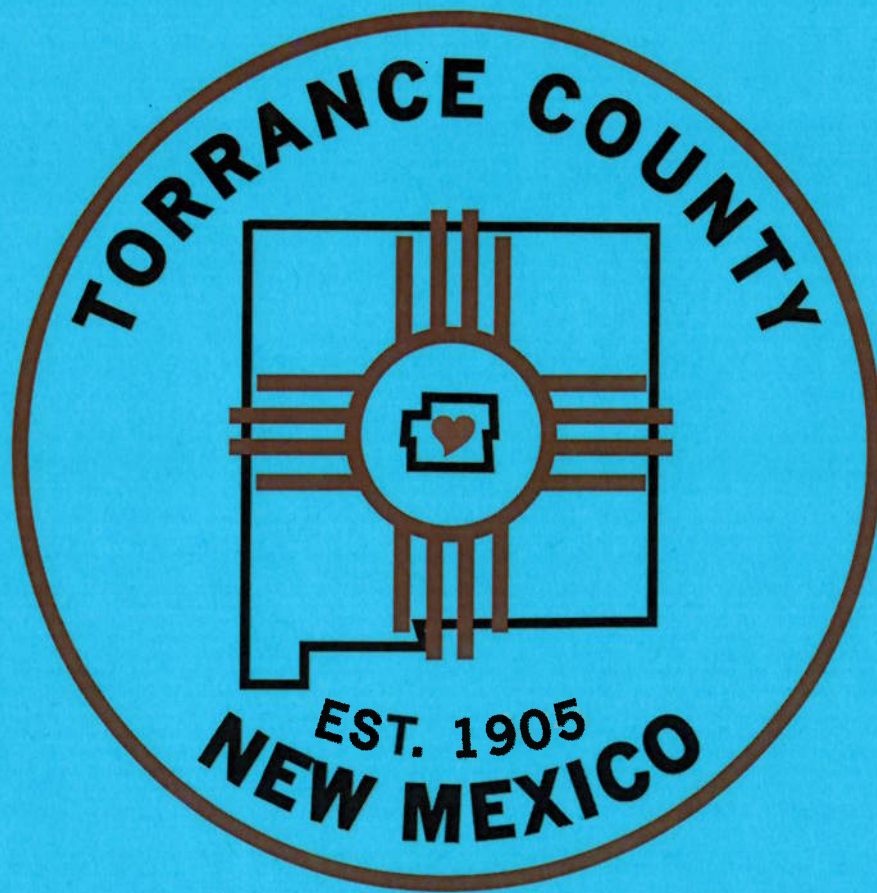
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

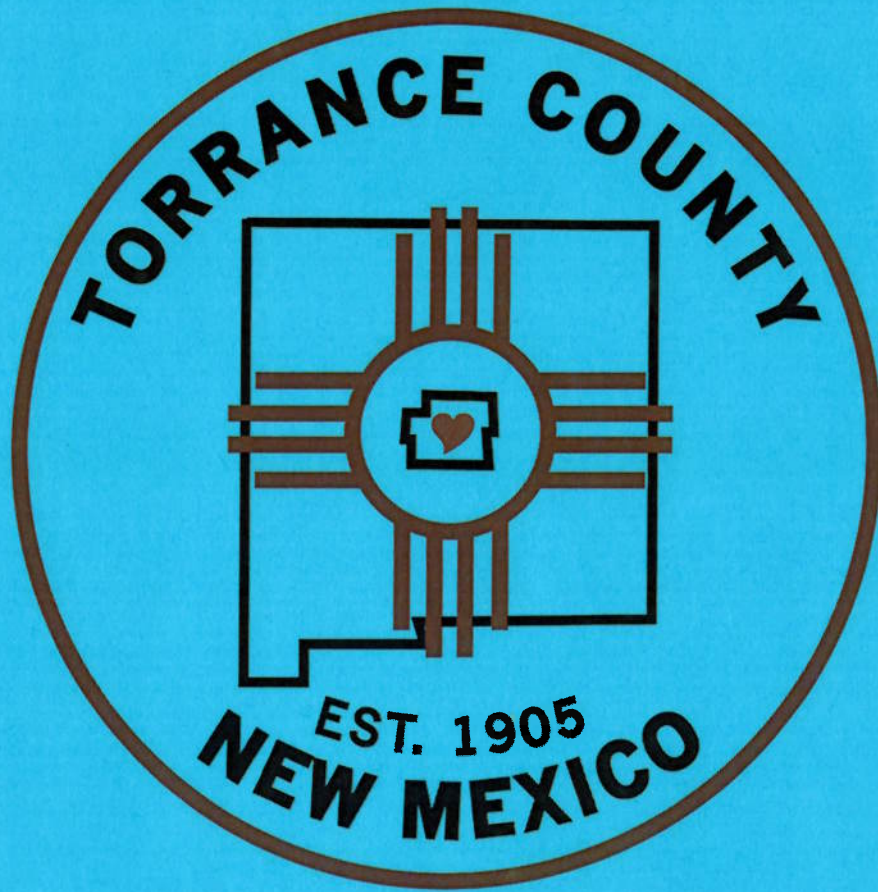
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

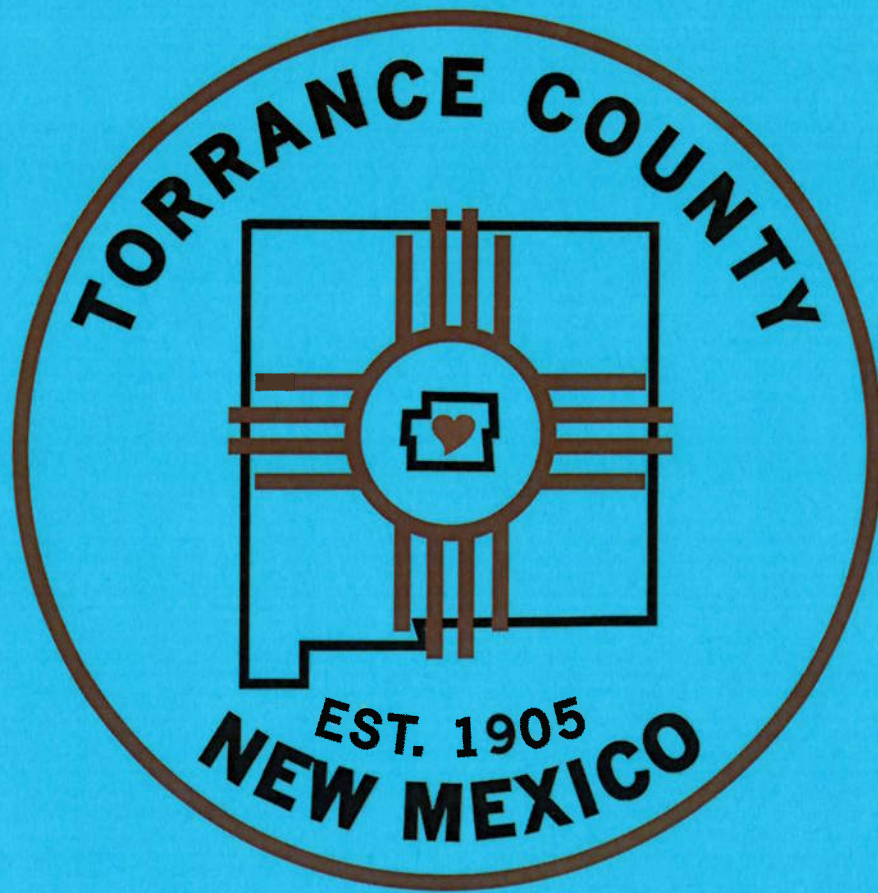
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

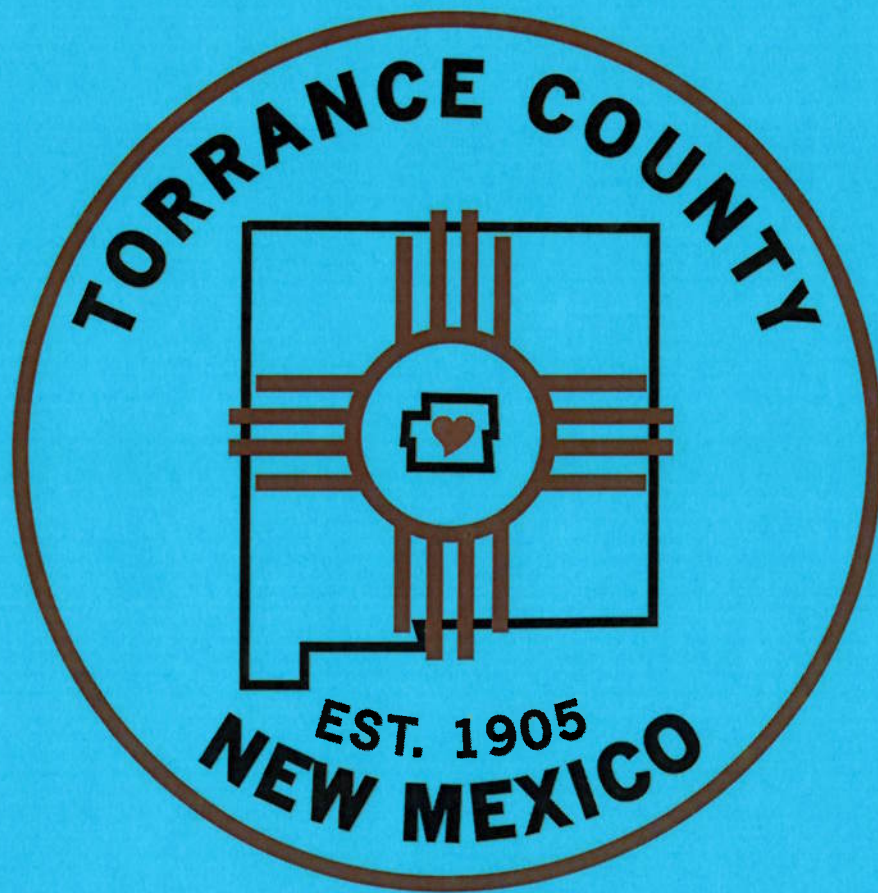
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

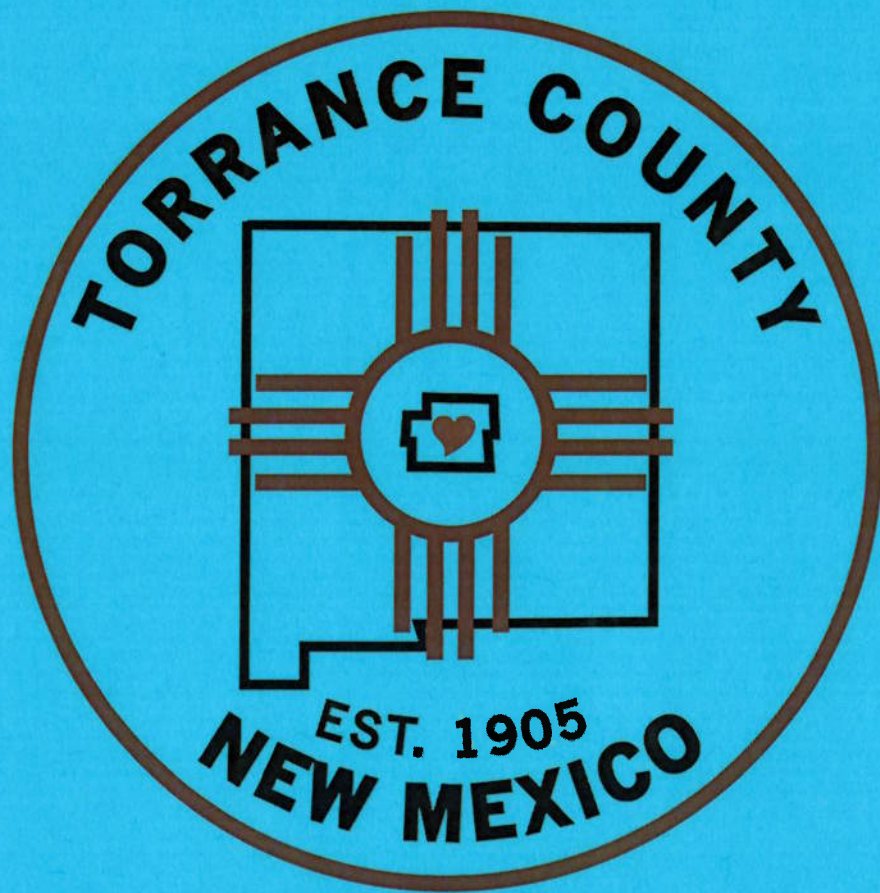
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 8



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 9-A



ACCOUNTS PAYABLE CHECK REPORT APPROVAL

Torrance County Commission Approval:

We the undersigned members of the Torrance County Board of County Commissioners met in regular session on **April 24, 2024**, and approved the attached check report as presented against the funds of Torrance County in the amount of **\$1,400,965.40**

Kevin McCall, District 1

Ryan Schwebach, District 2

Samuel D. Schropp, District 3

Attest:

Linda Jaramillo, County Clerk

Torrance County Treasurer Approval:

I, the Torrance County Treasurer, do hereby certify that sufficient funds exist for the payment of the checks listed on the attached check report.

Kathryn Hernandez, County Treasurer

Check Report Summary:

Check Report Dates:	04/03/2024 to 04/18/2024	Total Payments: 172
Total Checks:	157	Checks: 128216 to 128373
Voided Checks:	1	Checks: 128228
Bank Drafts:	9	BD: DFT0000768, DFT0000769, DFT0000770 DFT0000771, DFT0000772, DFT0000773 DFT0000774, DFT0000775, DFT0000776 DFT0000777
Electronic Fund Transfers:	5	EFT: 196 TO 200
Total of Payments Issued:	\$1,400,965.40	



Torrance County, NM

Check Report

By Check Number

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
418	COLUMBUS BANK AND TRUST	04/10/2024	EFT	0.00	920.97	196
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV003367	Invoice	04/11/2024	Flex Plan	0.00	920.97	
	Account Number		Account Name		Item Description	Distribution Amount
	401-000-9001		Payroll Liabilities		Flex Plan	920.97
4832	PRESBYTERIAN HEALTH PLAN	04/10/2024	EFT	0.00	54,975.17	197
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV003357	Invoice	04/03/2024	Presbyterian Health Insurance	0.00	455.15	
	Account Number		Account Name		Item Description	Distribution Amount
	401-000-9001		Payroll Liabilities		Presbyterian Health Insurance	455.15
INV003379	Invoice	04/11/2024	Presbyterian Health Insurance	0.00	47,932.48	
	Account Number		Account Name		Item Description	Distribution Amount
	401-000-9001		Payroll Liabilities		Presbyterian Health Insurance	47,932.48
INV003380	Invoice	04/11/2024	Presbyterian Health Insurance	0.00	6,587.54	
	Account Number		Account Name		Item Description	Distribution Amount
	401-000-9001		Payroll Liabilities		Presbyterian Health Insurance	6,587.54
5189	SUNRISE BANK	04/10/2024	EFT	0.00	1,928.18	198
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV003382	Invoice	04/11/2024	Sunrise Loan	0.00	1,928.18	
	Account Number		Account Name		Item Description	Distribution Amount
	401-000-9001		Payroll Liabilities		Sunrise Loan	1,928.18
1232	CORECIVIC INC.	04/18/2024	EFT	0.00	791,231.94	199
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
TCDF 2023 REA	Invoice	04/17/2024	USMS REA HOUSING/TRANSPORT MAY-D	0.00	45,103.52	
	Account Number		Account Name		Item Description	Distribution Amount
	825-070-2172		CARE OF INMATES		USMS REA HOUSING MAY-DEC 2	41,585.68
	825-070-2172		CARE OF INMATES		USMS REA TRANSPORT MAY-DE	3,517.84
TCDF 2023T-M RE	Invoice	04/11/2024	USMS REA FY23 Med Transport	0.00	831.48	
	Account Number		Account Name		Item Description	Distribution Amount
	825-070-2172		CARE OF INMATES		USMS REA FY23 Med Transport	831.48
TCSO-ICE REA FY2	Invoice	04/11/2024	ICE REA Housing FY23	0.00	247,114.42	
	Account Number		Account Name		Item Description	Distribution Amount
	825-070-2172		CARE OF INMATES		ICE REA Housing FY23	247,114.42
TCSO-ICE REA FY2	Invoice	04/17/2024	FY24 REA ICE HOUSING	0.00	373,678.89	
	Account Number		Account Name		Item Description	Distribution Amount
	825-070-2172		CARE OF INMATES		FY24 REA ICE HOUSING	373,678.89
USMS 022024	Invoice	04/17/2024	FEB 2024 HOUSING/TRANSPORT	0.00	124,503.63	
	Account Number		Account Name		Item Description	Distribution Amount
	825-070-2172		CARE OF INMATES		FEB 2024 USMS COURT TRANSP	6,871.09
	825-070-2172		CARE OF INMATES		FEB 2024 USMS MEDICAL TRAN	1,000.18
	825-070-2172		CARE OF INMATES		FEB 2024 USMS INMATE CARE	116,632.36
1232	CORECIVIC INC.	04/18/2024	EFT	0.00	183,767.77	200
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
TCDF 03202024	Invoice	04/12/2024	CoreCivic Inmate Housing Jul 23-Jun 24	0.00	183,767.77	
	Account Number		Account Name		Item Description	Distribution Amount
	420-070-2172		CARE OF INMATES		CoreCivic Inmate Housing Jul 23	183,767.77
5450	AMAZON BUSINESS	04/10/2024	Regular	0.00	63.25	128216
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
1FMF-X3DM-9ND	Invoice	04/09/2024	Evacuated Door Hangers	0.00	63.25	
	Account Number		Account Name		Item Description	Distribution Amount
	600-006-2219		SUPPLIES - GENERAL OFFI		Evacuated Door Hangers - 10 P	63.25
5450	AMAZON BUSINESS	04/10/2024	Regular	0.00	326.04	128217

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1NQ7-YK3F-TWD	Invoice	04/06/2024	Vacuums, Sponges, Fans, Folders, Thermo	0.00	326.04	
	911-080-2219		SUPPLIES - GENERAL OFFI		16.99	
	911-080-2219		SUPPLIES - GENERAL OFFI		59.99	
	911-080-2219		SUPPLIES - GENERAL OFFI		13.74	
	911-080-2219		SUPPLIES - GENERAL OFFI		-9.00	
	911-080-2219		SUPPLIES - GENERAL OFFI		79.98	
	911-080-2220		SUPPLIES - CLEANING		44.35	
	911-080-2220		SUPPLIES - CLEANING		119.99	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	4,338.37	128218
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12576	Invoice	04/10/2024	APR 2024 DATTO/SERVER CARE	0.00	4,338.37	
	401-096-2213		CONTRACT - IT SERVICES		4,338.37	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	8,559.43	128219
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12574	Invoice	04/10/2024	FEB 2024 DATTO/SERVER CARE	0.00	8,559.43	
	401-096-2213		CONTRACT - IT SERVICES		8,559.43	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	5,423.90	128220
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12578	Invoice	04/10/2024	FEB 2024 TCM	0.00	5,423.90	
	401-096-2213		CONTRACT - IT SERVICES		5,423.90	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	39,782.59	128221
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12493	Invoice	04/10/2024	16 Laptops and 2 Desktop Upgrades	0.00	39,782.59	
	620-094-2225		SUPPLIES-COMPUTER/PRI		30,689.76	
	620-094-2225		SUPPLIES-COMPUTER/PRI		7,103.25	
	620-094-2225		SUPPLIES-COMPUTER/PRI		1,989.58	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	6,861.09	128222
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12577	Invoice	04/10/2024	JAN 2024 TCM	0.00	6,861.09	
	401-096-2213		CONTRACT - IT SERVICES		6,861.09	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	8,654.14	128223
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12575	Invoice	04/10/2024	MAR 2024 DATTO/SERVER CARE	0.00	8,654.14	
	401-096-2213		CONTRACT - IT SERVICES		8,654.14	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/10/2024	Regular	0.00	4,668.23	128224
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12579	Invoice	04/10/2024	MAR 2024 TCM	0.00	4,668.23	
	401-096-2213		CONTRACT - IT SERVICES		4,668.23	
3769	ANAYA, SENAI DA	04/10/2024	Regular	0.00	315.99	128225
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
2024 PRIMARY S	Invoice	04/10/2024	TRAVEL TO BERNALILLO NM 2024 ELECTI	0.00	315.99	
	401-021-2205		TRAVEL - EMPLOYEES		315.99	

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
1795	ARTESIA FIRE EQUIPMENT INC	04/10/2024	Regular	0.00	2,737.98	128226
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82757	Invoice	04/03/2024	Hydro Testing District 5	0.00	2,737.98	
	405-091-2248		SUPPLIES - SAFETY		1,153.98	
	405-091-2248		SUPPLIES - SAFETY		1,584.00	
4964	AT & T MOBILITY LLC	04/10/2024	Regular	0.00	9,606.02	128227
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
287289563904X0	Invoice	04/04/2024	FY24 County Cellphones & Mobility	0.00	9,606.02	
	401-096-2207		TELECOMMUNICATIONS		594.34	
	401-096-2207		TELECOMMUNICATIONS		309.51	
	401-096-2207		TELECOMMUNICATIONS		51.09	
	401-096-2207		TELECOMMUNICATIONS		2,722.59	
	401-096-2207		TELECOMMUNICATIONS		1,059.65	
	401-096-2207		TELECOMMUNICATIONS		468.54	
	401-096-2207		TELECOMMUNICATIONS		343.61	
	401-096-2207		TELECOMMUNICATIONS		153.27	
	401-096-2207		TELECOMMUNICATIONS		444.87	
	401-096-2207		TELECOMMUNICATIONS		192.90	
	401-096-2207		TELECOMMUNICATIONS		486.41	
	401-096-2207		TELECOMMUNICATIONS		496.90	
	401-096-2207		TELECOMMUNICATIONS		332.34	
	405-091-2207		TELECOMMUNICATIONS		48.02	
	406-091-2207		TELECOMMUNICATIONS		48.02	
	407-091-2207		TELECOMMUNICATIONS		53.50	
	408-091-2207		TELECOMMUNICATIONS		40.04	
	409-091-2207		TELECOMMUNICATIONS		27.16	
	413-091-2207		TELECOMMUNICATIONS		1,064.12	
	604-083-2207		TELECOMMUNICATIONS		238.17	
	605-003-2207		TELECOMMUNICATIONS		144.63	
	690-086-2207		TELECOMMUNICATIONS		46.04	
	911-080-2207		TELECOMMUNICATIONS		240.30	
	Void	04/10/2024	Regular	0.00	0.00	128228
5538	BOHANNAN HUSTON, INC.	04/10/2024	Regular	0.00	4,286.92	128229
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
128545	Invoice	04/04/2024	G2438 Duran Water Syst Inv128545 Proje	0.00	4,286.92	
	803-059-2710		G2438 DURAN WATER SY		4,286.92	
5538	BOHANNAN HUSTON, INC.	04/10/2024	Regular	0.00	3,447.22	128230
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
128551	Invoice	04/04/2024	Water rights evaluation Inv 128551 Projec	0.00	3,447.22	
	836-045-2272		CONTRACT - PROFESSION		3,447.22	
1513	BRUCKNER TRUCK AND EQUIPMENT	04/10/2024	Regular	0.00	998.65	128231
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
RA112009509	Invoice	04/04/2024	Diaonostics on Truck	0.00	998.65	
	402-060-2244		MAINTENANCE & REPAIR		998.65	
3698	CHAVEZ, SYLVIA	04/10/2024	Regular	0.00	251.20	128232
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
2024 PRIMARY S	Invoice	04/10/2024	TRAVEL TO BERNALILLO NM 2024 PRIMAR	0.00	251.20	
	401-021-2205		TRAVEL - EMPLOYEES		251.20	
2534	CHILD SUPPORT ENFORCEMENT DIVS	04/10/2024	Regular	0.00	234.00	128233

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
INV0003362	Invoice	04/11/2024	Child Support	0.00	234.00	
	401-000-9001	Payroll Liabilities	Child Support		234.00	
3391	CINTAS CORPORATION NO. 2	04/10/2024	Regular	0.00	121.00	128234
9265462032	Invoice	04/04/2024	SAFETY SUPPLIES	0.00	121.00	
	410-050-2222	SUPPLIES - FIELD SUPPLIE	SAFETY SUPPLIES		121.00	
5416	CRYSTAL SPRINGS	04/10/2024	Regular	0.00	16.50	128235
9279794	Invoice	04/08/2024	Drinking water- Finance	0.00	16.50	
	401-055-2219	SUPPLIES - GENERAL OFFI	Processing Fee		16.50	
5416	CRYSTAL SPRINGS	04/10/2024	Regular	0.00	27.50	128236
9277677	Invoice	04/08/2024	Water Delivery for FY24	0.00	27.50	
	911-080-2219	SUPPLIES - GENERAL OFFI	Water Delivery for FY24		27.50	
5416	CRYSTAL SPRINGS	04/10/2024	Regular	0.00	33.00	128237
9277680	Invoice	04/08/2024	WATER DELIVERY SERVICE FY2024	0.00	33.00	
	401-030-2271	CONTRACT - OTHER SERV	WATER DELIVERY SERVICE FY20		33.00	
5416	CRYSTAL SPRINGS	04/10/2024	Regular	0.00	88.30	128238
116105	Invoice	04/09/2024	Monthly water delivery	0.00	88.30	
	401-020-2219	SUPPLIES - GENERAL OFFI	Monthly water delivery		88.30	
5416	CRYSTAL SPRINGS	04/10/2024	Regular	0.00	22.00	128239
9279792	Invoice	04/08/2024	Water Delivery for FY24	0.00	22.00	
	911-080-2219	SUPPLIES - GENERAL OFFI	Water Delivery for FY24		22.00	
VEN01285	DEBORAH MATILDA HAMAN	04/10/2024	Regular	0.00	188.00	128240
2024 APCO	Invoice	04/10/2024	RETURN FROM SANTA FE NM 2024 APCO/	0.00	188.00	
	401-007-2205	TRAVEL - EMPLOYEES	RETURN FROM SANTA FE NM 20		188.00	
5308	DIRECTV, LLC.	04/10/2024	Regular	0.00	113.14	128241
069212456X2403	Invoice	04/08/2024	Direct TV for Fire dept	0.00	113.14	
	416-083-2271	CONTRACT - OTHER SERV	Direct tv for Fire dept		113.14	
4705	DOUBLE H AUTO	04/10/2024	Regular	0.00	3,721.42	128242
082427	Invoice	04/09/2024	Parts,belts,towels, bulbs, fluids, oils	0.00	16.49	
	402-060-2201	MAINTENANCE & REPAIR	Parts,belts,towels, bulbs, fluids,		16.49	
082535	Invoice	04/09/2024	Parts,belts,towels, bulbs, fluids, oils	0.00	185.24	
	402-060-2201	MAINTENANCE & REPAIR	Parts,belts,towels, bulbs, fluids,		185.24	

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
082564	Invoice	04/09/2024	Parts,belts,towels, bulbs, fluids, oils	0.00	775.43	
	402-060-2201		MAINTENANCE & REPAIR		775.43	
082705	Invoice	04/09/2024	Parts,belts,towels, bulbs, fluids, oils	0.00	13.29	
	402-060-2201		MAINTENANCE & REPAIR		13.29	
082727	Invoice	04/09/2024	Parts,belts,towels, bulbs, fluids, oils	0.00	21.97	
	402-060-2201		MAINTENANCE & REPAIR		21.97	
082769	Invoice	04/09/2024	Air Compressor	0.00	2,709.00	
	402-060-2201		MAINTENANCE & REPAIR		2,709.00	
156	EASTVIEW	04/10/2024	Regular	0.00	217.96	128243
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
3-27-24	Invoice	04/04/2024	Welding equipment,rods,wire, torch gas.	0.00	90.00	
	402-060-2250		SUPPLIES - SHOP		90.00	
3-28-24	Invoice	04/04/2024	Welding equipment,rods,wire, torch gas.	0.00	127.96	
	402-060-2250		SUPPLIES - SHOP		127.96	
5019	GLOBE LIFE & ACCIDENT INSURANCE	04/10/2024	Regular	0.00	163.00	128244
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
INV0003368	Invoice	04/11/2024	Globe Life Insurance	0.00	163.00	
	401-000-9001		Payroll Liabilities		163.00	
4050	GM EMULSION LLC	04/10/2024	Regular	0.00	2,748.00	128245
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
CP 100-11542	Invoice	04/09/2024	Culvert for Liberty Vally Rd	0.00	2,748.00	
	402-060-2255		SUPPLIES - CATTLEGUARD		2,640.00	
	402-060-2255		SUPPLIES - CATTLEGUARD		108.00	
214	HART'S TRUSTWORTHY HARDWARE	04/10/2024	Regular	0.00	44.03	128246
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
B541153	Invoice	04/04/2024	Harts Open PO 12/23-3/24	0.00	44.03	
	408-091-2248		SUPPLIES - SAFETY		43.04	
	408-091-2248		SUPPLIES - SAFETY		0.99	
214	HART'S TRUSTWORTHY HARDWARE	04/10/2024	Regular	0.00	14.44	128247
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
B542589	Invoice	04/09/2024	Operations open P/O FY-24	0.00	14.44	
	401-065-2218		MAINTENANCE & REPAIR		14.44	
214	HART'S TRUSTWORTHY HARDWARE	04/10/2024	Regular	0.00	105.75	128248
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
B541920	Invoice	04/04/2024	Operations open P/O FY-24	0.00	105.75	
	401-065-2218		MAINTENANCE & REPAIR		105.75	
214	HART'S TRUSTWORTHY HARDWARE	04/10/2024	Regular	0.00	17.98	128249
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
A136620	Invoice	04/04/2024	Harts Open PO 12/23-3/24	0.00	17.98	
	408-091-2248		SUPPLIES - SAFETY		7.99	
	408-091-2248		SUPPLIES - SAFETY		9.99	
990	IRON MOUNTAIN RECORDS MANAGEMENT	04/10/2024	Regular	0.00	505.17	128250

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
202845831	Invoice	04/08/2024	Off site storage of recorded documents	0.00	505.17	
	612-020-2203		MAINTENANCE & REPAIR		367.49	
	612-020-2203		MAINTENANCE & REPAIR		137.68	
1264	JARAMILLO, LINDA	04/10/2024	Regular	0.00	251.20	128251
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
2024 PRIMARY L	Invoice	04/10/2024	TRAVELTO BERNALILLO NM 2024 ELECTIO	0.00	251.20	
	401-021-2205		TRAVEL - EMPLOYEES		251.20	
2291	LOBO INTERNET SERVICES LTD	04/10/2024	Regular	0.00	45.00	128252
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
N12084-52	Invoice	04/08/2024	Internet Services	0.00	45.00	
	401-096-2207		TELECOMMUNICATIONS		45.00	
2291	LOBO INTERNET SERVICES LTD	04/10/2024	Regular	0.00	495.00	128253
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
N10926-55	Invoice	04/08/2024	Internet services-Fire	0.00	495.00	
	405-091-2207		TELECOMMUNICATIONS		139.69	
	406-091-2207		TELECOMMUNICATIONS		139.69	
	409-091-2207		TELECOMMUNICATIONS		139.69	
	413-091-2207		TELECOMMUNICATIONS		75.93	
3729	MARLIN BUSINESS BANK	04/10/2024	Regular	0.00	263.27	128254
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
21135087	Invoice	04/08/2024	Monthly Copier Lease Contract Payment F	0.00	263.27	
	911-080-2284		LEASE EQUIPMENT		21.57	
	911-080-2284		LEASE EQUIPMENT		241.70	
VEN01212	Martha Smith	04/10/2024	Regular	0.00	550.00	128255
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
03.2024	Invoice	04/08/2024	Martha Smith FY24 Vendor Pay	0.00	550.00	
	412-053-2271		CONTRACT - OTHER SERV		550.00	
177	NEW MEXICO COUNTIES	04/10/2024	Regular	0.00	825.00	128256
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
DDNFDTNLZS6	Invoice	04/09/2024	NMC Conference registration Linda, Sylvia	0.00	825.00	
	401-020-2266		EMPLOYEE TRAINING		825.00	
VEN01318	Nicaea Spomer	04/10/2024	Regular	0.00	1,805.59	128257
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
Purchase Vouche	Invoice	04/10/2024	AEMT Course Reimbursement Nicaea Spo	0.00	1,805.59	
	416-083-2266		EMPLOYEE TRAINING		1,378.00	
	416-083-2266		EMPLOYEE TRAINING		59.00	
	416-083-2266		EMPLOYEE TRAINING		144.00	
	416-083-2266		EMPLOYEE TRAINING		138.99	
	416-083-2266		EMPLOYEE TRAINING		75.00	
	416-083-2266		EMPLOYEE TRAINING		10.60	
25	NM COUNTY INSURANCE AUTHORITY	04/10/2024	Regular	0.00	489.48	128258

