



GRINNELL CITY COUNCIL REGULAR SESSION MEETING
MONDAY, APRIL 20, 2020 AT 7:00 PM
IN THE COUNCIL CHAMBERS

1. Roll Call

2. Perfecting And Approval Of Agenda

2.A. Perfecting And Approval Of Agenda

Documents:

[04.20.20 - AGENDA - COUNCIL.PDF](#)

3. Consent Agenda

3.A. Consent Agenda

Documents:

[3 - CONSENT AGENDA.PDF](#)

4. Meeting Minutes/Communications

4.A. Meeting Minutes And Communications

Documents:

[4 - MEETING MINUTES AND COMMUNICATIONS.PDF](#)

5. Committee Business

5.A. Report From The Finance Committee

5.A.1. Report From The Finance Committee

Documents:

[5A - FINANCE COMMITTEE AGEND AND SUPPORTING DOCUMENTS.PDF](#)

5.B. Report From Public Works And Grounds Committee

5.B.1. Report From The Public Works And Grounds Committee

Documents:

[5B - PUBLIC WORKS AND GROUNDS AGENDA AND SUPPORTING DOCUMENTS.PDF](#)

5.C. Report From Public Safety Committee

5.C.1. Report From The Public Safety Committee

Documents:

[5C - PUBLIC SAFETY COMMITTEE AGENDA AND SUPPORTING DOCUMENTS.PDF](#)

5.D. Report From Planning Committee

5.D.1. Report From Planning Committee

Documents:

[5D - PLANNING COMMITTEE AGENDA AND SUPPORTING DOCUMENTS.PDF](#)

6. Inquiries

7. Adjournment



GRINNELL CITY COUNCIL REGULAR SESSION MEETING
MONDAY, APRIL 20, 2020 AT 7:00 P.M.
VIA ZOOM

Join Zoom Meeting

<https://zoom.us/j/95070521787?pwd=Sk0zTHozdTbvSCtYdlFpZnJMdUVxQT09>

Meeting ID: 950 7052 1787

Password: 228123

One tap mobile

+19292056099,,95070521787#,,#228123# US (New York)

+13126266799,,95070521787#,,#228123# US (Chicago)

Dial by your location

+1 929 205 6099 US (New York)

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US

Meeting ID: 950 7052 1787

Password: 228123

Find your local number: <https://zoom.us/u/ab3jby06N>

TENTATIVE AGENDA

1) **Call to Order:**

2) **Perfecting and Approval of Agenda:**

3) **Consent Agenda:**

1. Previous minutes as drafted from the Monday, April 6, 2020 Regular Session.
2. Previous minutes as drafted from the Thursday, April 16, 2020 Special Session.
3. Accept Retirement of Brenda McDonald, Library Assistant, effective April 26, 2020.
4. Approve ROW work for Windstream for Penrose St
5. Review Campbell Fund requests.

**All items listed under the consent agenda will be enacted by one motion. There will be no separate discussion of these items unless a request is made prior to the time Council votes on the motion.*

4) **Meeting Minutes and Communications:**

- a) Finance Committee minutes: April 6, 2020.
- b) Public Works & Grounds Committee minutes: April 6, 2020.
- c) Public Safety Committee minutes: April 6, 2020.
- d) Planning Committee minutes: April 6, 2020.
- e) Parks & Recreation Board minutes: April 13, 2020.

- f) Veterans Memorial Commission minutes: March 9, 2020.
- g) March 2020 Treasurer's Report
- h) March 2020 Monthly Building Permit Report.

5) **Committee Business:**

A. Report from the Finance Committee

- 1. Consider approval of lease with the Grinnell Housing Authority (See Resolution No. 2020-65).
- 2. Consider resolution amending the city of Grinnell Personnel Policy Manual (See Resolution No. 2020-66).
- 3. Review delinquent city utility account list.
- 4. Review CDBG COVID-19 grant proposal.
- 5. Consider special Campbell Fund request from the Grinnell Optimist Club to assist in funding the annual "Backpack for Kids" program the second Saturday in August.
- 6. Discuss Special Request to the Campbell Fund for Grinnell Food Coalition.

B. Report from the Public Works and Grounds Committee

- 1. Update on the Iowa Department of Natural Resources State Revolving Fund grant storm water quality projects.
- 2. Update from Building and Planning Department in regard to cemetery electronic records and work done in recent months.

C. Report from the Public Safety Committee

- 1. Consider approval upgrading Grinnell Fire Department to EMT-B level ambulance with transport.
- 2. Review amended Emergency Medical Services agreement with Midwest Ambulance to provide for second out ambulance.

D. Report from the Planning Committee

- 1. Review draft of 2020 City Council Strategic Planning Work Session – Executive Summary.
- 2. Review nuisance property priority list and action plan.
- 3. Discuss maintenance and ongoing nuisance abatement of 11 11th Avenue.

5) **Inquiries:**

6) **Adjourn**



GRINNELL CITY COUNCIL REGULAR SESSION MEETING
MONDAY, APRIL 6, 2020 AT 7:00 P.M.
HELD VIA ZOOM
<https://skccom.zoom.us/j/250411950>

MINUTES

Mayor Agnew called the meeting to order at 7:00 p.m. with all the council members in attendance.

White made the motion, second by Hueftle-Worley to approve the agenda. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by White to approve the consent agenda as follows:

1. Previous minutes as drafted from the Monday, March 16, 2020 Regular Session.
2. Previous minutes as drafted from the Friday, April 3, 2020 Special Session.
3. Approve Liquor License renewals:
 1. Hy-Vee, Inc., 320 West St S.
 2. Walmart, Inc., 415 Industrial Ave.
 3. Westside Family Dining, 229 6th Ave W
4. Accept Retirement of Police Chief, Dennis Reilly, effective December 31, 2020.
5. Approve ROW work for Windstream for West Street & I-80
6. Approve ROW work for Windstream for West Street – Pinder Avenue to Ogan Avenue.
7. Approve ROW work for Windstream for Ogan Avenue.
8. Approve ROW work for Grinnell Friends Church for West Street.
9. Approve city claims and payroll claims from March 3, 2020 through and including April 6, 2020 in the amount of \$5,644,380.56.
10. Review Campbell Fund requests.

AYES: 6-0. Motion carried.

The Council acknowledged receipt of the previous meeting minutes and other communications as follows:

- a) Finance Committee minutes: March 16, 2020.
- b) Public Works & Grounds Committee minutes: March 16, 2020.
- c) Planning Committee minutes: March 16, 2020.
- d) Library Board minutes: February 26, 2020.
- e) Civil Service minutes: April 1, 2020.
- f) March 2020 Monthly Police Report.
- g) 2020 Arbor Day Proclamation
- h) Trees from Planters to be Sold on GovDeals.
- i) February 2020 Central Park Campaign Report.
- j) February 2020 Skatepark Campaign Report.

k) February 2020 Veterans Memorial Building Campaign Report.

FINANCE COMMITTEE

Wray made the motion, second by White to approve Resolution No. 2020-36 - A resolution proposing to lease real property and scheduling public hearing on said proposal (Grinnell Housing Authority – three-year lease). AYES: 6-0. Motion carried.

Wray noted that the committee reviewed the recommendation from the Grinnell Historic Preservation Commission regarding 915 Main Street. No action was taken.

Wray made the motion, second by Bly to approve Resolution No. 2020-37 - A resolution approving support of Community Catalyst Building Remediation Grant for 915 Main Street. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-38 - A resolution authorizing payment in the amount of \$27,256.28 for improvements by Daralee, LLC to 629 West Street S in accordance with development agreement. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-39 – A resolution authorizing payment in the amount of \$3,719.35, for improvements by AJP Enterprises, LLC to 923 Main Street in accordance with development agreement. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-40 - A resolution authorizing payment in the amount of \$154,453.43 for improvements by Key Cooperative to 1128 Pinder Avenue in accordance with development agreement. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-41 - A resolution authorizing payment in the amount of \$136,200.92 for improvements by Grinnell Center LLC to 925 Park Street in accordance with development agreement. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-42 – A resolution authorizing payment in the amount of \$40,197.00 for improvements by Casey's Marketing Company to 635 Lang Creek Ave Street in accordance with development agreement. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-43 – A resolution authorizing the lump sum payment in the amount of \$30,000 for improvements made by SEAJAE Properties LLC a/k/a Hometown Heroes Sports Grill LLC in accordance with development agreement. AYES: 6-0. Motion carried.

Wray made the motion, second by Gaard to approve Resolution No. 2020-44 – A resolution for monthly internal transfers of funds. AYES: 6-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2020-45 – A resolution for monthly transfers of funds for trust and agency. AYES: 6-0. Motion carried.

Wray made the motion, second by Bly to approve Resolution No. 2020-46 – A resolution for transfers of funds per budget. AYES: 6-0. Motion carried.

Dumpster charges for portions of a month were discussed. No action was taken.

The city utility account payment policy during COVID-19 event was discussed. No action was taken.

Wray made the motion, second by White to appropriate \$10,000 to assist small businesses with their city utility bills during COVID-19 event. AYES: 6-0. Motion carried.

Possible impacts of COVID-19 event on FY 19-20 and FY 20-21 budget were discussed. No action was taken.

A special Campbell Fund request from the Grinnell Food Coalition was considered. The Grinnell Food Coalition will be gathering additional information and the request will be placed on the agenda again on April 20, 2020.

PUBLIC WORKS AND GROUNDS COMMITTEE

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-47 - A resolution accepting bids and authorizing the award of contract for the 16th Avenue Culvert Replacement project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2020-48 – A resolution authorizing payment of contractor’s pay request No. 25 in the amount of \$174,266.87 to WRH, Inc. of Amana, Iowa for the Wastewater Treatment Facility Improvements. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-49 – A resolution authorizing payment of contractor’s pay request No. 26 in the amount of \$119,613.99 to WRH, Inc. of Amana, Iowa for the Wastewater Treatment Facility Improvements). AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2020-50 – A resolution authorizing payment of contractor’s pay request No. 14 in the amount of \$2,775.00 for the East Street Reconstruction Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-51 – A resolution approving professional services agreement with Veenstra & Kimm for the Water Main Replacement Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2020-52 – A resolution approving professional services agreement with Veenstra & Kimm for the 8th Avenue Repair (Park Street to East Street) Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-53 – A resolution approving professional services agreement with Veenstra & Kimm for the 8th Avenue Repair (West Street to Park Street) Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2020-54 – A resolution approving professional services agreement with Veenstra & Kimm for the Park Street (6th Avenue to south of 9th Avenue) Overlay Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-55 – A resolution approving professional services agreement with Veenstra & Kimm for the Park Street (1st Avenue to RR) Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2020-56 – A resolution approving professional services agreement with Veenstra & Kimm for the Reed Street (1st Avenue to 6th Avenue) Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-57 – A resolution approving professional services agreement with Veenstra & Kimm for the Sewer Lining and Manhole Rehabilitation Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2020-58 – A resolution approving professional services agreement with Veenstra & Kimm for the Grinnell Area Regional Trail (from Stagecoach Rd to Industrial Ave) Project. AYES: 6-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2020-59 – A resolution accepting work on the CBD 2019 Maintenance Project for a total of \$192,340.00 and paying the retainage of \$9,617. AYES: 6-0. Motion carried.

Delaying park openings was discussed. No action was taken.

PUBLIC SAFETY COMMITTEE

White made the motion, second by Hueftle-Worley to approve request from Grinnell College/McGough Construction for closure of 8th Ave from June 1st thru June 16th and Park Street from June 16th thru July 7th for the last phase of landscape work. AYES: 6-0. Motion carried.

White made the motion, second by Davis to approve Resolution No. 2020-60 – A resolution approving engagement agreement with Ahlers & Cooney, P.C. for the amendment of the contract with Midwest Ambulance. AYES: 6-0. Motion carried.

White made the motion, second by Hueftle-Worley to authorize staff to submit an application to the Iowa Economic Development Authority Community Development Block Grant to expand capacity to respond to COVID-19 and other emergencies.

AYES: 6-0. Motion carried.

Street parking in the downtown was discussed. No action was taken.

White made the motion, second by Hueftle-Worley to approve Resolution No. 2020-61 – A resolution approving agreements with Poweshiek County Townships for EMS. AYES: 6-0. Motion carried.

PLANNING COMMITTEE

Bly made the motion, second by Gaard to approve Resolution No. 2020-62 – A resolution accepting bids and authorizing the award of contract for the demolition of the structure at 1217 5th Avenue. AYES: 6-0. Motion carried.

Amending/expanding the Central Urban Revitalization Area was discussed. No action was taken.

ORDINANCE

White made the motion, second by Davis to approve the third and final reading of Ordinance No. 1483 – An ordinance amending provisions pertaining to Animal Protection and Control. AYES: 6-0. Motion carried.

INQUIRIES

There were no inquiries.

ADJOURNMENT

The Mayor declared the meeting adjourned at 7:44 p.m.

DAN F. AGNEW, MAYOR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR



GRINNELL CITY COUNCIL SPECIAL SESSION MEETING
THURSDAY, APRIL 16, 2020 at 3:30 P.M.

VIA ZOOM

<https://zoom.us/j/501026966?pwd=ZlgYMEtV3RXVWlwOE82REsrTnVKUT09>

MINUTES

Mayor Agnew called the meeting to order at 3:30 p.m. with the following council members in attendance: White, Bly, Wray, Gaard. Davis joined the meeting at 3:34 p.m. Absent: Hueftle-Worley

White made the motion, second by Wray to approve the agenda. AYES: 4-0. Motion carried.

The Mayor announced it was the time and place for the public hearing regarding the Proposed Property Tax Levy. He asked for any comments written or verbal, for or against the Proposed Property Tax Levy. There were none. One participant on the Zoom call had some questions, which were answered.

Wray made the motion, second by Gaard to close the public hearing. AYES: 5-0. Motion carried.

Wray made the motion, second by Gaard to approve Resolution No. 2020-63 – A resolution approving FY 2021 maximum property tax dollars. AYES: 5-0. Motion carried.

Wray made the motion, second by Davis to approve Resolution No. 2020-64 – A resolution setting the public hearing on the budget estimate for FY21 beginning July 1, 2020 and ending June 30, 2021. AYES: 5-0. Motion carried.

White made the motion, second by Davis to approve offer from Grinnell College to provide housing to certain city employees during the COVID-19 pandemic. AYES: 5-0. Motion carried.

There were no inquiries.

Wray made the motion, second by White to adjourn the meeting at 3:44 p.m. AYES: 5-0. Motion carried.

DAN F. AGNEW, MAYOR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR

April 16, 2020

Dear Marilyn,

Please accept this notice of my intention to retire from my position as library assistant at Drake Community Library effective April 26, 2020.

Thank you for the opportunity to serve the Grinnell community. It has been an honor and a privilege.

Yours sincerely,
Brenda McDonald

Windstream Communications
4001 N. Rodney Parham
Little Rock, AR 72212



kinetic
by windstream.

March 26, 2020

City of Grinnell
924 4th Ave
Grinnell, IA 50112-2043

Dear Sirs:

Windstream proposing to install GPON service to 510 Penrose St

JobTrac # 71330008100001 / OSP-18501

Location: 2495 190th Street

If there are no objections to the above proposal, please sign below and return this cover letter to Carlia.F.Jacobs@windstream.com.

____ Print Name and Title

____ Signature

____ Date

Your cooperation concerning this permit application is greatly appreciated. The project engineer is Zeadoon Alkhaladi, and he can be reached at 859-357-6099. If you need any additional assistance, please contact me at (501) 748-4650 or Carlia.F.Jacobs@windstream.com.

Sincerely,

Carlia Jacobs

Carlia Jacobs
Engineer - Coordinator

713492281/ OSP-17857

Hill, Kristle E

From: Tyler Avis <TAvis@grinnelliowa.gov>
Sent: Tuesday, December 13, 2016 12:03 PM
To: Hill, Kristle E
Subject: Grinnell - Check Returned

Kristle,

The City of Grinnell and Windstream have entered into an agreement where Windstream is a Franchise and makes payment in other ways to the City to provide its services. Because it is a franchise, the City does not charge administrative and use fees for projects.

TYLER AVIS
BUILDING AND PLANNING ASSISTANT
CITY OF GRINNELL
927 4TH AVENUE
GRINNELL, IA 50112-2043
PH: 641.236.2600
FAX: 641.236.2626



City of Grinnell

**PUBLIC RIGHT-OF-WAY
COMMUNICATIONS SYSTEM
LICENSE APPLICATION
ORDINANCE NO. 1060**

OSP-18501 / JobTrac #71330008100001

1. Applicant: Windstream Iowa Communications, LLC 4001 N. Rodney Parham Road
Name Address
Little Rock, AR 72212 501-748-4650
City, State Zip Telephone
2. Contact Person: Carlia Jacobs 4001 N. Rodney Parham Road
Name Address
Little Rock, AR 72212 501-748-4650
City, State Zip Telephone

3. Application requires an engineering site plan for the proposed system that is to be placed within the City Right-of-way. Check off each of these items as they are included on the site plan:

- Plans drawn to scale.
- Street names.
- Right-of-way widths.
- Pavement widths.
- Sidewalk location and width including sidewalk ramps.
- Obstacles or improvements that are in or near the work area.
An example of such are: existing trees, fence, drainage structures,
Water stop-boxes, ditches, and utility vaults.
- Horizontal and vertical location and physical size of the proposed utility.
- Proposed construction work method such as "open cut" or "bore".
- A drawing and explanation of concrete or asphalt restoration.
- Information regarding sod work and tree replacement.
- Location of other existing utilities within the work area.
- Typical detail sections where special attention is required for some restoration work.
- Excavation soil replacement and compaction requirements. Aggregate replacement under street surfaces, soil backfill outside of 5' from edge of street surface.
- Detailed time schedule.
- Address of adjacent properties.
- Legal description of communication system location.

4. List any other items of concern particular to this project:
5. **Administrative Fee:** An Administrative fee of \$50.00 shall be due and payable to the City Engineer at the time of filing of the initial license application and at the time of filing of each proposed amendment to the license. (Attach copy of receipt)
Receipt No. __.
6. **Use Fee: (Serving no additional customers)** If the licensed serves no customers other than itself, then in addition to the Administrative Fee, the licensee shall pay a use fee to the City Engineer at the time of filing of the initial license application. The amount of the use fee shall be the greater of the following two (2) amounts: \$100.00 or \$1.00 per lineal foot of route traversed by the communication line within any public right-of-way in a C-2 zone and \$0.50 per lineal foot in any other part of the city. At the time of filing of each proposed amendment to the license involving an increase in the length of route traversed within public right-of-way, the licensee shall pay to the City Engineer an additional fee computed at the rate of \$1.00 per lineal foot of additional route of traversed within any public right-of-way.

(Serving additional customers) If the licensed system serves customers other than the licensee itself, then, in addition to the administrative fee, the licensee shall pay an annual use fee to the City Engineer. The annual use fee shall be based on a license year ending on March 31 of each year, and the use fee for each license year shall be due and payable at the end of such year on March 31, or if the license has terminated during such year, on the date of termination. The amount of the annual use fee shall be the greater of the following two (2) amounts: \$100.00, or three percent of the gross revenues derived by the licensee from the sale or exchange of services in connection with the operation of the licensee's communications system within the public right-of-way during the license year. Each annual use fee payment shall be accompanied by a report from the licensee in a form approved by the City Manager and the city legal department showing the basis for the computation of the fee and such other relevant data as may be required by the City Manager and the city legal department. Each such report shall contain a notarized verification by the chief financial officer of the licensee, and upon request by the city, such reports shall be verified by a certified public accountant at the expense of the licensee.

Office Use Only

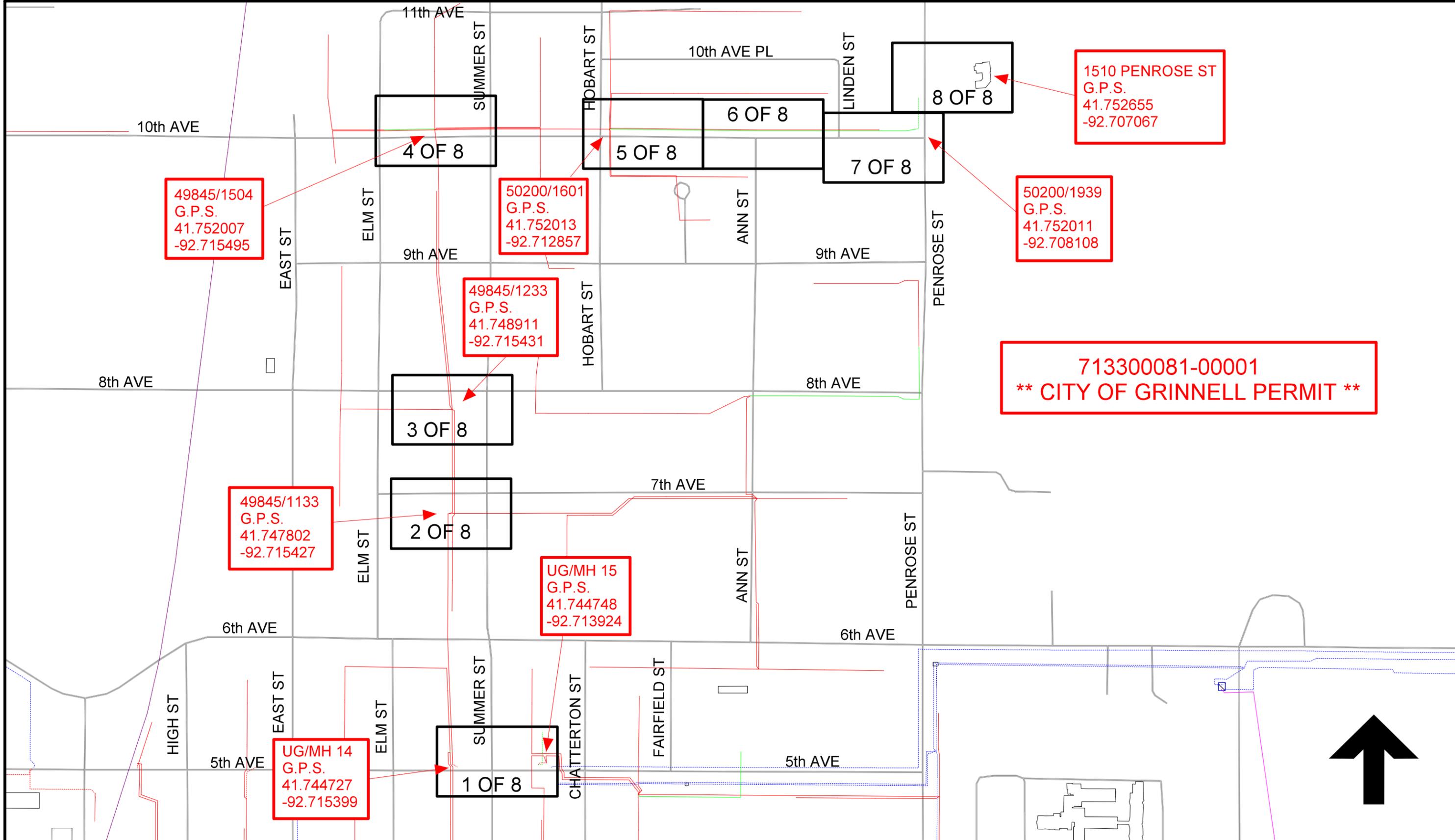
Fees: Administrative Fee:			<u>\$50.00</u>
Use Fee:			
(No Additional Customers) Greater of \$100.00 or:			
Linear Feet Within C-2:	_____	x \$1.00	_____
Linear Feet Outside C-2:	1250	x \$0.50	<u>625</u>
		Total:	<u>\$ 675.00</u>