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
LE001546	Invoice	04/10/2024	LE DEDUCTIBLE 006471-1	0.00	444.98	
	401-050-2212		OTHER INSURANCE PREM		444.98	
ML002446	Invoice	04/10/2024	Multiline Deductible 011054-1	0.00	44.50	
	401-005-2212		INSURANCE - GENERAL LI		44.50	
1096	NM RETIREE HEALTH-CARE AUTHORI	04/10/2024	Regular	0.00	6,326.67	128259
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
INV0003381	Invoice	04/11/2024	Retiree Health Care	0.00	6,326.67	
	401-000-9001		Payroll Liabilities		6,326.67	
1385	NM TAXATION & REVENUE	04/10/2024	Regular	0.00	447.20	128260
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
INV0003386	Invoice	04/11/2024	Workers Comp	0.00	447.20	
	401-000-9001		Payroll Liabilities		447.20	
4739	NORTH AMERICAN RESCUE LLC	04/10/2024	Regular	0.00	71.68	128261
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
IN791075	Invoice	04/03/2024	Lifesaving Items	0.00	71.68	
	604-083-2248		SUPPLIES - SAFETY		71.68	
5307	NUBE GROUP	04/10/2024	Regular	0.00	229.54	128262
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
IN67033	Invoice	04/08/2024	Copy overage charges- Finance	0.00	229.54	
	401-055-2203		MAINTENANCE & REPAIR		229.54	
1449	P & M SIGNS INC	04/10/2024	Regular	0.00	1,244.68	128263
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
9247	Invoice	04/04/2024	Signs for new road shop property-stop sig	0.00	1,244.68	
	402-060-2242		SUPPLIES - SIGNS		20.00	
	402-060-2242		SUPPLIES - SIGNS		576.32	
	402-060-2242		SUPPLIES - SIGNS		108.06	
	402-060-2242		SUPPLIES - SIGNS		540.30	
2015	PLATEAU WIRELESS	04/10/2024	Regular	0.00	127.29	128264
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
03.2024 1365	Invoice	04/08/2024	Internet & wireless services Fire dept	0.00	127.29	
	407-091-2207		TELECOMMUNICATIONS		127.29	
5100	PRESBYTERIAN MEDICAL SERVICES	04/10/2024	Regular	0.00	833.33	128265
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1-Apr-24	Invoice	04/08/2024	Senior Center cleaning services	0.00	833.33	
	631-057-2271		CONTRACT - OTHER SERV		833.33	
3859	PRUDENTIAL OVERALL SUPPLY	04/10/2024	Regular	0.00	71.63	128266
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
450716298	Invoice	04/04/2024	Mats & mop, supplys	0.00	71.63	
	401-016-2203		MAINTENANCE & REPAIR		71.63	
3859	PRUDENTIAL OVERALL SUPPLY	04/10/2024	Regular	0.00	123.00	128267

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
450716299	Invoice	04/04/2024	uniforms & supplys	0.00	123.00	
	401-015-2203		MAINTENANCE & REPAIR		123.00	
3859	PRUDENTIAL OVERALL SUPPLY	04/10/2024	Regular	0.00	235.87	128268
450717118	Invoice	04/09/2024	Uniforms	0.00	235.87	
	402-060-2236		SUPPLIES - UNIFORMS		235.87	
215	RICH FORD SALES	04/10/2024	Regular	0.00	82.51	128269
2048853/1	Invoice	04/03/2024	Oil Change for 2020 Ford	0.00	82.51	
	604-083-2201		MAINTENANCE & REPAIR		38.17	
	604-083-2201		MAINTENANCE & REPAIR		1.95	
	604-083-2201		MAINTENANCE & REPAIR		8.75	
	604-083-2201		MAINTENANCE & REPAIR		27.48	
	604-083-2201		MAINTENANCE & REPAIR		6.16	
VEN01147	Sanchez, Christopher	04/10/2024	Regular	0.00	1,810.44	128270
Purchase Vouche	Invoice	04/10/2024	AEMT Course Reimbursement Chris Sanch	0.00	1,810.44	
	416-083-2266		EMPLOYEE TRAINING		128.48	
	416-083-2266		EMPLOYEE TRAINING		59.00	
	416-083-2266		EMPLOYEE TRAINING		9.88	
	416-083-2266		EMPLOYEE TRAINING		1,393.00	
	416-083-2266		EMPLOYEE TRAINING		76.08	
	416-083-2266		EMPLOYEE TRAINING		144.00	
VEN01156	SANCHEZ, JAVIER ERNESTO	04/10/2024	Regular	0.00	50.78	128271
305937	Invoice	04/09/2024	Operations open P/O FY-65	0.00	50.78	
	401-065-2218		MAINTENANCE & REPAIR		50.78	
VEN01156	SANCHEZ, JAVIER ERNESTO	04/10/2024	Regular	0.00	11.34	128272
305932	Invoice	04/09/2024	Operations open P/O FY-65	0.00	11.34	
	401-065-2218		MAINTENANCE & REPAIR		11.34	
3915	STERICYCLE, INC.	04/10/2024	Regular	0.00	48.21	128273
8006666764	Invoice	04/03/2024	Monthly Service Stericycle Open PO	0.00	48.21	
	416-083-2230		SUPPLIES - MEDICAL		48.21	
5539	SUMMITT FIRE & SECURITY LLC	04/10/2024	Regular	0.00	131.69	128274
1502883	Invoice	04/09/2024	Quarterly Billing Security at Election Ware	0.00	131.69	
	612-020-2308		VOTING MACHINE STORA		131.69	
2781	SUPERIOR AMBULANCE	04/10/2024	Regular	0.00	5,000.00	128275

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
03312024	Invoice	04/10/2024	MAR 2024 Ambulance Service Subsidy	0.00	5,000.00	
	401-005-2272	CONTRACT - PROFESSION	MAR 2024 Ambulance Service S		5,000.00	
4887	SUPPLY CACHE INC	04/10/2024	Regular	0.00	195.00	128276
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
2995428	Invoice	04/03/2024	Wildland Gear for District 3 Volunteers	0.00	195.00	
	408-091-2248	SUPPLIES - SAFETY	Tecasafe Plus 5.8 oz Hickory Bru		195.00	
4736	T.A. TIRES & SERVICE	04/10/2024	Regular	0.00	913.96	128277
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
INV645	Invoice	04/09/2024	255/65R18 Tires c/o Jarah Medina INV64	0.00	913.96	
	690-009-2201	VEHICLE RAPAIR & MAINT	255/65R18 Tires c/o Jarah Medi		913.96	
1335	TORRANCE COUNTY	04/10/2024	Regular	0.00	82.98	128278
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
INV0003383	Invoice	04/11/2024	Torrance County Property Tax	0.00	82.98	
	401-000-9001	Payroll Liabilities	Torrance County Property Tax		82.98	
1314	TRIADIC INC.	04/10/2024	Regular	0.00	4,581.23	128279
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
03.2024	Invoice	04/08/2024	Contract services for FY24	0.00	4,581.23	
	401-096-2213	CONTRACT - IT SERVICES	Contract services for FY24		4,581.23	
5193	UNIVERSAL BACKGROUND SCREENING	04/10/2024	Regular	0.00	518.53	128280
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
202403013415	Invoice	04/08/2024	Background screenings & drug testing	0.00	518.53	
	401-014-2271	CONTRACT-OTHER SERVI	Background screenings & drug t		518.53	
5339	US BANK CORPORATE PAYMENT SYSTEM	04/10/2024	Regular	0.00	20,068.37	128281
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
7891.3.15.24	Invoice	04/10/2024	FUEL CARDS FOR 2.15.24-3.15.24	0.00	20,068.37	
	401-007-2202	SUPPLIES - VEHICLE FUEL	RA		40.00	
	401-008-2202	SUPPLIES - VEHICLE FUEL	PZ		315.83	
	401-010-2202	SUPPLIES - VEHICLE FUEL	MANAGER		61.63	
	401-030-2202	SUPPLIES - VEHICLE FUEL	TREASURER		156.42	
	401-040-2202	SUPPLIES - VEHICLE FUEL	ASSESSORS		97.50	
	401-050-2202	SUPPLIES - VEHICLE FUEL	SHERIFF		12,104.12	
	401-065-2202	SUPPLIES - VEHICLE FUEL	MAINTENANCE		308.74	
	401-082-2202	SUPPLIES - VEHICLE FUEL	ANIMAL SERVICES		947.38	
	405-091-2202	SUPPLIES - VEHICLE FUEL	DIST 5		860.53	
	406-091-2202	SUPPLIES - VEHICLE FUEL	DIST 2		569.55	
	408-091-2202	SUPPLIES - VEHICLE FUEL	DIST 3		389.93	
	413-091-2202	SUPPLIES - VEHICLE FUEL	FIRE ADMIN		3,712.64	
	418-091-2202	SUPPLIES - VEHICLE FUEL	DIST 6		169.55	
	604-083-2202	SUPPLIES - VEHICLE FUEL	EMERGENCY MANAGER		334.55	
5626	Zoll Medical Corporation	04/10/2024	Regular	0.00	1,174.16	128282
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
3942230	Invoice	04/03/2024	CPR Stat-Padz	0.00	1,174.16	
	416-083-2230	SUPPLIES - MEDICAL	CPR Stat-Padz Electrodes Adult		1,174.16	
VEN01322	Brenda Munoz	04/10/2024	Regular	0.00	500.00	128283

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
05.09.24 munoz	Invoice	04/10/2024	REFUND OF FAIR RENTAL AND DAMAGE D	0.00	500.00	
	401-055-2270		REFUNDS		250.00	
	401-055-2270		REFUNDS		250.00	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	422.02	128284
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
17WD-HGJX-6W7	Invoice	04/10/2024	OFFICE SUPPLIES	0.00	422.02	
	401-020-2219		SUPPLIES - GENERAL OFFI		7.88	
	401-020-2219		SUPPLIES - GENERAL OFFI		39.98	
	401-020-2219		SUPPLIES - GENERAL OFFI		61.30	
	401-020-2219		SUPPLIES - GENERAL OFFI		26.99	
	401-020-2219		SUPPLIES - GENERAL OFFI		29.99	
	401-020-2219		SUPPLIES - GENERAL OFFI		79.96	
	401-020-2219		SUPPLIES - GENERAL OFFI		91.98	
	401-020-2219		SUPPLIES - GENERAL OFFI		59.96	
	401-020-2219		SUPPLIES - GENERAL OFFI		23.98	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	88.44	128285
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1WXY-HV1T-DQT	Invoice	04/17/2024	Office Supplies	0.00	88.44	
	401-010-2219		SUPPLIES - GENERAL OFFI		39.99	
	401-010-2219		SUPPLIES - GENERAL OFFI		18.49	
	401-096-2219		SUPPLIES - GENERAL OFFI		29.96	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	251.63	128286
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1GD4-W1K4-JM9	Invoice	04/10/2024	Vacuum cleaner parts	0.00	251.63	
	401-065-2218		MAINTENANCE & REPAIR		92.06	
	401-065-2218		MAINTENANCE & REPAIR		71.94	
	401-065-2218		MAINTENANCE & REPAIR		87.63	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	565.18	128287
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
17WD-HGJX-JDVT	Invoice	04/16/2024	PPE supplys	0.00	565.18	
	401-065-2248		SUPPLIES - SAFETY		41.50	
	401-065-2248		SUPPLIES - SAFETY		54.25	
	401-065-2248		SUPPLIES - SAFETY		71.75	
	401-065-2248		SUPPLIES - SAFETY		21.39	
	401-065-2248		SUPPLIES - SAFETY		136.64	
	401-065-2248		SUPPLIES - SAFETY		71.75	
	401-065-2248		SUPPLIES - SAFETY		146.98	
	401-065-2248		SUPPLIES - SAFETY		44.85	
	401-065-2248		SUPPLIES - SAFETY		-23.93	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	60.77	128288
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
17WD-HGJX-WW	Invoice	04/16/2024	Deflector Shield	0.00	60.77	
	401-065-2218		MAINTENANCE & REPAIR		60.77	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	159.99	128289

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1W4J-QP9Y-GDQ	Invoice	04/17/2024	Office Supplies	0.00	159.99	
	401-010-2219		SUPPLIES - GENERAL OFFI		159.99	
5450	AMAZON BUSINESS	04/18/2024	Regular	0.00	1,457.91	128290
1D69-477W-3R6	Invoice	04/16/2024	Kennel, office, field supplies and mainten	0.00	1,457.91	
	401-082-2219		SUPPLIES - GENERAL OFFI		119.99	
	401-082-2222		SUPPLIES - FIELD SUPPLIE		83.96	
	401-082-2222		SUPPLIES - FIELD SUPPLIE		65.97	
	401-082-2222		SUPPLIES - FIELD SUPPLIE		473.07	
	401-082-2239		MAINTENANCE & REPAIR		99.99	
	401-082-2239		MAINTENANCE & REPAIR		359.96	
	401-082-2239		MAINTENANCE & REPAIR		254.97	
4818	AMBITIONS TECHNOLOGY GROUP LLC	04/18/2024	Regular	0.00	4,603.52	128291
12591	Invoice	04/10/2024	Laptop Replacement - DWI/Community M	0.00	4,603.52	
	620-094-2225		SUPPLIES-COMPUTER/PRI		767.30	
	620-094-2225		SUPPLIES-COMPUTER/PRI		3,836.22	
5408	BANK OF AMERICA	04/18/2024	Regular	0.00	48.53	128292
Receipt	Invoice	04/15/2024	USB wireless network interface	0.00	48.53	
	401-082-2219		SUPPLIES - GENERAL OFFI		48.53	
3920	BOOT BARN INC	04/18/2024	Regular	0.00	148.49	128293
149085	Invoice	04/11/2024	PPE Boots	0.00	148.49	
	401-065-2248		SUPPLIES - SAFETY		148.49	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	45.56	128294
04.2024 9300	Invoice	04/16/2024	Monthly Electric bill	0.00	45.56	
	401-021-2208		UTILITIES - ELECTRICITY		45.56	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	63.98	128295
04.2024 9301	Invoice	04/16/2024	Dist 6 Monthly electric bill	0.00	63.98	
	418-091-2208		UTILITIES - ELECTRICITY		63.98	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	92.39	128296
04.2024 6000	Invoice	04/16/2024	Dist 1 Monthly electric bill	0.00	92.39	
	407-091-2208		UTILITIES - ELECTRICITY		21.75	
	407-091-2208		UTILITIES - ELECTRICITY		25.20	
	407-091-2208		UTILITIES - ELECTRICITY		45.44	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	90.23	128297

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 8001	Invoice	04/16/2024	MCINTOSH SENIOR CENTER ELECTRICITY	0.00	90.23	
	401-089-2208		UTILITIES - ELECTRICITY		90.23	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	145.73	128298
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 4000	Invoice	04/16/2024	Dist 4 Monthly electric bill	0.00	145.73	
	409-091-2208		UTILITIES - ELECTRICITY		85.77	
	409-091-2208		UTILITIES - ELECTRICITY		59.96	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	421.35	128299
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 6900	Invoice	04/16/2024	Fairgrounds Monthly electric bill	0.00	421.35	
	401-053-2208		UTILITIES - ELECTRICITY		101.90	
	401-053-2208		UTILITIES - ELECTRICITY		30.33	
	401-053-2208		UTILITIES - ELECTRICITY		229.75	
	401-053-2208		UTILITIES - ELECTRICITY		35.89	
	401-053-2208		UTILITIES - ELECTRICITY		23.48	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	279.46	128300
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 0701	Invoice	04/16/2024	Sheriff Monthly electric bill	0.00	279.46	
	401-050-2208		UTILITIES - ELECTRICITY		279.46	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	240.96	128301
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 2801	Invoice	04/16/2024	Health dept monthly electric bill	0.00	240.96	
	401-024-2208		UTILITIES - ELECTRICITY		240.96	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	2,017.85	128302
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 9001	Invoice	04/16/2024	Judicial Monthly electric bill	0.00	2,017.85	
	401-016-2208		UTILITIES - ELECTRICITY		2,017.85	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	320.95	128303
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 3806	Invoice	04/16/2024	Road Monthly Electric bill	0.00	320.95	
	402-060-2208		UTILITIES - ELECTRICITY		320.95	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	657.05	128304
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 7901	Invoice	04/16/2024	Mountainair Senior Center Monthly elec	0.00	657.05	
	401-027-2208		UTILITIES - ELECTRICITY		657.05	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	215.94	128305
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 1201	Invoice	04/16/2024	Moriarty Senior Center monthly elec bill	0.00	215.94	
	401-037-2208		UTILITIES - ELECTRICITY		215.94	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	1,147.79	128306

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 1300	Invoice	04/16/2024	Monthly Electric bill	0.00	1,147.79	
	413-091-2208		UTILITIES - ELECTRICITY		382.59	
	911-080-2208		UTILITIES - ELECTRICITY		606.46	
	911-080-2208		UTILITIES - ELECTRICITY		100.71	
	911-080-2208		UTILITIES - ELECTRICITY		58.03	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	329.01	128307
04.2024 4401	Invoice	04/16/2024	Monthly Electric FY24	0.00	329.01	
	401-082-2208		UTILITIES - ELECTRICITY		329.01	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	298.28	128308
04.2024 7505	Invoice	04/16/2024	Monthly Electric FY24	0.00	298.28	
	604-083-2208		UTILITIES - ELECTRICITY		298.28	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	2,438.31	128309
04.2024 3000	Invoice	04/16/2024	Monthly Electric for FY24	0.00	2,438.31	
	401-015-2208		UTILITIES - ELECTRICITY		2,438.31	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	361.75	128310
04.2024 9100	Invoice	04/16/2024	Dist 2 Monthly electric bill	0.00	361.75	
	406-091-2208		UTILITIES - ELECTRICITY		190.75	
	406-091-2208		UTILITIES - ELECTRICITY		171.00	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	379.53	128311
04.2024 3300	Invoice	04/16/2024	cn	0.00	379.53	
	405-091-2208		UTILITIES - ELECTRICITY		116.71	
	405-091-2208		UTILITIES - ELECTRICITY		233.92	
	405-091-2208		UTILITIES - ELECTRICITY		28.90	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	334.14	128312
04.2024 9702	Invoice	04/16/2024	Estancia Senior Center monthly elec bill	0.00	334.14	
	401-036-2208		UTILITIES - ELECTRICITY		334.14	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	200.41	128313
04.2024 4503	Invoice	04/16/2024	Monthly Electric FY24	0.00	200.41	
	604-083-2208		UTILITIES - ELECTRICITY		200.41	
106	CENTRAL NM ELECTRIC COOP.	04/18/2024	Regular	0.00	553.59	128314
04.2024 4400	Invoice	04/16/2024	Dist 3 Monthly electric bill	0.00	553.59	
	408-091-2208		UTILITIES - ELECTRICITY		150.08	
	408-091-2208		UTILITIES - ELECTRICITY		23.64	
	408-091-2208		UTILITIES - ELECTRICITY		379.87	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
5416	CRYSTAL SPRINGS	04/18/2024	Regular	0.00	27.50	128315
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
9273250	Invoice	02/06/2024	Water Delivery for FY24	0.00	27.50	
	911-080-2219		SUPPLIES - GENERAL OFFI		27.50	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	264.29	128316
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-p&z	Invoice	04/16/2024	Lease for copier	0.00	264.29	
	401-008-2284		LEASE EQUIPMENT		264.29	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	207.00	128317
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-road	Invoice	04/16/2024	Printer Lease	0.00	207.00	
	402-060-2284		LEASE EQUIPMENT		207.00	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	264.29	128318
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-sheriff	Invoice	04/16/2024	Recurring TCSO De Lage FY2024	0.00	264.29	
	401-050-2284		EQUIPMENT LEASES		264.29	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	392.45	128319
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-manag	Invoice	04/16/2024	Copy Machine Lease Agreement SN030	0.00	392.45	
	401-010-2284		EQUIPMENT LEASES		311.50	
	401-010-2284		EQUIPMENT LEASES		80.95	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	311.50	128320
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-financ	Invoice	04/16/2024	Copy Machine Lease Agreements - 25569	0.00	311.50	
	401-055-2284		EQUIPMENT LEASES		311.50	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	264.29	128321
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-faciliti	Invoice	04/16/2024	Copier	0.00	264.29	
	401-065-2221		PRINTING/PUBLISHING/A		264.29	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	264.29	128322
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82339555-clerk	Invoice	04/16/2024	Monthly contract for copier	0.00	264.29	
	612-020-2284		CONTRACT - EQUIPMENT		264.29	
4383	DE LAGE LANDEN FINANCIAL SERVICE	04/18/2024	Regular	0.00	308.37	128323
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
82333758	Invoice	04/16/2024	TREASURER'S COPIER LEASE	0.00	308.37	
	401-030-2284		EQUIPMENT LEASES		308.37	
5601	DRAGONFLY TRAINING AND CONSULTAT	04/18/2024	Regular	0.00	210.25	128324
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
401241	Invoice	04/11/2024	Consulting services: court procedures	0.00	210.25	
	401-082-2266		EMPLOYEE TRAINING		210.25	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
4979	DT AUTOMOTIVE	04/18/2024	Regular	0.00	4,543.00	128325
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
TCSO 24-01420	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/10/2024	March 2024 Vehicle Maintenance	0.00	4,543.00	
	401-050-2201		MAINTENANCE & REPAIR		4,543.00	
2554	EPCOR USA, INC.	04/18/2024	Regular	0.00	106.43	128326
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
04.2024	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/11/2024	Monthly water dist 2	0.00	106.43	
	406-091-2210		UTILITIES - WATER		106.43	
2555	EVSWA	04/18/2024	Regular	0.00	127.32	128327
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
001-0001155842	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/17/2024	Animal disposal	0.00	127.32	
	401-082-2210		UTILITIES - WATER		127.32	
2555	EVSWA	04/18/2024	Regular	0.00	765.81	128328
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
4612	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/04/2024	Waste disposal	0.00	765.81	
	402-060-2210		UTILITIES - WATER		765.81	
430	FLEMING CHEMICAL CO INC	04/18/2024	Regular	0.00	336.94	128329
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
59050	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/16/2024	Spic & Span Polish	0.00	336.94	
	401-015-2220		SUPPLIES - CLEANING		222.48	
	401-015-2220		SUPPLIES - CLEANING		114.46	
36	GUSTIN HARDWARE, INC.	04/18/2024	Regular	0.00	662.83	128330
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
370803	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/11/2024	Shop supplies, nuts, bolts,and hardware	0.00	156.43	
	402-060-2250		SUPPLIES - SHOP		156.43	
371828	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/11/2024	Shop supplies, nuts, bolts,and hardware	0.00	6.41	
	402-060-2250		SUPPLIES - SHOP		6.41	
372245	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/11/2024	Shop supplies, nuts, bolts,and hardware	0.00	499.99	
	402-060-2250		SUPPLIES - SHOP		499.99	
214	HART'S TRUSTWORTHY HARDWARE	04/18/2024	Regular	0.00	59.94	128331
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
8543232	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/17/2024	Water Softner salt pellets	0.00	59.94	
	911-080-2215		MAINTENANCE & REPAIR		59.94	
3587	HOMESTEAD WATER CO.	04/18/2024	Regular	0.00	11.72	128332
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
04.2024	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/10/2024	Monthly water bill district 5	0.00	11.72	
	405-091-2210		UTILITIES - WATER		11.72	
5222	LA MERCED DE PUEBLO DE TAJIQUE	04/18/2024	Regular	0.00	600.00	128333
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
2024-03	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/10/2024	FY2024 Tajique Land Grant Transfer Statio	0.00	300.00	
	401-005-2204		RENT OF LAND/BUILDING		300.00	
2024-04	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	04/10/2024	FY2024 Tajique Land Grant Transfer Statio	0.00	300.00	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
	401-005-2204	RENT OF LAND/BUILDING	FY2024 Tajique Land Grant Tran		300.00	
5179	LEAF CAPITAL FUNDING LLC	04/18/2024	Regular	0.00	572.53	128334
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
16305304	Invoice	04/10/2024	3 HP Designjet	0.00	572.53	
	401-007-2284	EQUIPMENT LEASES	3 HP Designjet		572.53	
2291	LOBO INTERNET SERVICES LTD	04/18/2024	Regular	0.00	137.50	128335
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
N10958-54	Invoice	04/10/2024	Internet Services	0.00	137.50	
	911-080-2207	TELECOMMUNICATIONS	Internet Services		137.50	
2291	LOBO INTERNET SERVICES LTD	04/18/2024	Regular	0.00	125.00	128336
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
B15014-3	Invoice	04/10/2024	Internet Services	0.00	125.00	
	402-060-2207	TELECOMMUNICATIONS/I	Internet Services		125.00	
2291	LOBO INTERNET SERVICES LTD	04/18/2024	Regular	0.00	155.00	128337
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
N10715-60	Invoice	04/10/2024	Internet Services	0.00	155.00	
	401-096-2207	TELECOMMUNICATIONS	IT- Internet services		155.00	
1139	MOUNTAINAIR, TOWN OF	04/18/2024	Regular	0.00	569.00	128338
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
04.2024	Invoice	04/10/2024	Utilities- Water/Gas	0.00	569.00	
	401-027-2209	UTILITIES - NATURAL GAS	Utilities- Natural Gas		463.68	
	401-027-2210	UTILITIES - WATER	Utilities- Water		105.32	
591	NATIONAL ASSOCIATION OF COUNTIES	04/18/2024	Regular	0.00	450.00	128339
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
202326256	Invoice	04/10/2024	FY2024 COUNTY DUES	0.00	450.00	
	401-005-2269	SUBSCRIPTIONS & DUES	FY2024 COUNTY DUES		450.00	
177	NEW MEXICO COUNTIES	04/18/2024	Regular	0.00	275.00	128340
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
V9N5DWSCXQC	Invoice	04/10/2024	87th Annual Conferance	0.00	275.00	
	401-020-2266	EMPLOYEE TRAINING	87th Annual Conferance for Sen		275.00	
394	NM EMS BUREAU	04/18/2024	Regular	0.00	60.00	128341
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
EMS3114	Invoice	04/16/2024	EMD License Renewals	0.00	60.00	
	911-085-2266	EMPLOYEE TRAINING	EMD License Renewals		60.00	
5307	NUBE GROUP	04/18/2024	Regular	0.00	98.92	128342
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
IN67030	Invoice	04/10/2024	Recurring NUBE FY2024	0.00	98.92	
	401-050-2203	MAINTENANCE & REPAIR	Recurring NUBE FY2024		98.92	
5514	PERSONNEL EVALUATION INC.	04/18/2024	Regular	0.00	50.00	128343

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
51057	Invoice 911-080-2272	03/31/2024	Personnel Evaluation Profiles (PEP) CONTRACT - PROFESSION Personnel Evaluation Profiles (P	0.00	50.00	
5603	PFEIFER VETERINARY SERVICES, LLC	04/18/2024	Regular	0.00	1,157.50	128344
2160925	Invoice 431-082-2272	04/15/2024	SNIPIT sterilizations CONTRACT - PROFESSION SNIPIT sterilizations	0.00	1,157.50	
2015	PLATEAU WIRELESS	04/18/2024	Regular	0.00	4,586.16	128345
04.2024 1934	Invoice 401-096-2207	04/10/2024	Internet & wireless services TELECOMMUNICATIONS Internet & wireless services	0.00	4,586.16	
VEN01297	PRIMARY ARMS LLC	04/18/2024	Regular	0.00	6,416.75	128346
INV-616423	Invoice 410-050-2222 410-050-2222 410-050-2222 410-050-2222 410-050-2222 410-050-2222 809-050-2262 809-050-2262 809-050-2262 809-050-2262 809-050-2262 809-050-2262 809-050-2262 809-050-2262 809-050-2262	04/10/2024	Body Armor SUPPLIES - FIELD SUPPLIE VS-33A-LPAC-L SUPPLIES - FIELD SUPPLIE MF-LPAAC-RGN-L SUPPLIES - FIELD SUPPLIE Shipping SUPPLIES - FIELD SUPPLIE MF-LPAAC-RGN-XL SUPPLIES - FIELD SUPPLIE MF-LPAAC-RGN-M SUPPLIES - FIELD SUPPLIE VS-33A-LPAC-XL SUPPLIES - BULLET PROO MF-LPAAC-RGN-M BuyBoard Ve SUPPLIES - BULLET PROO VS-33A-LPAC-M SUPPLIES - BULLET PROO MF-LPAAC-RGN-XL SUPPLIES - BULLET PROO MF-LPAAC-RGN-L SUPPLIES - BULLET PROO VS-33A-LPAC-XL SUPPLIES - BULLET PROO Shipping SUPPLIES - BULLET PROO VS-33A-LPAC-L SUPPLIES - BULLET PROO VS-33A-LPAC-M	0.00	6,416.75	
3859	PRUDENTIAL OVERALL SUPPLY	04/18/2024	Regular	0.00	71.63	128347
450717929	Invoice 401-016-2203	04/17/2024	Mats & mop, supplys MAINTENANCE & REPAIR Mats & mop, supplys	0.00	71.63	
3859	PRUDENTIAL OVERALL SUPPLY	04/18/2024	Regular	0.00	122.55	128348
450717116	Invoice 401-015-2203	04/11/2024	uniforms & supplys MAINTENANCE & REPAIR uniforms & supplys	0.00	122.55	
3859	PRUDENTIAL OVERALL SUPPLY	04/18/2024	Regular	0.00	127.48	128349
450717930	Invoice 401-015-2203	04/17/2024	uniforms & supplys MAINTENANCE & REPAIR uniforms & supplys	0.00	127.48	
3859	PRUDENTIAL OVERALL SUPPLY	04/18/2024	Regular	0.00	71.63	128350
450717115	Invoice 401-016-2203	04/11/2024	Mats & mop, supplys MAINTENANCE & REPAIR Mats & mop, supplys	0.00	71.63	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	137.64	128351

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 4362	Invoice 401-096-2207	04/10/2024	Monthly Charges TELECOMMUNICATIONS	0.00	137.64	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	38.38	128352
04.2024 1277	Invoice 401-096-2207	04/10/2024	Monthly Charges TELECOMMUNICATIONS	0.00	38.38	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	560.18	128353
04.2024 1022	Invoice 911-080-2207	04/10/2024	Monthly charges Dispatch TELECOMMUNICATIONS	0.00	560.18	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	65.22	128354
04.2024 2885	Invoice 401-027-2207	04/10/2024	Monthly charges Mountainair TELECOMMUNICATIONS	0.00	65.22	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	68.30	128355
04.2024 5104	Invoice 405-091-2207	04/10/2024	Monthly Charges Dist 5 TELECOMMUNICATIONS	0.00	68.30	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	201.39	128356
04.2024 4425	Invoice 401-037-2207	04/10/2024	Monthly charges Moriarty TELECOMMUNICATIONS	0.00	201.39	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	322.66	128357
04.2024 0058	Invoice 401-096-2207	04/10/2024	Monthly Charges TELECOMMUNICATIONS	0.00	322.66	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	120.94	128358
04.2024 2550	Invoice 401-096-2207	04/10/2024	Monthly Charges TELECOMMUNICATIONS	0.00	120.94	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	245.53	128359
04.2024 4068	Invoice 405-091-2207	04/10/2024	Monthly Charges Dist 5 TELECOMMUNICATIONS	0.00	245.53	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	141.50	128360
04.2024 4341	Invoice 401-096-2207	04/10/2024	Monthly Charges TELECOMMUNICATIONS	0.00	141.50	
107	QWEST CORPORATION	04/18/2024	Regular	0.00	68.82	128361

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
04.2024 4080	Invoice	04/10/2024	Monthly Charges	0.00	68.82	
	401-096-2207	TELECOMMUNICATIONS	Monthly Charges 4080	68.82		
107	QWEST CORPORATION	04/18/2024	Regular	0.00	191.95	128362
04.2024 2322	Invoice	04/10/2024	Monthly Charges	0.00	191.95	
	401-096-2207	TELECOMMUNICATIONS	Monthly Charges 2322	191.95		
107	QWEST CORPORATION	04/18/2024	Regular	0.00	278.55	128363
04.2024 5010	Invoice	04/10/2024	Monthly charges Estancia	0.00	278.55	
	401-036-2207	TELECOMMUNICATIONS	Monthly charges Estancia	278.55		
107	QWEST CORPORATION	04/18/2024	Regular	0.00	128.99	128364
04.2024 3165	Invoice	04/10/2024	Monthly Charges	0.00	128.99	
	401-096-2207	TELECOMMUNICATIONS	Monthly Charges 3165	128.99		
VEN01194	Robert Caswell Investigations, Inc	04/18/2024	Regular	0.00	7,170.43	128365
28805	Invoice	04/10/2024	Investigation	0.00	4,802.74	
	401-014-2272	CONTRACT - PROFESSION	Investigation - Milage FEB	325.54		
	401-014-2272	CONTRACT - PROFESSION	Investigation Services Feb 2024	4,477.20		
28863	Invoice	04/10/2024	Forensic Computer Search	0.00	2,367.69	
	401-014-2271	CONTRACT-OTHER SERVI	External Thumb Drive	153.69		
	401-014-2272	CONTRACT - PROFESSION	Travel to Estancia twice	264.00		
	401-014-2272	CONTRACT - PROFESSION	Forensic Computer Search	1,950.00		
VEN01156	SANCHEZ, JAVIER ERNESTO	04/18/2024	Regular	0.00	5.99	128366
306002	Invoice	04/11/2024	Admin open P/O Fy-24	0.00	5.99	
	401-015-2215	MAINTENANCE & REPAIR	Admin open P/O Fy-24	5.99		
3931	SANDIA WELL SERVICE	04/18/2024	Regular	0.00	24,867.75	128367
9436	Invoice	04/11/2024	Chilili Water Storage as per Resolution 20	0.00	24,867.75	
	836-000-1208	AMERICAN RESCUE ACT	Sch 40 PVC 2" lateral pipe	7,500.00		
	836-000-1208	AMERICAN RESCUE ACT	Travel/Labor	2,000.00		
	836-000-1208	AMERICAN RESCUE ACT	Misc Electrical	100.00		
	836-000-1208	AMERICAN RESCUE ACT	Misc Brass Fitting	100.00		
	836-000-1208	AMERICAN RESCUE ACT	Franklin SD 20 Constant Pressur	2,300.00		
	836-000-1208	AMERICAN RESCUE ACT	Franklin SD 1 1/2 hp FMH mulits	2,600.00		
	836-000-1208	AMERICAN RESCUE ACT	Franklin Submersible Pump	2,500.00		
	836-000-1208	AMERICAN RESCUE ACT	1600 gallon UV resistant black p	2,500.00		
	836-000-1208	AMERICAN RESCUE ACT	Load Center 240 volt	350.00		
	836-000-1208	AMERICAN RESCUE ACT	Backhoe	3,000.00		
	836-000-1208	AMERICAN RESCUE ACT	Tax	1,517.75		
	836-000-1208	AMERICAN RESCUE ACT	Direct Burial 8/3 wire with grou	400.00		
5539	SUMMITT FIRE & SECURITY LLC	04/18/2024	Regular	0.00	2,661.66	128368