**(Additional Customers) Greater of \$100.00 or 3% Gross Revenues from Services.
Paid annually.**

Date of Acceptance 4-8-2020

Date of Approval _____

Staff TA



49845/1504
G.P.S.
41.752007
-92.715495

50200/1601
G.P.S.
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1510 PENROSE ST
G.P.S.
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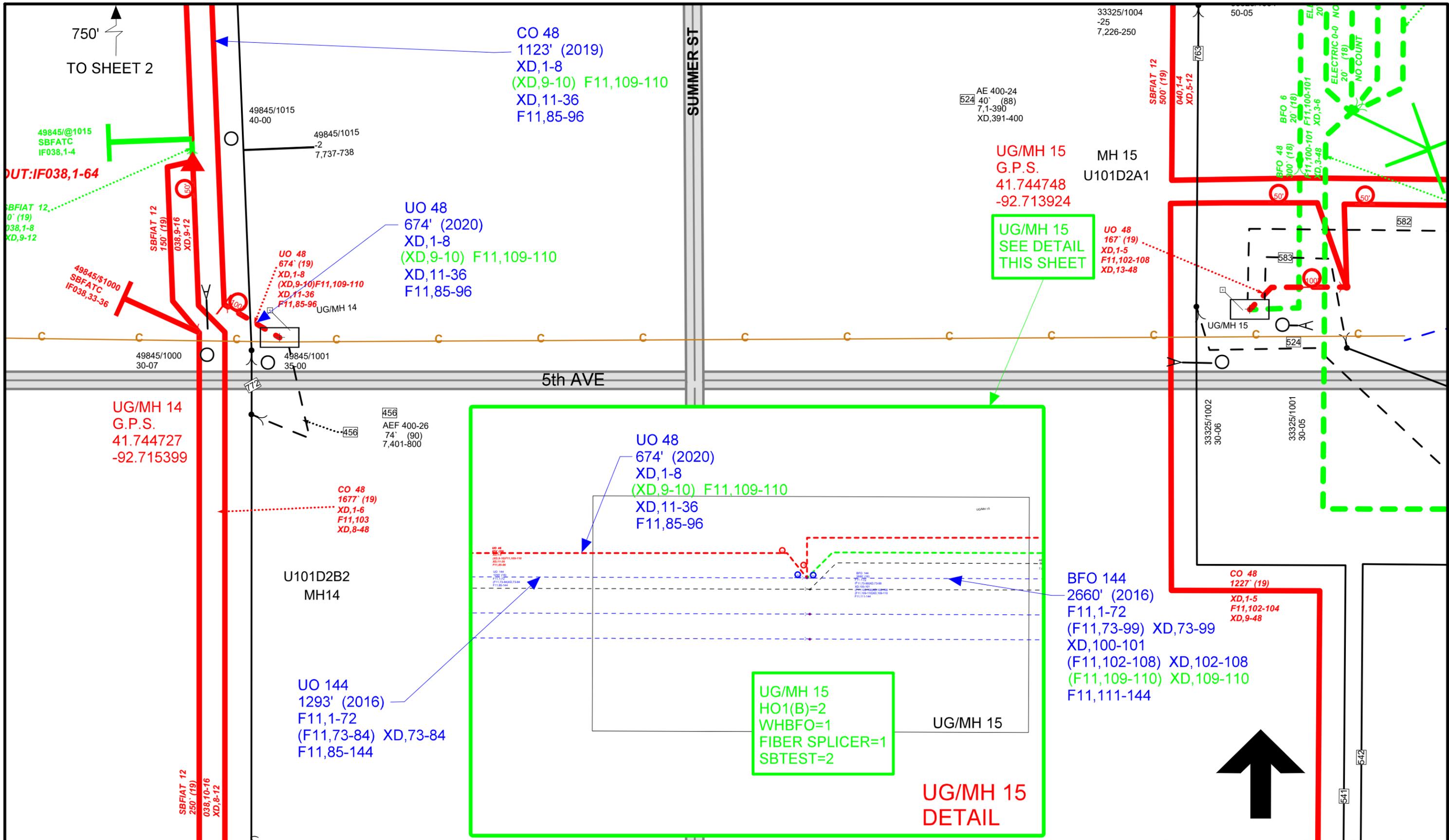
713300081-00001
** CITY OF GRINNELL PERMIT **

49845/1133
G.P.S.
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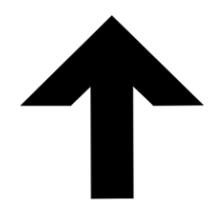
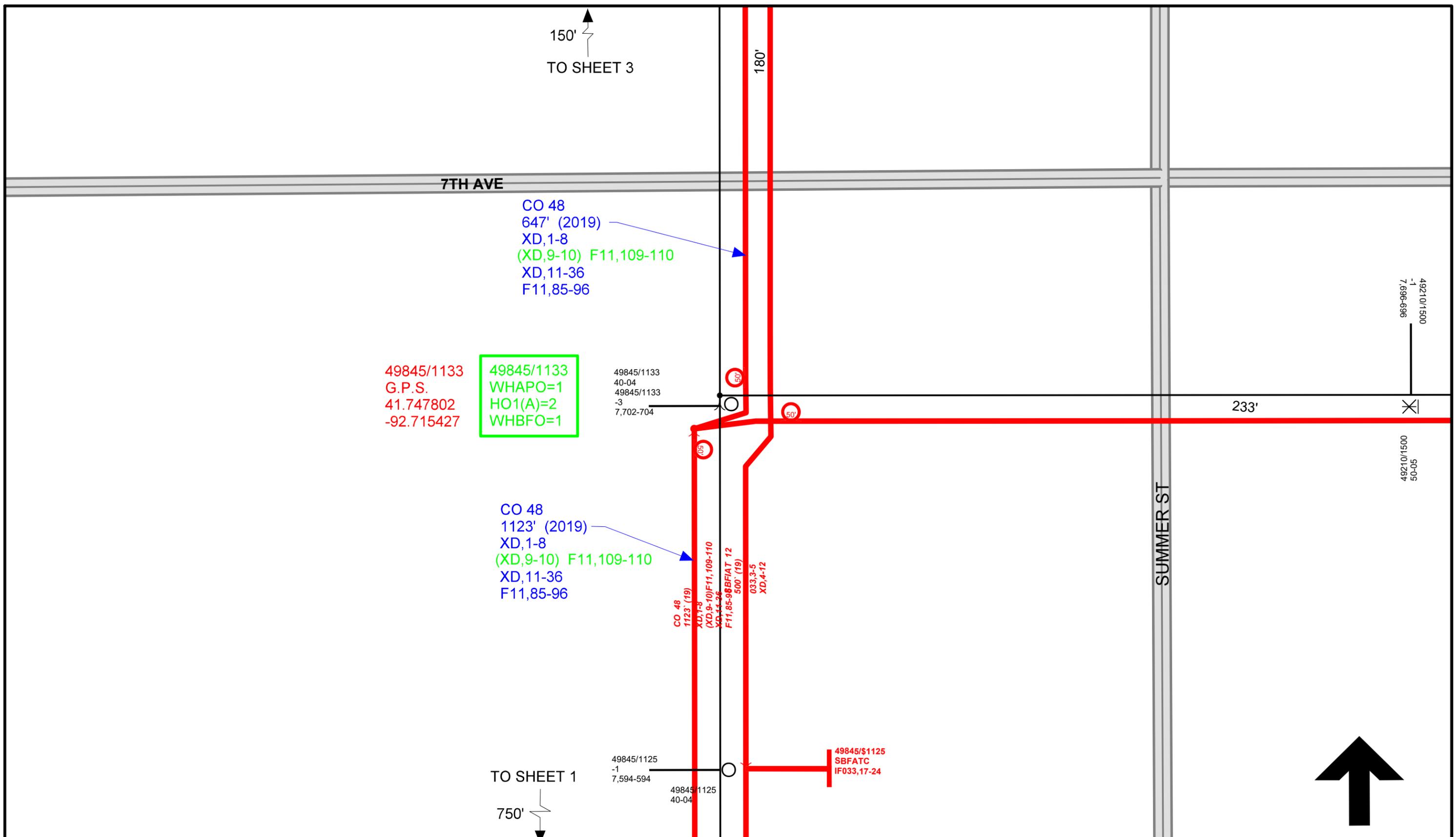
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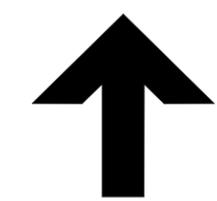
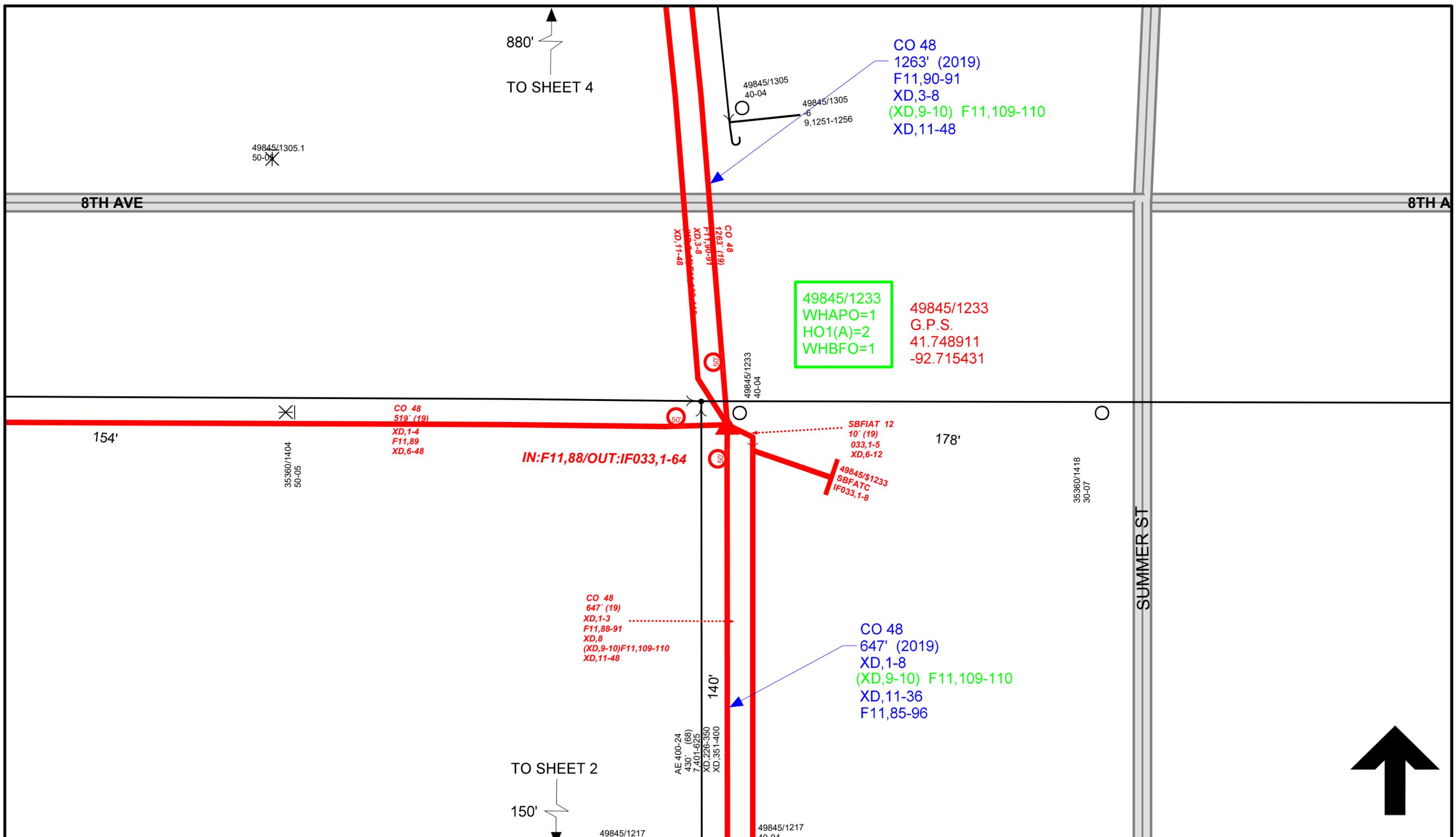
JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 1	OF KEY MAP
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST N						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					



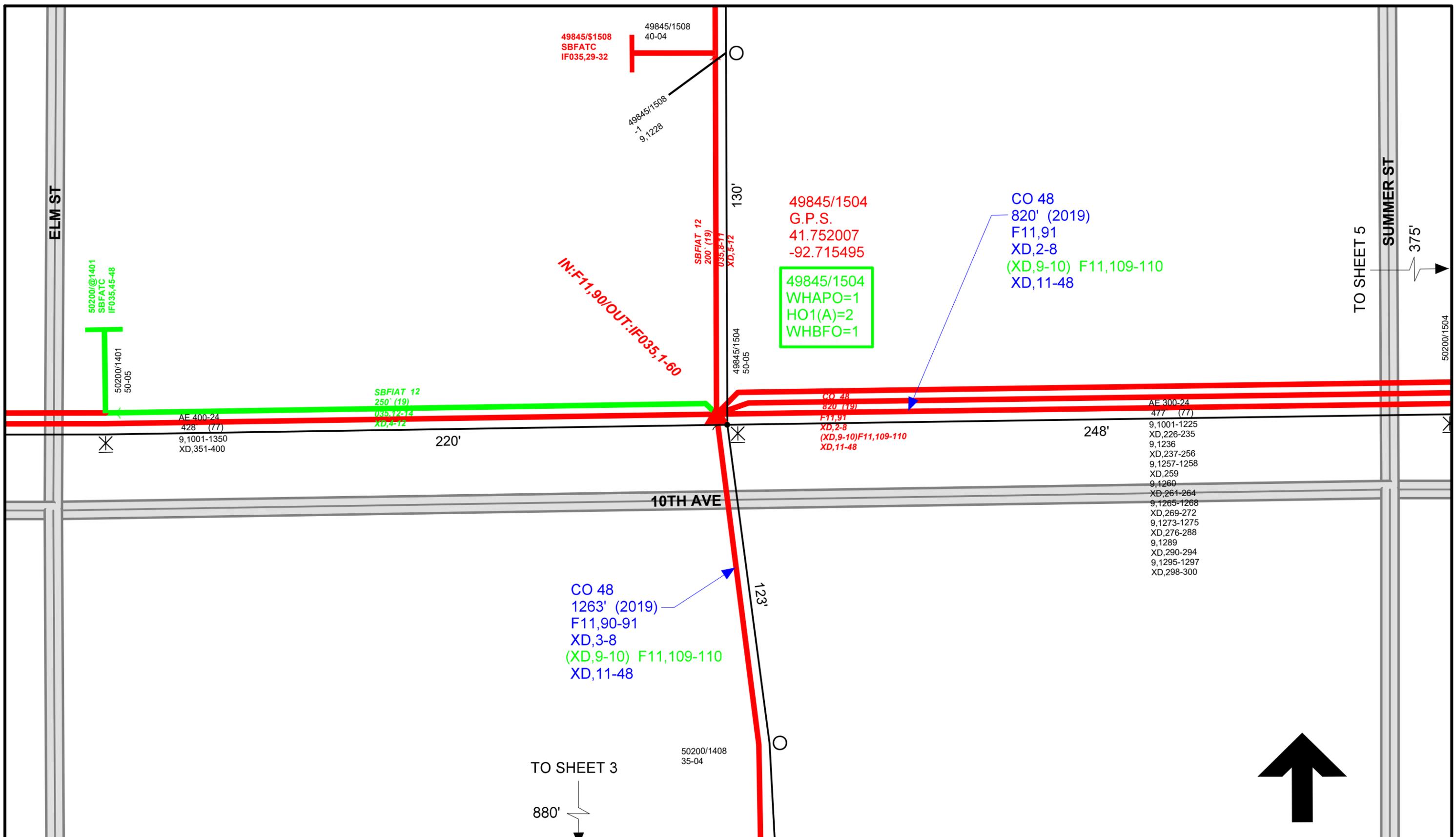
JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 1	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST N						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N						



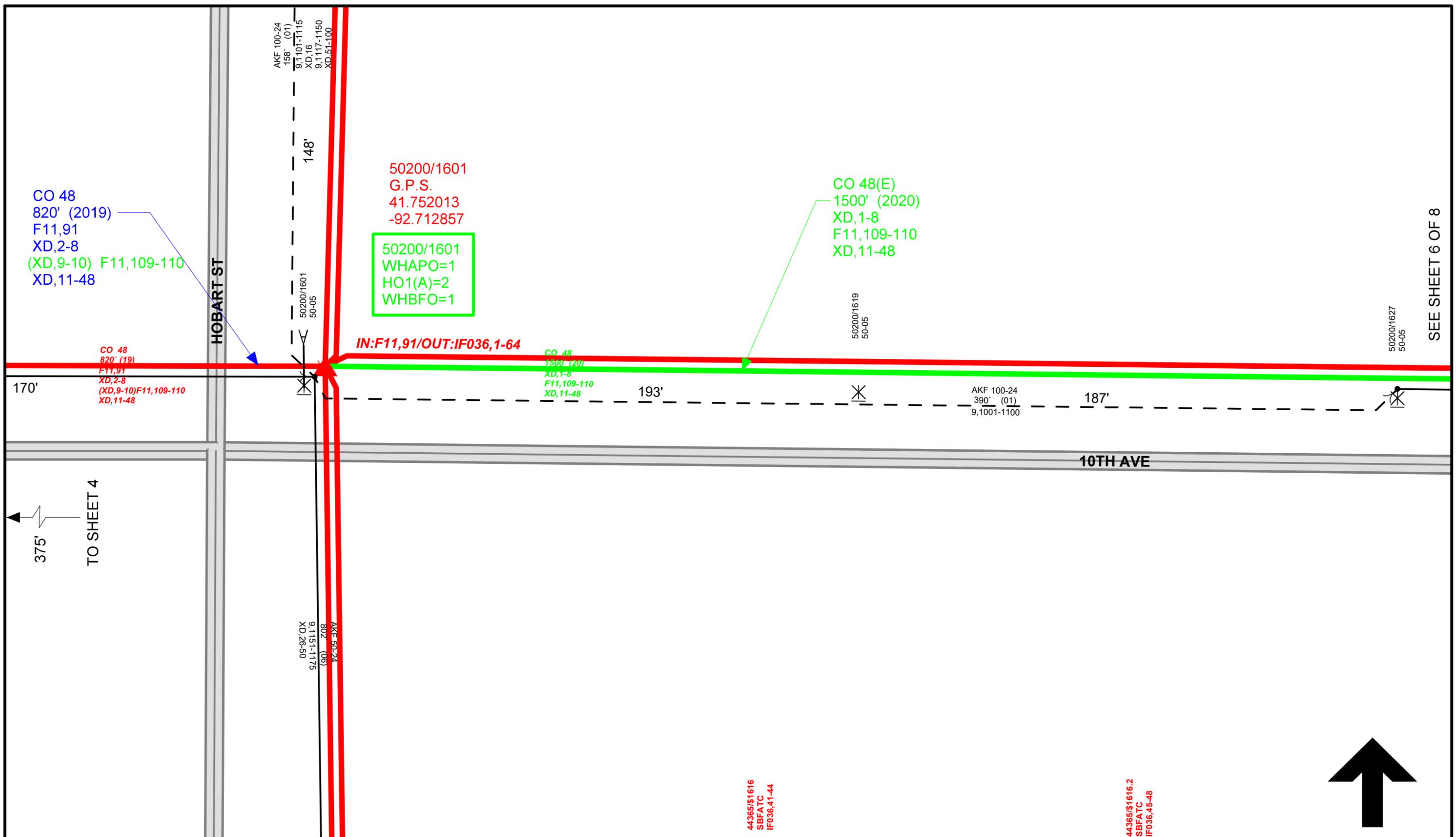
JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 2	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					



JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 3	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					



JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 4	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					

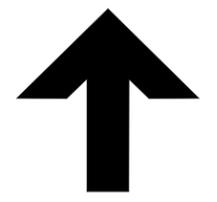


SEE SHEET 6 OF 8

TO SHEET 4

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SBFATC
IF036,41-44

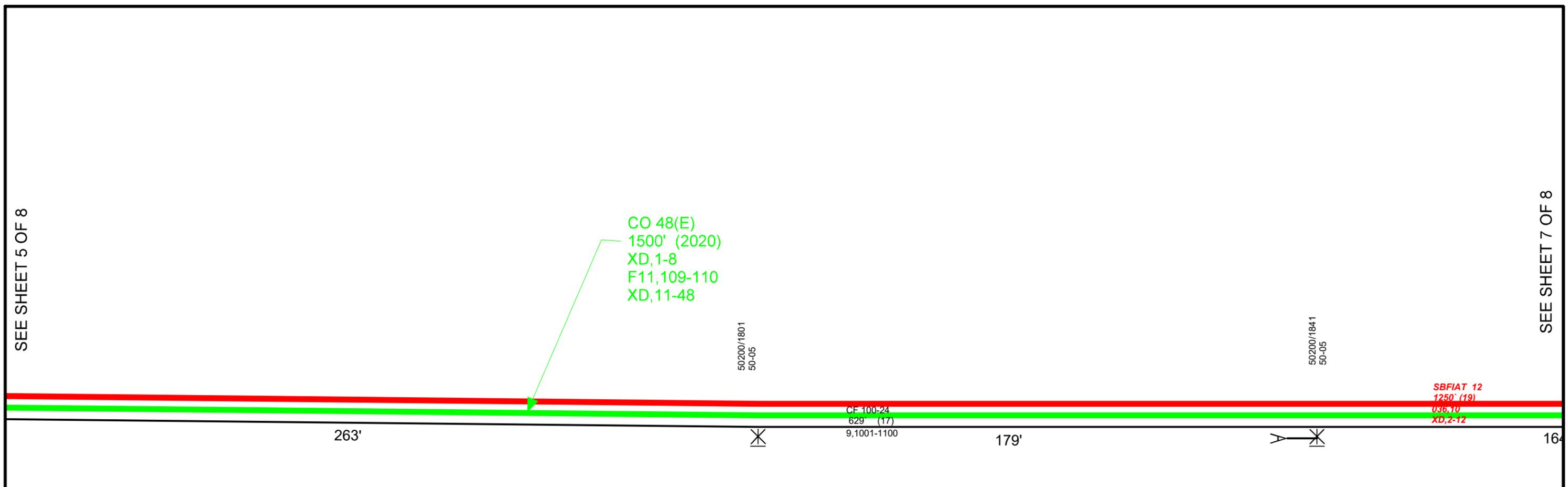
44365/\$1616.2
SBFATC
IF036,45-48



JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 5	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST N						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					

SEE SHEET 5 OF 8

SEE SHEET 7 OF 8



263'

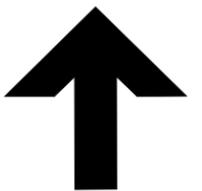
179'

164'