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1454051	Invoice	04/10/2024	SNIB2 for card reader	0.00	2,661.66	
	401-015-2215		MAINTENANCE & REPAIR		1,744.26	
	401-015-2215		MAINTENANCE & REPAIR		917.40	
5539	SUMMITT FIRE & SECURITY LLC	04/18/2024	Regular	0.00	6,096.71	128369
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
2142226	Invoice	04/10/2024	SSA agreement	0.00	6,096.71	
	401-015-2215		MAINTENANCE & REPAIR		6,096.71	
5605	TRANSWORLD NETWORK CORP.	04/18/2024	Regular	0.00	85.90	128370
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
15767710-0522	Invoice	04/11/2024	INTERNET FOR 702 DUNLAVY WILLARD DI	0.00	85.90	
	406-091-2207		TELECOMMUNICATIONS		85.90	
2858	WASTE MANAGEMENT OF NM INC.	04/18/2024	Regular	0.00	1,887.63	128371
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0648960-0573-9	Invoice	04/10/2024	Monthly dumpster charges- dist 3	0.00	1,098.54	
	408-091-2210		UTILITIES - WATER		1,098.54	
0649289-0573-2	Invoice	04/10/2024	Monthly dumpster charges- A.S	0.00	74.64	
	401-082-2210		UTILITIES - WATER		74.64	
0649610-0573-9	Invoice	04/10/2024	Monthly dumpster charges- dist5	0.00	714.45	
	405-091-2210		UTILITIES - WATER		714.45	
4384	WATERWAY OF NEW MEXICO	04/18/2024	Regular	0.00	7,663.24	128372
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
3555	Invoice	04/10/2024	Hose and Ladder Testing District 2 2024	0.00	4,023.70	
	406-091-2248		SUPPLIES - SAFETY		8.00	
	406-091-2248		SUPPLIES - SAFETY		3,522.75	
	406-091-2248		SUPPLIES - SAFETY		492.95	
3556	Invoice	04/10/2024	Hose and Ladder Testing District 1 2024	0.00	686.83	
	407-091-2248		SUPPLIES - SAFETY		464.00	
	407-091-2248		SUPPLIES - SAFETY		210.83	
	407-091-2248		SUPPLIES - SAFETY		12.00	
3557	Invoice	04/10/2024	District 5 Hose/Ladder Testing FY24	0.00	2,677.71	
	405-091-2248		SUPPLIES - SAFETY		2,326.50	
	405-091-2248		SUPPLIES - SAFETY		150.30	
	405-091-2248		SUPPLIES - SAFETY		4.00	
	405-091-2248		SUPPLIES - SAFETY		196.91	
3562	Invoice	04/10/2024	District 1 Pump Testing FY24	0.00	275.00	
	407-091-2248		SUPPLIES - SAFETY		275.00	
810	WILLARD, VILLAGE OF	04/18/2024	Regular	0.00	455.03	128373
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
03.2024	Invoice	04/10/2024	Monthly water	0.00	455.03	
	418-091-2210		UTILITIES - WATER		333.33	
	418-091-2210		UTILITIES - WATER		121.70	

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
5380	VOYA HOLDINGS, INC.	04/11/2024	Bank Draft	0.00	2,100.55	DFT0000768
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003384	Invoice	04/11/2024	Voya	0.00	2,100.55	
	401-000-9001		Payroll Liabilities		2,100.55	
233	PUBLIC EMPLOYEES RETIREMENT	04/11/2024	Bank Draft	0.00	54,629.20	DFT0000769
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003387	Invoice	04/11/2024	PERA Retirement	0.00	54,629.20	
	401-000-9001		Payroll Liabilities		39,430.10	
	401-000-9001		Payroll Liabilities		15,199.10	
448	NM TAXATION & REVENUE	04/11/2024	Bank Draft	0.00	7,826.23	DFT0000770
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003388	Invoice	04/11/2024	State Tax	0.00	7,826.23	
	401-000-9001		Payroll Liabilities		7,826.23	
1656	INTERNAL REVENUE SERVICE	04/11/2024	Bank Draft	0.00	47,516.54	DFT0000771
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003389	Invoice	04/11/2024	Federal Tax	0.00	47,516.54	
	401-000-9001		Payroll Liabilities		17,312.72	
	401-000-9001		Payroll Liabilities		23,303.86	
	401-000-9001		Payroll Liabilities		6,899.96	
233	PUBLIC EMPLOYEES RETIREMENT	04/10/2024	Bank Draft	0.00	166.13	DFT0000772
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003392	Invoice	04/10/2024	PERA Retirement	0.00	166.13	
	401-000-9001		Payroll Liabilities		166.13	
448	NM TAXATION & REVENUE	04/10/2024	Bank Draft	0.00	6.26	DFT0000773
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003393	Invoice	04/10/2024	State Tax	0.00	6.26	
	401-000-9001		Payroll Liabilities		6.26	
1656	INTERNAL REVENUE SERVICE	04/10/2024	Bank Draft	0.00	113.22	DFT0000774
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003394	Invoice	04/10/2024	Federal Tax	0.00	113.22	
	401-000-9001		Payroll Liabilities		91.76	
	401-000-9001		Payroll Liabilities		21.46	
448	NM TAXATION & REVENUE	04/11/2024	Bank Draft	0.00	86.79	DFT0000776
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
INV0003395	Invoice	04/11/2024	State Tax	0.00	86.79	
	401-000-9001		Payroll Liabilities		86.79	
1656	INTERNAL REVENUE SERVICE	04/11/2024	Bank Draft	0.00	709.61	DFT0000777

Check Report

Date Range: 04/04/2024 - 04/18/2024

Vendor Number Payable #	Vendor Name Payable Type Account Number	Payment Date Post Date	Payment Type Payable Description Account Name Item Description	Discount Amount Discount Amount	Payment Amount Payable Amount Distribution Amount	Number
INV0003396	Invoice 401-000-9001 401-000-9001 401-000-9001	04/11/2024	Federal Tax	0.00	709.61	
			Payroll Liabilities Medicare Taxes		166.62	
			Payroll Liabilities Federal Tax		157.35	
			Payroll Liabilities FICA Tax		385.64	

Bank Code Main Checking Summary

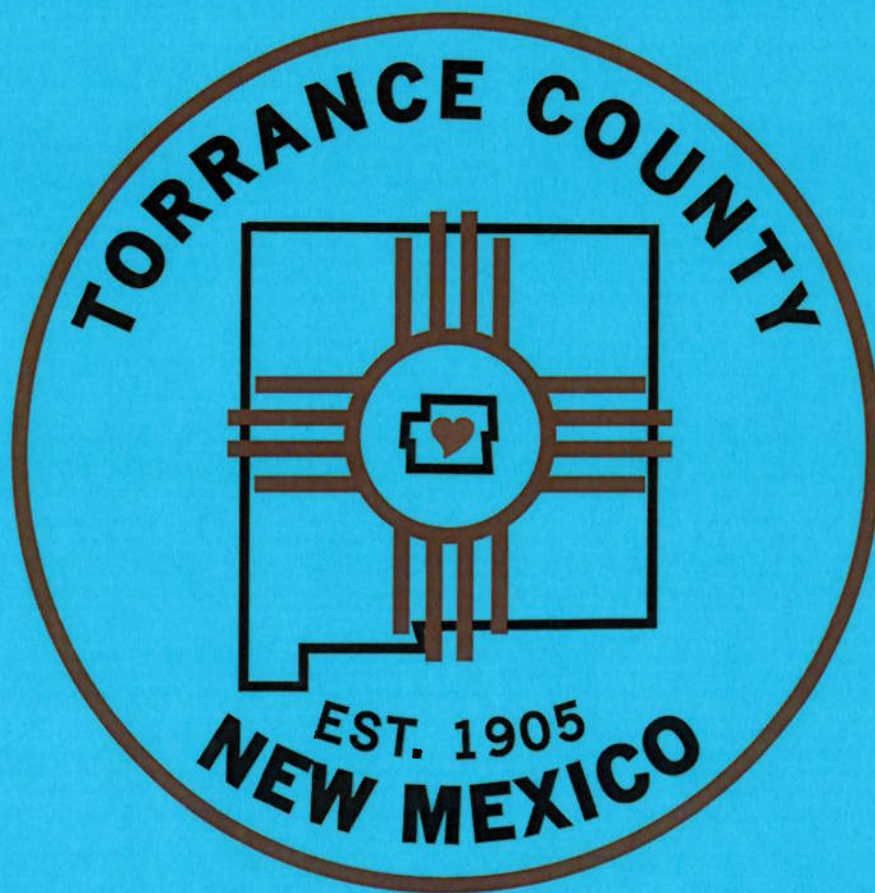
Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	173	157	0.00	254,986.84
Manual Checks	0	0	0.00	0.00
Voided Checks	0	1	0.00	0.00
Bank Drafts	9	9	0.00	113,154.53
EFT's	11	5	0.00	1,032,824.03
	193	172	0.00	1,400,965.40

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	173	157	0.00	254,986.84
Manual Checks	0	0	0.00	0.00
Voided Checks	0	1	0.00	0.00
Bank Drafts	9	9	0.00	113,154.53
EFT's	11	5	0.00	1,032,824.03
	193	172	0.00	1,400,965.40

Fund Summary

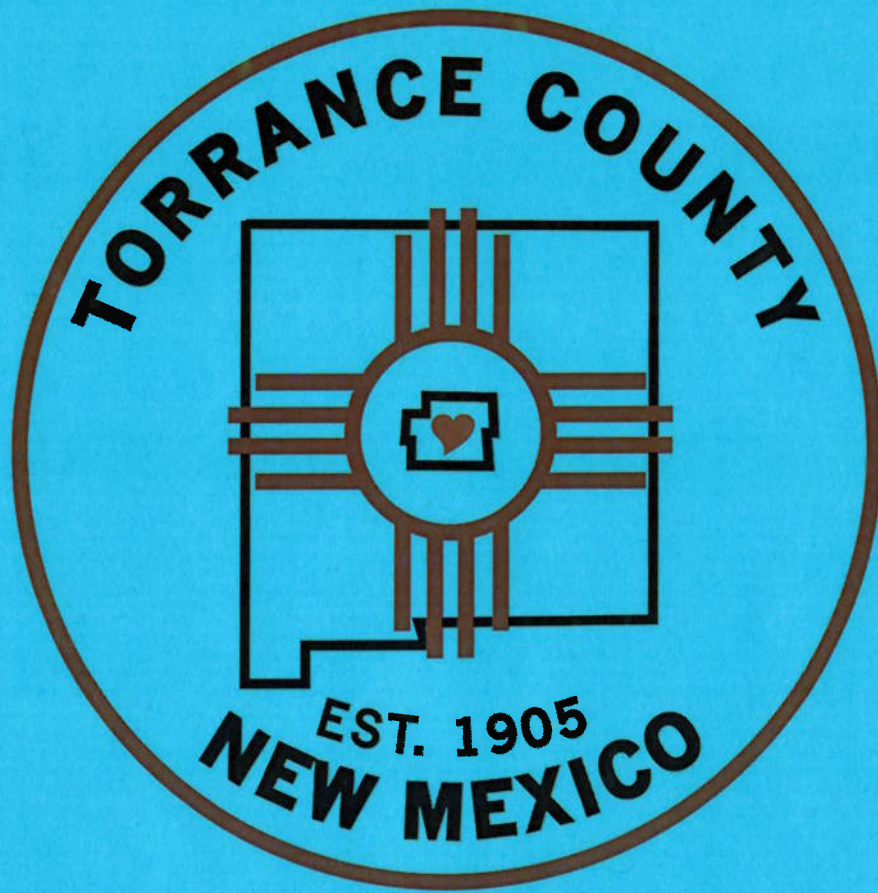
Fund	Name	Period	Amount
999	Pooled Cash	4/2024	1,400,965.40
			1,400,965.40



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 10



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 11-A



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**TORRANCE COUNTY
BOARD OF COUNTY COMMISSIONERS
RESOLUTION NO. 2024- _____**

**A RESOLUTION SETTING LAW ENFORCEMENT PERSONNEL OVERTIME THRESHOLD,
SUPERSEDING RESOLUTION 2024-02, AND MAINTAINING THE FLSA § 7K EXEMPTION**

WHEREAS, in the course of providing services to the people of Torrance County, it is imperative that the Torrance County Sherriff’s Office provide 24-hour service; and

WHEREAS, law enforcement personnel include certified deputy sheriffs employed by Torrance County; and

WHEREAS, Section 13(b)(20) of the Fair Labor Standards Act (FLSA) provides an overtime exemption to law enforcement employees of a public agency for a 43-hour, 1-week work period, or an 86 hour, 2-week pay period; and

WHEREAS, Public Employee Retirement Association Benefits do not accrue based on overtime payments to employees; and

WHEREAS, Section 7(k) of the FLSA provides that employees engaged in fire protection or law enforcement may be paid overtime on a “work period basis” which may be from 7 consecutive days to 28 consecutive days in length, during which overtime pay may be required after a threshold number of hours worked; and

WHEREAS, the Board of County Commissioners understands the need to compensate its law enforcement personnel with competitive wages, and understands that it may voluntarily pay overtime at a lower threshold than that allowed by the FLSA.

NOW, THEREFORE BE IT RESOLVED that the Torrance County Board of County Commissioners maintains its declaration that it avails itself of the FLSA § 7(k) exemption for the Torrance County Sheriff’s Office for certified deputies as stated in Resolution No. 2024-02, with an FLSA overtime threshold of 86 hours in a 14-day work period; and

BE IT FURTHER RESOLVED that Torrance County shall voluntarily pay its law enforcement personnel at an overtime rate of time plus one half for hours worked above 40 hours during a 7-day work period for that department; and

BE IT FURTHER RESOLVED that wages reported to PERA shall be reported on the 40-hour week basis; and

BE IT FURTHER RESOLVED that this Resolution supersedes Resolution 2024-02.

DONE THIS 24th DAY OF APRIL, 2024.

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APPROVED AS TO FORM ONLY:

BOARD OF COUNTY COMMISSIONERS

Michael I. Garcia, County Attorney

Ryan Schwebach, Chair, District 2

Date: _____

Kevin McCall, Vice Chair, District 1

Samuel D. Schropp, Member, District 3

ATTEST:

Linda Jaramillo, County Clerk

Date: _____



TORRANCE COUNTY
BOARD OF COUNTY COMMISSIONERS
RESOLUTION NO. 2024- 02

LAW ENFORCEMENT PERSONNEL FLSA §7K EXEMPTION

WHEREAS, in the course of providing services to the people of Torrance County, it is imperative that the Torrance County Sheriff's Office provide 24-hour service; and

WHEREAS, law enforcement personnel include certified deputy sheriffs employed by Torrance County; and,

WHEREAS, Section 13(b)(20) of the Fair Labor Standards Act (FLSA) provides an overtime exemption to law enforcement employees of a public agency for a 43-hour, 1-week work period, or an 86 hour, 2-week pay period; and,

WHEREAS, Public Employee Retirement Association Benefits do not accrue based on overtime payments to employees; and

WHEREAS, Section 7(k) of the FLSA provides that employees engaged in fire protection or law enforcement may be paid overtime on a "work period basis" which may be from 7 consecutive days to 28 consecutive days in length, during which overtime pay may be required after a threshold number of hours worked,

NOW, THEREFORE BE IT RESOLVED that the Torrance County Board of County Commissioners declares that it avails itself of the FLSA § 7(k) exemption for the Torrance County Sheriff's Office for certified deputies, declaring an 86-hour overtime threshold for a 14-day work period for that department; and BE IT FURTHER RESOLVED that wages reported to PERA shall be reported on this basis.

DONE THIS 10th DAY OF JANUARY, 2024.

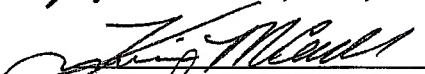
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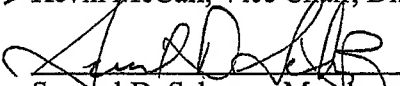
BOARD OF COUNTY COMMISSIONERS


Michael I. Garcia, County Attorney


Ryan Schwebach, Chair, District 2

Date: 10 Jan 24


Kevin McCall, Vice Chair, District 1

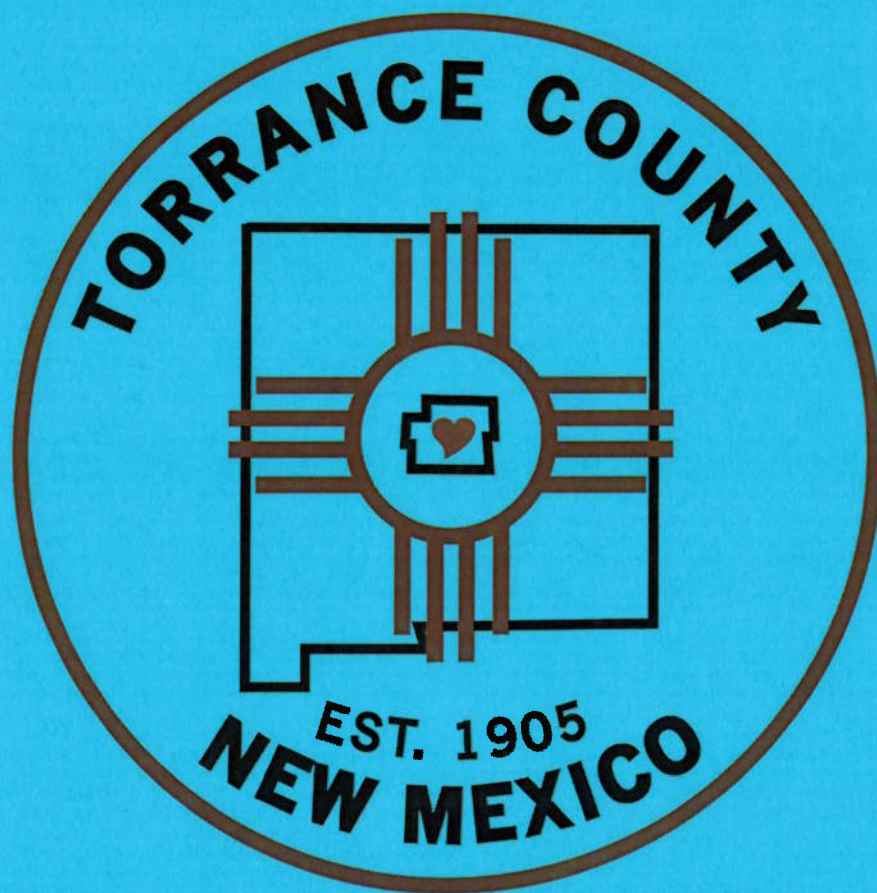

Samuel D. Schropp, Member, District 3

ATTEST:


Linda Jaramillo, County Clerk

Date: 1-10-2024





**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 12-A

TORRANCE COUNTY FIRE DEPARTMENT



EMS Guidelines

January 2024

Torrance County Guidelines produced in a collaboration between:

Dr. John Kah, Medical Director

James Winham, Fire Chief

Hanna Sanchez, Deputy Fire Chief/ EMS Director

Lieutenant William Neufeld, Head Paramedic

Approved: Date

For Medical Direction assistance call:

Dr. John Kah: (206) 992-8194

Christus St. Vincent Emergency Department: (505) 913-3934



Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B. Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

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Medication	FR	EMT-B	EMT-I	EMT-P
Acetylsalicylic Acid (ASA, Aspirin)	X	X	X	X
Albuterol	X	X	X	X
Epinephrine 1:1,000 (Adrenaline)	X	X	X	X
Ibuprofen	X	X	X	X
Ipratropium	X	X	X	X
NAAK (Nerve Agent Antidote Kit)	X	X	X	X
Oral Glucose	X	X	X	X
Oxygen	X	X	X	X
Acetaminophen		X	X	X
Naloxone (Narcan)		X	X	X
Dextrose (D50; D25; D10)			X	X
Dexamethasone			X	X
Diphenhydramine (Benadryl)			X	X
Epinephrine 1:10,000			X	X
Fentanyl			X	X
Glucagon			X	X
Hydroxocobalamin			X	X
Lactated Ringers (LR)			X	X
Lidocaine (For IO Administration Only)			X	X
Methylprednisolone (Solumedrol)			X	X
Morphine Sulfate			X	X
Nitroglycerin			X	X
Ofirmev (Acetaminophen IV)			X	X
Ondansetron (Zofran)			X	X
Promethazine (Phenergan)			X	X
Sodium Chloride (0.9%)			X	X
Toradol			X	X
Adenosine				X
Amiodarone				X
Atropine				X
Calcium Gluconate				X
Diazepam				X
Lidocaine				X
Magnesium Sulfate				X
Midazolam (Versed)				X
Oxytocin				X
Phenylephrine nasal spray				X
Sodium Bicarbonate				X
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I. System Guidelines

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Introduction

The Torrance County EMS Protocols covers EMS Providers associated with Torrance County. The mission of the Torrance County EMS System is to provide high quality Emergency Medical Services and the most recent practices and standards of the EMS community. This document is a tool to be used by the pre-hospital providers that operate in the Torrance County system. All providers that utilize this document must understand that these guidelines are ever evolving and influence for change comes from the street providers, Paramedics and EMT's. If an individual provider or service would like to alter verbiage in this document, submit changes to johnfkah@gmail.com (John Kah, medical director) or to hsanchez@tcnm.us (Hanna Sanchez, EMS director). Changes brought forth by EMS providers and agencies, will be evaluated, adapted if necessary and reviewed by all agencies involved for approval. If changes are deemed to be medically accurate and rooted in evidence-based medicine and common EMS practices nationwide, then alterations to the document can occur. Changes can be made to the document at any time especially in the case of errors, drug shortages or other unforeseen events. Every attempt has been made to reflect sound medical guidelines based on currently accepted standards of care for out of hospital medicine. Despite best efforts, these guidelines may contain typographical errors or omissions. No guideline can account for every clinical scenario encountered and the medical director understands that in rare circumstances deviation from these guidelines may necessary in the patient's best interest. Variance from the guidelines should always be done with the patient's best interest in mind with documented clinical reasoning and judgment. All variance from guidelines should be documented and submitted to each individual agency leadership as well as to the medical director.

Guideline Key

Boxes that are clear (**AP**) describe general information applicable to all providers

Boxes that are colored purple describe actions specified for **First Responders** for quick reference and to highlight areas where confusion sometimes exists.

Boxes colored green describe **BLS** actions (in general FR and EMT Basic unless specified as EMT only) and are applicable to all certification levels.

Boxes colored yellow describe actions applicable for **Intermediate** level or higher certification.

Boxes colored red describe actions applicable at the **Paramedic** level.

FR	B
I	P

The guidelines are presented in an algorithm format. An algorithm is intended to reflect real- life decision points visually. An algorithm has certain limitations, and not every clinical scenario can be represented.

Although the algorithm implies a specific sequence of actions, it may often be necessary to provide care out of sequence from that described in the algorithm if dictated by clinical needs. An algorithm provides decision-making support, but need not be rigidly adhered to and is no substitute for sound clinical judgment.

Unless otherwise specified, guidelines are applicable to both adult and pediatrics. Specific medication dosing for pediatric patients is available in the formulary pages.

Activities of EMS personnel must be in compliance with all applicable federal, state, county and local laws and regulations including as applicable: NM Department of Health 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, NM Department of Health 7.27.10 NMAC, Certification of Emergency Medical Services Agencies, PRC Regulation 18.3.14 NMAC, Ambulance Services and the Federal Controlled Substances Act.

Dedication

This document is dedicated to our most important concern, the patient. This document is further dedicated to the volunteer and paid EMS professionals at all levels who have committed their time and energy to helping others. Every patient will be afforded the best care available, in accordance with these guidelines and the EMS provider's best judgment, without regard to the patient's age, gender, lifestyle, mental status, national origin, religion, creed, color, race, diagnosis or prognosis, complaint, or ability to pay for services rendered. There is a zero-tolerance policy for discrimination.

Guidelines & Protocols

EMS First Responders are considered a valuable part of the team, and may utilize skills and procedures commensurate with their training and certification/licensure. Non-certified First Responders **may not** function under these protocols. Only **state certified** EMS First Responders may perform semi-automatic defibrillation. This document reflects the changes to the New Mexico EMS Regulation Scopes of Practice as approved by the Statewide Medical Direction Committee in August of 2014.

It is the inherent responsibility of each EMS service to identify the appropriate level of EMS responders authorized to respond within each respective service area.

Volunteer or career, emergency medicine demands a strong commitment to the profession. It is the responsibility of each EMS provider to remain current in a lifelong process of EMS education. EMS providers are heavily encouraged to attend any available continuing education opportunities. We trust and hope this document to be both informative and helpful.

Emergency medicine continues to evolve at a rapid pace. Accordingly, this document is subject to change as new information becomes available and accepted by the medical community.

Continuous Quality Improvement (CQI)

To maximize the quality of care in EMS, it is necessary to continually review all EMS activity and identify areas of excellence and potential sources of risk. This method allows for recognition of excellent care, development of needs-based continuing education, and mitigation of potentially dangerous medical practice.

TCFD QI does not exist to scrutinize every care decision, nor will an arbitrary approach be taken toward the staff at any time. The QI process exists to support the field crews and to educate as needed.

Department Guidelines:

- All EMS runs will be reviewed on a quarterly basis and an appropriate Run Review form will be completed as needed.
- Specific QA forms generated by field staff will be forwarded to the Fire Chief
- Any exceptional charts will be tagged and forwarded to the Medical Director as they are discovered.
- Any significant guideline deviations will be tagged and a Crucial Conversation will be scheduled with the provider.

Medical Director Guidelines:

- EMS runs will be reviewed in a timely manner and a record will be maintained of these runs. Records will be maintained.
- Department Case Reviews will be held a minimum of 2-3 times a year. During these sessions, interesting or problematic runs will be discussed and any potential teaching points will be made. These reviews may be combined with other in-service training.
- EMS Run Reports will not be falsified. Any changes can only be done when documented as an addendum.
- It is **MANDATORY** that all licensed personnel attend all Medical Director case reviews annually.
- The Medical Director may make certain reviews or CE's mandatory in order for providers to continue to practice under their license, or in order to perform certain skills.

Control of Patient Care

The individual with the highest level of training is in control of patient care while awaiting a transport unit.

- If another transport capable agency will be transporting a patient, they shall receive a patient report from the most appropriate on scene caregiver, and assume responsibility for the patient at the time the patient is placed onto their gurney.
- Providers from outside a given district will be subordinate to providers from the district in which a call originates UNLESS:
 - The patient has been turned over to an outside transport service.
 - A provider of higher training level arrives from a service or district with whom there is a mutual aid agreement.
 - A provider of a higher training level who is known to be licensed in New Mexico arrives on a scene and has permission to treat from the local Medical Director.

The rank structure for medical care (ICS should still take place when necessary):

- Local Medical Direction
- EMT-P
- EMT-I
- EMT-B
- Family Nurse Practitioner, Nurse, Physician Assistant (these providers may function at a rank equal to EMT-B, EMT-I, or EMT-P as designated by their local medical director(s)*)
- First Responder
- A person who is a recognized active EMS service member but not an EMT may assist in patient care up to and within that provider's scope of practice BUT only up to the level of the highest pre-hospital provider on scene, **subject to the direction, control and approval of the on-scene EMS provider**. The presence of other health care providers does not release an EMS service from the staffing requirements as outlined by the Public Regulatory Commission. Nurses and mid-level providers are valued members of the EMS team, and must commit to continuing education and refresher courses identical to licensed EMS providers. Nurses and mid-level providers are required to attend a formal EMS course and obtain an EMS license to become a functional provider in the EMS system. Current EMS, nursing, and mid-level provider regulations do not adequately address the issue of nurses and mid-level providers functioning in the field.

Documentation of Patient Care

Designation of Condition: To clarify the need to do proper documentation on all patient encounters.

- An EMS run report will be generated for every patient encounter. The dCHARTe format will be used as a guideline for the narrative section of the report.
- The lead provider (the lead provider is defined as the provider attending to patient care) will be responsible for ensuring that a Department and Medical Director approved PCR or ePCR is generated.
- The names of all crewmembers or caregivers who participated in patient care should be included in the PCR/ePCR.
- When possible, the names of the providers (if known) from whom the transporting medic unit assumes care should also be noted.
- Any changes or additions to a report after it has been signed will be documented as an addendum.
 - This will include the term: "Addendum," followed by Time and Date. Then the specific items can be added, followed by the writer's initials.
- All non-patients and patients that are NOT transported will be documented on an EMS Liability Release Form as well as an EMS report form.
- All reports are confidential and all information will be treated as such and only released as applicable by local, state and federal law. All reports that contain patient information will be kept in a secure area to ensure confidentiality.
- As a general rule, a copy of the patient's field notes should be left at the receiving facility with the patient.
- Patient reports for data entry will be completed within 48 hours of patient encounter. All reporting shall be appropriately documented using approved PCR/ePCR software in accordance with State Law and Department guidelines.

Diversion of EMS Units

Designation of Condition: To promote optimal patient care through the coordinated efforts of the EMS and hospital systems. To allow for proper patient destination based on patient request and facility status during times when the facility staff feels it is temporarily incapable of providing optimal care to further patients.

- All hospital systems must work to keep their facilities on an open status, however hospitals may divert within their own hospital system. Current guidelines for patient destination should be maintained including patient request and closest hospital.
- Cardiac arrest or unstable airway patients will still go to the closest appropriate facility, unless they are on "totally closed". MCI guidelines may alter the patient destination decisions.
- If a circumstance arises when a field paramedic feels it is mandatory to override a divert because of risk to the patient or provider, they should advise the receiving hospital that they are overriding and give a med report and ETA. These cases will prompt mandatory QI reporting to the appropriate medical director.
- If a unit is on the property of a hospital (cross the driveway), you should not leave the facility. Advise the facility you are already on the hospital grounds.

EMTALA Risk

(The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.)

Designation of Condition: To minimize EMTALA risk to hospitals by EMS transport units.

- When circumstances arise and an EMS transport unit is on a hospital's property, the EMS unit will not divert to another hospital.
- If you get a divert order from the facility and you are on their property, you will advise the facility that you are on their property and will not be diverting.
- Upon arrival, advise the staff of the EMTALA risk and tell them that an internal quality assurance will be generated and will be reviewed by the medical director.

- Radio reports will be done as early as possible during transport to minimize EMTALA risk.

Emergency Department Patient Turnover

Designation of Condition: Expedite appropriate and timely of turnover of pre-hospital patients to the Emergency Department staff.

- Expeditious and complete patient turnover will be the goals of all personnel involved.
- It is assumed that the responsibility for patient care reverts to the E.D. staff when the patient enters the E.D. rather than after a formal turnover report. EMS personnel will strive to do what is right for the patient and keep continuity of care until report is given.
- It is expected that ED staff will receive pre-hospital personnel in a timely manner on arrival to ED and direct them to the appropriate bed or ED area.
- Pre-hospital personnel will assist in moving patient to a safe place within the hospital and give a complete pre-hospital report.
- EMS field notes should be left at the hospital when the patient is turned over to the hospital staff.
- It is expected that complete turnover will be completed within 15 minutes of ED arrival or when the relevant EMS run report is complete, whichever is longer.
- If the above criteria is not met and the patient remains on the pre-hospital gurney greater than 15 minutes, pre-hospital personnel will seek a safe place to unload the patient and give a completed field notes report to the first available ED staff RN or MD and then return to service.
- There is no obligation for EMS personnel or equipment to be utilized once in the E.D. area.
- Completed ePCR reports shall be uploaded into the ePCR (NMEMSTARS) within 48 hours following patient turn over so that the receiving facility can access the completed report.

Helicopter Usage

Designation of Condition: To optimize air medical services in Torrance County.

- Critical or serious trauma or medical patients when ground transport will take longer than 30 - 45 minutes (excluding cardiac arrest patients from any cause-helicopter transport is not appropriate for these patients).
- Multiple trauma victims and inability of ground personnel to manage and transport adequately.
- Trauma patients in situations where ground transport is compromised (ex: mechanical failure, remote location or poor road conditions).
- Trauma victims with long extrication times.
- Disaster situations.
- Requests for helicopter transport should be made through Torrance County Communications Center.