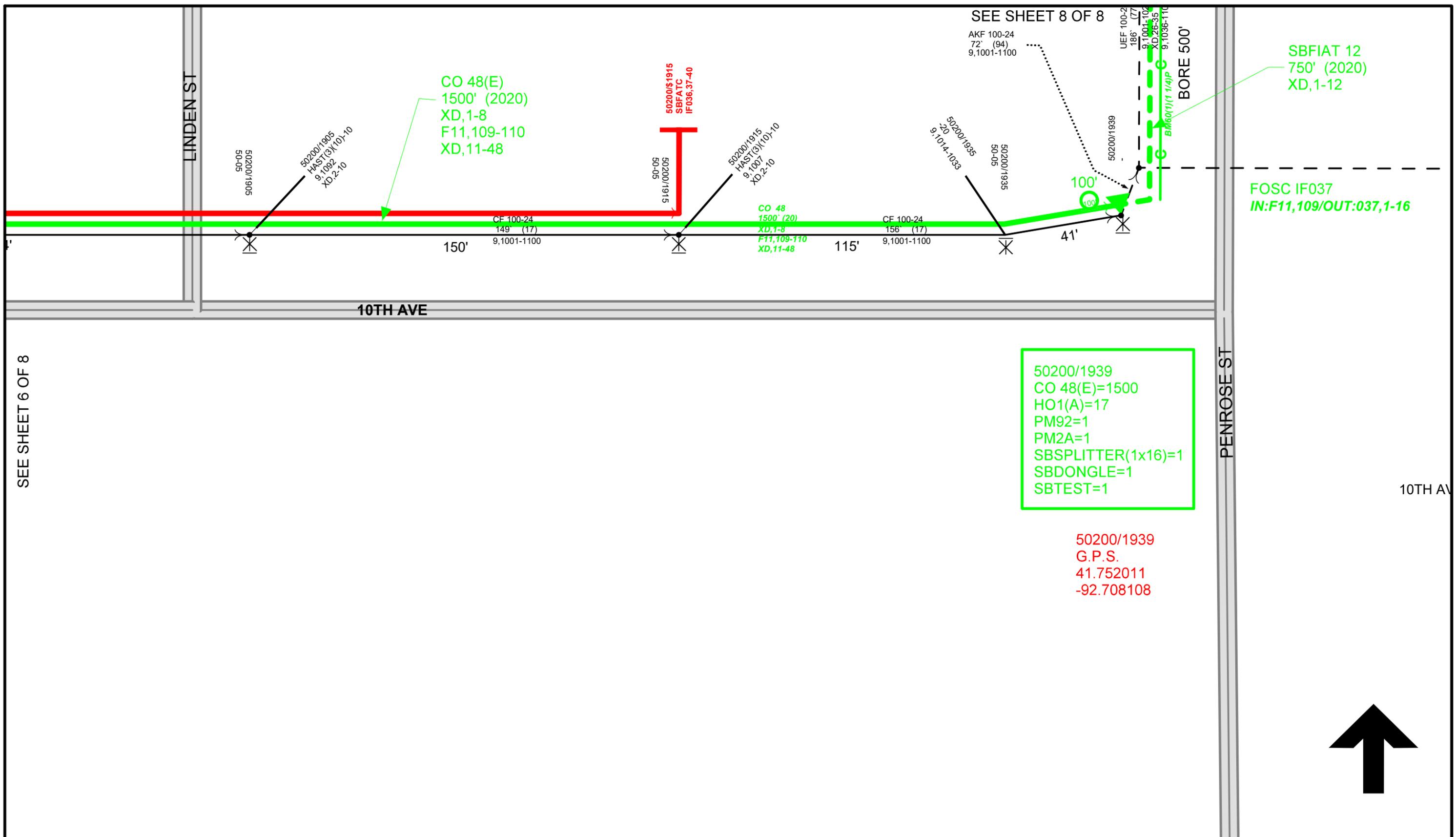
10th AVE

ANN ST

44365/S1714
SBFATC
IF036,49-52



JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 6	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST N						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					



SEE SHEET 6 OF 8

SEE SHEET 8 OF 8

50200/1939
 CO 48(E)=1500
 HO1(A)=17
 PM92=1
 PM2A=1
 SBSPLITTER(1x16)=1
 SBDONGLE=1
 SBTEST=1

50200/1939
 G.P.S.
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 -92.708108

JOB DESCRIPTION GPON SERVICE TO 1510 PENROSE ST			71330008100001-2020		ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 7	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST N						
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N					

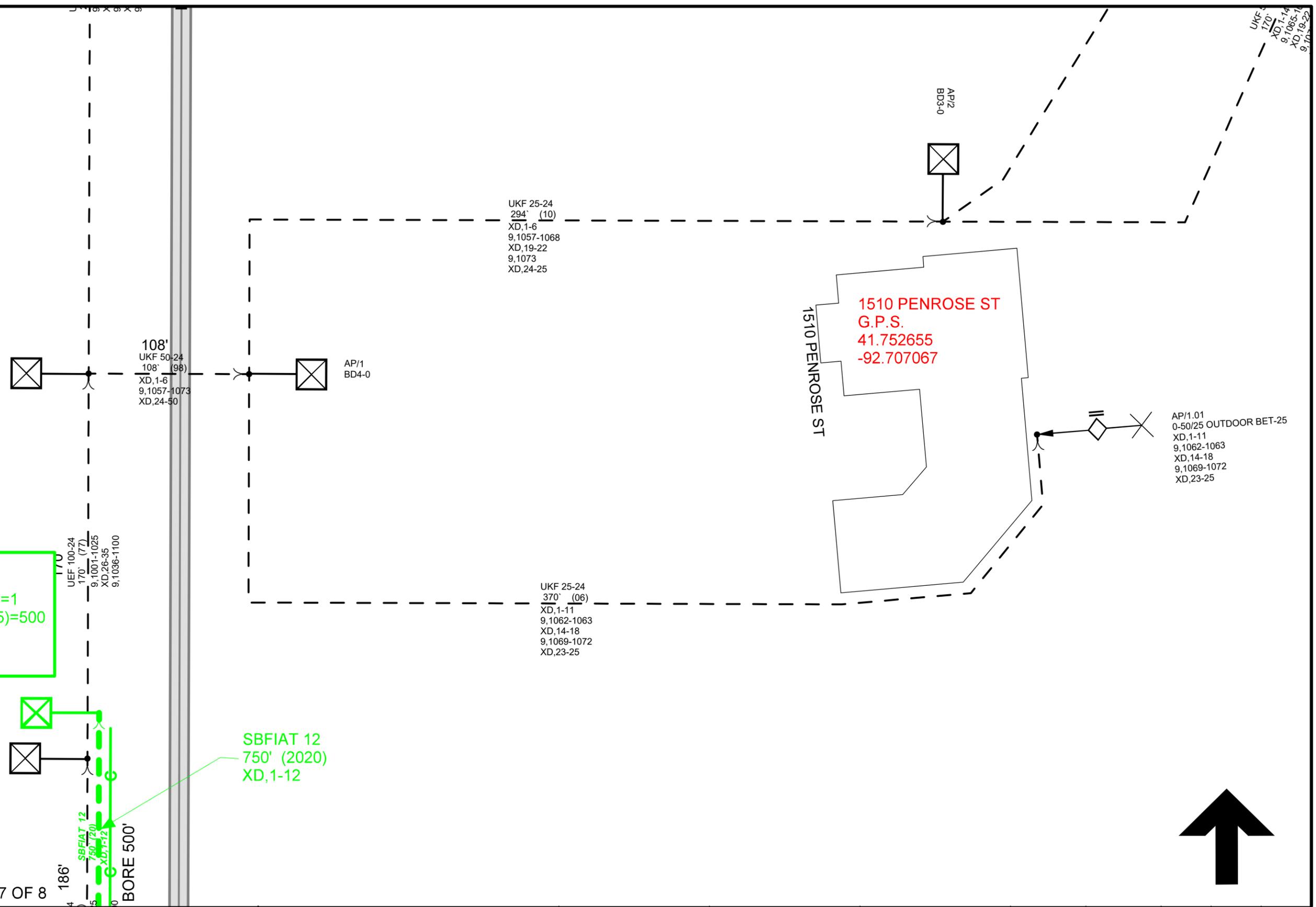
100/\$1
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 SBFIAT(750)=1
 BM60(1)(1.25)=500
 HO1(A)=4
 SBTEST=2

100/\$1
 FBD5MP
 OUT:XD,1-4

100/1
 CAD8 PED-0

SBFIAT 12
 750' (2020)
 XD,1-12

SEE SHEET 7 OF 8



JOB DESCRIPTION 71330008100001-2020 GPON SERVICE TO 1510 PENROSE ST			ENGINEER Chris Cook	CONST MANAGER	EXCHANGE GRNLIAXC	ISSUE DATE 3/10/2020 12:14:55 PM	REV DATE	REV #	SHEET # 8	OF 8
FTBB	WORK ORDER 71330008100001-2020	DISTRICT	PHONE (641)437-4826	CM PHONE NBR	JOINT WORK REQ N	PERMIT REQUEST N				
AWGF	GEO BLOCK	TAX DISTRICT	REQUESTED BY	OTHER CONTACTS	CIRCUIT ID	CUT SHT REQ N	MOP REQ N			



Grinnell FINANCE COMMITTEE Meeting
MONDAY, APRIL 6, 2020 AT 8:00 A.M.
HELD VIA ZOOM

<https://skccom.zoom.us/j/537858789>

MINUTES

ROLL CALL: Wray (Chair), White, Bly. Also present: Mayor Agnew, Delphina Baumann, Joe Bagnoli, Russ Behrens, and Ann Wingerter.

PERFECTING AND APPROVAL OF AGENDA: Approved as presented, moving item number seventeen to be addressed first.

COMMITTEE BUSINESS:

1. White made the motion, second by Bly to recommend approval of Resolution No. 2020-36 - A resolution proposing to lease real property and scheduling public hearing on said proposal (Grinnell Housing Authority – three-year lease). AYES: 3-0. Motion carried.
2. The committee reviewed the recommendation from the Grinnell Historic Preservation Commission regarding 915 Main Street. No action was taken.
3. Bly made the motion, second by White to recommend approval of Resolution No. 2020-37 - A resolution approving support of Community Catalyst Building Remediation Grant for 915 Main Street. AYES: 3-0. Motion carried.
4. White made the motion, second by Bly to recommend approval of Resolution No. 2020-38 - A resolution authorizing payment in the amount of \$27,256.28 for improvements by Daralee, LLC to 629 West Street S in accordance with development agreement. AYES: 3-0. Motion carried.
5. Bly made the motion, second by White to recommend approval of Resolution No. 2020-39 - A resolution authorizing payment in the amount of \$3,719.35, for improvements by AJP Enterprises, LLC to 923 Main Street in accordance with development agreement. AYES: 3-0. Motion carried.
6. White made the motion, second by Bly to recommend approval of Resolution No. 2020-40 – A resolution authorizing payment in the amount of \$154,453.43 for improvements by Key Cooperative to 1128 Pinder Avenue in accordance with development agreement. AYES: 3-0. Motion carried.
7. Bly made the motion, second by White to recommend approval of Resolution No. 2020-41 – A resolution authorizing payment in the amount of \$136,200.92 for improvements by Grinnell Center LLC to 925 Park Street in accordance with development agreement. AYES: 3-0. Motion carried.

8. White made the motion, second by Bly to recommend approval of Resolution No. 2020-42 – A resolution authorizing payment in the amount of \$40,197.00 for improvements by Casey’s Marketing Company to 635 Lang Creek Ave Street in accordance with development agreement. AYES: 3-0. Motion carried.
9. Bly made the motion, second by White to recommend approval of Resolution No. 2020-43 – A resolution authorizing the lump sum payment in the amount of \$30,000 for improvements made by SEAJAE Properties LLC a/k/a Hometown Heroes Sports Grill LLC in accordance with development agreement. AYES: 3-0. Motion carried.
10. White made the motion, second by Bly to recommend approval of Resolution No. 2020-44 – A resolution for monthly internal transfers of funds. AYES: 3-0. Motion carried.
11. Bly made the motion, second by White to recommend approval of Resolution No. 2020-45 – A resolution for monthly transfers of funds for trust and agency. AYES: 3-0. Motion carried.
12. White made the motion, second by Bly to recommend approval of Resolution No. 2020-46 – A resolution for transfers of funds per budget. AYES: 3-0. Motion carried.
13. The committee discussed dumpster charges for portions of a month.
14. White made the motion, second by Bly to recommend approval of not shutting off city utility accounts during the COVID-19 event, per the recommendation of the Iowa Utilities Board. AYES: 3-0. Motion carried.
15. Bly made the motion, second by White to recommend approval of designating funds, not to exceed \$10,000, to assist small businesses with their city utility bills during COVID-19 event. AYES: 3-0. Motion carried.
16. The committee discussed possible impacts of COVID-19 event on FY 19-20 and FY 20-21 budget.
17. Joe Bagnoli & Delphina Bauman presented a request from the Grinnell Food Coalition for funding through the Campbell Fund. The request will be revisited in two weeks. No action taken.

INQUIRIES: None.

The meeting was adjourned at 9:00 a.m.

JO WRAY, CHAIR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR



Grinnell PUBLIC WORKS AND GROUNDS Meeting
MONDAY, APRIL 6, 2020 AT 4:45 P.M.
HELD VIA ZOOM

<https://skccom.zoom.us/j/189144915>

MINUTES

ROLL CALL: Hueftle-Worley (Chair), Wray, Gaard. Also present: Mayor Agnew, Rachel Bly, Russ Behrens, and Ann Wingerter.

PERFECTING AND APPROVAL OF AGENDA: Approved as presented.

COMMITTEE BUSINESS:

1. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-47 – A resolution accepting bids and authorizing the award of contract for the 16th Avenue Culvert Replacement project. AYES: 3-0. Motion carried.
2. Wray made the motion, second by Gaard to recommend approval of Resolution No. 2020-48 – A resolution authorizing payment of contractor's pay request No. 25 in the amount of \$174,266.87 to WRH, Inc. of Amana, Iowa for the Wastewater Treatment Facility Improvements. AYES: 3-0. Motion carried.
3. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-49 – A resolution authorizing payment of contractor's pay request No. 26 in the amount of \$119,613.99 to WRH, Inc. of Amana, Iowa for the Wastewater Treatment Facility Improvements. AYES: 3-0. Motion carried.
4. Wray made the motion, second by Gaard to recommend approval of Resolution No. 2020-50 – A resolution authorizing payment of contractor's pay request No. 14 in the amount of \$2,775.00 for the East Street Reconstruction Project. AYES: 3-0. Motion carried.
5. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-51 – A resolution approving professional services agreement with Veenstra & Kimm for the Water Main Replacement Project. AYES: 3-0. Motion carried.
6. Wray made the motion, second by Gaard to recommend approval of Resolution No. 2020-52 – A resolution approving professional services agreement with Veenstra & Kimm for the 8th Avenue Repair (Park Street to East Street) Project. AYES: 3-0. Motion carried.
7. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-53 – A resolution approving professional services agreement with Veenstra & Kimm for the 8th Avenue Repair (West Street to Park Street) Project. AYES: 3-0. Motion carried.

8. Wray made the motion, second by Gaard to recommend approval of Resolution No. 2020-54 – A resolution approving professional services agreement with Veenstra & Kimm for the Park Street (6th Avenue to south of 9th Avenue) Overlay Project. AYES: 3-0. Motion carried.
9. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-55 – A resolution approving professional services agreement with Veenstra & Kimm for the Park Street (1st Avenue to RR) Project. AYES: 3-0. Motion carried.
10. Wray made the motion, second by Gaard to recommend approval of Resolution No. 2020-56 – A resolution approving professional services agreement with Veenstra & Kimm for the Reed Street (1st Avenue to 6th Avenue) Project. AYES: 3-0. Motion carried.
11. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-57 - A resolution approving professional services agreement with Veenstra & Kimm for the Sewer Lining and Manhole Rehabilitation Project. AYES: 3-0. Motion carried.
12. Wray made the motion, second by Gaard to recommend approval of Resolution No. 2020-58 – A resolution approving professional services agreement with Veenstra & Kimm for the Grinnell Area Regional Trail (from Stagecoach Rd to Industrial Ave) Project. AYES: 3-0. Motion carried.
13. Gaard made the motion, second by Wray to recommend approval of Resolution No. 2020-59 - A resolution accepting work on the CBD 2019 Maintenance Project for a total of \$192,340.00 and paying the retainage of \$9,617. AYES: 3-0. Motion carried.
14. The committee agreed to delaying park openings until a later date that has yet to be determined. No action was taken.

INQUIRIES: None.

The meeting was adjourned at 5:05 p.m.

BYRON HUEFTLE-WORLEY, CHAIR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR



**GRINNELL PUBLIC SAFETY COMMITTEE MEETING
MONDAY, MARCH 16, 2020 AT 5:30 P.M.
HELD VIA ZOOM**

<https://skccom.zoom.us/j/695974740>

MINUTES

ROLL CALL: White (Chair), Hueftle-Worley, Davis. Also present: Mayor Agnew, Jo Wray, Rachel Bly, San Sicard, Dennis Reilly, Rick Whitney, Matt Schroeder, Russ Behrens, and Ann Wingerter.

PERFECTING AND APPROVAL OF AGENDA: Approved as presented.

COMMITTEE BUSINESS:

1. Hueftle-Worley made the motion, second by Davis to recommend approval of request from Grinnell College/McGough Construction for closure of 8th Ave from June 1st thru June 16th and Park Street from June 16th thru July 7th for the last phase of landscape work. AYES: 3-0. Motion carried.
2. Hueftle-Worley made the motion, second by Davis to recommend approval of Resolution No. 2020-60 - A resolution approving engagement agreement with Ahlers & Cooney, P.C. for the amendment of the contract with Midwest Ambulance. AYES: 3-0. Motion carried.
3. Davis made the motion, second by Hueftle-Worley to recommend authorizing staff to submit an application to the Iowa Economic Development Authority Community Development Block Grant to expand capacity to respond to COVID-19 and other emergencies. AYES: 3-0. Motion carried.
4. The committee discussed on street parking in the downtown. No action was taken.
5. Hueftle-Worley made the motion, second by Davis to recommend approval of Resolution No. 2020-61 – A resolution approving agreements with Poweshiek County Townships for EMS. AYES: 3-0. Motion carried.

INQUIRIES: White thanked Chief Reilly for his service with the city of Grinnell Police Department and wished him well on his retirement at the end of the calendar year.

The meeting was adjourned.

JIM WHITE, CHAIR

ATTEST:

ANMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR



**GRINNELL PLANNING COMMITTEE MEETING
MONDAY, APRIL 6, 2020 AT 6:15 P.M.
HELD VIA ZOOM**

<https://skccom.zoom.us/j/300432340>

MINUTES

ROLL CALL: Bly (Chair), Davis, Gaard. Also present: Mayor Agnew, Jo Wray, Russ Behrens, and Ann Wingerter.

PERFECTING AND APPROVAL OF AGENDA: Approved as presented.

COMMITTEE BUSINESS:

1. Davis made the motion, second by Gaard to recommend approval of Resolution No. 2020-62 - A resolution accepting bids and authorizing the award of contract for the demolition of the structure at 1217 5th Avenue. AYES: 3-0. Motion carried.
2. Gaard made the motion, second by Davis to recommend amending/ expanding the Central Urban Revitalization Area. AYES: 3-0. Motion carried.

INQUIRIES:

1. Communication of COVID-19 information.
2. Annexation.

The meeting adjourned at 6:33 p.m.

RACHEL BLY, CHAIR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR



Grinnell PARKS AND RECREATIONS BOARD meeting
MONDAY, APRIL 13TH, 2020 AT 7:00 P.M.
VIA ZOOM

Tentative agenda

ROLL CALL: Lisa Lindley, Russ Crawford, Allison Haack, Sabrina Edsen, Ralph Eyberg and Jordan Allsup.
Absent: Ray Spriggs

APPROVE AGENDA: At 7:09pm Lindley made the motion to approve agenda, second by Haack to approve the agenda. AYES: All. Motion carried.

APPROVE MEETING MINUTES: Haack made the motion, second by Lindley to approve the March 9th, 2020 meeting minutes. AYES: All. Motion carried.

OLD BUSINESS:

1. Master Parks Plan – priority of projects, fundraising opportunities, grant writing, goals for 2019-2020 fiscal year
 - **Parks and Cemetery Vegetation - Eyberg** – Mowing has begun at the cemetery and parks. Trees were trimmed last week in Central Park, and spring preparation in the parks is underway. No action necessary.
 - **Bailey Park– Allsup**- Awaiting additional estimates to new construction of a shelter at Bailey Park to replace the existing one. No action necessary.
 - **Parks to do list- Allsup/Neff**- No Action necessary.
2. Recreation & Aquatics- Allsup reported on how the COVID-19 pandemic is affecting recreation programming and the opening of the Grinnell Mutual Family Aquatic Center. Alterations of programming are being discussed to implement if need be. No action necessary.
3. Lion's Park accessibility- There was a discussion on the feasibility of adding additional parking spaces to Lion's Park after seeing a contour map of the park. Will table discussion until May meeting. No action necessary.

NEW BUSINESS:

NOTES:

INQUIRES:

ADJOURN: Eyberg made the motion at 7:55pm to adjourn the meeting, second by Edsen. AYES: All. Motion carried.

Parks and Recreation Director
Jordan Allsup

VETERANS MEMORIAL COMMISSION
MONDAY, MARCH 9, 2020 AT 5:15 P.M.
IN THE COMMUNITY ROOM
DRAKE COMMUNITY LIBRARY

MINUTES

Meeting was called to order at 5:15pm. Present: Leo Lease, Randy Hotchkin, Gwen Rieck, Dr. Teresa Coon Absent: Terry Stringfellow

1. **Perfecting Agenda:** Agenda approved.
2. **Approve Minutes:** Minutes from Monday, Feb. 10, 2020 approved as presented. MOTION by Hotchkin, second by Coon, all ayes, motion carried.
3. **Monthly Budget Report:** Balance of \$50,499.00. MOTION to approve by Coon, second by Rieck, all ayes, motion carried.
4. **Greater Poweshiek Community Foundation:** Behrens reported a balance of \$436,972.00 includes donations paid, pledges, and levy
5. **Approval of bills:**
 - Alliant \$102.97 (paid 2/21/20)
 - Amperage INV 025326 \$202.47 (paid 3/2/20)
 - RDG INV 46788 \$3606.96 (paid 3/2/20)
 - Total Choice INV 198285 \$2.18 (paid 3/2/2020)MOTION to approve by Rieck, second by Coon, all ayes, motion carried.
6. **Amperage Marketing & Fundraising Steering Committee:** Tom Lacina reported city-wide event will take place April 16, 2020 at city hall. Ron Collins and Teresa Coon will MC event. It will be a one hour program with video. Speakers are being sought. Lacina also shared an insert to be included in the Grinnell Herald Register and will be available for public distribution. Costs for printing of \$1600 brings current costs to \$3000 for the event. The total cost of the event is not to exceed \$30,000. MOTION to approve report by Hotchkin, second by Coon, all ayes, motion carried.
7. **RDG Architects Update:** Commission discussed spending \$1950 for a building inspection. Considering inspection was made at the onset of our campaign, the commission decided to not spend the money at this time.
8. **Consider Patriots Day Request:** Commission agreed to request City to designate April 16th as an official Patriots day.
9. **Veteran Walking Sticks Project – Update:** Lease reported the sticks are being distributed.
10. **Inquiries:**
 - Hotchkin reported the Army Band will perform on July 3, 2020.
 - Dale Lamb and Roberta See presented plans for a fundraiser to be held August 8, 2020. MOTION to go forward with plans by Hotchkin, second by Coon, all ayes motion carried.
11. **Adjournment:** MOTION by Coon, second by Hotchkin, all ayes, motion carried.