Hospitals

Contact Albuquerque Base on Med Channel 2 for clearance on med channels.

HOSPITAL	MED RADIO CHANNEL	TRAUMA DESIGNATION	PHONE NUMBER	CATH CAPABLE
Presbyterian- Down Town	7	0	(505) 841-1111	YES
Presbyterian-Kaseman	7	0	(505) 291-2122	
Presbyterian-Rust Medical	7	0	(505) 253-7878	
Lovelace- Down Town	6	0	(505) 727-1010	
Lovelace-Westside	6	0	(505) 727-2050	
Lovelace-Womens	6	0	(505) 727-7713	
Lovelace- Heart Hospital	6	0	(505) 724-2375	YES
UNM University Hospital	1	1	(505) 272-2411	YES
Sandoval Regional Medical Center	8	0	(505) 994-7615	
Veterans Administration	3	0	(505) 256-2793	YES
Christus St. Vincent Hospital	5	3	(505) 995-3934	YES
Los Alamos Medical Center	5	0	(505) 662-2455	
San Juan Regional Medical Center	4	3	(505) 609-6100	YES
Presbyterian Santa Fe	5	0	(505) 772-1008	
Crownpoint IHS	6	0		
Presbyterian Espanola Hospital	5	0	(505) 753-1565	

Medical Control

EMS providers in TCFD provide care under their own license. Their relationship with physicians may take the form of Direct or Indirect Medical Control. Indirect medical control is represented by these guidelines or the guidelines specific to the service in which the provider functions. A physician who is in direct communication with the prehospital provider at the time care is being given provides the direct Medical Control. This is ideally done by a Medical Control Emergency Physician (MCEP). For situations not covered by these guidelines, or when physician contact is required by these guidelines, Direct Medical Control must be established according to the following guidelines:

Guidelines for Direct Medical Control

- If pre-established physician-patient relationship exists and this physician is on scene, it shall take precedence over these guidelines, and said physician shall have direct medical control until he/she expressly relinquishes it to the MCEP. The EMS providers are not bound to follow the orders of this physician but instead are governed by these guidelines. Every reasonable effort should be made to assist in patient care.
- A physician physically present at the scene who offers to assist in the patient's care may be allowed to do so if the following conditions are met:
 - The physician identifies them self to the EMS provider in charge of patient care as a currently licensed physician in the State of New Mexico.
 - The physician agrees to accompany the patient to the hospital and to provide care until care can be appropriately transferred to an MCEP.
 - The physician agrees to sign the EMS Run Form in the "Medical Control" space.
 - If the on-scene medical intervention orders conflict with these guidelines, they shall be placed in contact with the MCEP. If a conflict remains, the EMS personnel shall be obligated to carry out the orders of the MCEP.
 - Emergent Direct Medical Control is available by contacting the MCEP at any one of the hospitals listed prior. It is preferable to make contact with the MCEP at the hospital to which the patient is being transported, but this is not always possible. Direct medical control is also available through the Service Medical Director or the County Medical Director although this is typically not appropriate in emergency situations.

MCEP Consult

EMS providers are encouraged to request a physician consult for patients that they feel might merit the immediate attention of the receiving Emergency Department Physician, or for on scene decisions such as patient refusals. When requested, a direct report from the EMS provider to the Physician should be accomplished soon after the patient arrival in the ED. This guideline is intended for both medical and trauma related events. Document all MCEP encounters on run form. Always document the MCEP's name.

The Unattended Home Death

- When a death occurs outside of a licensed nursing home or hospital facility and the private personal physician of the decedent does not attend the death, that death is considered an unattended death. By law, all unattended deaths fall under the jurisdiction of the OMI and it is necessary for the OMI to conduct a full investigation.
- In all cases of unattended death law enforcement must be contacted. EMS personnel will request law enforcement on all deaths. The scene will then be turned over to law enforcement and it will then be up to law enforcement to request OMI.
- All unattended deaths are to be considered a crime scene by EMS until told otherwise by law enforcement on scene. For this reason, extreme care must be exercised for preservation of the crime scene. Any medical equipment that is used on the patient should be left with the patient (example: IV lines, airway devices, etc.). If external blood loss is caused by EMS (example IV attempts) it should be noted in the EMS run report as well as verbalized to the first arriving law enforcement officer.
- The body of the deceased should not be moved until law enforcement is on scene. No one should be allowed to remain in the room of the deceased alone until law enforcement is on scene.
- An EMS field report/notes should be filled out on scene and a copy left with law enforcement for OMI.

Death of Potential Violent Origin

- In addition to all of the elements outlined in the Unattended Home Death guideline, extra awareness of crime scene preservation must be exercised.
- For motor vehicle accidents, this includes: skid marks, debris scattering patterns, clothing location, etc. EMS personnel should realize that on occasion simple placement of units (unmarked vehicles or private owned vehicles) might place them into the crime scene and subject to the control and authority of law enforcement on scene.
- Weapons or sources of injury should not be touched, moved or altered in any way. The only exception to this is when EMS personnel on scene feel that there is a legitimate threat of harm for themselves or additional personnel on scene. In most cases, this means that the scene was not secure and probably should not have ever been entered. If the scene is not safe and you do not have the resources to make it safe, leave the scene. EMS safety always takes precedence over patient safety.

Death on Native American Lands

- When a death occurs on Native American Land, assure that Tribal Officials, the police from the specific pueblo (if available), and/or BIA Police are notified and on the scene. The death will be handled by these officials in accordance to the laws and traditions of the specific pueblo, and may or may not involve the Office of the Medical Investigator. Please document the circumstances as appropriate, and leave a copy of the EMS field report/notes for the law enforcement officials present.

Transfer of Care Responsibility & Delegation

Generally, an EMS provider will remain with the patient and remain responsible for patient care until another licensed EMS provider of equal or higher training and capability receives an oral report and assumes responsibility for patient care.

It will be the expectation that anytime a request for a TCFD Medic Unit intercept occurs, the TCFD unit will become the transporting unit and will release the requesting unit back into service upon transfer of patient care.

- An exception to this guideline would be in the case of an MCI, even if a higher level of care is desirable, to ensure the greatest benefit for the greatest number of patients.
- Inappropriate intercept requests will have a negative effect on the overall emergency system. If a Medic Unit is concerned regarding inappropriate requests for intercepts, a written QI request should be generated.

Law enforcement has NO AUTHORITY in transport decisions unless a law enforcement officer elects to take a patient into custody. The law enforcement officer is then responsible for ALL actions and decisions occurring as a result of their direct orders. Liability and system consequences should be clearly relayed to law enforcement officers and documented in the patient narrative. Whenever a conflict exists, contact Medical Control.

EMS transport personnel will maintain in charge and control of the patient after arrival at the hospital until:

- Proper unloading has occurred. EMS personnel are solely responsible for unloading. Hospital personnel should stay outside the ambulance unless assistance is required.
- A full patient report is provided to the appropriate receiving personnel.

Transport Guidelines

For most calls, scene times should be kept to a minimum. It is understood that extrication, weather conditions, safety factors or other on-scene problems may unavoidably delay transport. The best judgment of the senior EMS personnel present must be used to minimize delays without endangering any caregivers. On scene law enforcement and fire suppression should be consulted if there is a concern for the safety of the caregivers.

Trauma Patients (see trauma designation guideline for definitions of Category 1, 2, and 3)

Category 1 – Transport as soon as possible via the most expeditious and safe method. If ground transport from time of initial patient contact will take more than 30 – 40 minutes, then contact Dispatch and request aeromedical support from one of the helicopter services.

- Attempt to limit the scene time to less than 10 minutes (exception is cases of prolonged extrication).
- Critical airway procedures should be performed at the scene if necessary.
- Spinal immobilization should not delay transport, unless there is no one to assist the primary caregiver once enroute.
- Less critical airway and IV procedures should be performed enroute unless awaiting transport.
- Early intercept for non-paramedic units.
- Transport to UNMH

Category 2 – Transport as soon as possible via the most expeditious and safe method. If ground transport from time of initial patient contact will take more than 30 – 40 minutes, then consider contacting Dispatch to request aeromedical support from one of the helicopter services.

- Critical airway procedures should be performed at the scene if necessary.
- Spinal immobilization should be performed enroute unless awaiting transport.
- Less critical airway and IV procedures should be performed enroute unless awaiting transport.
- Early intercept for non-paramedic units.
- Transport to UNMH

Category 3 – Generally transport by ground unless multiple casualties or ground transport unavailable.

- Spinal immobilization should be performed at the scene.
- Airway procedures and IV's should be initiated enroute when possible.
- Transport to UNMH

Medical Patients – Scene times should be kept to a minimum at all times.

- Procedures which are deemed critical should be initiated at the scene.
- Less critical procedures should be performed enroute when possible.
- Medical patients may be transported via a helicopter service if the patient is critical and ground transport may take more than 30 – 40 minutes.

Air Transport - If it appears that ground transport will take more than 30 – 40 minutes, then consider air transport of serious and critical patients. Air transport may be of benefit in MCI situations as well. Do consider the local weather conditions when contemplating using the air services.

Rescue Unit Transport – on occasion it is necessary that registered medical rescue units transport patients. This is permissible and encouraged if in the best interests of the patients. The transporting vehicle must be configured as an ambulance with an enclosed patient compartment. There must be a minimum of one EMT-B in the patient compartment. Request ALS intercept anytime if the patient's condition warrants.

ALS intercept – An Advanced Life Support intercept is necessary when a patient is transported by a rescue or ambulance needs care from a provider of a higher training level. The benefit should outweigh the risk of time delay and roadside danger.

- This should be arranged as far in advance as possible.
- A safe rendezvous location and time should be arranged over the radio directly or through dispatch.

Choice of Hospital

- Torrance County, being primarily a rural setting, lends itself to long transport times. The patient's choice of hospitals will often take the transport unit out of service for a longer period of time without adequate coverage for its district. All efforts should be made to reasonably shorten the time at the hospital and return to district.
- Trauma patients should be categorized according to the trauma guideline and transported to appropriate facility as outlined.
- In cases of medical cardiac arrest, the patient should be transported to the closest facility capable of caring for the patient.
- Patients without a preference should be transported to the closest facility capable of treating the patient.

Trauma Designation Algorithm

Category 1 Trauma Transport to a Level 1 or 2 Trauma center

Assess physiologic status

- Hemodynamic compromise - SBP <90 mmHg (Hypotension, pallor, tachycardia, or diaphoresis)
- Respiratory compromise - Resp. Rate of <10 or >29 breaths per minute (<20 in infant aged <1 year), or need for ventilator support.
- Unconscious or deteriorating mental status – GCS ≤ 13

Category 2 Trauma Transport to a Level 1 or 2 Trauma center

Assess anatomical injury

- All penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
- Chest wall instability or deformity (i.e. flail chest)
- Trauma with burns of 10% or > or inhalation injuries
- 2 or more proximal long-bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Paralysis
- Amputation proximal to wrist or ankle
- Open or depressed skull fractures
- Pelvic fractures
- Altered mental status

Category 3 Trauma Transport to any level Trauma center if NONE of the above criteria are present

- Assess mechanism of injury and risk for occult injury
 - Falls: Adults: >20 feet (one story =10 feet) Children: >10 feet or two to three times the height of the child
- High-risk auto crash
 - Intrusion, including roof: >12 inches occupant site; >18 inches any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with a high risk for injury;
- Automobile versus pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact;

- Motorcycle crash >20 mph
 - High-energy event of clinical significance

Special Considerations – Consider transport to appropriate Trauma center if ANY of the following are present:

- Older Adults
 - Risk for injury/death increases after age 54 years
 - SBP <110 might represent shock after age 65 years
 - Low impact mechanisms (e.g., ground-level falls) might result in severe injury
- Children
 - Should be triaged preferentially to pediatric capable trauma centers
- Anticoagulants and bleeding disorders
 - Patients with head injury are at high risk for rapid deterioration
- Burns
 - Without other trauma mechanism: triage to burn facility
 - With trauma mechanism: triage to trauma center
- Pregnancy >20 weeks
- EMS provider judgment

If the patient has none of the indicators listed for Category 1, 2, or 3, then the patient meets “noncategory” trauma criteria and may be transported to the requested or closest facility

Footnotes

1. Tachypnea (hyperventilation) alone will not necessarily initiate this level of response
2. Non-life threatening, minor injuries excluded
3. Altered mental status (secondary to sedative or hypnotic will not necessarily initiate this level of response)
4. High-energy event of clinical significance = large release of uncontrolled energy to patient. These events may include rollover crashes, motorcycle, ATV or bicycle crashes, auto versus pedestrian impacts, significant assaults or altercations, or extrication times > 20 minutes. Assume patient is injured until proven otherwise (multi-system injuries may be present) and exercise clinical judgment considering direction and velocity of impact, patient kinematics, physical size and vehicle damage. Age and co-morbid factors/conditions should be considered in triage level decisions.
5. If a patient with evidence of a high energy event of clinical significance but without any clinical signs or symptoms of injury refuses transport to the trauma center and requests another facility, the paramedic will contact the MCEP at the requested facility and follow their guidance.

Transport Capable Medical Rescues

Designation of Condition: Emergency transport of a critically ill/injured patient to the nearest appropriate PRC certified ambulance service may be appropriate in the following conditions and only after all appropriate assessment and treatment modalities have been initiated.

- The nearest appropriate PRC certified ambulance provider must be greater than 15 minutes away in order to initiate transport. In no case should the ambulance be delayed for a rendezvous point.
- Indications for Use: The Medical Rescue vehicle must comply with the intent of Regulation 18.3.14 NMAC regarding minimum equipment requirements.

Designation of Condition: Life threatening patient presentation including but not limited to:

- Medical Cardiac Arrest*
- Respiratory Arrest
- Acute respiratory distress
- Overdoses resulting in unconsciousness
- Critical burns, as defined within the guidelines.
- Multi-Systems Trauma with hemodynamic instability.
- Penetrating Trauma to the head, neck, chest, abdomen
- A PRC certified ambulance service may elect to terminate resuscitation while the patient is still in the medical rescue. This could take the rescue out of service for the duration of any law enforcement/OMI investigation.
- Transporting a critical patient to a helicopter landing zone may be appropriate if the patient has one or more of the above conditions. (*exception)
- It is recognized that there may be an occasion during a high-level MCI to have a medical rescue transport stable patients directly to a hospital.

Consent to Treatment and Transport

Implied Consent: An unconscious adult is presumed to consent to treatment for life-threatening injuries/illnesses.

Involuntary Consent: a person other than the patient in rare circumstances may authorize Consent. This may include a court order (guardianship), authorization by a law enforcement officer for prisoners in custody or detention, or for persons under a mental health hold or commitment who are a danger to themselves or others or are gravely disabled.

- Consent may be inferred by the patient's (or guardian) actions or by express statements. If you are not sure that you have consent, clarify with the patient or contact MCEP. This may include consent for treatment decisions or transport/destination decisions.
- Determining whether or not a patient (or guardian) has decision-making capacity to consent or refuse medical treatment in the prehospital setting can be very difficult. Every effort should be made to determine if the patient has decision-making capacity.
- If the guardian for the patient is making a decision that seems to not be in the best interest of the patient, consider consultation with MCEP.
- If the patient lacks decision-making capacity and the patient's life or health is in danger, and there is no reasonable ability to obtain the patient's consent, proceed with transport and treatment of life-threatening injuries/illnesses. If you are not sure how to proceed, Contact MCEP.

A call to 9-1-1 itself does not prevent a patient from refusing treatment. A patient may refuse medical treatment (IVs, oxygen, medications), but you should try to inform the patient of the need for therapies, offer again, and treat to the extent possible. Refusal of certain medical interventions DOES NOT equate to refusal of transport to the hospital.

An adult in the State of New Mexico is 18 years of age or older
Every adult is presumed capable of making medical treatment decisions. This includes the right to make "bad" decisions that the prehospital provider believes are not in the best interests of the patient. A person is deemed to have decision-making capacity if he/she has the ability to provide informed consent, i.e., the patient:

- Understands the nature of the illness/injury or risk of injury/illness.
- Understands the possible consequences of delaying treatment and/or refusing transport.
- Not intoxicated with drugs and/or alcohol
- Given the risks and options, the patient voluntarily refuses or accepts treatment and/or transport.

SEE ALSO:

REFUSAL GUIDELINE
INVOLUNTARY TRANSPORT GUIDELINE
TRANSPORT OF A MINOR GUIDELINE

Dead At the Scene

Designation of Condition: The patient will be unconscious, unresponsive, pulseless, and apneic.

B	<p>Resuscitation efforts may be withheld if any of the following criteria are met:</p> <p>Obviously expired:</p> <ul style="list-style-type: none">• Presence of rigormortis or livermortis• Obvious external exsanguination• Decapitation, burned beyond recognition• Massive open or penetrating trauma to the head or chest with obvious organ destruction• Body decomposition• Extended down time with cold skin <p>Advanced resuscitation efforts may be withheld in the presence of an approved DNR form.</p>
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I	<p>Advanced resuscitation efforts may be withheld in an expected death of a terminal patient without a DNR form, but will require MCEP contact</p>
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Field Pronouncement

General Principles:

For any patient that does not meet criteria for **Dead on Scene** upon initial EMS arrival and assessment, the following are a summary of the guidelines for field pronouncement.

EMS may always consider or initiate transport of any patient perceived to be viable or if scene dynamics or public perception necessitates transport. Consultation with MCEP once in route can be helpful to navigate calls where scene dynamics are the primary driver for transport.

Medical: (please refer to [Cardiac Arrest Guideline](#))

Terminate resuscitation efforts with preferential EMS MCEP call for approval if the following conditions apply:

- ALS (or highest-level provider available) interventions have been implemented for at least 30 minutes, and
 - No return of spontaneous circulation (ROSC) occurred, and
 - The terminal rhythm is asystole
 - The arrest is not the result of hypothermia;
- Any patient who has the following at any point during the resuscitation will be resuscitated on scene for a minimum of 40 minutes:
 - Shockable rhythm present at any point
 - No pulse but the rate on the monitor is >40 beats per min

Trauma: (please refer to [Traumatic Arrest Guideline](#)) Terminate resuscitation

Efforts if the following criteria are met:

- Medical cause is not suspected AND
- Patient is found asystolic after unknown down time following traumatic event or
- Patient becomes asystolic during evaluation for Blunt or penetrating trauma and remains asystolic after Initial lifesaving interventions which include:
 - Opening the airway
 - Providing positive pressure ventilation
 - Exposing the patient to assess for other injury or intervenable condition
 - If in scope, consideration of needle decompression (Paramedic)

Advanced Directives

Definitions:

EMS—DNR for DOH Reg. 94-10 or MOST If the patient has a valid EMS-DNR Order, per DOH Reg. 94-10, or a “New Mexico Medical Orders for Scope of Treatment” (MOST) form, the specifics of the documents will be followed and care will be administered as outlined in the document.

Alternate DNR/Living Will/ Advanced Medical Directive: If the patient has an Alternate “Do Not Resuscitate” (DNR) Order, a “Living Will”, or an “Advanced Directive”, the specifics of the document will be followed and will be administered and judged appropriate by the provider on scene.

If at any point there is confusion about the directives that are outlined or how they apply to the patient, contact MCEP

General Principles:

1. These guidelines apply to both adult and pediatric patients.
2. It is the intention of this guideline to protect the welfare of patients and to respect the appropriate exercise of professional judgments made in good faith by EMS personnel. In cases where there is doubt, MCEP physician for consult.
3. EMS providers should try their best to determine a patient’s end-of-life wishes and honor them. These wishes may not be written down or documentation may be unavailable. In cases where no documentation exists, consider if compelling reasons to withhold resuscitation exist. Example of compelling reasons to withhold resuscitation may include when written information is not available, yet the situation suggests that the resuscitation effort will be futile, inappropriate, and inhumane and the family, life partner, caregiver, or healthcare agent indicates that the patient would not wish to be resuscitated.
4. Specific examples where resuscitation efforts should be withheld or stopped include:
 - A readily available “No CPR” directive based on the patient’s wishes:
 - This could include: personally written directive, wallet card, Healthcare Agent verbal request, MOST form, or other document or item of information that directs that resuscitation not be attempted. Photocopied, scanned, faxed copies are valid.
 - The resuscitation may be stopped if after a resuscitation effort has been initiated, the EMS practitioner is provided with a Do Not Resuscitate directive *or* compelling reasons that such an effort should have been withheld.
 - Suspected suicide does not necessarily invalidate an otherwise valid No CPR directive, DNR order, etc. When in doubt, contact MCEP.
5. Do Not Resuscitate” does not mean “do not care.” A dying patient for whom no resuscitation effort is indicated should still be provided with comfort care which may include the following:
 - Clearing the airway (including stoma) of secretions.
 - Provide oxygen using nasal cannula or facemask and other non-invasive measures to alleviate respiratory distress.
 - Pain management.
 - Transport to the hospital as needed to manage symptoms with the No CPR directive in place

If there is any doubt or concern, Contact MCEP. Whenever any of the above documents or wishes directly impact the care of the patient, these should be documented in the chart

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End of Life Care

While the objective of both hospice and palliative care is pain and symptom relief, the prognosis and goals of care tend to be different. Hospice is comfort care without curative intent; the patient no longer has curative options or has chosen not to pursue treatment because the side effects outweigh the benefits. Palliative care is comfort care with or without curative intent.



Hospice Care Definition

The definition of hospice care is compassionate comfort care (as opposed to curative care) for people facing a terminal illness with a prognosis of six months or less, based on their physician's estimate if the disease runs its course as expected.

Palliative Care Definition

The definition of palliative care is compassionate comfort care that provides relief from the symptoms and physical and mental stress of a serious or life-limiting illness. Palliative care can be pursued at diagnosis, during curative treatment and follow-up, and at the end of life.

Transport Decisions:

At any point the patient or their care team can decide to be transported to the hospital for medical evaluation and treatment. Best practice is to treat and transport in conjunction with patient/family wishes with consideration given to the hospice/palliative team recommendations.

End of Life Transfers to Home:

Often terminally ill patients will be transferred back home from the hospital with the goal to die at home with family in comfortable surroundings. These patients may still have cardiac monitoring, oxygen, still on a ventilator/ CPAP, or vasopressors running with the intent to keep the patients alive until they reach their home. Best practice includes:

1. Confirm care plan with patient, hospital staff, family and if possible, any end of care providers meeting you at the home
2. Transport with any additional assist devices (CPAP/vent) or medications within scope practice
3. Once at the home it is acceptable to remove all medications and life support equipment with the intention of allowing the patient to die in peace.

Refusals

As emergency service providers we should respond to all calls with the intention of providing appropriate pre-hospital patient care. *At no time should we try to talk the patient out of going to the hospital.* Whatever their decision, it must be theirs alone. If the patient asks you whether he/she really needs to go to the hospital, it is recommended that you tell them, "We can't make that determination. If you would like to go to the emergency room to be seen by a doctor, we will provide transportation for you to the hospital of your choice, if available".

The patient **MUST** meet the following criteria in order to refuse care without MCEP consultation:

Age Criteria:

Adult- 18 years of age or older

Emancipated Minor- 16 years of age and married, a minor in the military, or court order divorcing minor from the parents

Presence of legal guardian or conversation by phone with legal guardian for minors

Patient Assessment Criteria:

- Patient must be alert and able to maintain coherent thought and speech
- Patient judgment must not be clouded with alcohol or drug use
- Patient must not have evidence of suicidal tendencies and must not have evidence that they are a danger to themselves or others
- Patient must not exhibit evidence of bizarre or psychotic thought/behavior
- Patient vital signs must be within normal limits (see below)
- Patient must have a neurologic exam including coordination and gait that is normal or consistent with their past medical history
- Patient must not have evidence of life or limb threatening injury or illness

If above criteria are met and the patient refuses treatment or transport, they must demonstrate an understanding of their medical situation and the risks associated with refusal.

If they are NOT met, consider Involuntary Transport Guideline based on State Statute Chapter 24-10B-9.1

Documentation: have the patient sign the refusal portion of the run report and document accordingly.

Include risks that might be specific to the patient unique presentation and that based on your evaluation the patient understands the risks of refusal. When possible, document the plan the patient has for seeking care or other safety planning

All refusals by First Responders require a call in to MCEP

Strongly consider MCEP contact to discuss refusals of patients with any of the following criteria:

- Pediatric refusals under age 5
- Alcohol or substance use is thought to be a significant contributor to the call or patient would be considered clinically intoxicated- even if oriented x4.
- Concerned or recent concern for suicidal ideation or significant psychiatric issue.
- High risk refusals- those you feel strongly the patient is making a very bad decision (based on chief complaint, age, exam findings, vitals etc) or you are not sure based on atypical presentation, unknown variables, level of provider. While frequently this does not change the patient's mind, it does ensure they are aware of all potential risks and further documents by phone the concern for the patient.

Involuntary Emergency Transport

New Mexico State Statutes Amended 1978 Chapter 24-10B-9.1 Emergency Transportation

Any person may be transported to an appropriate health care facility when the emergency technician makes a good faith judgment that the person is incapable of making an informed decision about his/her own safety or need for medical attention and is reasonably likely to suffer disability or death without the medical intervention available at such a facility.

If the patient clearly has any of the following it is in the scope of practice for all EMS providers to force transport of the patient. Additional permission to do so by the EMS MCEP physician is NOT required. The following is based on your good faith assessment of the patient.

- Patient is altered (for medical, alcohol or other substance use reasons), is unable to demonstrate understanding of the risks and benefits of refusing care AND the patient is likely to/possibly will suffer significant disability or possible death without intervention.
- A+Ox4 does NOT imply the patient is able to make an informed decision
- Patient has expressed thoughts of, plans for, or gestures of self-harm or harm of somebody else. Please see Psychiatric and Behavioral Health Emergency Guideline

If there is any concern or the situation seems unclear:

- Perform a complete history and exam
- Attempt to gather collateral information
- Enlist aid of family or friends
- Contact MCEP to discuss next steps

All efforts should be made by providers to help facilitate the patient going to the hospital if needed. Providers should ask why the patient declines transportation and help them figure out solutions to any barriers.

Provider safety is a priority and must be considered in the entire context of the scene interaction.

- If it is clear that chemical sedation will be required, providers should weigh the risk of severe injury to the patient or potential risk of sedation resulting in an adverse event in an otherwise low acuity patient, consider contacting MCEP.

Guidelines for the Transport of Minors

Designation of Condition: These guidelines are designed to help crews with the difficult job of handling minor patients (<18 years of age) and the situation when a minor has a child.

For minors to make a decision regarding healthcare, they must be emancipated. They must be 16 years of age **AND:**

- Married
- Divorced
- Active military
- Legally declared emancipated in a court of law

Pregnancy in and of itself does not emancipate a minor

When in doubt:

- Use EMS Act, Section 24-10B.-9.1, to transport the patient against their will. Err on the side of transport versus cancellation.
- Contact an MCEP

When a minor over the age of 16 is evaluated and is uninjured and is refusing further care, the patient can sign the liability release as acknowledgment of evaluation and refusal but this does not absolve the agencies of liability. The minor must be left in a safe environment. Utilize law enforcement and MCEP as necessary.

In certain circumstances, young minors may be left in the care of others who have been left in charge of the minor. Specific caretakers, including a non-minor sibling or other non-guardian family member, a school bus driver, or an adult group leader (church, scouts, etc.), may take responsibility if they have assumed responsibility for the child and sign the liability release.

An emancipated minor can make decisions for her minor child. There is no law that allows a minor mother to, or prohibits a minor mother from, making decisions for her minor child. Therefore, if the minor mother is not making a decision in the best interest of the child, this would be an area to utilize the EMS Act noted above, an MCEP, or law enforcement if necessary.

- An exception is children 14–18 years of age who have been sexually assaulted. These patients can consent for treatment and can request parents not be contacted.

NOTE: When dealing with emancipation issues, document statements made by the parties involved when the appropriate documentation (marriage certificate, court order, etc.) is not readily available. Remember to err on the side of patient care.

Mandatory Reporting

This is not just the job of the hospital.

Definition of Abuse and Reporting Requirements:

1. Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation OR an act or failure to act which presents an imminent risk of serious harm of a person that is defined below:
2. An at-risk elder or at-risk adult with intellectual and developmental disability or child who are suspected to be victims of abuse, neglect, or exploitation, should be reported in a manner consistent with agency guidelines/procedures in a timely manner. Any "suspected" or known incident of abuse, neglect, or exploitation must be reported.

Types of Abuse:

1. neglect (majority of cases)
2. physical abuse
3. sexual abuse
4. emotional abuse
5. exploitation (e.g., sex trafficking)

Role of Mandated Reporter:

- A. A mandatory reporter has reasonable cause to know or suspect that a child or at-risk adult as described above has been subjected to abuse, neglect, or exploitation. At time of concern, report the information to the department of human services (DHS- APS or CYFD) where the patient lives and/ or if there is concern that the person is at risk in their own home, and to law enforcement where the crime was committed (follow agency specific guidelines).
- B. Mandatory reporters that do not report abuse, neglect, or exploitation can be:
 1. Charged in court
 2. Liable for damages proximately caused by failing to report

What to report:

1. The name, address, age, sex, and race of the child, at-risk elder, or at-risk adult with intellectual and developmental disability
2. The name(s) and address(es) of the person(s) responsible for the suspected abuse, neglect, or exploitation—if known
3. A description of the concern(s)
4. The nature and extent of any injuries—if known
5. The family composition, including any siblings or others in the household – if known
6. The name, address and/or contact phone number, and occupation of the person making the report
7. Any other information reporting person feels is important.

**** Protecting patient confidentiality does not legally justify a failure to report. There is established immunity for reporters "acting in good faith" ****

Section 32A-4-3 of the New Mexico Children's Code mandates that anyone who has knowledge or a reasonable suspicion that a child is an abused or neglected child must report it immediately.

Adult Protective Services Act (27-7-30). Any person, or financial institution, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to Adult Protective Services

Pediatric Transport Guidelines

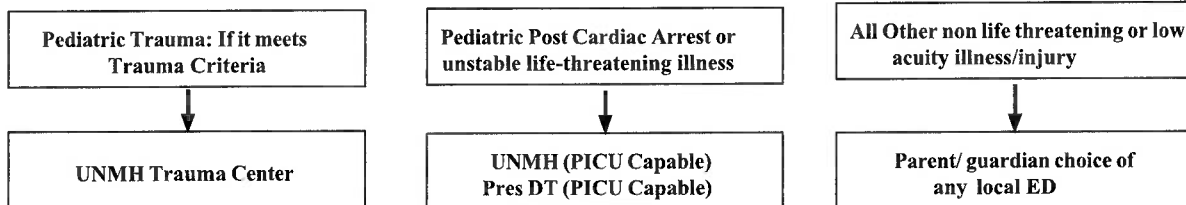
Designation of Condition: Any patient less than 18 years of age with a life-threatening illness. When presented with an unstable or critical medical patient, it is important to remember that only hospitals with NICU/PICU capabilities are equipped to handle these patients

Unstable Pediatric Life-Threatening Illness:

Decreased mental status (GCS < 14), non-responsive respiratory distress, suspected stroke/atypical seizures, post cardiac arrest, non-responsive hypotension, severe hypo/hyperthermia, status epilepticus, snake bites/envenomation, life threatening ingestion/chemical exposure

The Purpose of this plan is to:

- Rapidly identify pediatric patients who call 911 or present to EMS with a life-threatening illness
- Minimize the time from EMS contact to definitive care
- Quickly diagnose patients with pediatric life-threatening illness for EMS treatment and stabilization
- Rapidly identify the best hospital destination based on symptom onset time, vital signs, response to treatment, and predicted transport time
- *Early activation/notification to the hospital prior to patient arrival



KEY POINT

Lovelace, Kaseman, and Sandoval Reginal Medical Center (SRMC) do not provide inpatient pediatric care

- Pediatric EMS patients should be transported to either UNM DT or Presbyterian DT or Pres Rust
- Lovelace hospital system has no pediatric psychiatric capability for inpatient treatment.
- If parent/guardian insists on one of the above facilities that lack peds inpatient care, ensure parent understands that a later transfer may be required

Person(s) in Handcuffs

KEY POINT

LAW ENFORCEMENT with PERSON(S) in HANDCUFFS:

- “**Hogtied**” or “**Hobbled**” handcuffed **PRONE** position patient(s) are not appropriate for EMS.
- EMS staff shall immediately require that the patient(s) be un-hobbled/un-hogtied prior to assessment and/or treatment
- EMS Patient Refusal Forms shall be signed by the Patient refusing medical care and/or transport that is in Law Enforcement custody.
- **The applicable sections of the EMS Patient Refusal Form shall not be signed—at any time—by Law Enforcement.**
- If, at any point, the patient cannot sign their EMS Patient Refusal Form, then the Patient Care Report shall reflect why the EMS Patient Refusal Form was not signed by the patient.