Next meeting: April 13, 2020 at the Drake Community Library, Community Room

CITY OF GRINNELL
MONTH TO DATE TREASURERS REPORT
AS OF: MAR 2020

FUND	BEGINNING CASH BALANCE	MONTH TO DATE RECEIPTS	MONTH TO DATE DISBURSEMENTS	ENDING CASH BALANCE
GENERAL FUNDS				
001-GENERAL FUND	(188,292.75)	102,330.32	375,031.73	(460,994.16)
002 VETERANS MEM - GENERAL FUND	68,355.49	3,618.25	4,704.48	67,269.26
003-LIBRARY - GENERAL FUND	0.00	51,399.23	51,399.23	0.00
004-CITY HALL RES - GENERAL	284,162.57	171.08	2,273.17	282,060.48
009-SPORTS AUTHORITY	38,937.38	19.35	7,060.00	31,896.73
010-BUILDING & PLANNING - GEN	304,936.16	5,711.06	15,535.94	295,111.28
011-UTILITY FRANCHISE - GEN	1,526,589.58	0.00	0.00	1,526,589.58
102 - FORBES FUND - GENERAL	14,325.66	0.00	0.00	14,325.66
103 - LIBRARY FUND STATE - GENERAL	3,163.06	0.00	2,114.75	1,048.31
104 - STAYING WELL - GENERAL	569.41	0.00	0.00	569.41
107 - PLANTINGS - GEN	10,103.18	0.00	0.00	10,103.18
108 - TREE FUND - GEN	3,220.00	0.00	0.00	3,220.00
130-CDBG HSG GRANT 01 - GEN	9,870.23	0.00	0.00	9,870.23
TOTAL GENERAL FUNDS	2,075,939.97	163,249.29	458,119.30	1,781,069.96
SPECIAL REVENUE FUNDS				
110-ROAD USE FUND - SPEC REV	1,056,749.93	46,726.19	48,769.57	1,054,706.55
112-T&A EMP BEN- SPEC REV	165,391.24	42,847.03	79,865.77	128,372.50
121-LOCAL OPTION SALES TAX	1,228,808.60	81,397.50	0.00	1,310,206.10
133-T-A RES UNEMP - SPEC REV	12,930.57	7.85	0.00	12,938.42
136-INSURANCE DED -SPEC REV	67,015.26	40.67	0.00	67,055.93
138-MED INS RESERVE - SPEC RV	347,003.88	16,115.09	7,526.77	355,592.20
140-HEALTH INS ESC-SPEC REV	838,216.97	642.68	133.96	838,725.69
145-HOTEL/MOTEL TAX - SPC REV	286,737.22	171.77	3,703.72	283,205.27
167-LIBRARY GIFTS - SPEC REV	90,547.26	153.23	2,933.81	87,766.68
177-FORFEITURE FUND	24,731.62	15.01	0.00	24,746.63
490-FIRE EQMT REP FUND - SP R	20,510.52	12.45	0.00	20,522.97
491-GEN EQMT REP FUND- SP RV	290,167.82	176.10	0.00	290,343.92
492-WA EQMT REV FUND - SP RV	123,886.94	75.19	0.00	123,962.13
493-SEW EQMT REV FUND- SP RV	174,219.65	105.73	0.00	174,325.38
494-SANITATION EQMT REP FUND-SP RV	352,426.30	182.94	51,000.00	301,609.24
496-WATER TOWER RES	7,620.31	4.62	0.00	7,624.93
498-OFFICE EQMT REP FD - SR	68,686.41	41.69	0.00	68,728.10
499-REC EQMT REP FD- SP RV	1,766.93	1.07	0.00	1,768.00
TOTAL SPECIAL REVENUE FUNDS	5,157,417.43	188,716.81	193,933.60	5,152,200.64
TAX INCREMENT FINANCING FUNDS				
125-URBAN REN - TIF SPEC REV	1,900,012.73	71,125.62	0.00	1,971,138.35
TOTAL TIF FUNDS	1,900,012.73	71,125.62	0.00	1,971,138.35
DEBT SERVICE FUNDS				
200-DEBT SERV - SPEC REV	102,056.31	8,898.51	0.00	110,954.82
TOTAL DEBT SERVICE FUNDS	102,056.31	8,898.51	0.00	110,954.82
CAPITAL PROJECT FUNDS				
302 - EAST ST RECON - CP	(428,719.12)	0.00	0.00	(428,719.12)
303- CLNS FY 17-18	6,920.40	0.00	0.00	6,920.40

CITY OF GRINNELL
MONTH TO DATE TREASURERS REPORT
AS OF: MAR 2020

FUND	BEGINNING CASH BALANCE	MONTH TO DATE RECEIPTS	MONTH TO DATE DISBURSEMENTS	ENDING CASH BALANCE
304 - SKATEPARK PROJECT	(4,355.00)	306.31	0.00	(4,048.69)
305 - CDBG LINING PROJECT	0.00	0.00	0.00	0.00
306 - HWY 146 & 6 INTERSECTION	0.00	0.00	0.00	0.00
307 - 10TH AVE (WEST TO PARK)	(38,217.03)	0.00	0.00	(38,217.03)
308 - 5TH AVE ST RECONST	0.00	0.00	0.00	0.00
309 - GMRC RISE PROJECT	(5,012.60)	0.00	0.00	(5,012.60)
310 - CENTRAL PARK PROJECT	0.00	11,554.09	0.00	11,554.09
313 - ITM MUSEUM/CITY HALL RELOCATION	79,138.43	0.00	0.00	79,138.43
314 - CLNS 18-19	19,223.11	0.00	0.00	19,223.11
315 - CLNS 19-20	(34,915.24)	0.00	2,555.83	(37,471.07)
316 - INDOOR ACTIVITY CENTER	0.00	0.00	0.00	0.00
317 - WATER MAIN PROJECT	0.00	0.00	0.00	0.00
318 - REED STREET (1ST TO 6TH)	0.00	0.00	0.00	0.00
319 - PARK STREET (IIRR TO 1ST)	0.00	0.00	0.00	0.00
350 - AIRPORT DEVELOPMENT	52,560.93	0.00	32,081.23	20,479.70
361 - STORM WA QUALITY PROJECT	(42,129.88)	0.00	0.00	(42,129.88)
364 - CBDG FAÇADE IMP	2,226.13	0.00	0.00	2,226.13
366 - 10TH AVE UPRR	18,206.80	0.00	0.00	18,206.80
369 - REINVESTMENT PROJECT	2,666.12	0.00	0.00	2,666.12
371 - WATER TOWER PROJECT	151,361.64	0.00	352.00	151,009.64
372 - BIKE TRAIL PROJECT	55,810.07	0.00	0.00	55,810.07
375 - I-80 INTERCHANGE PROJECT	(31,125.52)	0.00	0.00	(31,125.52)
376 - CBD PROJECTS	(176,228.12)	0.00	0.00	(176,228.12)
377 - 16TH AVE BOX CULVERT	1,653.56	0.00	526.75	1,126.81
CAPITAL PROJECT FUNDS	(370,935.32)	11,860.40	35,515.81	(394,590.73)
PERMANENT FUNDS				
500-PERP CARE FD - PERMANENT	526,006.42	0.00	0.00	526,006.42
TOTAL PERMANENT FUNDS	526,006.42	0.00	0.00	526,006.42
PROPRIETARY FUNDS				
141-WATER DEP FUND - PROP	85,460.34	2,550.00	2,100.00	85,910.34
610-WATER FUND	1,131,584.42	151,461.65	126,694.27	1,156,351.80
620-SEWER OPERATION AND MAINT	1,857,448.89	147,531.81	103,243.14	1,901,737.56
378 - WW TRMT PLAN PROJECT	936,527.56	0.00	0.00	936,527.56
630-STORM SEWER FUND	212,817.37	31,663.38	2,444.71	242,036.04
670-SOLID WASTE	682,662.92	108,073.01	93,588.74	697,147.19
TOTAL PROPRIETARY FUNDS	4,906,501.50	441,279.85	328,070.86	5,019,710.49
TOTAL FUND BALANCES	14,296,999.04	885,130.48	1,015,639.57	14,166,489.95

March 2020 Building Department Memorandum
City of Grinnell, Iowa



FROM: Tyler Avis
Director of Building and Planning

DATE: April 16, 2020

TO: Honorable Dan Agnew
Honorable Council Persons
Mr. Russell Behrens, City Manager
Ms. Ann Wingerter, City Clerk

Subject: Monthly Report for March

CITY OF GRINNELL
520 Fourth Avenue
Grinnell, Iowa
50112-1947
Phone: 641-236-2600
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MAYOR

DAN F.
AGNEW
dagnew@grinnelliowa.gov

CITY COUNCIL

BYRON HUEFTLE-WORLEY
At-Large

JIM WHITE
At-Large

JULIE DAVIS
1st Ward

JO WRAY
2nd Ward

RACHEL BLY
3rd Ward

LAMOYNE GAARD
4th Ward

ADMINISTRATION

RUSSELL L.
BEHRENS
City Manager
RBehrens@
grinnelliowa.gov

ANNMARIE WINGERTER
City Clerk/Finance Director
AWingerter@
grinnelliowa.gov

WILLIAM J.
SUEPPEL
City Attorney
billjs@mearndonlaw.com

During the month of March there were 44 projects started which include the following:

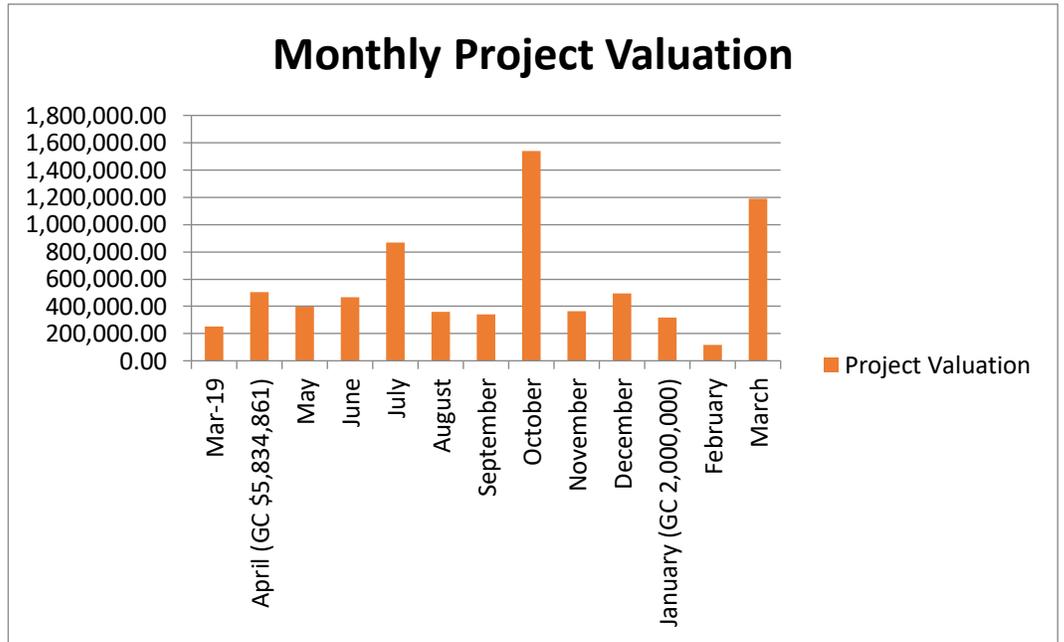
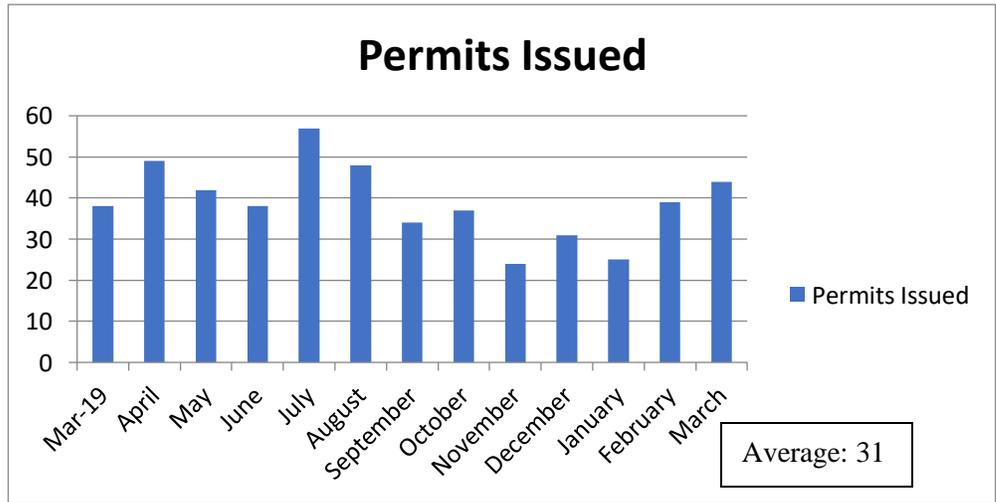
Residential Remodel:	3
Garage:	1
Commercial Remodel:	11
Demo:	2
Fence:	1
Flatwork:	2
Mechanical	6
Parking Stall Rental:	1
Plumbing:	3
Roof:	6
Siding:	1
Signs:	2
Water Heater Changeout:	5

Total project valuation for March: \$1,189,207.00
Total project valuation for FY '20: \$7,594,618.48

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Tyler Avis".