- When a patient is in handcuffs (NOT EMS RESTRAINTS) they are legally in the custody of a Law Enforcement Officer/Deputy. If a patient is in handcuffs and transport is required, Law Enforcement must accompany the EMS staff. If Law Enforcement is unable or unwilling to accompany the EMS transport unit with the handcuffed patient, then the patient must be removed from the handcuffs.
- EMS shall not transport a handcuffed patient without Law Enforcement riding in with the patient inside the patient transport compartment area.
- When a patient is being transported in handcuffs (with Law Enforcement accompanying in EMS unit patient transport compartment area) they shall not be handcuffed to the gurney or any other portion of the ambulance (i.e., wall, straps, poles, etc.). The handcuffs shall be placed in the front of the patient to ensure proper seatbelt usage. Patients are not to be restrained by EMS Restraints unless they present a danger to themselves or the EMS staff.
- If Law Enforcement is unwilling or unable to accompany EMS personnel in the ambulance then the patient shall not be restrained by an EMS Restraint system (physical or chemical) based only on Law Enforcement request. EMS does not have authority to maintain custody of any person solely for Law Enforcement reasons. The patient must demonstrate a need (danger to themselves or the EMS staff) for EMS Restraint.
- If Law Enforcement refuses to ride along AND/OR refuses to remove the handcuffs, then the EMS crew shall not transport the patient. The EMS staff shall stay on the 911 scene, and the Lead Paramedic from the Transport unit shall contact their EMS Supervisor or MCEP physician on call for online medical control consultation on patient transport.
- If Law Enforcement does not accompany the patient (without handcuffs), EMS will honor the patient’s medical decision making abilities, including the right to refuse further care and transport at any time before, during, or after the EMS transport.
- Law Enforcement SHALL NOT transport 911 EMS patients to any Hospital Emergency Department (ED) when the patient requests transport by ambulance after being evaluated by EMS providers outside of the exceptions listed below.
- Exceptions in which Law Enforcement may transport a person to a medical facility:
Law Enforcement may transport a mental health patient directly to a mental health facility if vital signs fall within stated parameters and the paramedic does not suspect any other underlying traumatic or medical causes—
Psychiatric Emergencies;
Non-medical/non-traumatic ETOH customers can be transported by Law Enforcement to MATS if patient agrees—
MATS Public Inebriate Intervention Program (PIIP);
Sexual assault victims, not requiring ED treatment and not requiring EMS transport to SANE as per ABC systems protocol, can be transported by Law Enforcement, POV, or taxi to the SANE unit at the Family Advocacy Center (FAC) at 625 Silver SW for a SA exam—Sexual Assault.

Key Point

- Patients in police custody are responsible for signing their own refusal of transport form

Patient Restraint

Designation of Condition: The patient will be significantly impaired (e.g., intoxication, medical illness, injury, psychiatric condition, etc.) and will lack the capacity to make an informed decision regarding their own care; AND/OR exhibits violent, combative, or uncooperative behavior which does not respond to verbal de-escalation. The application of restraints must be done out of necessity to ensure patient or provider safety or to facilitate patient assessment and treatment.

Request law enforcement at the earliest opportunity

Law Enforcement in this protocol shall indicate any of the following:

- Law Enforcement Officer
- Fire Department Arson Officer
- Corrections Officer
- Federal Officer

Ensure the presence of sufficient personnel to safely apply EMS restraints

- Consider Chemical Sedation Guideline in conjunction with EMS Restraint—Versed
- Attempt less restrictive measures to control before applying EMS restraints (e.g., verbal de-escalation)
- Explain to the patient and family why EMS restraints are necessary
- Use the minimal amount of EMS restraints necessary to control the patient and still insure provider safety during transport
- Watch for positional asphyxia
- Apply EMS restraints in a humane manner, affording the patient as much dignity as possible. Utilize only appropriate restraint devices (see below).

Patient Exam:

- ABC's, vital signs (including O2 sat and BGL) at the earliest opportunity.
- Treat trauma and seizure if applicable.
- Continuously monitor the airway, breathing, circulatory status, neurovascular function in restrained limbs, and the need for continued restraint.
- Maintain the patient in the supine or lateral recumbent position.
- A paramedic and at least one other EMT will attend restrained patients at all times.

Documentation:

- Reason for the restraint; MCEP involvement as needed
- Circumstances of the incident
- Known or suspected causes of agitated or delirious behavior
- Why the patient could not be transported without restraints
- Relevant comments made by patient
- Vital signs, O2 sat and BGL (if obtained)
- Position of patient, type of restraint, and location of restraints on patient
- Injury to patient or to EMS personnel: state whether injury occurred before, during, or after the restraint process.
- In cases of restrained patients, every service on-scene must generate an EMS report. Complete documentation is mandatory.

Appropriate Techniques:

Restraint techniques that are appropriate for EMS utilization include:

- Chemical sedation
- Soft patient restraints to gurney
- Spit hood (system approved full visibility hood when patient is spitting)
- Soft gauze
- Blankets and sheets
- Other system approved commercially available devices

Special Instance: Patient Exits Moving Ambulance

Designation of Condition: All attempts should be made to safely transport patients, any potential behavioral problems ideally should be anticipated and if possible patients should be restrained if there is concern that patient lacks decisional capacity with potential for self harm, but with the best of intentions there will be events that cannot reasonably be anticipated (such as a patient exiting a moving ambulance).

- B**
- If the patient has suffered a new traumatic injury as a result of having exited moving ambulance, follow appropriate trauma guideline
 - If patient is combative, contact law enforcement for assistance with transportation
 - If incident results in patient death, follow appropriate guideline
 - Contact MCEP for specific treatment guidelines and to discuss appropriate management options
 - All patient interaction, to include MCEP contact, care, treatment, transport will be documented accurately and in its entirety.
 - The appropriate agency QA process will be initiated as needed.
 - Regardless of the MCEP order given, at no time can the provider violate the NM EMS scope of practice

“No Guideline” Guideline

Designation of Condition: Anyone requesting emergency medical care will receive appropriate assessment, care, treatment, and transportation in accordance with the individual’s condition, chief complaint, and Torrance County guidelines. It is understood, however, that no set of guidelines could ever be “all inclusive.” At times, EMS providers will be faced with situations that cannot be categorized into an existing Torrance County guideline, or no guideline exists addressing the situation.

- The provider on scene may consider all allowable treatment options within the Torrance County guidelines and the New Mexico Scope of Practice
- An MCEP will be contacted for treatment guidelines and to discuss appropriate management options; in particular if the on scene provider believes that such interventions are necessary and in the best interests of the patient.
- B** • The provider must inform the MCEP that no protocol exists to cover this particular situation, and the MCEP will then advise the provider as to how to proceed with the treatment of the patient.
- All patient interaction, to include MCEP contact, care, treatment, transport or refusal of transport will be documented accurately and in its entirety.
- The appropriate agency QA process will be initiated as needed.
- Regardless of the MCEP order given, at no time can the provider violate the NM EMS scope of practice

Severe Weather Guideline/ Life and Limb Only Transport

The purpose of this guideline is to promote the delivery of optimal clinical performance in times of severe weather events and concurrently, to endorse personnel safety in the provision of this clinical performance. It is imperative to these goals for our patients and for our colleagues throughout our EMS system that all staff are participating in this uniform system for temporary alterations to clinical standards when approved by the Fire Chief, Deputy Fire Chief or Medical Director for specified periods of severe weather.

B

A "severe weather event" may be declared unilaterally by the Fire Chief, Deputy Fire Chief or Medical Director. Examples of events that could constitute a declaration of a "severe weather event" include:

- A. High Winds (Tornado, Sustained 50+ mph wind gusts)
- B. Wildfires
- C. Flooding (Flash floods, sustained heavy rains)
- D. Winter precipitation:
 - 1. Three or more inches of snow or mixed precipitation on the ground or predicted to accumulate in the next 12 hour period;
 - 2. Secondary roads become or remained snow/ice covered;
 - 3. Snow drifts preventing common travel;
 - 4. Sleet/ice or freezing rain covered roadways.

When a severe weather event is declared EMS crews will only transport patients (within their discretion) who would otherwise suffer injuries that would plausibly result in death or permanent disability if not otherwise transported.

II. Airway Management

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Airway Management and Intubation Guidelines

Designation of Condition: Patients who require active airway management or assisted ventilation due to:

- (1) depressed mental status with loss of protective airway reflexes,
- (2) failure to oxygenate with less invasive methods (e.g. CPAP, NRB, NC),
- (3) failure to ventilate with less invasive methods, or
- (4) anticipated loss of airway prior to hospital arrival (e.g. rapidly progressive angioedema).

Guidelines for [Cricothyrotomy](#) and [Tracheostomy Tube Emergencies](#) are referenced separately.

GENERAL MANAGEMENT:

BVM:

- Pull patient's face into mask rather than pushing mask into face, which may occlude the airway.
- Optimize patient positioning by placing the patient into a "sniffing" position (unless concerned for cervical spinal injury).
- Maintain basic airway maneuvers during ventilation. Consider airway adjuncts (e.g. OPA, NPA).
- Deliver ventilations slowly (over 1-2 seconds) to avoid insufflating the stomach.
- Two person ventilation is recommended when resources allow, since a better mask seal can be made with two hands.
- If mask seal suffers due to rescuer fatigue, consider rotating rescuers.
- Bag to subtle chest rise. In most cases, it is not necessary to compress the entire BVM. Overventilation may be associated with worsened outcomes in several conditions.

NOTE: To limit overventilation, consider using a pediatric BVM (average volume of 500-1000mL), or consider squeezing an adult BVM with two fingers.

- Routine addition of a PEEP valve at 5cmH₂O is recommended.

Extraglottic Devices (e.g. King LTS-D™, AuraGain™, etc.):

- Use correctly-sized device for patient's height/weight.
- If ventilation is inadequate, attempt repositioning / reinserting the device before abandoning.
- The use of waveform [Capnography](#) with EGD placement is MANDATORY.

CARDIAC ARREST:

- If history suggests possible airway obstruction, visualize the airway with laryngoscopy before placing an EGD blindly.
- EGD is the preferred airway device for prehospital cardiac arrest, unless:
 - Failure to ventilate with EGD (e.g. poor lung compliance, distorted oropharyngeal anatomy)
 - Copious oral secretions with aspiration risk that cannot be adequately managed around the EGD.
- During CPR, ventilation rate should not exceed 8-10 breaths per minute through an advanced device (one breath every 6 seconds).

PEDIATRICS:

- PATIENTS AGED 12 YEARS AND YOUNGER MAY NOT BE ENDOTRACHEALLY INTUBATED. It is acceptable to manage the airway with either a BVM or an EGD.

OROTRACHEAL INTUBATION (ONLY for age ≥ 13 years):

- Pre-oxygenation with BVM and high-flow oxygen is strongly recommended prior to the intubation attempt.
- The use of apneic oxygenation (nasal cannula with flush-flow oxygen at >15LPM) during the intubation attempt may prolong the time until desaturation.
- The use of an [Airway Checklist](#) to verify equipment and preparation is recommended prior to the intubation attempt.
- Identify and prepare a backup strategy before initial intubation attempt (e.g. EGD).
- The use of cricothyroid pressure (Sellick's maneuver) is not routinely recommended, but [External Laryngeal Manipulation](#) (to improve view of the vocal cords) is.
- It is recommended to lead with Suction in the off-hand when performing laryngoscopy.
- When secretions, vomitus, or blood are copious, consider using the Suction Assisted Laryngoscopy and Airway Decontamination ("SALAD") technique to improve intubating conditions.
- Bougie-assisted intubation is strongly recommended.
- In most situations, providers should not make more than two attempts at intubation before resorting to another approach.

ENDOTRACHEAL TUBE CONFIRMATION:

- ALL ENDOTRACHEAL TUBES MUST BE CONFIRMED BY WAVEFORM CAPNOGRAPHY. If no capnography is available, DO NOT perform endotracheal intubation.
- Always auscultate both lungs to help identify right mainstem bronchus intubation.

TRAUMA:

- Attempts at intubation are likely to delay transport longer than other airway management strategies.
- It is recommended to utilize an assistant who is dedicated to in-line stabilization during the intubation attempt.
- If patient fails to ventilate or oxygenate by all other techniques, consider [Surgical Cricothyrotomy](#).

POST-INTUBATION / POST-EGD MANAGEMENT:

Reconfirmation:

- Reconfirmation of the endotracheal tube before and after any move or transfer is mandatory. It is recommended to print the waveform capnograph at these times.

Analgesia / Sedation:

- Administer analgesia if patient has a CPOT score ≥ 2 (see tool on right).
- Analgesia should be administered first, and sedation considered when analgesia is not sufficient to improve patient comfort.
- For transports < 1 hour, bolus dosing is preferred over continuous infusion.
- Consider [Fentanyl](#) for post-intubation pain control.
- Consider [Midazolam](#) for post-intubation sedation.

Restraints:

- Consider the use of soft restraints to help avoid inadvertent self-extubation.

Oxygenation:

- Target an SpO₂ of 90-95%. Hyperoxia should be avoided, as it may be more injurious to organs during reperfusion.

Ventilation:

- It is acceptable to increase ventilatory rate and/or depth to compensate for a high EtCO₂. DO NOT attempt to correct a low EtCO₂ in a patient with signs of shock (e.g. fast heart rate, low blood pressure, tachypnea). This is the body's compensatory response to acidosis; if this process is impaired, the patient could become critically acidemic.
- In patients that have spontaneous respirations, assisted ventilations will be more effective when delivered synchronously with the patient's own breaths.
- If using a Ventilator, see appropriate guideline for more information.

Patient Positioning:

- If there are no contraindications (e.g. concern for spinal injury), it is reasonable to consider elevating the head of the bed 30 degrees after intubation. This improves respiratory physiology and may help reduce the risk of aspiration.

Ventilator Compliance	Tolerating ventilator or movement	+ 0
	Coughing but tolerating	+ 1
	Fighting ventilator	+ 2
Facial Expression	Relaxed, neutral	+ 0
	Tense	+ 1
	Grimacing	+ 2
Body Movements	Absence of movements	+ 0
	Protection	+ 1
	Restlessness	+ 2
Muscle Tension	Relaxed	+ 0
	Tense, rigid	+ 1
	Very tense or rigid	+ 2
Critical Care Pain Observation Tool (CPOT)		
<i>Treat when score ≥ 2</i>		

Airway Checklist

P **Indication:** Recommended for use with every endotracheal intubation.
The use of airway checklists have been demonstrated to improve intubation success rates.

PERSONNEL

- Airway Paramedic
- Airway Assistant

PATIENT

POSITIONING

- Moved away from walls and furniture
- Placed into sniffing position (ear-to-sternal notch) and/or ramped

If c-spine precautions: dedicated assistant for stabilization

PHYSIOLOGY

- Optimize hemodynamics (consider fluid bolus or epi mini-bolus)
- Preoxygenate patient with 100% O₂ and positive pressure
- Place nasal cannula (>15LPM O₂) on patient for apneic oxygenation throughout the attempt.

MONITORING

- Blood pressure (set to cycle every 3 minutes)
- SpO₂
- ECG
- EtCO₂

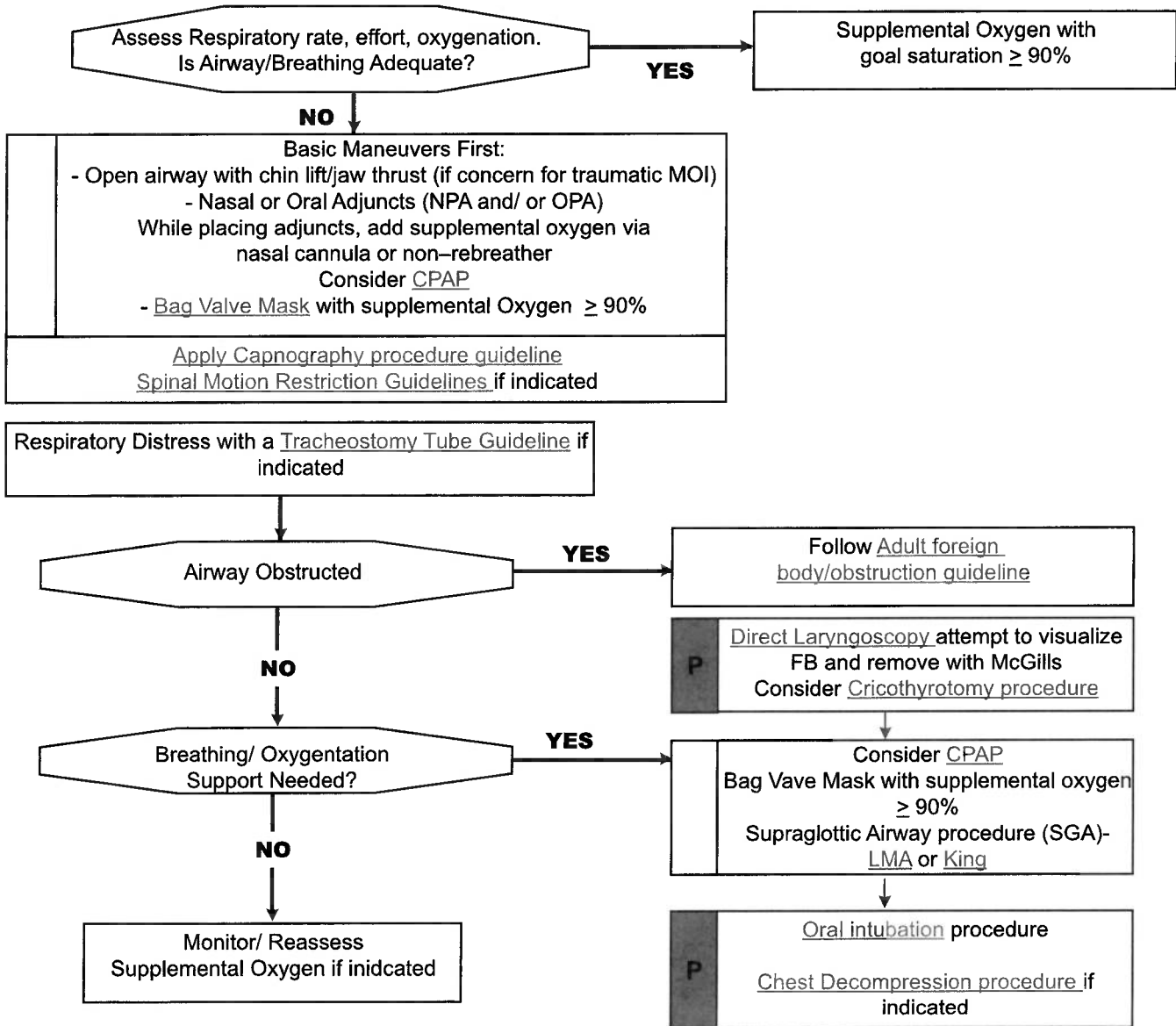
EQUIPMENT

- Waveform capnography
- BVM with O₂ flowing
- Suction; assembled and immediately ready for use
- Bougie
- Rescue device (e.g. EGD)
- Endotracheal tube (+1 size smaller)
- Laryngoscope
- 10mL Syringe
- IV/IO access

FINAL PLAN

- Verbalize primary intubation plan
- Verbalize backup / failure plan
- Elicit questions or concerns

Adult Airway Algorithm



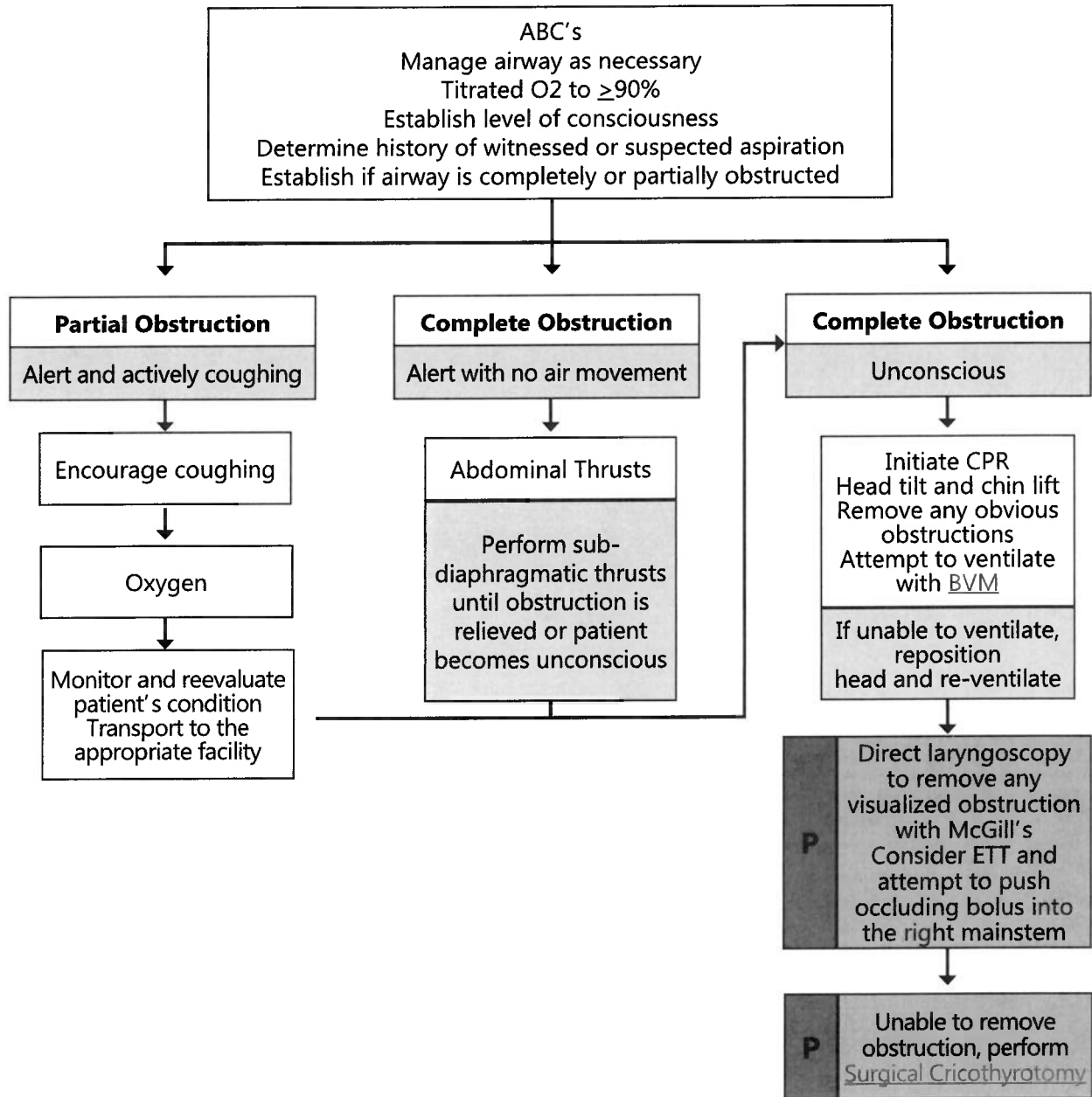
KEY POINT

If ventilation / oxygenation is adequate, transport may be the best option. The most important airway device and the most difficult to use correctly and effectively is the Bag Valve Mask (not the laryngoscope).

***** If an effective airway is being maintained by BVM and/or basic airway adjuncts (e.g. NPA and/or OPA) with continuous pulse oximetry values of ≥ 90% or values expected based on pathophysiologic condition with otherwise reassuring vital signs, it is acceptable to continue with basic airway measures instead of using a supraglottic airway or Intubation. Consider CPAP as indicated by protocol and patient condition. *****

Adult Foreign Object Airway Obstruction

Designation of Condition: Patient may present unable to speak, breathe, or cough, and may clutch his/her neck between the thumb and fingers. Movement of air will be absent in complete airway obstruction—a life-threatening emergency.



*****KEY POINT*****

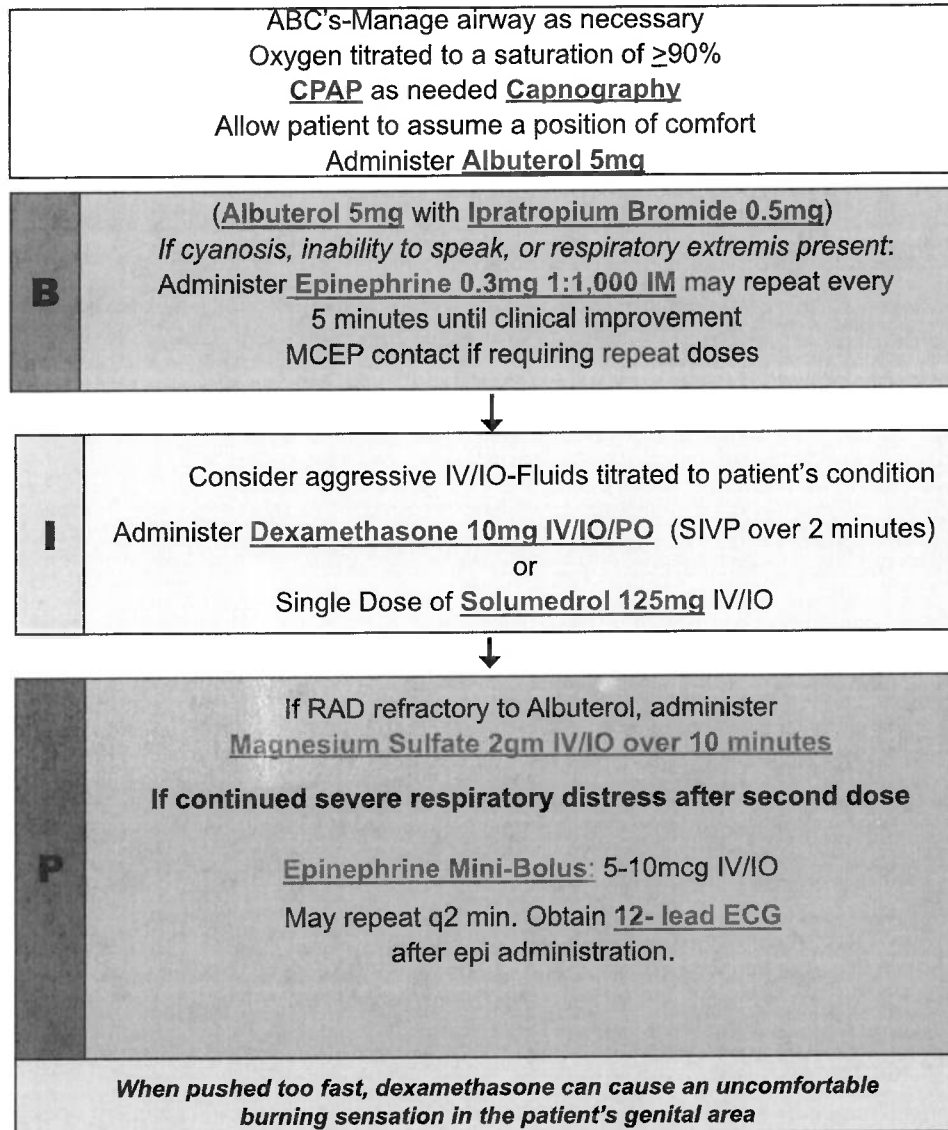
If pt remains unconscious, not breathing, **WITHOUT** a pulse then: Continue per the appropriate Cardiac Arrest Guideline and transport to the appropriate facility if ROSC is achieved

If pt remains unconscious, no breathing, **WITH** a pulse:

Rescue breaths 8-10 per minute

Adult Reactive Airway Disease

Designation of Condition: Most commonly associated with asthma, bronchitis, and bronchiolitis (RSV). For all anaphylactic/allergic reactive airway issues, refer to appropriate guideline. This condition is caused by small, lower airway obstruction usually secondary to hyperactive bronchial smooth muscle constriction (bronchospasm) and/or peribronchial inflammation. Common clinical findings include wheezing, tachypnea, and a prolonged expiratory phase. If airflow is severely compromised, wheezing may be absent and/or the patient may be hypoxic (O₂ sat <90%).



KEY POINT

IN CASES OF STATUS ASTHMATICUS GIVE EPI EARLY AND AS OFTEN AS NEEDED FOR CLINICAL IMPROVEMENT

If you are more suspicious of COPD (age, history etc) Please refer to the COPD Guideline

Reactive airway disease is best managed with BVM and CPAP. Intubation should not be considered as a first line airway management and should only be considered in pending respiratory arrest

Epinephrine can cause cardiac ischemia and arrhythmias in patients who are elderly or known vascular disease. Use Epi as indicated and make sure cardiac monitoring is in place.

Chronic Obstructive Pulmonary Disease (COPD)

Designation of Condition: COPD is a chronic progressive destruction of the alveoli, that manifests with SOB, and high end title with a shark fin waveform. Pt's can often present with SOB, pursed lip breathing, decreased ability to speak, absent lung sounds, wheezing, prolonged expiratory phase and accessory muscle use. Pt's usually have home inhalers, and sometimes inhaled steroids. They often function and normal physiological low oxygen saturations. Long standing lung disease can often result in stress on the heart causing some additional component of failure and pulmonary hypertension.

ABC's-Manage airway as necessary
Oxygen titrated to a saturation of >90%
CPAP as needed based on shark fin capnography and work of breathing
Allow patient to assume a position of comfort
Administer Albuterol 5mg

B Administer DuoNeb (Albuterol 5mg with Ipratropium Bromide 0.5mg)

I IV/IO-Fluids titrated to patient's condition, max of 20ml/kg
If cyanosis, inability to speak, or respiratory extremis present:
Administer Dexamethasone 10mg IV/IO/PO (SIVP over 2 minutes)
or
Single Dose of Methylprednisolone (Solumedrol) IV/IO one time

ONLY Administer Epinephrine 0.3mg 1:1000 IM if patient present with impending respiratory failure with no improvement after above interventions have failed. May repeat every 5 minutes until clinical improvement. You must obtain an EKG after giving epi as this may cause arrhythmia, ischemia, infarct

P If continued respiratory distress after CPAP and Duoneb and Dexamethasone,
If patient demonstrates significant agitation as a result of their respiratory distress and hypoxia, and verbal coaching has failed:
Consider Midazolam 1-2mg IV to assist with CPAP compliance.

KEY POINT

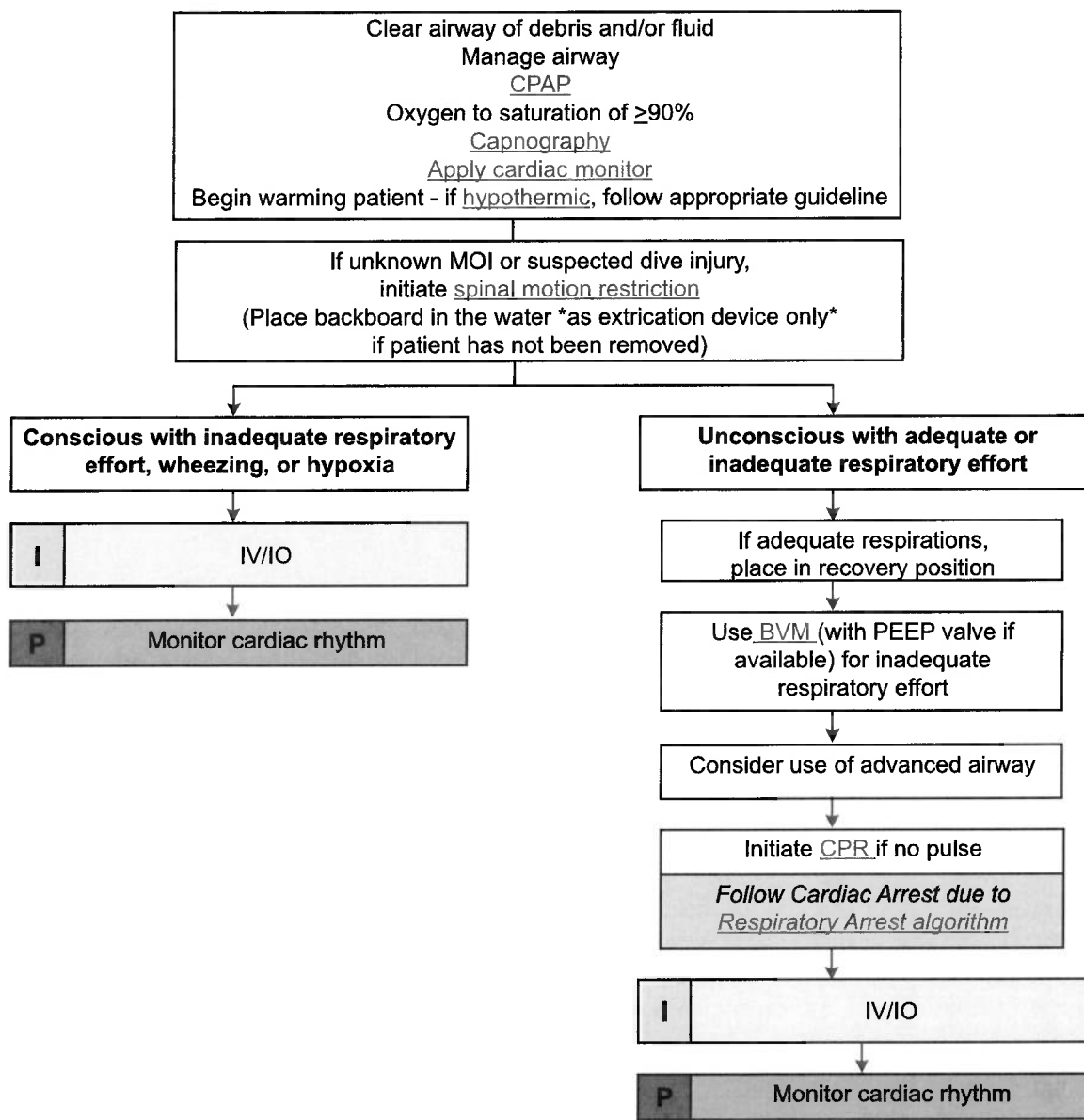
Epinephrine can cause cardiac ischemia and arrhythmias in patients who are elderly or known vascular disease. Use Epi as indicated and make sure cardiac monitoring is in place. Benzodiazepines may precipitate respiratory depression or may actually worsen compliance with CPAP in patients who are already tired, exhibiting altered mental status, or who have recent history of alcohol or drug ingestion. All efforts at verbal coaching should be utilized prior to giving benzodiazepines for patients in respiratory distress

Adult Airway Drowning/ Near Drowning

Designation of Condition: Arrest or survival after suffocation by submersion or immersion.

SUBMERSION: When a patient goes under the water immediately, has a hypoxic cardiac arrest and then cools down.

IMMERSION: Patients are in the water with head above water and they continue to breathe while they cool down before they eventually arrest.

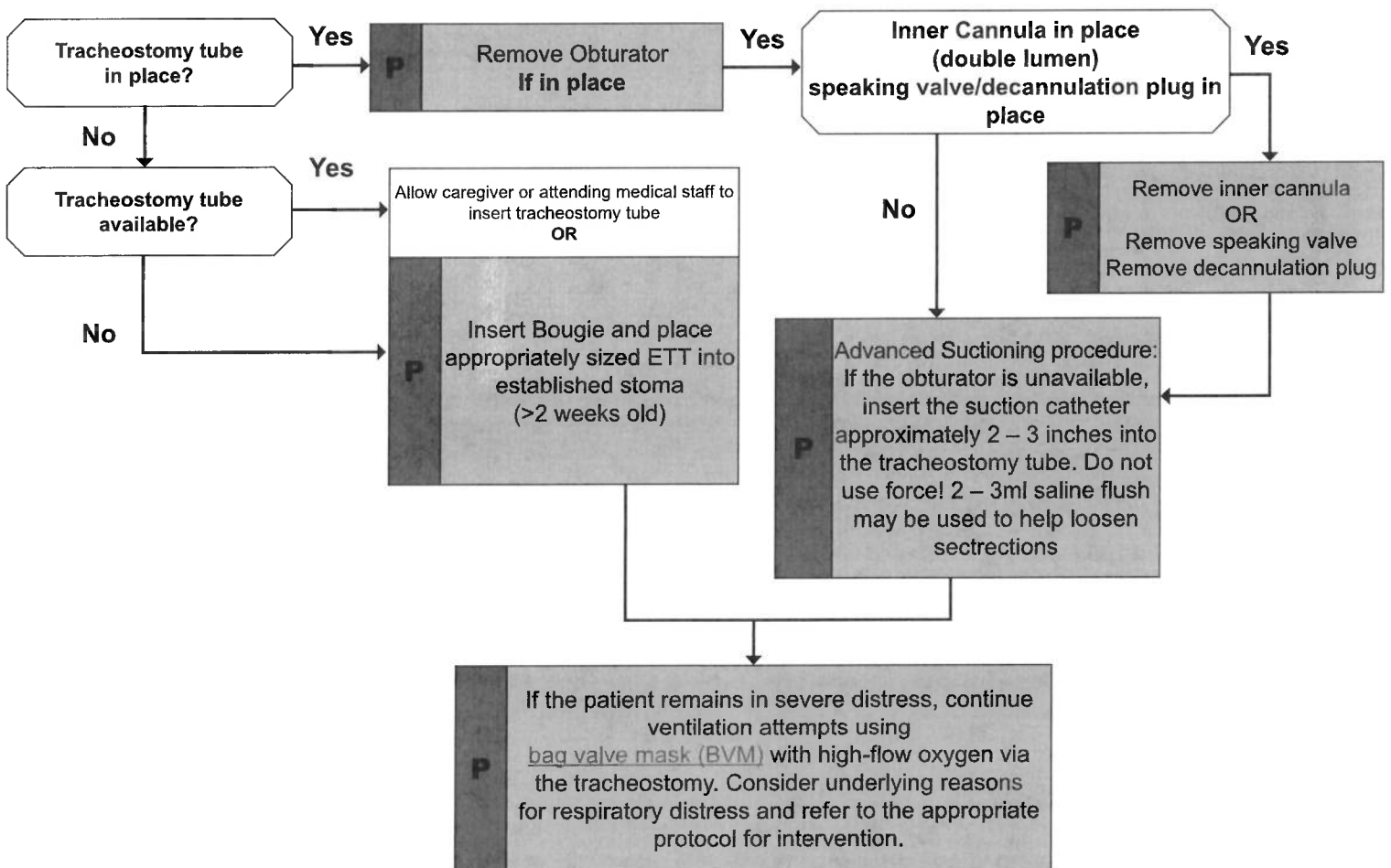


Tracheostomy Tube Emergencies

Designation of Condition: Tracheostomy tubes are placed as a long term permanent airway device. These are often placed due to chronic airway and breathing conditions like birth defects—tracheal atresia, tracheomalasia; surgical complications— damage to phrenic nerve; trauma—post TBI. Look for possible complications including: nasal flaring, diaphoresis, chest wall retractions (possible abnormal breath sounds), attempts to cough, copious secretions from the the tube, AMS, cyanosis.

Consult with the patient's caregivers for assistance.

Assess tracheostomy tube: Look for possible causes of distress which may be easily correctable, such as a detached oxygen source. If the patient's breathing is adequate but exhibits continued signs of respiratory distress, administer high-flow oxygen via non-rebreather mask or blow-by, as tolerated, over the tracheostomy. Suction any **VISIBLE** mucus plugs to help clear airway but **do not suction deep** into the tracheostomy itself. If patient's breathing is inadequate, remove from ventilator and assist ventilations using bag valve mask device with high-flow oxygen.



KEY POINT

More difficulty with airway management can be anticipated for tracheostomy sites that are immature (less than two weeks old). All priority should be on basic suctioning and supportive BVM. Only if the patient is in cardiac arrest or pending respiratory arrest- i.e. hypoxia/AMS/ respiratory extremis should any new cannulation attempt (including bougie and/or ETT) be performed.

Capnography/ End Tidal

Indications: Quantitative and graphical representation of exhaled carbon dioxide for purposes including, but not limited to:

1. Confirmation of endotracheal tubes (**MANDATORY**).
2. Confirmation of extraglottic airways (**MANDATORY**).
3. Monitoring during administration of opiates or sedatives (**MANDATORY**).
4. Assessment of ventilation while using BVM.
5. Early detection of ROSC in patients with cardiac arrest.
6. Early detection of endotracheal tube or EGD dislodgement.
7. Assessment of respiratory physiology, clinical course, and response to treatments.
8. Optimizing ventilatory rate in patients requiring assisted ventilations.
9. Assessment of perfusion and/or detection of occult shock.

PROCEDURE:

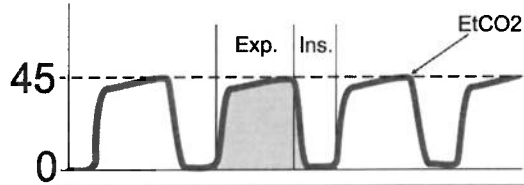
1. Select the correct sampling probe for the patient:
 - Spontaneously breathing patients may use the pronged nasal device.
 - Patients requiring assisted ventilation (e.g. BVM, EGD, ETT) will require the in-line device.
2. Connect the sampling device to the monitor, ensuring that it is seated firmly.
3. Observe the presence of a respiratory waveform on the monitor.



INTERPRETATION AND TROUBLESHOOTING:

NORMAL WAVEFORM:

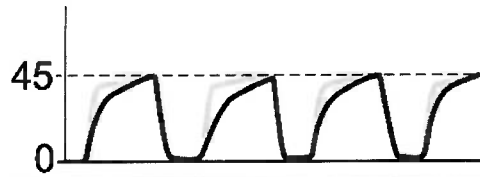
"Square" appearance.
End-tidal CO_2 (Et CO_2) between 35 and 45mmHg.



OBSTRUCTIVE AIRWAY:

"Shark-fin" appearance from prolonged expiration.

Consider bronchospasm (e.g. asthma, COPD).
Consider physical airway obstruction.



IF INTUBATED:

Consider kinked endotracheal tube.
Consider small-for-size endotracheal tube.

HYPOVENTILATION:

Longer intervals between breaths. May have increased Et CO_2 .

Consider assisted ventilation.
If opiate overdose suspected, consider naloxone.



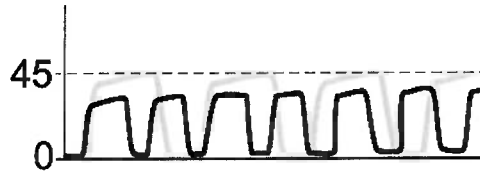
IF INTUBATED / EGD:

Consider adjusting ventilatory rate.

HYPERVENTILATION:

Shorter intervals between breaths. May have reduced Et CO_2 .

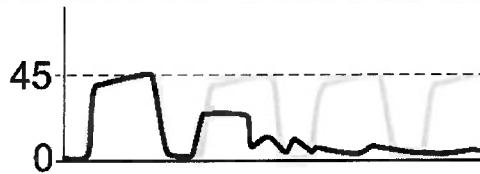
Consider compensatory response to metabolic acidosis and evaluate for signs of shock (e.g. sepsis, hemorrhage).
Consider pain or anxiety state.



LOSS OF WAVEFORM:

Loss of previously established normal waveform.

Consider cardiopulmonary arrest or apnea.
Consider device / sensor failure.



IF INTUBATED / EGD:

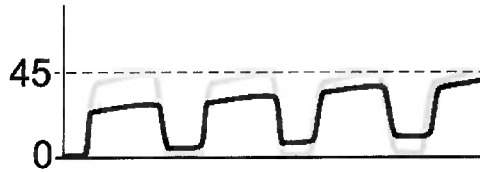
Consider displaced endotracheal tube or EGD.
Consider kinked endotracheal tube.

RISING BASELINE:

Baseline rises between breaths with increasing Et CO_2 .

Consider causes of inadequate exhalation:

- Bronchospasm or Physical Airway Obstruction



IF INTUBATED / EGD:

Consider increasing exhalation time with ventilations.
Consider small-for-size endotracheal tube size.

SUDDEN INCREASE IN ET CO_2 :

Et CO_2 of waveforms suddenly increase.

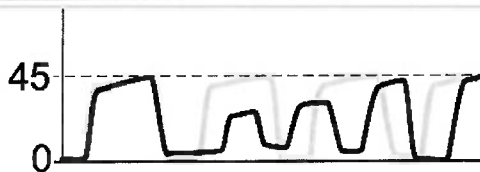
Consider ROSC if noted during CPR.
Consider recent sodium bicarbonate administration.



IRREGULAR WAVEFORM:

Waveforms are present but vary in size and shape.

Consider anxiety or agitation.



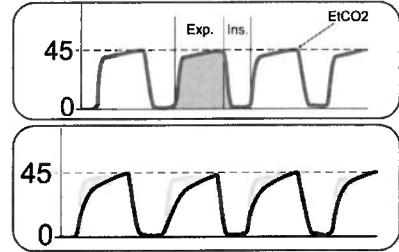
IF INTUBATED / EGD:

Consider improving pain control or depth of sedation.

Clinical Considerations with Capnography

GENERAL PHYSIOLOGY / PATHOPHYSIOLOGY:

- **Normal respiratory waveform appears as a plateau (“square” waveform).** When exhalation is prolonged (e.g. airway narrowing, bronchospasm, air trapping, kinked endotracheal tube), the waveform may take on a “shark-fin” appearance (see picture).
- In an individual with normal circulatory and respiratory physiology, a normal end-tidal CO₂ (EtCO₂) is 35-45mmHg.
- When the patient experiences respiratory acidosis (e.g. from ventilatory insufficiency), carbon dioxide accumulates in the blood and the EtCO₂ increases.
- When the patient experiences respiratory alkalosis (e.g. from hyperventilation), carbon dioxide is excessively removed from the blood so the CO₂ content of the blood is lower (EtCO₂ decreases).
- **Patients with abnormal hemodynamics (e.g. shock state) experience metabolic acidosis from poor organ perfusion. In these patients, the EtCO₂ may be low because:**
 1. Poorly perfused organs are less metabolically active, and produce less CO₂ (e.g. sepsis, cardiac arrest).
 2. The body increases its respiratory rate to try to remove carbon dioxide to help compensate for the acidosis.
- **Capnography is useful for trending the patient’s course** (e.g. worsening versus improving respiratory acidosis) as well as observing response to treatments (e.g. improvement in waveform morphology and EtCO₂ level after starting bronchodilators in an asthmatic patient).



BVM, EGD, and ETT

- **End-tidal capnography is MANDATORY to confirm EGD and ETT. It is recommended with BVM.**
- **End-tidal waveforms should appear within three seconds** of connecting the end-tidal probe to the circuit.
- **False positives from esophageal intubation can occur** (e.g. recent consumption of carbonated beverages), but should dissipate within a few ventilations. Usual techniques of confirmation (e.g. breath sounds) should be checked during the first few ventilations.
- It is acceptable to increase ventilatory rate and/or depth to compensate for a high EtCO₂.
- **DO NOT attempt to correct a low EtCO₂ in a patient with signs of shock (e.g. fast heart rate, low blood pressure, tachypnea).** This is the body’s compensatory response to acidosis; if this process is impaired, the patient could become critically acidemic.
- **If a patient with an ETT or EGD loses a previously good capnography waveform, rapid action must be taken to reassess the airway device:**
 1. Connect a BVM (if previously on ventilator) and assess for chest rise, breath sounds, and oxygenation.
 2. Assess the device for migration by comparing the current depth with the depth at the time of placement.
- **If there is evidence that the device has dislodged or ceased to function (e.g. poor ventilation, decreasing oxygen saturation, significant depth migration), immediately remove the device and ventilate by BVM.**
- If other findings are reassuring, consider replacing the capnography circuit before replacing the airway. **NOTE: If fluid (e.g. blood, saliva) is introduced into the capnography probe, it may cease to function. If the device takes an impact, it may also engage a reset of the capnography hardware.**

SHOCK AND SEPSIS

- EtCO₂ < 25mmHg correlates with both hemorrhagic shock (in trauma patients) and septic shock (in medical patients) and **predicts higher mortality** in both.

CARDIAC ARREST

- **End-tidal capnography should be used routinely in cardiac arrest.**
- An abrupt rise in EtCO₂ may be the first sign of improved perfusion (e.g. ROSC). **NOTE: The administration of sodium bicarbonate will result in a sudden increase in CO₂ in the blood that can artificially raise the EtCO₂.**
- Trends in EtCO₂ may indicate the **quality of chest compressions.**
- Low EtCO₂ (<10mmHg) is associated with poor survival.
- **The significance of abnormally high EtCO₂ (>45mmHg) in cardiac arrest is unclear.** *When elevated EtCO₂ is observed with pulseless electrical activity, it is reasonable to consider respiratory causes of cardiac arrest and to administer fluid bolus for “pseudo-PEA” (phenomenon where the heart is beating too weakly to generate a pulse).*

TRAUMATIC BRAIN INJURY

- **Hyperventilation is NO LONGER RECOMMENDED for patients with traumatic brain injury**, due to concerns about reducing perfusion to threatened parts of the brain.
- If the patient has an **isolated** head injury (e.g. normal hemodynamics) it is reasonable to target a low-normal EtCO₂ of 35mmHg.
- If the patient has a head injury **AND** exhibits a shock state, a low EtCO₂ is permissible (**and should not be corrected**), as this is the body’s attempt to compensate for acidosis.

OBSTRUCTIVE DISEASE

- **Any condition that prolongs the expiratory phase of respiration will lead to a “shark-fin” appearance of the capnography waveform.**
 - Bronchoconstriction
 - Airway narrowing
 - Kinked endotracheal tube
- If the airway narrowing results in air-trapping, CO₂ may accumulate in the blood and EtCO₂ may also rise.
- The waveform can be trended to assess response to intervention.

Bag Valve Mask

Indication: Patients who require assisted ventilation due to:

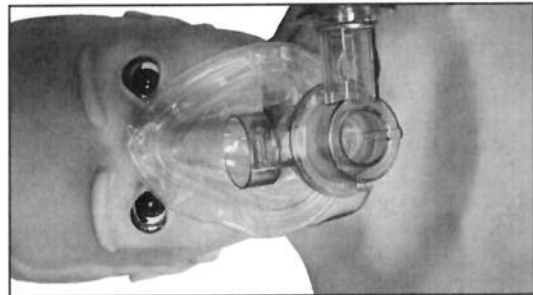
- (1) Failure to oxygenate with passive oxygenation (e.g. NRB, NC), or
- (2) Failure to ventilate (e.g. apnea, bradypnea).

1. Select the proper **size** of BVM.



2. **Connect** the BVM to an oxygen source and start flow at 15L/min.

3. Consider inserting a **nasopharyngeal airway (NPA)** or **oropharyngeal airway (OPA)**. Then **place the mask** on the patient's face with the narrow part over the bridge of the nose.

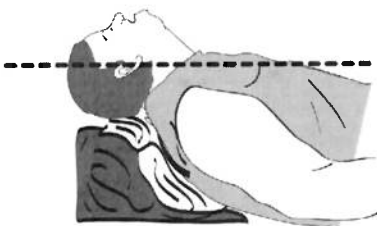


4. **Create a mask seal** with patient placed in "sniffing" position.

With one rescuer, utilize the "C" and "E" technique.



With two rescuers, use the "thumbs up" technique, where the heels of the hand hold the mask, and lift the jaw into the mask with the other fingers.



5. **Deliver ventilations gently**, over 1-2 seconds to avoid insufflating the stomach.

Assess whether the patient is successfully ventilating.



KEY POINTS

- **The face should be pulled into the mask.** If the mask is pushed into the face, this may compress the airway.
- Ventilation rate should not exceed 8-10 breaths per minute (once every six seconds).
- The average adult BVM contains 1600mL. The average adult breath is ~500mL. **To limit overventilation, consider using a pediatric BVM (average volume of 500-1000mL), or consider squeezing an adult BVM with two fingers. Only bag until chest rise. Overventilation is detrimental to patients.**
- If ventilation is difficult, ensure that the jaw thrust is being maintained during ventilation.
- If ventilation is too easy and the chest is not rising, there may be an air leak. Double check the mask seal and consider using two-person technique to maintain a better seal.

Suctioning

Indication: Necessity to clear oropharyngeal or gastric secretions, vomitus, or blood to optimize airway and respiratory conditions.

GENERAL CONSIDERATIONS:

- Don proper PPE (gloves, eye protection, and respiratory protection) while suctioning.
- Do not suction blindly. Insert catheter into posterior oropharynx and apply suction while withdrawing.
- Do not perform oropharyngeal or tracheal suctioning for longer than 10 seconds at a time, as this can cause hypoxemia. Gastric suctioning may be performed continuously.

OROPHARYNGEAL:

- Use of a rigid (Yankauer) suction catheter is preferred.
- If vomitus is especially thick or has solid contents that block the suction catheter, consider sweeping debris with a finger first. It is also reasonable to suction directly with the suction tubing (no rigid catheter).

TRACHEAL:

- Use a flexible (French) suction catheter.
- The bifurcation of the trachea (carina) is located under the Angle of Louis of the sternum.
- If suctioning through an endotracheal tube, measure from the top of the tube to the carina.
- If suctioning through a Tracheostomy Tube, measure from the stoma to the carina.
- Do not aggressively suction beyond the carina, as this may irritate the smaller airways and cause bleeding.

GASTRIC:

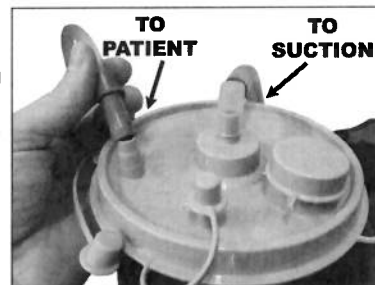
- If an Extraglottic Device (EGD) is in place, and the device has an integrated gastric channel (e.g. AuraGain™, King LTS-D™), gastric suctioning is permitted.
- Gastric suctioning should be considered if vomitus is impairing ventilation while using the EGD, and oropharyngeal suctioning around the device is ineffective.
- Select a Salem Sump gastric tube and measure from the tip of the nose, around the ear, and down to the xiphoid process.
- It is recommended to use the largest diameter suction catheter that will fit in the channel (see EGD sizing chart), as this will help prevent coiling of the tube in the oropharynx and decrease the chance that it becomes clogged.
- If significant resistance is encountered, STOP your attempt to avoid causing esophageal injury.
- Gastric suction catheters can remain in place for the duration of the resuscitation and should use low, intermittent pressure. Continuous, high pressure can cause the suction catheter to suck onto the wall of the stomach and cause bleeding.
- **NOTE:** If a patient received prolonged bag valve mask ventilation prior to EGD placement and gastric distention is appreciated on exam, gastric decompression may improve respiratory conditions.

OPERATION OF SUCTION DEVICE:

1. Attach suction tubing to the patient port on the cannister.
2. Consider attaching a suction catheter (e.g. Rigid [Yankauer] or flexible [French]) to the suction tubing.
3. Check to ensure that the vacuum line between the suction unit and the cannister is attached at both ends.
4. Turn the suction unit on.
5. Test that the device is providing suction by placing your finger over the end of the suction tubing or catheter.

If the device is on and there is no suction:

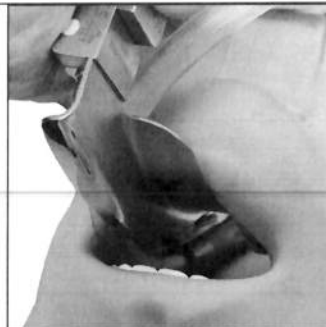
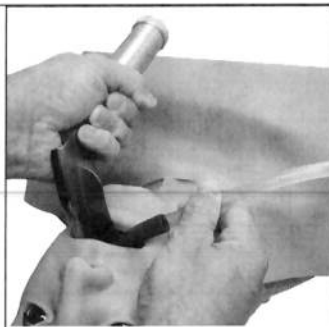
- Check the connection of the suction tubing to the patient port on the cannister.
- Check the connection of the vacuum tubing from the suction unit to the cannister.
- Check that the lid of the cannister is tight.



SUCTION-ASSISTED LARYNGOSCOPY AND AIRWAY DECONTAMINATION (SALAD):

- SALAD is a technique used to optimize intubating conditions in a patient with copious oropharyngeal secretions, blood, or vomitus, particularly when accumulation occurs so quickly that intermittent suctioning is ineffective to maintain an adequate view of the vocal cords.
- Correctly performing SALAD technique requires a suction catheter to be left in the oropharynx during the intubation attempt.
- Because the operator will need to remove their hand from the suction to intubate, this technique is best performed with the suction tubing itself (without a suction catheter), since the operator will not be able to actuate the suction of a Yankauer with their thumb.
- After the operator places the suction catheter in the desired location in the oropharynx, an assistant may be used to hold the suction catheter in place during the intubation attempt.

1. Suction the oropharynx.
2. Insert the laryngoscope into the mouth and advance it to the vallecula (Macintosh blade) or epiglottis (Miller blade), suctioning as necessary.
3. If an adequate view of the vocal cords is obtained, proceed with intubation.
4. If the view of the vocal cords is obscured by recurrent or persistent accumulation of blood, vomitus, or secretions, insert the suction catheter into the posterior oropharynx / proximal esophagus as a continuous drain. Consider using an assistant to hold the suction in this position.
NOTE: Position the suction catheter to the left side of the patient's mouth so that it does not interfere with intubation. The laryngoscope may need to be repositioned.
5. Once the oropharynx is decontaminated, attempt to obtain a laryngoscopic view of the vocal cords. If an adequate view of the vocal cords is obtained, proceed with intubation.
NOTE: Remove the suction catheter after the endotracheal tube cuff is inflated.



Continuous Positive Airway Pressure (CPAP)

Indications: Conscious patients who require positive pressure ventilation to:

1. Correct hypoxemia that is refractory to passive oxygenation (e.g. NRB, NC), and/or
2. Decrease work of breathing and improve ventilation (e.g. COPD, asthma, pulmonary edema).

Contraindications:

1. Unconscious patients and/or loss of protective airway reflexes,
2. Active vomiting or gastrointestinal bleeding,
3. Head trauma with signs of increased ICP and/or facial fractures, or
4. Suspected pneumothorax.

GENERAL CONSIDERATIONS:

- If the patient requires positive pressure ventilation but is **unresponsive and/or not protecting their airway, they must be ventilated via BVM or EGD.**
- If CPAP is being utilized, it is recommended that in-line capnography be used as well.
- The administration of positive pressure ventilation should be used cautiously in certain circumstances:
 - Hypotension (SBP<90mmHg): CPAP may reduce cardiac preload, which can exacerbate hypotension.
 - COPD/Asthma: Modest amount of CPAP ($\leq 5\text{cmH}_2\text{O}$) may improve ventilation by helping to splint open airways, but high levels ($>10\text{cmH}_2\text{O}$) may impair exhalation and worsen overall ventilation.

PROCEDURE:

1. **Connect oxygen** to the CPAP mask and verify flow.
2. **Consider the need to administer other medications** prior to securing the mask (e.g. nitroglycerin, nebulized bronchodilators).
3. **Set initial PEEP** to $5\text{cmH}_2\text{O}$.
4. **Help the patient tolerate the mask** by slowly holding it up to the patient's face (or asking them to hold it) for the first few breaths.
5. If tolerated, **secure the mask onto the face** using straps. Adjust the fit to minimize air leak.
6. **Assess the patient's comfort and response** to PEEP.
7. If tolerating $5\text{cmH}_2\text{O}$, **consider increasing the PEEP** by $2\text{-}3\text{cmH}_2\text{O}$ at a time to find the highest level that is comfortable and tolerable for the patient.
8. **Reassess** breath sounds, oxygen saturation, and blood pressure periodically.

P If patient demonstrates significant agitation as a result of their respiratory distress and hypoxia, and verbal coaching has failed:

Consider Midazolam 1-2mg IV to assist with CPAP compliance.

KEY POINTS

Benzodiazepines may precipitate respiratory depression or may actually worsen compliance with CPAP in patients who are already tired, already with altered mental status, or who have recent history of alcohol or drug ingestion. All efforts at verbal coaching should be utilized prior to giving benzodiazepines for patients in respiratory distress

First Responders can also assist with the application of CPAP

Extra-glottic Devices

Indication: Patients who require assisted ventilation due to:
(1) depressed mental status with loss of protective airway reflexes AND
(2) failure to oxygenate with less invasive methods, or

GENERAL CONSIDERATIONS:

- By definition, an extraglottic device is any device that does not pass the vocal cords (e.g. laryngeal tube, laryngeal mask airway, etc.).
- Extraglottic devices are the **preferred airway device for prehospital cardiac arrest**.
- It is **MANDATORY** to utilize waveform capnography when an extraglottic airway is placed.

Contraindications:

- Intact gag reflex
- Known esophageal disease
- Caustic ingestion

Device Instructions:

1. Be familiar with the type of extraglottic device your agency uses.
1. Choose the correct size device. If in doubt, refer to package details
2. If a cuff exists on your device, test the cuff by inflating with the recommended amount of air
3. Deflate the cuff (if present) completely and apply a lubricant to the tip of the tube without blocking any of the holes with lubricant.
4. Use the non-dominant hand to grasp the patient's jaw and open / lift.
5. Insert the device and advance the device beyond the base of the tongue.
6. Advance the tube without exerting excessive force until the device is seated correctly.
7. Let go of the tube and inflate the cuff (if indicated) with the recommended volume. The tube may drift slightly as it seats itself.
8. Attach the BVM and ensure that ventilation is easy. If there is resistance to ventilation, slowly withdraw the airway while ventilating to see if the airway seats in a better position. Assess for the presence of breath sounds. **The use of waveform capnography is mandatory to confirm placement.**
9. When the airway is in its final position, secure the device in place.
10. If the patient regains consciousness or a gag reflex, deflate the balloons completely and gently remove the device. Be prepared to suction the oropharynx and position the patient to avoid aspiration.

Orotracheal Intubation

Indication: Patients who require active airway management or assisted ventilation due to:

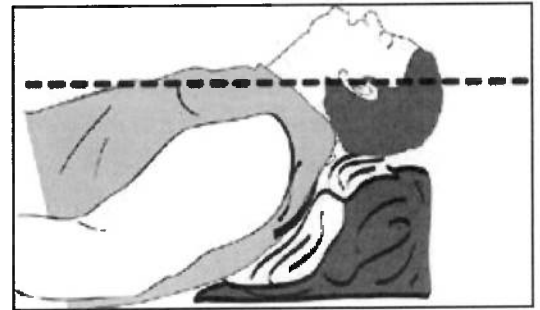
- (1) depressed mental status with loss of protective airway reflexes,
- (2) failure to oxygenate with less invasive methods (e.g. CPAP, NRB, NC),
- (3) failure to ventilate with less invasive methods, or
- (4) anticipated loss of airway prior to hospital arrival (e.g. rapidly progressive angioedema).

NOTE: Please refer to [Airway Management and Intubation Guidelines](#) for peri-intubation recommendations.

PATIENTS AGED 12 YEARS AND YOUNGER MAY NOT BE ENDOTRACHEALLY INTUBATED. ALL ENDOTRACHEAL TUBES MUST BE CONFIRMED BY WAVEFORM CAPNOGRAPHY.

PROCEDURE:

1. **Pre-oxygenate the patient with positive pressure (BVM) and 100% oxygen. Consider placing apneic oxygenation (nasal cannula with flush-flow oxygen at >15LPM) on the patient to prolong the time until desaturation.**
2. **Position the patient for success.** If there are obstacles (e.g. furniture, walls), the patient should be moved to a location that is better for the intubator. If there are no contraindications (e.g. suspected cervical spinal injury), the patient should be placed into a "sniffing position" so that the ear lobes are parallel with the sternum (see picture). In large or obese patients, a "ramp" of towels or pillows may be used to position the patient.
3. **Prepare all primary and backup equipment before the intubation attempt.** Prepare to lead the attempt with suction. Identify a backup strategy (e.g. EGD or BVM). **Consider the use of an [Airway Checklist](#).**
4. **Scissor the mouth open with the right hand and insert the laryngoscope into the mouth.** Advance the blade slowly, identifying anatomic landmarks during advancement. If utilizing a Macintosh blade, advance above (anterior to) the epiglottis to enter the vallecula. If utilizing a Miller blade, identify and lift the tip of the epiglottis.
5. **If, after optimal patient positioning and laryngoscopy technique, a suboptimal or partial view of the vocal cords is obtained, consider using [External Laryngeal Manipulation](#).**
NOTE: Limit each intubation attempt to a maximum of 30 seconds. Consider aborting the attempt early if there is a precipitous drop in SpO₂. The patient should be adequately ventilated and pre-oxygenated between each attempt.
NOTE: Paramedics are not permitted to make more than two intubation attempts before choosing an alternate airway strategy.
6. **Intubate the trachea:**
 - If using a **bougie (recommended)**, insert the bougie through the vocal cords with the coude tip facing up (anteriorly). Once the bougie is in the trachea, ask an assistant to load an endotracheal tube onto the bougie and then hold the bougie while the endotracheal tube is advanced over the bougie into the trachea. If the endotracheal tube hangs at the vocal cords, this is usually resolved by rotating the endotracheal tube 90 degrees counter-clockwise.
 - If using a **malleable stylet**, insert the styleted endotracheal tube between the vocal cords.
7. **Confirm tube placement using [Waveform Capnography](#) and bilateral breath sounds, and document confirmation.**
 - After 3 ventilations, EtCO₂ should be >10mmHg, or comparable to pre-intubation values.
 - If EtCO₂ < 10mmHg, evaluate the quality of the waveform and quickly recheck patient circulation (e.g. pulses) and equipment. If EtCO₂ still <10mmHg with poor waveform, immediately remove the endotracheal tube and ventilate by BVM.
8. **Inflate the cuff of the endotracheal tube.**
9. **Secure the tube in position and note the depth of insertion.**
10. **Consider post-intubation analgesia with [Fentanyl](#) or sedation with [Midazolam](#)**



Confirmation of Endotracheal Tube Placement

Designation of Condition: Confirmation of correct ET tube placement is critical. Traditional methods of confirming correct tube placement include: visualizing the ETT passing through the vocal cords, auscultation of clear and equal bilateral breath sounds, absence of air sounds over the epigastrium, observation of symmetric chest rise and fall, visualizing condensation (misting) in the tube, and monitoring of SpO₂. Unfortunately, all have been shown to have limitations and are subject to failure, resulting in undetected misplacement or displacement of ET tubes into the esophagus or hypopharynx. Reliable confirmation of ET tube placement is best achieved by combining all appropriate traditional methods with one or more of the methods discussed below. Application of an end-tidal CO₂ capnography detector device is **MANDATORY** for all intubated patients.

Quantitative Capnography: (ALL ENDOTRACHEAL TUBES WILL BE CONFIRMED BY THIS MEASUREMENT)

Indications: Initial confirmation and continuous assessment of correct ETT placement in patients with or without pulses

- Tracheal placement: Tracheal ETT placement creates a normal rectangular waveform or an expected variant of the normal waveform.
- Esophageal placement: Esophageal ETT placement results in a flat-line capnographic display. Esophageal placement cannot create a normal/normal variant capnographic waveform, even if CO₂ is present in the stomach and reflected by a measured capnometric value.

Colorimetric EtCO₂ Detector Device:

Indications: Initial and continuous confirmation of ETT placement in patients with or without pulses

Colorimetric EtCO₂ detectors are extremely accurate when used on patients with peripheral circulation sufficient to produce palpable pulses.

- Yellow (patients with or without pulses): Color change from purple to yellow indicates presence of exhaled CO₂ and tracheal intubation
- Purple (patients with pulses): No change of color to yellow indicates esophageal intubation with a lack of exhaled CO₂
- Purple (patients without pulses): ET tube placement indeterminate; in such cases, repeat laryngoscopy and/or use of an esophageal detector device
- Consider transition to quantitative capnography for continued monitoring when available

Limitations of quantitative capnography:

- Cardiac arrest/severely low blood flow states: The lowest level of CO₂ that can create a reliable waveform and capnometric value is unknown. In the setting of cardiac arrest, use all available advanced airway assessment techniques and adjuncts as appropriate to confirm proper ETT placement.

Toomey Syringe / Esophageal Detector Device

Indication: Initial or ongoing assessment of ET tube placement when EtCO₂ detection results are indeterminate (patients without pulses)

Method: Attach Toomey syringe (or other EDD) to ET tube adapter and attempt to rapidly withdraw a large volume of air. If able to rapidly withdraw at least 30ml of air, the ETT is almost certainly placed in the trachea (unless the tip of the ETT is very shallow and in the hypopharynx). If unable to easily and rapidly withdraw 30ml of free air, the ETT should be considered in the esophagus.

*****KEY POINT*****

If a service does not have quantitative capnography, then direct laryngoscopy is strictly prohibited

External Laryngeal Manipulation

Indication: To improve the view of the vocal cords during laryngoscopy by directly moving the larynx.

GENERAL CONSIDERATIONS:

- **External laryngeal manipulation (ELM) is not a replacement for optimal patient positioning and proper laryngoscopy technique.** It should be used to improve a suboptimal or partial view of the vocal cords when positioning and laryngoscopy technique are not sufficient to achieve a full view.
- **ELM is different from cricoid pressure (Sellick maneuver).** The goal of ELM is to improve the laryngoscopic view of the vocal cords. The goal of cricoid pressure is to reduce gastric aspiration.
NOTE: *Cricoid pressure has never been proven to reduce gastric aspiration, but it may increase airway resistance and decrease tidal volumes, so it is no longer recommended.*

PROCEDURE:

1. Optimally position the patient.
2. Insert the laryngoscope into the oropharynx with the left hand and obtain the best possible laryngoscopic view.
3. If the view of the cords is inadequate or partial, have an assistant grip the patient's larynx (approximate location of the Adam's apple). While performing laryngoscopy, the operator will then place their right hand atop the assistant's hand and direct it until the laryngoscopic view is improved.



4. The assistant will maintain this position while the operator releases their hand to complete the intubation.



Cricothyrotomy (Open)

Indication: Patients aged 13 years or older with **failure to oxygenate and ventilate by any less invasive means (BVM, EGD, or ETI)** in whom **respiratory arrest is impending or present.**

1. Prepare scalpel, bougie, endotracheal tube, and suction.

This procedure produces a lot of blood that can obscure visualization. Suction operated by an assistant is highly recommended for success.

2. Perform a “laryngeal handshake” with the non-dominant hand to identify and retain landmarks throughout the procedure.

The cricothyroid membrane is ALWAYS inferior to the “Adam’s Apple”, which is the most prominent part of the thyroid cartilage. In women and individuals with thick necks, this prominence may not be as palpable. Take caution not to incise above the thyroid cartilage (thyrohyoid membrane), since this incision will be above the vocal cords.

3. Cleanse the skin over the cricothyroid membrane with an antiseptic.

4. While stabilizing the larynx with the non-dominant hand, **create a vertical incision over the cricothyroid membrane.**

The vertical incision should be deep enough to expose the cricothyroid membrane and long enough to give adequate access (at least 2-3cm).

5. Once the skin has been incised, perform a horizontal “stab” incision through the midline of the cricothyroid membrane.

It is recommended that this incision not be extended beyond the stab, as there is potential to lacerate the superior thyroid arteries on either side. The stab incision should be made with the blade directed slightly towards the feet to avoid damaging the vocal cords that are superior to the cricothyroid membrane.

6. Remove the scalpel and insert a gloved finger perpendicularly into the wound to dilate it and serve as a placeholder.

Be cautious not to dilate into the soft tissue, which will create false tracts.

7. Guide a bougie through the incision and into the trachea, using the finger as a guide.

The bougie does not need to be inserted deeply or it may traumatize the smaller airways.

8. Using the bougie as a guide, thread an endotracheal tube into the trachea until the cuff disappears (no greater than 2-3cm due to risk of right mainstem intubation). Inflate the cuff.

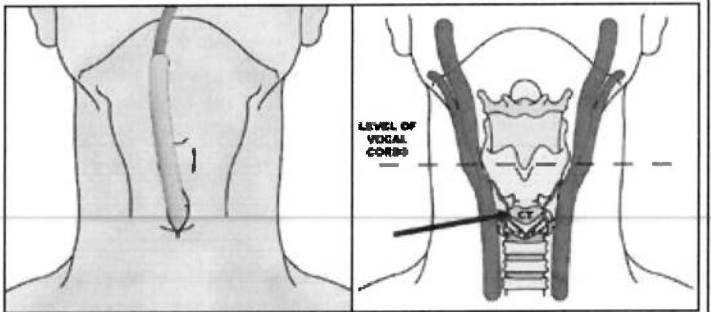
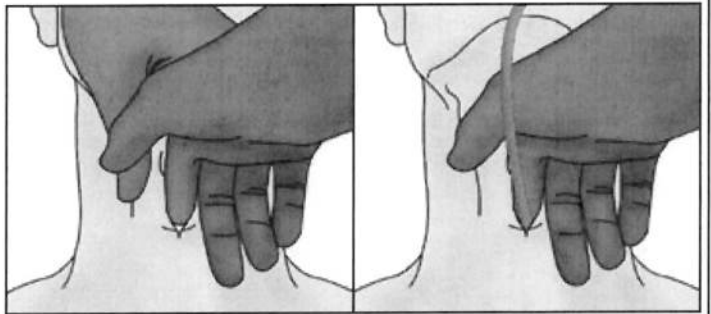
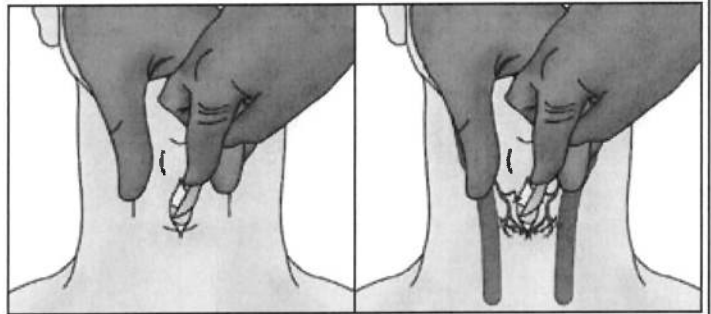
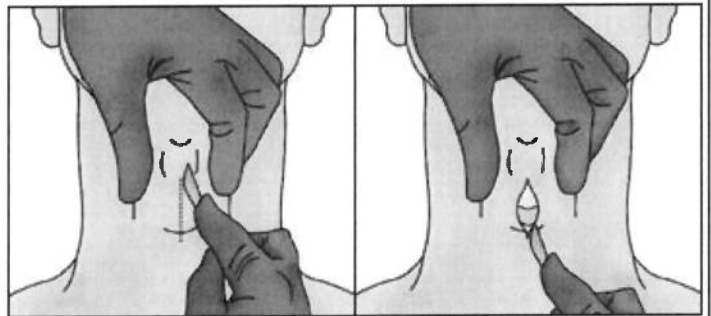
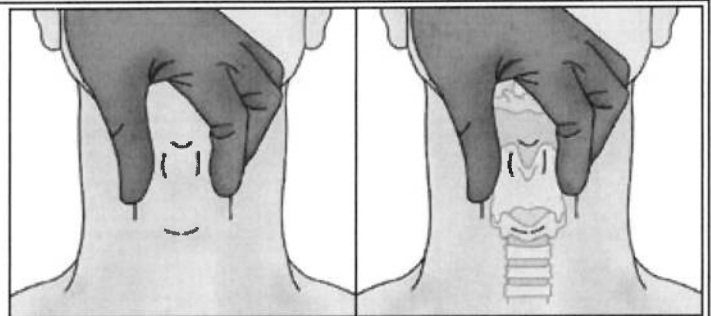
The ETT will need to be smaller than that used for orotracheal intubation. In an average adult, consider a 6.0 ETT.

9. Confirm the placement of the endotracheal tube.

ALL ENDOTRACHEAL TUBES MUST BE CONFIRMED BY WAVEFORM CAPNOGRAPHY

Because of the small-for-size endotracheal tube, the patient may require longer periods of exhalation between ventilations to avoid breath-stacking.

10. Secure the tube.



Pneumothorax/ Needle Decompression

Indication: For thoracic decompression of a patient with:

- Suspected pneumothorax AND tension physiology (evidence of obstructive shock),
- Traumatic cardiac arrest.

GENERAL CONSIDERATIONS:

- Majority of pneumothoraces **don't** develop tension physiology. **Needle decompression (ND) is NOT the treatment for a simple pneumothorax.** ND is a temporary measure to relieve high intrathoracic pressures that are causing obstructive shock (e.g. hypotension, refractory hypoxia).
- Early management of penetrating chest wounds (occlusive dressing) can avoid development of tension physiology
- If patient initially improves after ND and then deteriorates again, repeated ND may be required.
- **Positive pressure ventilation may precipitate or worsen tension pneumothorax.**
- In patients with a thick chest wall (e.g. large pectoralis muscles, central obesity, large breasts), ND is more likely to be effective from an axillary approach.
- Needles longer than 7cm can reach the heart and other organs. Providers should **only advance the needle far enough to enter the thoracic cavity, and then thread the catheter** into this space (similar technique to placing an IV).

Cautions with axillary approach:

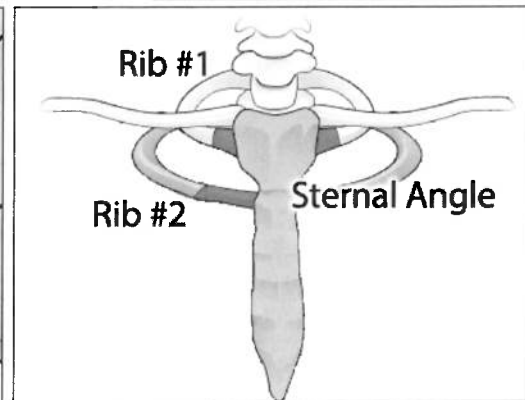
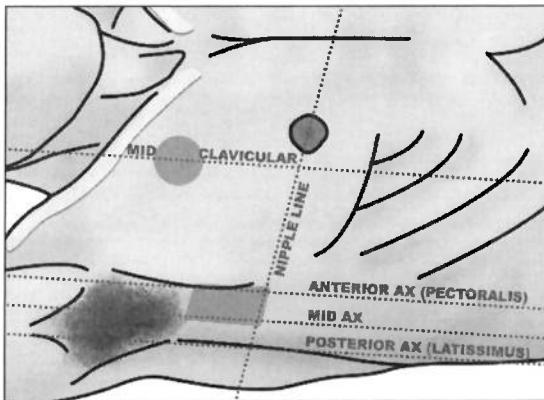
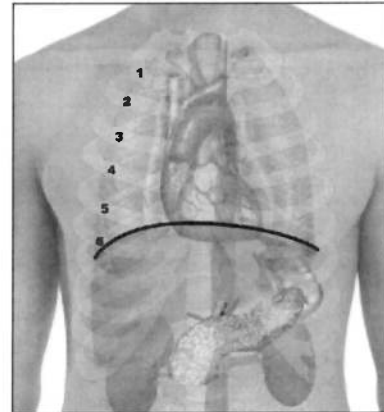
- **The liver** rises into the thoracic cage on the right side, sometimes as high as the 5th intercostal space. **The heart** is present on the left side. Take caution not to insert the catheter too low on the chest wall.
- Ensure that the needle is directed at a 90 degree angle to the chest wall. In obese patients the needle may not enter the thoracic cavity if it is directed through the subcutaneous tissue.

Cautions with anterior approach:

- When anterior needles are misplaced, they are most frequently too medial (too close to the sternum) or too inferior (too close to the heart, when on the left). This creates a risk of injury to the **mediastinum (including the aorta)** as well as to **the heart itself.**

IMPORTANT ANATOMY:

- Ribs may be felt better closer to the sternum. **The second rib attaches at the angle of the sternum (see picture below).** This is a reliable way to find the second rib.
- The clavicle extends from the sternum to the shoulder. The best way to find the midpoint is to place a hand across the entire clavicle with little finger on the sternal end and thumb on the shoulder, or vice versa.
- **The average adult nipple line (or inframammary fold in women) is around the 4th intercostal space.**
- Usually, adult axillary hair does not grow beyond the 4th intercostal space. It is generally safe to perform an axillary decompression at the place **where the growth of axillary hair stops.**
- Note the cautions above regarding the liver, heart, and mediastinal structures (e.g. aorta).
- The anterior axillary line is defined by the lateral border of the **pectoralis muscle.**



PROCEDURE:

1. Consider and **address potential causes of hemorrhagic shock.** Confirm that the patient has **clinical evidence of tension physiology** in addition to suspected pneumothorax. (penetrating chest wound + hypotension, hypoxia, absent lung sounds)
2. Place the patient on 100% oxygen. Avoid positive pressure.
3. Select an appropriate needle:
 - All Ages: 14ga or larger, minimum 3.5"
4. **STOP** and identify anatomic landmarks for insertion. The anterior axillary location is the preferred approach.
 - Anterior: 2nd intercostal, mid-clavicular
 - Axillary: 4th-5th intercostal, mid-axillary OR anterior-axillary (see picture above).

NOTE: If using the axillary site, raise the patient's arm above their head to expose and enlarge the intercostal space.
5. Cleanse the skin with an antiseptic swab.
6. Insert the needle at a 90-degree angle to the skin and advance smoothly until a "pop" and decrease in resistance is felt. **Without advancing the needle farther, attempt to thread the catheter.** The catheter should thread easily if the needle is in the intrathoracic space.

NOTE: The needle should be advanced over the top of the rib to avoid the neurovascular bundle on the inferior surface (see picture).
7. Discard the needle in a sharps container.
8. The classic rush of air is not always audible. If desired, a saline-filled syringe can be attached to the catheter to see if air

III. Cardiovascular Emergencies

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12- Lead EKG

- Chest pain
- Palpitations
- Shortness of breath
- Syncope
- Lightheadedness / presyncope
- Medication overdose
- Electrical injuries
- Suspected stroke
- Altered mental status
- Abdominal pain above umbilicus
- Age >65 with nausea/vomiting
- Congestive heart failure

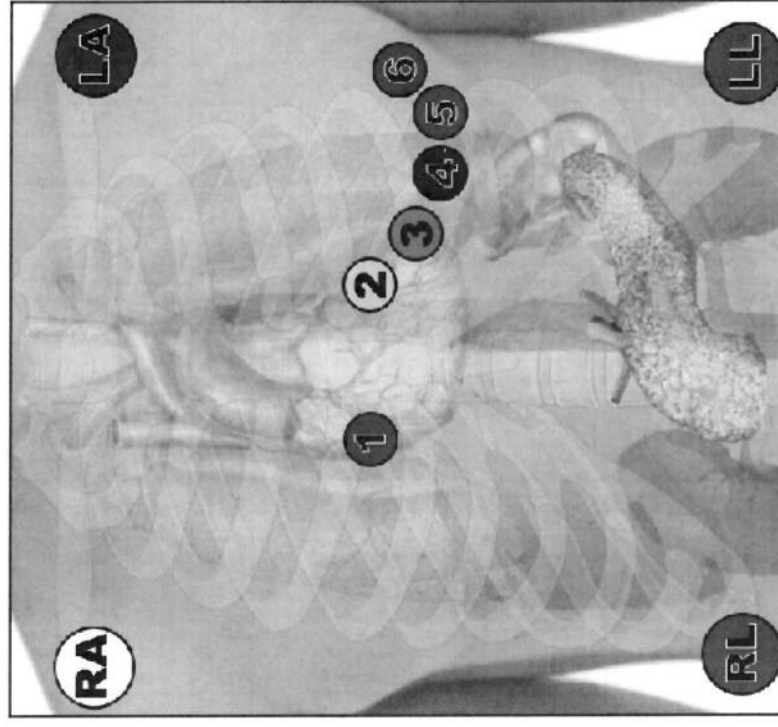
PROCEDURE:

1. Turn on ECG monitor and connect electrodes.
2. Enter patient information (e.g. name, age).
3. Expose the chest and prepare the skin as necessary (e.g. shaving, drying). The modesty of the patient should be respected.
4. Apply electrodes to the patient:

- RA—Right arm
- LA—Left arm
- RL—Right leg
- LL—Left leg
- V1—4th intercostal space, right sternal border
- V2—4th intercostal space, left sternal border
- V3—Between V2 and V4
- V4—5th intercostal space, midclavicular line
- V5—5th intercostal space, anterior axillary line
- V6—Posterior to V5, midaxillary line

5. Instruct the patient to remain still.
6. Acquire the 12 Lead ECG.

NOTE: If the monitor detects a noisy signal (e.g. patient movement, loose electrode), the acquisition will be interrupted. The noise must be corrected before reacquiring the ECG.



If the 12-lead ECG is interpreted as a STEMI and you are the transporting team, notify the receiving hospital (should be a cardiac center) as early as possible.

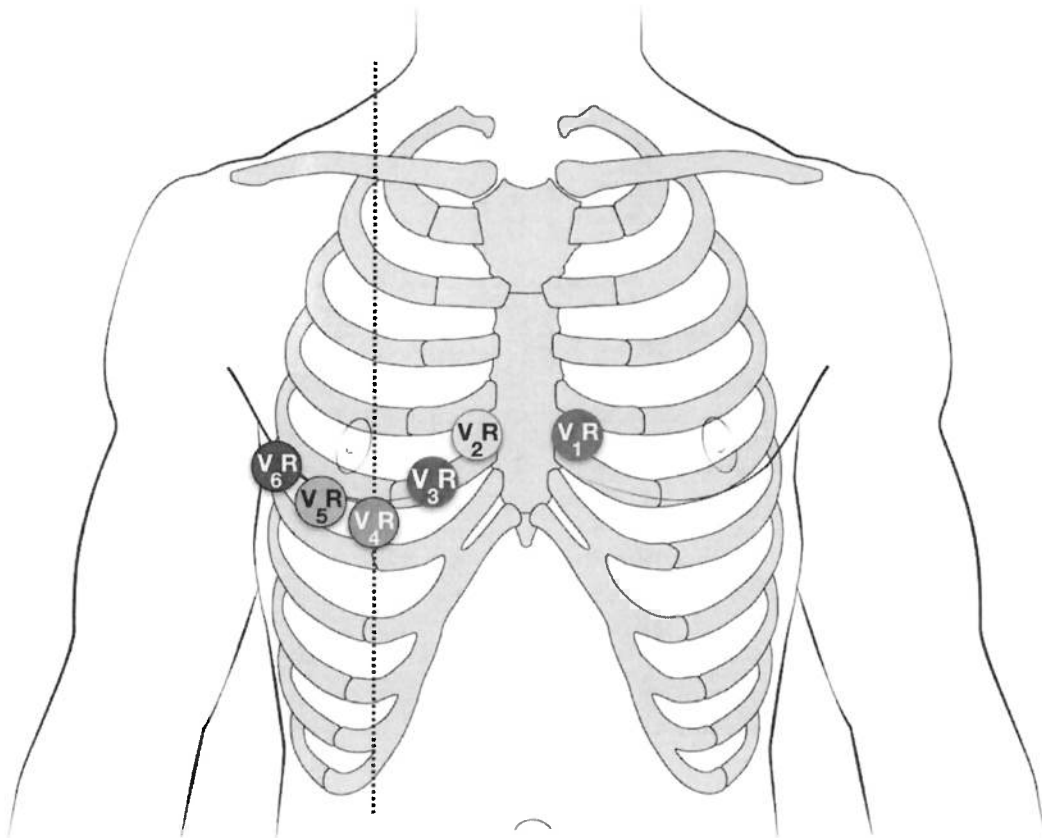
Right Sided EKG Lead Placement

Designation of Condition: A chief complaint, which has signs and symptoms suggestive of AMI. Right sided lead placement can help in the diagnosis of Right Ventricular MI.

KEY POINTS

Right Sided Leads:

- There are several approaches to recording a right-sided EKG:
 - A complete set of right-sided leads is obtained by placing leads V1-6 in a mirror-image position on the right side of the chest (see diagram below)
 - It may be simpler to leave V1 and V2 in their usual positions and just transfer leads V3-6 to the right side of the chest (i.e. V3R to V6R)
 - The most useful lead is V4R, which is obtained by placing the V4 electrode in the 5th right intercostal space in the mid-clavicular line
 - ST elevation in V4R has a sensitivity of 88%, specificity of 78% and diagnostic accuracy of 83% in the diagnosis of RV MI



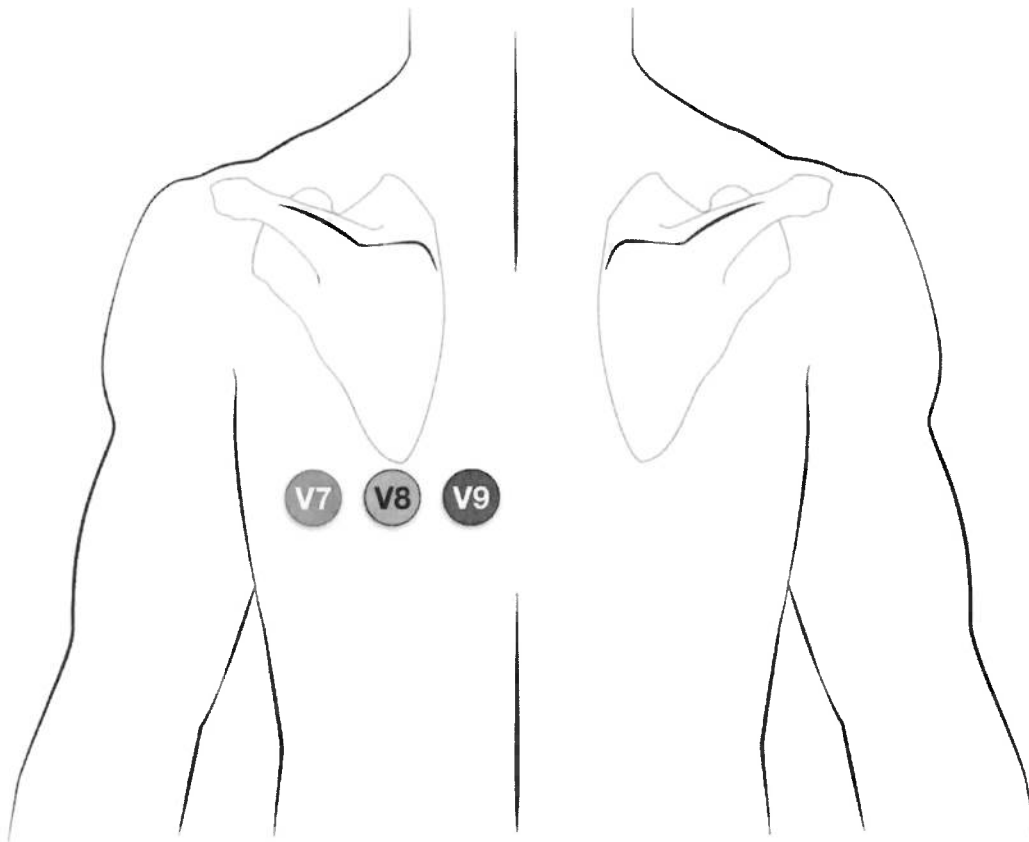
Posterior EKG Lead Placement

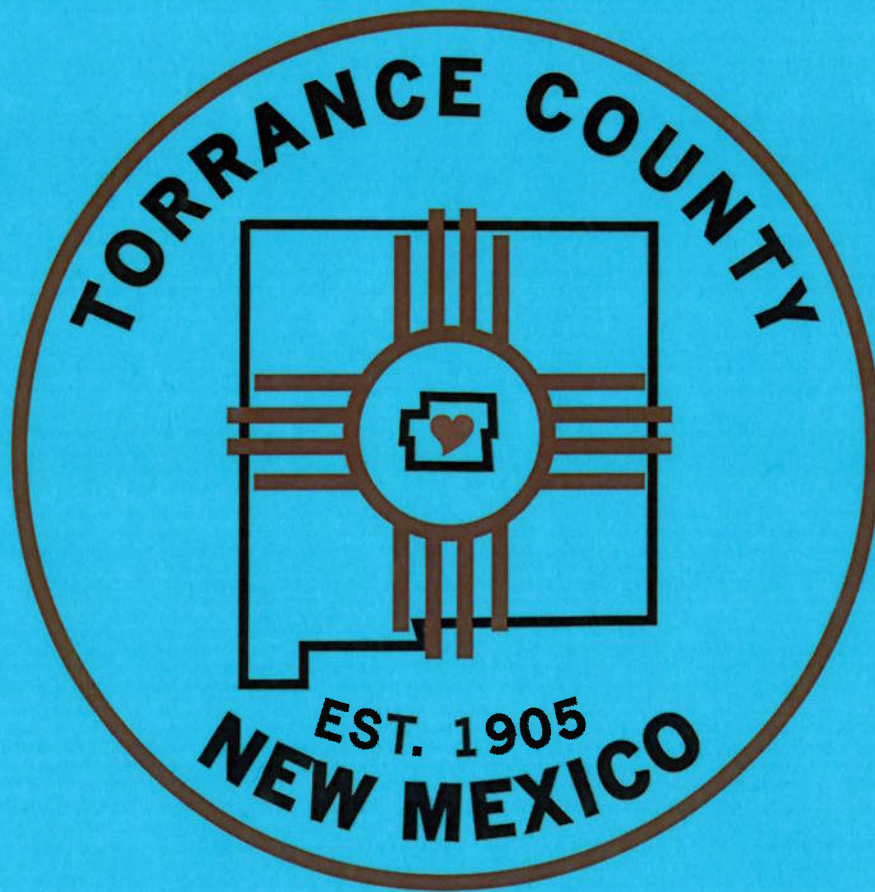
Designation of Condition: A chief complaint, which has signs and symptoms suggestive of AMI. Posterior lead placement can help with the diagnosis of Posterior STEMI.

KEY POINTS

Posterior Leads:

- Leads V7-9 are placed on the posterior chest wall in the following positions (see diagram below):
 - V7 – Left posterior axillary line, in the same horizontal plane as V6.
 - V8 – Tip of the left scapula, in the same horizontal plane as V6.
 - V9 – Left paraspinal region, in the same horizontal plane as V6.





**TORRANCE COUNTY
COMMISSION MEETING**

**Agenda Item
No. 12-B**



MODIFICATION OF GRANT OR AGREEMENT	PAGE	OF PAGES
	1	8

1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 23-LE-11030300-057	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY: Not Applicable	3. MODIFICATION NUMBER: 001
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4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Southwestern Region-Office of Grants and Agreements 333 Broadway Blvd SE Albuquerque, NM 87102	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Cibola National Forest 2113 Osuna Road NE, Suite A Albuquerque, NM 87113-1001
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6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Torrance, County of 205 S 9th St and Allen Estancia, NM 87016	7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only): Not Applicable
---	---

8. PURPOSE OF MODIFICATION

CHECK ALL THAT APPLY:	This modification is issued pursuant to the modification provision in the grant/agreement referenced in item no. 1, above.
<input type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD:
<input checked="" type="checkbox"/>	CHANGE IN FUNDING: Add USFS Funding in the amount of \$5,000.00.
<input type="checkbox"/>	ADMINISTRATIVE CHANGES:
<input type="checkbox"/>	OTHER (Specify type of modification):

Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.

9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
Modification 001 is to add funding as per attached Operating and Financial Plan

10. ATTACHED DOCUMENTATION (Check all that apply):

<input type="checkbox"/>	Revised Scope of Work
<input type="checkbox"/>	Revised Financial Plan
<input checked="" type="checkbox"/>	Other: See attached FS-1500-8A (Exhibit A) and Torrance County Sheriff's Office for Law Enforcement Officers pay rate (Exhibit B).

11. SIGNATURES

AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.

11.A. TORRANCE COUNTY SIGNATURE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNATURE	11.D. DATE SIGNED
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): DAVID FRAZEE		11.F. NAME (type or print): JAMES ALFORD	
11.G. TITLE (type or print): Sheriff		11.H. TITLE (type or print): Special Agent in Charge-Southwestern Region	
11.I. TORRANCE COUNTY SIGNATURE	11.J. DATE SIGNED	11.K. U.S. FOREST SERVICE SIGNATURE	11.L. DATE SIGNED
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.M. NAME (type or print): RYAN SCHWEBACH		11.N. NAME (type or print): YOLYNDA BEGAY	
11.O. TITLE (type or print): Commission Chair		11.P. TITLE (type or print): Forest Supervisor	



USDA Forest Service

OMB 0596-0217
FS-1500-19

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

MARI LLITERAS Digitally signed by MARI LLITERAS
Date: 2024.04.16 09:04:43 -06'00'

12.B. DATE
SIGNED

MARI LLITERAS
U.S. Forest Service Grants & Agreements Specialist



USDA Forest Service

OMB 0596-0217
FS-1500-19

Burden Statement

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FS Agreement No. 23-LE-11030300-057

Cooperator Agreement No. _____

EXHIBIT A

**COOPERATIVE LAW ENFORCEMENT OPERATING & FINANCIAL PLAN
Between The
TORRANCE, COUNTY OF
And the
USDA, FOREST SERVICE
CIBOLA NATIONAL FOREST AND GRASSLANDS**

2024 OPERATING AND FINANCIAL PLAN

This Financial and Operating Plan (Operating Plan), is hereby made and entered into by and between Torrance, County of Sheriff's Office, hereinafter referred to as "the Cooperator," and the United States Department of Agriculture (USDA), Forest Service, Carson National Forest, hereinafter referred to as the "U.S. Forest Service," under the provisions of Cooperative Law Enforcement Agreement #23-LE-11030300-057 This Operating and Financial Plan is made and agreed to as of the last signature date on the Modification 1 form (FS-1500-19) and is in effect through December 31, 2027, unless modified during the annual review.

Previous Year Carry-over: \$3,523.52
Current Fiscal Year 2024 Obligation: \$5,000.00
2024 Calendar Year Total Operating Plan: \$8,523.52

I. GENERAL:

- A. The following individuals shall be the designated and alternate representative(s) of each party, so designated to make or receive requests for special enforcement activities.

Principal Cooperator Contacts:

Cooperator Program Contact	Cooperator Administrative Contact
David Frazee, Sheriff 903 N 5 th Street Estancia, NM 87016 Telephone: (505)544-4900 FAX: (505)274-7281 Email: dfrazee@tcnm.us	Cheryl Allen 903 N 5 th Street Estancia, NM 87016 Telephone: (505)544-4900 FAX: (505)274-7281 Email: callen@tcnm.us



Principal U.S. Forest Service Contacts:

U.S. Forest Service Program Manager Contact	U.S. Forest Service Administrative Contact
Ross Gamboa 2113 Osuna Rd NE Albuquerque, NM 87113 Telephone: (505)346-3881 FAX: (505)346-3902 Email: ross.gamboa@usda.gov	Darlene Gavaldon 2113 Osuna Rd NE Albuquerque, NM 87113 Telephone: (505)346-3882 FAX: (505)346-3902 Email: darlene.gavaldon@usda.gov

B. Reimbursement for all types of enforcement activities shall be at the following rates unless specifically stated otherwise:

\$0.32/mile patrolled

Wages (salaries + fringe benefits) will be reimbursed at the prevailing rate(s) based on the Cooperator pay plan (attached as Exhibit B).

II. PATROL ACTIVITIES:

A. Time schedules for patrols will be flexible to allow for emergencies, other priorities, and day-to-day needs of both the Cooperator and the U.S. Forest Service. Ample time will be spent in each area to make residents and visitors aware that law enforcement officers are in the vicinity.

1. Patrol on following U.S. Forest Service roads:

- Mountainair Ranger District
 - Forest Road 55
 - Forest Road 245
 - Forest Road 253 to Red Canyon Campground
 - Forest Road 422
 - Forest Road 321
 - Forest Road 275 from 422 to forest boundary
 - Forest Road 142 to Pueblo Blanco
 - Forest Road 458 to Pueblo Colorado Ruins
 - Forest Road 167

2. Patrol in the following campgrounds, developed sites, or dispersed areas:

- Tajique Campground
- Fourth of July Campground
- Bosque Trailhead



- New Canyon Campground
- Capilla Campground

Total reimbursement for this category shall not exceed the amount of: \$5,000.00.
Unused dispatch funds may be used for patrol activities, in which case the maximum reimbursement may not exceed the amount of: \$0.00.

III. TRAINING:

See Cooperative Law Enforcement Agreement Provision IV-K for additional information.

Total reimbursement for this category shall not exceed the amount of: \$0.00

IV. EQUIPMENT:

See Cooperative Law Enforcement Agreement Provisions IV-K, IV-L, and IV-M for additional information.

Total reimbursement for this category shall not exceed the amount of: \$0.00

V. SPECIAL ENFORCEMENT SITUATIONS:

- A. Special Enforcement Situations include but are not limited to: Fire Emergencies, Drug Enforcement, and certain Group Gatherings.
- B. Funds available for special enforcement situations vary greatly from year to year and must be specifically requested and approved prior to any reimbursement being authorized. Requests for funds should be made to the U.S. Forest Service designated representative listed in Item I-A of this Operating Plan. The designated representative will then notify the Cooperator whether funds will be authorized for reimbursement. If funds are authorized, the parties will then jointly prepare a revised Operating Plan.
 1. Drug Enforcement: This will be handled on a case-by-case basis. The request will normally come from the patrol Captain; however, it may come from the Special Agent in Charge or their designated representative. Reimbursement shall be made at the rates specified in Section I-B. Deputies assigned to the incident will coordinate all of their activities with the designated officer in charge of the incident.
 2. Fire Emergency: During emergency fire suppression situations and upon request by the U.S. Forest Service pursuant to an incident resource order, the Cooperator agrees to provide special services beyond those provided under Section II-A, within the Cooperator's resource capabilities, for the enforcement of State and local laws related to the protection of persons and their property. The Cooperator will be compensated at the rate specified in Section I-B; the U.S. Forest Service will specify times and schedules. Upon concurrence of the local patrol Captain or their designated representative, an official from the Incident Management Team



managing the incident, Cooperator personnel assigned to an incident where meals are provided will be entitled to such meals.

- 3. Group Gatherings: This includes but is not limited to situations which are normally unanticipated, or which typically include very short notices, large group gatherings such as rock concerts, demonstrations, and organization rendezvous. Upon authorization by a U.S. Forest Service representative listed in Section I-A for requested services of this nature, reimbursement shall be made at the rates specified in Section I-B. Deputies assigned to this type of incident will normally coordinate their activities with the designated officer in charge of the incident.

This includes but is not limited to situations which are normally unanticipated, or which typically include very short notice, large group gatherings such as rock concerts, demonstrations, and organizational rendezvous.

VI. BILLING FREQUENCY:

See Cooperative Law Enforcement Agreement Provisions II-H and III-B for additional information.

- A. Billing frequency is as follows: up to QUARTERLY – Final bill shall be submitted within 90 days of the close of the calendar year.
- B. The following is a breakdown of the total estimated costs associated with this Operating Plan.

Category	Estimated Costs	Not to Exceed by %
Patrol Activities	\$5,000.00	100%
Training	\$0.00	100%
Equipment	\$0.00	100%
Special Enforcement Situations	\$0.00	100%
Total	\$5,000.00	100%

- C. Any remaining funding in this Operating Plan may be carried forward to the next calendar year and will be available to spend through the term of the Cooperative Law Enforcement Agreement, or deobligated at the request of the U.S. Forest Service. *See Cooperative Law Enforcement Agreement Provision IV-C.*

TORRANCE COUNTY LAW ENFORCEMENT OFFICER PAY RATE

EMPL_LAST_NM	EMPL_FIRST_NM	EMPLOYEE_ID	HIRE_DATE	EMP_STATUS	Hourly Rate	ANNUAL_GROSS_INCOME
ARREOLA	PABLO	6408	3/12/2018	A	28.00	58,240.00
BALLARD	KENT	6089	8/20/2007	A	36.00	74,880.00
CARTER	THOMAS	6606	8/9/2021	A	28.50	59,280.00
CORDOVA-COLLIER	RYAN	6394	9/18/2017	A	33.50	69,680.00
DURAN	JORDAN	6409	3/12/2018	A	33.50	69,680.00
FETTY	TATE	6407	9/27/2022	A	28.00	58,240.00
MARTINEZ	MATTHEW	6620	10/11/2021	A	28.00	58,240.00
QUINTANA	CESAR	6469	7/8/2019	A	28.00	58,240.00
SCHWERDEL	ALEXANDER	6442	10/29/2018	A	28.00	58,240.00
STOCUM	JOHN	6101	1/7/2008	A	25.10	52,208.00
SWATSWORTH	REESE	6477	9/9/2019	A	28.00	58,240.00
TORRES	MONICA	6545	3/15/2021	A	29.00	60,320.00
VIGIL	SHAWN	6639	2/28/2022	A	28.50	59,280.00
WHITSON	CHAD	6454	3/2/2019	A	29.00	60,320.00
YOUNG	ERWIN	6033	9/7/2004	A	29.50	61,360.00
SWATSWORTH	REESE	6477	9/9/2019	A	23.03	47,901.10

PASSED, APPROVED AND ADOPTED THIS 24TH DAY OF APRIL, 2024.

BOARD OF COUNTY COMMISSIONERS:

Janice Y. Barela, County Manager

Ryan Schwebach, Chair, District 2

Date: _____

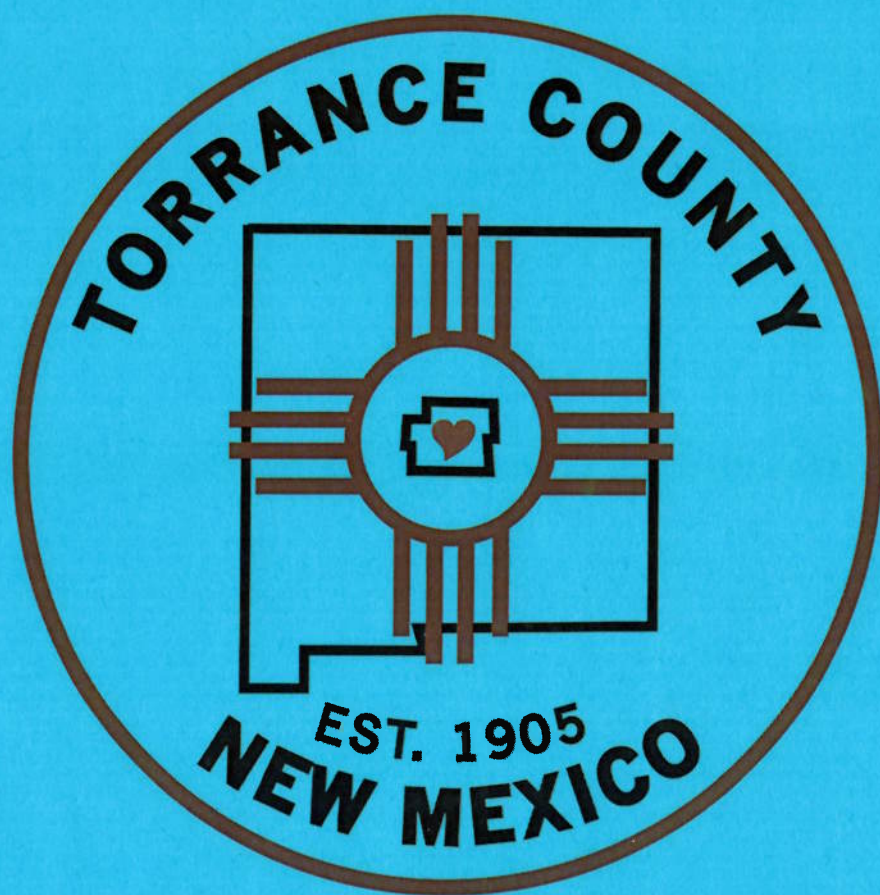
Kevin McCall, Vice Chair, District 1

ATTEST:

Samuel D. Schropp, Member, District 3

Linda Jaramillo, County Clerk

Date: _____



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 12-C

Security Grant MOU

STATE OF NEW MEXICO
MEMORANDUM OF UNDERSTANDING
OFFICE OF THE SECRETARY OF STATE
AND
TORRANCE COUNTY

This **MEMORANDUM OF UNDERSTANDING** ("Agreement" or "MOU") is entered into by and between the Office of the Secretary of State ("Office") and "Torrance County" ("County"), (collectively, "the Parties") as of the last date of execution by the Parties below.

RECITALS

WHEREAS, the Office has been appropriated Federal funds from the Federal Election Assistance Commission (EAC) for election security initiatives with respect to Federal elections;

WHEREAS, it is in the interest of both Parties for the Office to sub-grant appropriated funds to Counties for bolstering federal election security.

AGREEMENT

THEREFORE, the Parties agree that this MOU is entered expressly and solely for the purpose of providing federally appropriated funds to the County to cover the costs of bolstering the County's cyber and physical election security infrastructure in support of Federal elections.

1. RESPONSIBILITIES

The Office shall:

- A. Issue to the County a warrant drawn through the New Mexico Department of Finance and Administration (DFA) in the amount of **50,000.00**, based upon the County's Classification as defined by DFA's Local Government Division per statute 4-44-2, NMSA 1978, for bolstering the County's cyber and physical election security infrastructure.

The County shall:

- A. Finalize and sign this MOU by April 12, 2024.
- B. Enroll in EI-ISAC or MS_ISAC.
- C. Only use the appropriated funds for the specified items detailed in *Appendix A* of this Agreement in support of Federal elections.
- D. Provide a full accounting of expenses incurred including all invoices, receipts, and copies of warrants paid by the County to the Office upon completion of the projects detailed in *Appendix A*.

2. INELIGIBLE EXPENSES

The County agrees that the funds under the purview of this MOU shall only be used for allowable expenses as detailed in *Appendix A* in support of Federal elections. Funds granted shall not be used for any other circumstance. The Office shall conduct an internal review of all expenditures under this MOU and determine eligibility of expenses and their applicability to the items in *Appendix A*. In the event that an expenditure is deemed not allowable under the terms and conditions of this MOU, the County must return the funds via check to the Office immediately upon notification.

Security Grant MOU

3. TERM

This Agreement shall become effective on the date of the final signature is affixed to this Agreement and shall remain in effect until its expiration December 31, 2024, unless terminated pursuant to Article 6.

4. RESPONSIBILITIES

- A. **Records.** The County shall maintain all fiscal records detailing expenditures under this MOU, follow Generally Accepted Accounting Principles (GAAP), and account for all receipts and disbursements of funds transferred to the County pursuant to this MOU.
- B. **Reporting.** Each County shall file a report of expenditures to the Office upon completion of each project detailed in *Appendix A* for accounting audit. The report shall include complete documentation of accounting with a description detailing the costs and their relevance to the defined initiatives.
- C. **Budget.** The County is responsible for managing the spending of funds granted herein and maintaining budget for completion of projects defined in *Appendix A*.

5. LIABILITY

Each Party shall be solely responsible for liabilities due to its own violation or alleged violation of requirements applicable to the performance of the MOU. Neither Party shall be responsible for the other Party's acts or omissions in connection with this MOU. Any liability incurred in connection with this MOU is subject to the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended.

6. TERMINATION

Either Party may terminate this Agreement for cause or convenience by giving notice in writing to the other Party within thirty (30) days of intended termination.

7. AMENDMENT

This MOU shall not be altered, changed, or amended except by a written instrument duly executed by both Parties. Any amendments shall be made in writing and shall be agreed to and executed by the respective signatories before becoming effective.

8. CONTACT

The County shall send correspondence to the Office at the following address:

New Mexico Office of the Secretary of State
Attn: Finance Department
325 Don Gaspar Ave, Suite 300
Santa Fe, NM 87501
sos.finance@sos.nm.gov
505.827.3617

Linda Jaramillo
Torrance County Clerk
Torrance County
P.O. Box 767
Estancia, NM 87106
Ljaramillo@tcnm.us
505.544.4369

Security Grant MOU


9. MISCELLANEOUS PROVISIONS

- A. **Compliance with Laws.** The laws of the State of New Mexico will govern this MOU. The Parties shall comply with all federal and State laws, regulations, and rules applicable to the performance of this MOU and the duties hereunder.
- B. **Subsequent Terms.** This MOU supersedes and replaces all previous oral or written agreements between the Parties relating to the subject matter hereof. Furthermore, this MOU contains the entire agreement and understanding between the Parties relating to the subject matter.
- C. **Appropriations.** The terms of this MOU are contingent upon sufficient appropriations and authorizations made by the Legislature of New Mexico, as well as the availability of federally authorized grant funds.
- D. **Property.** The parties hereby understand and agree that any property acquired as a result of this Agreement shall become the sole property of the County.
- E. **Project Overspend.** The parties mutually acknowledge that any and all funds expended beyond the amount allocated for the projects detailed in *Appendix A* shall be the full responsibility of the County. The Office will not entertain additional reimbursement requests beyond the specified amount allocated in this MOU.
- F. **Ongoing Commitments.** The parties mutually acknowledge that any ongoing costs resulting from procurements conducted with these granted funds shall be the sole responsibility of the County; the Office will not be responsible for funding any ongoing costs or liabilities.

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Security Grant MOG

In witness whereof, this Agreement is duly executed upon the date of the last signature affixed and dated:



Maggie Toulouse-Oliver, Secretary of State
Office of the Secretary of State

04/17/2024

Date

Peter Auh

Peter Auh, General Counsel
Office of the Secretary of State

04/17/2024

Date

Linda Jaramillo

Linda Jaramillo, County Clerk
County of Torrance

4-11-2024

Date

Janice Y. Barela

Janice Y. Barela
County Manager

4.10.2024

Date

Michael I. Garcia

Michael I. Garcia, County Attorney
County of Torrance

4.10.24

Date

Security Grant MOU

APPENDIX A

The awarded sub-grant funds shall be utilized for the approved projects listed below. Any projects which support physical security improvements to county facilities must be allocated with the administration of federal elections in mind and the county is responsible for devising a reasonable method for allocation of costs to be paid through this subgrant and costs to be paid by the county. The breakdown of apportioned costs shall be delineated in the required sub-grant reporting submitted to the Secretary of State's Office.

*See County Application with Project Detail
below.*



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

COUNTY SECURITY SUBGRANT APPLICATION

COUNTY INFORMATION

COUNTY NAME: Torrance
COMPLETED BY: Sylvia Chavez
DATE: 3/14/2024

COUNTY FUNDING GROUPS

GROUP [1] – County would receive a maximum of **\$50,000**.

Eligible Counties: Bernalillo, Chaves, Cibola, Colfax, Curry, Dona Ana, Eddy, Grant, Lea, Lincoln, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Taos, Torrance, Valencia.

GROUP [2] – County would receive a maximum of **\$60,000**.

Counties: Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, Socorro, Union.

I. PROPOSED PROJECTS

According to the above county classification schedule, please describe your county's proposed project or projects below. A list of suggested projects is attached to this sub-grant application in Appendix A; however, this list is not exclusive. Within your description, please include your plan and timeline for implementation and how each project will improve physical or cyber security infrastructure for an election and a proposed detailed budget for the project.



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

II. TECHNOLOGY AND SUPPORT

1. Do any of the proposed projects require ongoing subscription-based costs beyond the period of the subgrant?

Y. N.

2. Does the County currently have Albert Sensors installed?

Y. N.

3. Describe the County's plan to sustain this project or any subscription-based costs beyond the period of this sub-grant:

N/A

SIGNED:

COUNTY CLERK: _____

Thank you for completing this application. Please return the completed application to sos.finance@sos.nm.gov.

The Secretary of State believes that providing subgrants to each county is the most effective funding mechanism to improve election infrastructure security at the county level. Full participation from all thirty-three counties will have a significant impact on securing New Mexico's election infrastructure and further benefit the voters we serve.

The Office is available for any additional information or clarification you may require.

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 OR (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.NM.GOV



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

1. Project Name: Warehouse Renovation/Upgrade

Estimated Cost: \$ 35,000.00

Project Description:

Camera installed on north side of election warehouse. Upgrade current camera system at the warehouse. Have a secure gate installed at the warehouse.



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

2. Project Name: Warehouse Rentals/Upgrade

Estimated Cost: \$ 10,000.00

Project Description:

Have security lighting installed at the warehouse. There is currently no lighting at the warehouse. The cost will cover the purchase & installation of the security lights



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

3. Project Name: Warehouse Rentals/Upgrade
Estimated Cost: \$ 5,000.00

Project Description:

Change and/or install e-coded door locks at the warehouse and at our early vote room. Install a secured gate for safe entry and exit from warehouse.

Certificate Of Completion

Envelope Id: EDE5A71DAC764B8A8239C06BF997472C
Subject: Complete with DocuSign: Torrance County Subgrant MOU part sign.pdf
Source Envelope:
Document Pages: 10 Signatures: 2
Certificate Pages: 5 Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
Cynthia Brown
715 Alta Vista St
Santa Fe, NM 87501
cynthia.brown@sos.nm.gov
IP Address: 164.64.217.15

Record Tracking

Status: Original
4/17/2024 7:34:15 AM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Cynthia Brown
cynthia.brown@sos.nm.gov
Pool: StateLocal
Pool: Secretary of State

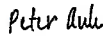
Location: DocuSign

Location: DocuSign

Signer Events

Peter Auh
peter.auh@sos.nm.gov
Security Level: Email, Account Authentication
(None), Login with SSO

Signature



Signature Adoption: Pre-selected Style
Using IP Address: 172.59.0.234

Timestamp

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Viewed: 4/17/2024 7:43:01 AM
Signed: 4/17/2024 7:43:13 AM

Electronic Record and Signature Disclosure:

Accepted: 5/30/2023 9:04:45 AM
ID: cbf66467-57cb-4aee-a6d9-55edc88668b1

Maggie Toulouse-Oliver
theresa.romero@sos.nm.gov
Secretary of State
Office of the Secretary of State
Security Level: Email, Account Authentication
(None)



Signature Adoption: Uploaded Signature Image
Using IP Address: 98.230.194.180

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Viewed: 4/17/2024 10:50:00 AM
Signed: 4/17/2024 10:50:04 AM

Electronic Record and Signature Disclosure:

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In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Summary Events

Envelope Sent
Certified Delivered
Signing Complete
Completed

Status

Hashed/Encrypted
Security Checked
Security Checked
Security Checked

Timestamps

4/17/2024 7:37:23 AM
4/17/2024 10:50:00 AM
4/17/2024 10:50:04 AM
4/17/2024 10:50:04 AM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Secretary of State (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Secretary of State:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: daniel.garcia5@state.nm.us

To advise Secretary of State of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at daniel.garcia5@state.nm.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Secretary of State

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to daniel.garcia5@state.nm.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Secretary of State

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to daniel.garcia5@state.nm.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

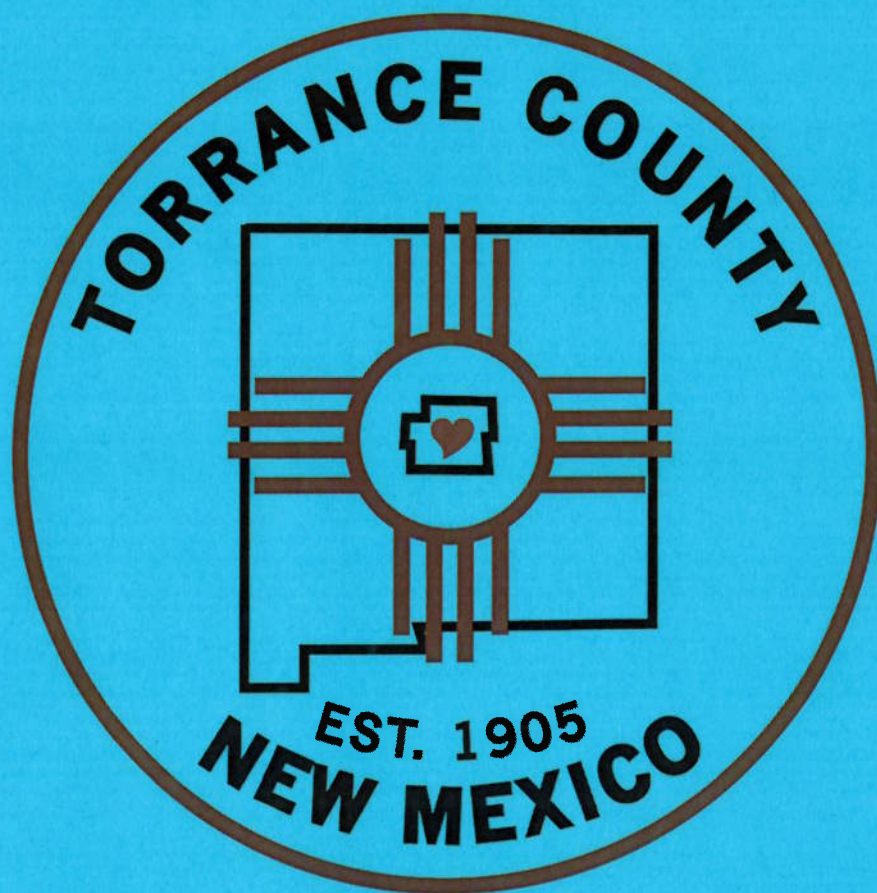
The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

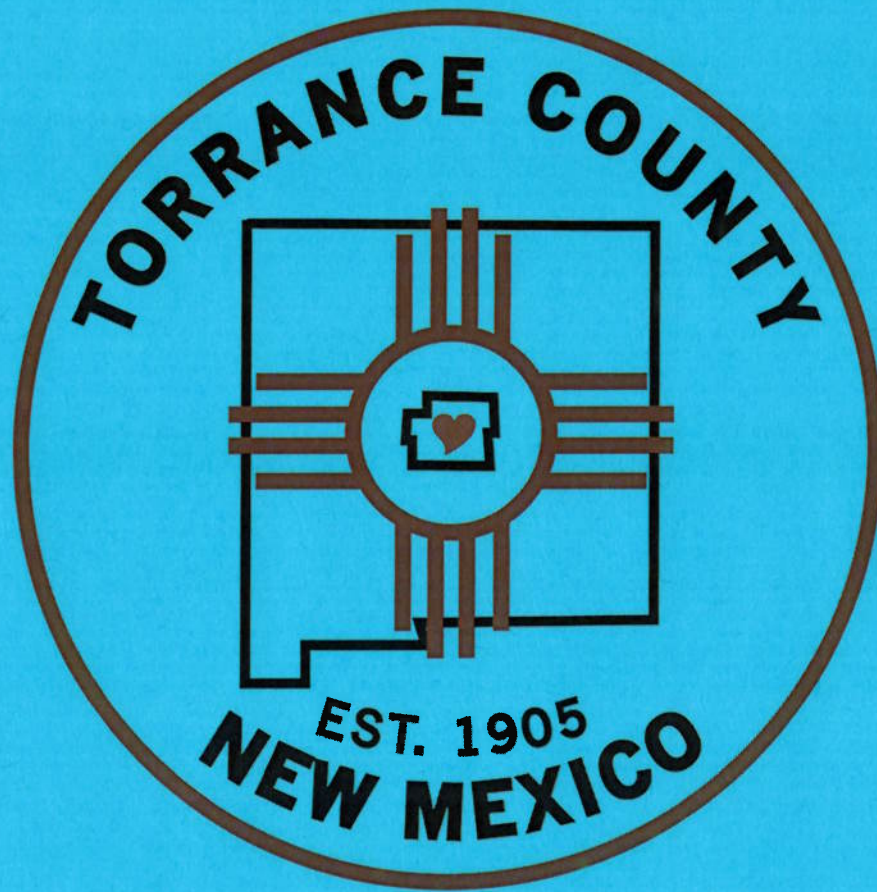
- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

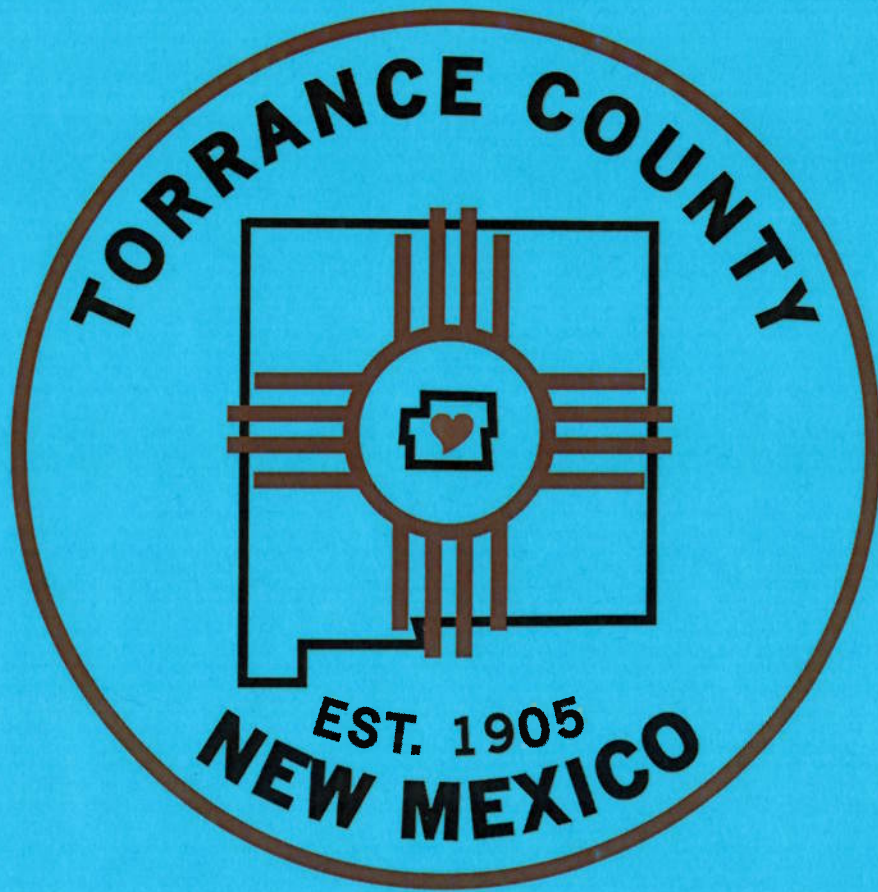
No. 12-D



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

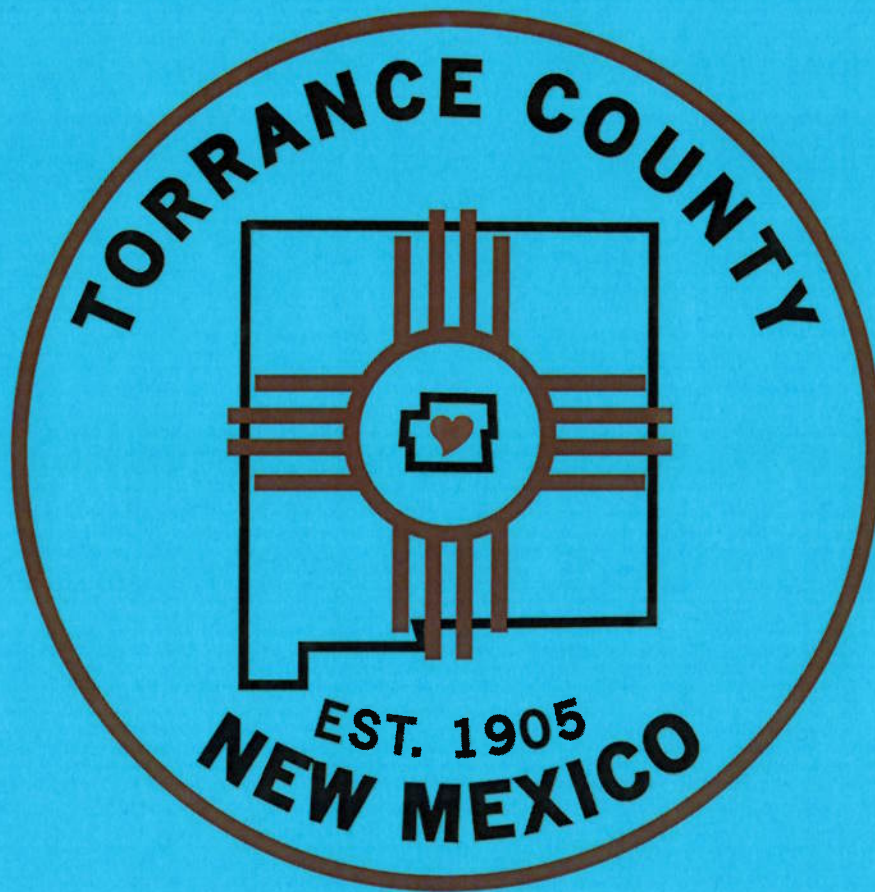
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**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

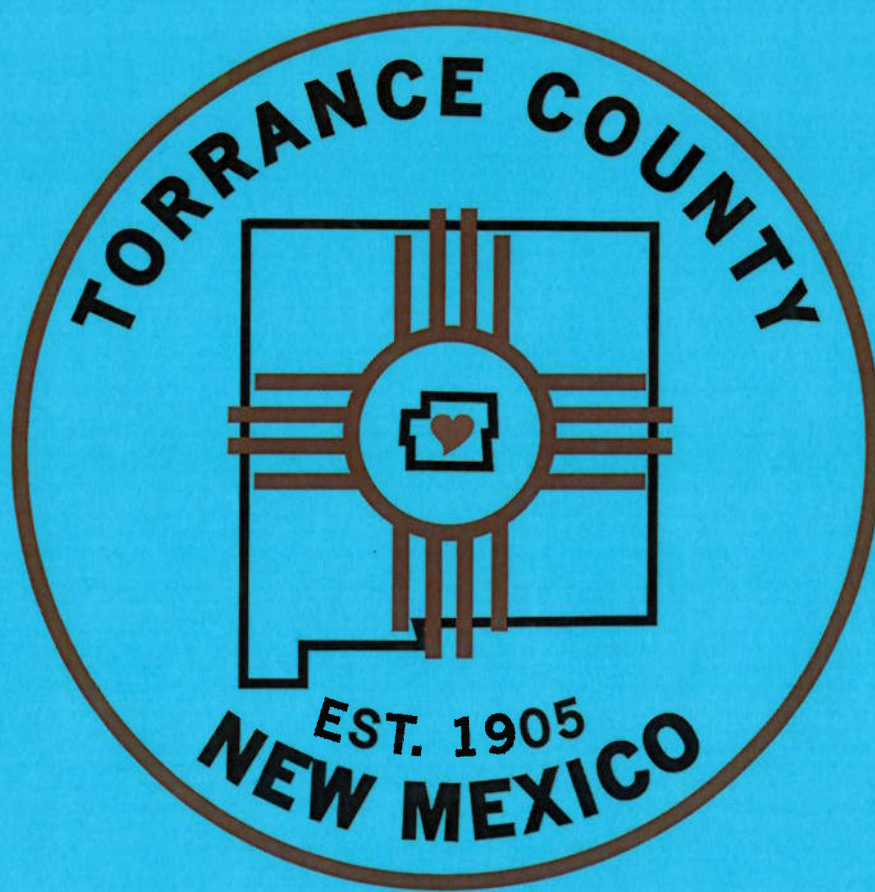
No. 13-B



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 13-C



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

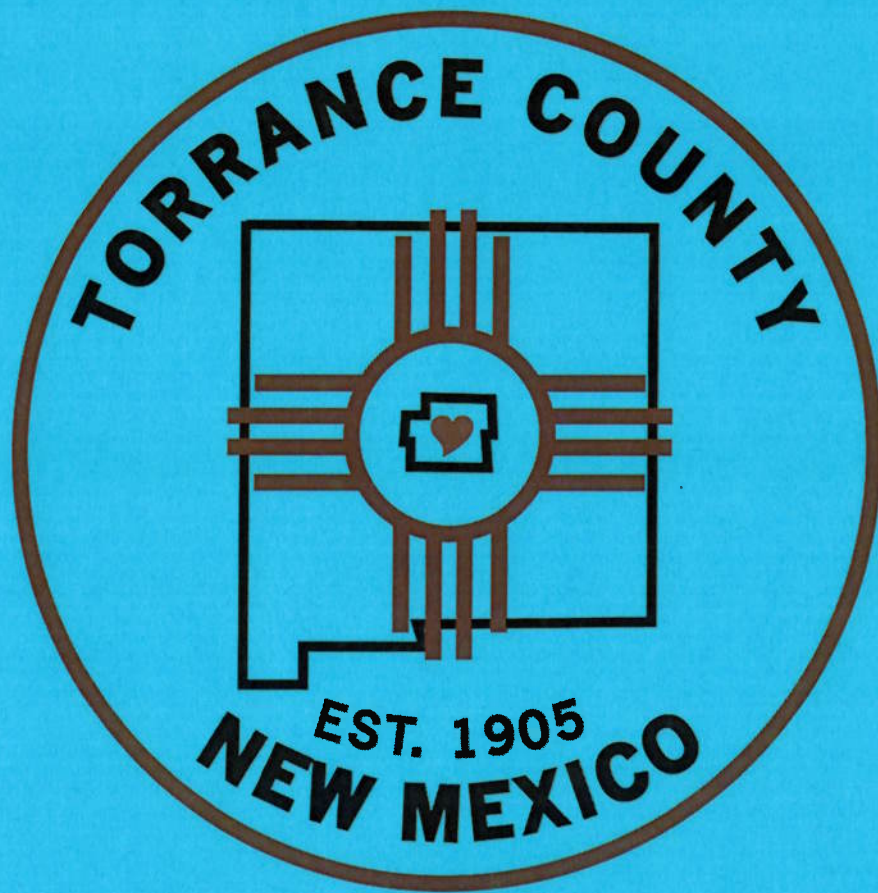
No. 14



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 15



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 16



**TORRANCE COUNTY
COMMISSION MEETING**

Agenda Item

No. 17