Tyler Avis
Director of Building and Planning



PROJECTS: THRU ZZZZZZZZZZ REPORT SEQUENCE: Project
 PROJECT TYPE: All CONTRACTOR CLASS: All - All Contractor Classes
 CONTRACTORS: All
 APPLIED DATES: 3/01/2020 THRU 3/31/2020 EXPIRE DATES: 0/00/0000 THRU 99/99/9999
 STATUS INCLUDED: All ISSUED DATES: 0/00/0000 THRU 99/99/9999

PROJECT: 20200313 - DEMOLITION TYPE: DEMO DEMOLITION
 PROPERTY: 1324 DAVIS AVE
 APPLIED DATE: 3/02/2020 ISSUED DATE: 3/02/2020 EXPIRATION DATE: 6/30/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: HOWEEXCAVA HOWE EXCAVATING ISSUED TO: DEPPE VIRGINIA M IRREV TR
 PO BOX 123 C/O LAIRD DEPPE
 NEWTON, IA 50208 1432 WEST ST
 GRINNELL, IA 50112-0000
 SQUARE FEET: 1,051
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 0.00
 DESCRIPTION: DEMO EXISTING RESIDENCE

SEGMENT: DEMO - DEMOLITION
 CONTRACTOR: HOWEEXCAVA HOWE EXCAVATING CLASS:
 PO BOX 123
 NEWTON, IA 50208
 ISSUED DATE: 3/02/2020 EXPIRATION DATE: 6/30/2020
 BUILDING CODE: DEMO DEMOLITION
 STATUS: Not Started VALUATION: 11,750.00 BALANCE: 0.00

PROJECT: 20200314 - MECHANICAL TYPE: MECH MECHANICAL
 PROPERTY: 620 STATE ST
 APPLIED DATE: 3/02/2020 ISSUED DATE: 3/02/2020 EXPIRATION DATE: 6/30/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: GERMLUMHE GERMAN PLUMBING HEATING & COOL ISSUED TO: PHIPPS, JESSICA
 610 1ST AVENUE 620 STATE ST
 GRINNELL, IA 50112 GRINNELL, IA 50112
 SQUARE FEET: 1,279
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 55.00
 DESCRIPTION: REPLACE EXISTING GAS FURNACE WITH NEW

SEGMENT: MECH - MECHANICAL
 CONTRACTOR: GERMLUMHE GERMAN PLUMBING HEATING & COOL CLASS: MC MECHANICAL CONTRACTOR
 610 1ST AVENUE
 GRINNELL, IA 50112
 ISSUED DATE: 3/02/2020 EXPIRATION DATE: 6/30/2020
 BUILDING CODE: MECH MECHANICAL
 STATUS: Not Started VALUATION: 5,210.00 BALANCE: 55.00

PROJECT: 20200315 - FENCE TYPE: FENCE FENCE
 PROPERTY: 908 ELM ST
 APPLIED DATE: 3/03/2020 ISSUED DATE: 3/03/2020 EXPIRATION DATE: 7/01/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: STEPANEK, DARCIA
 908 ELM ST
 GRINNELL, IA 50112
 SQUARE FEET: 8,250
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: BACK PADIO SLAB.

SEGMENT: FENCE - FENCE

CONTRACTOR:

CLASS:

ISSUED DATE: 3/03/2020 EXPIRATION DATE: 7/01/2020

BUILDING CODE: FENCE FENCE

STATUS: Not Started VALUATION: 0.00 BALANCE: 0.00

SEGMENT: FLATWORK - FLATWORK

CONTRACTOR:

CLASS:

ISSUED DATE: 0/00/0000 EXPIRATION DATE: 0/00/0000

BUILDING CODE: FLATWORK FLATWORK

STATUS: Not Started VALUATION: 500.00 BALANCE: 0.00

PROJECT: 20200317 - ROOF

TYPE: ROOF ROOF

PROPERTY: 1803 4TH AVE

APPLIED DATE: 3/03/2020 ISSUED DATE: 3/03/2020 EXPIRATION DATE: 7/01/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: BEYER, BARRY

P O BOX 321

SULLY, IA 50251

SQUARE FEET: 942

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: REPLACE EXISTING SHINGLES WITH NEW

SEGMENT: ROOF - ROOF

CONTRACTOR:

CLASS:

ISSUED DATE: 3/03/2020 EXPIRATION DATE: 7/01/2020

BUILDING CODE: ROOF ROOF

STATUS: Not Started VALUATION: 4,500.00 BALANCE: 0.00

PROJECT: 20200319 - ROOF

TYPE: ROOF ROOF

PROPERTY: 525 MAIN ST

APPLIED DATE: 3/03/2020 ISSUED DATE: 3/03/2020 EXPIRATION DATE: 7/01/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: BATES, DENNIS

525 MAIN ST

GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: STEEL ROOF INSTALLATION.

SEGMENT: ROOF - ROOF

CONTRACTOR:

CLASS:

ISSUED DATE: 3/03/2020 EXPIRATION DATE: 7/01/2020

BUILDING CODE: ROOF ROOF

STATUS: Not Started VALUATION: 3,618.94 BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ REPORT SEQUENCE: Project
 PROJECT TYPE: All CONTRACTOR CLASS: All - All Contractor Classes
 CONTRACTORS: All
 APPLIED DATES: 3/01/2020 THRU 3/31/2020 EXPIRE DATES: 0/00/0000 THRU 99/99/9999
 STATUS INCLUDED: All ISSUED DATES: 0/00/0000 THRU 99/99/9999

PROJECT: 20200320 - MECHANICAL TYPE: MECH MECHANICAL
 PROPERTY: 1333 SPRING ST
 APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: JENSHEAT&A JENSEN HEATING & AIR CONDITION ISSUED TO: WRAY, LARRY
 519 WEST STREET 1333 SPRING ST
 GRINNELL, IA 50112 GRINNELL, IA 50112
 SQUARE FEET: 10,620
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 55.00

DESCRIPTION: HVAC INSTALLATION.

SEGMENT: MECH - MECHANICAL
 CONTRACTOR: JENSHEAT&A JENSEN HEATING & AIR CONDITION CLASS: MC MECHANICAL CONTRACTOR
 519 WEST STREET
 GRINNELL, IA 50112
 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020
 BUILDING CODE: MECH MECHANICAL
 STATUS: Not Started VALUATION: 8,500.00 BALANCE: 55.00

PROJECT: 20200321 - COMMERCIAL REMODEL TYPE: 14-COMREM COMMERCIAL REMODEL
 PROPERTY: 1115 8TH AVE
 APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
 GRINNELL, IA 50112
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 436.04

DESCRIPTION: 10-5010209-53202 ADA-RELATED PROJECT.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL
 CONTRACTOR: CLASS:
 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020
 BUILDING CODE: COMREM COMMERCIAL REMODEL
 STATUS: Not Started VALUATION: 16,525.60 BALANCE: 436.04

PROJECT: 20200322 - COMMERCIAL REMODEL TYPE: 14-COMREM COMMERCIAL REMODEL
 PROPERTY: 1115 8TH AVE
 APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
 C/O ACCOUNTING DEPT
 GRINNELL, IA 50112
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 547.95

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: 10-5050225-53202 ACADEMIC INTERIOR REMODEL.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 21,599.91 BALANCE: 547.95

PROJECT: 20200323 - COMMERCIAL REMODEL

TYPE: 14-COMREM COMMERCIAL REMODEL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: GRINNELL COLLEGE

C/O ACCOUNTING DEPT

GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 410.40

DESCRIPTION: 10-5060203-53202 RESIDENCE HALL/HOUSE UTILITIES.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 15,363.13 BALANCE: 410.40

PROJECT: 20200324 - COMMERCIAL REMODEL

TYPE: 14-COMREM COMMERCIAL REMODEL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: GRINNELL COLLEGE

C/O ACCOUNTING DEPT

GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 60.74

DESCRIPTION: 51-5050363-53305 RENOVATION OF BCA 54,63,& 64.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 897.00 BALANCE: 60.74

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All - All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

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PROJECT: 20200325 - COMMERCIAL REMODEL TYPE: 14-COMREM COMMERCIAL REMODEL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
C/O ACCOUNTING DEPT
GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 593.84

DESCRIPTION: 51-5050377-53202 BEAR-ADDITIONAL OFFICE SPACE.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR: CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 23,680.00 BALANCE: 593.84

PROJECT: 20200326 - PLUMBING TYPE: PLUM PLUMBING

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
C/O ACCOUNTING DEPT
GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 60.00

DESCRIPTION: 51-5050380-53202 JRC SANITARY SEWER.

SEGMENT: PLUM - PLUMBING

CONTRACTOR: CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: PLUM PLUMBING

STATUS: Not Started VALUATION: 100,000.00 BALANCE: 60.00

PROJECT: 20200327 - MECHANICAL TYPE: MECH MECHANICAL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
C/O ACCOUNTING DEPT
GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 720.00

DESCRIPTION: 51-5060322-53202 GOLF COURSE 8 HVAC UNIT & 1 MAU UNIT INSTALLATION.

PROJECTS: THRU ZZZZZZZZZZ REPORT SEQUENCE: Project
 PROJECT TYPE: All CONTRACTOR CLASS: All - All Contractor Classes
 CONTRACTORS: All
 APPLIED DATES: 3/01/2020 THRU 3/31/2020 EXPIRE DATES: 0/00/0000 THRU 99/99/9999
 STATUS INCLUDED: All ISSUED DATES: 0/00/0000 THRU 99/99/9999

SEGMENT: MECH - MECHANICAL

CONTRACTOR: CLASS:
 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020
 BUILDING CODE: MECH MECHANICAL
 STATUS: Not Started VALUATION: 167,826.00 BALANCE: 720.00

PROJECT: 20200328 - COMMERCIAL REMODEL TYPE: 14-COMREM COMMERCIAL REMODEL
 PROPERTY: 1115 8TH AVE
 APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
 C/O ACCOUNTING DEPT
 GRINNELL, IA 50112
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 0
 STATUS: OPEN BALANCE: 1,941.99

DESCRIPTION: 51-5060330-53202 1303 PARK-STUDENT.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR: CLASS:
 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020
 BUILDING CODE: COMREM COMMERCIAL REMODEL
 STATUS: Not Started VALUATION: 145,826.70 BALANCE: 1,941.99

PROJECT: 20200329 - COMMERCIAL REMODEL TYPE: 14-COMREM COMMERCIAL REMODEL
 PROPERTY: 1115 8TH AVE
 APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
 C/O ACCOUNTING DEPT
 GRINNELL, IA 50112
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 0
 STATUS: OPEN BALANCE: 189.78

DESCRIPTION: 51-5060332-53202 1303 PARK-STUDENT HOUSING.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR: CLASS:
 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020
 BUILDING CODE: COMREM COMMERCIAL REMODEL
 STATUS: Not Started VALUATION: 5,360.00 BALANCE: 189.78

PROJECT: 20200330 - COMMERCIAL REMODEL TYPE: 14-COMREM COMMERCIAL REMODEL
 PROPERTY: 1115 8TH AVE
 APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: GRINNELL COLLEGE
 C/O ACCOUNTING DEPT
 GRINNELL, IA 50112
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 0
 STATUS: OPEN BALANCE: 2,593.14

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: 54-5050379-53202 JCC REMODEL FOR CL.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 223,789.66 BALANCE: 2,593.14

PROJECT: 20200331 - COMMERCIAL REMODEL

TYPE: 14-COMREM COMMERCIAL REMODEL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: GRINNELL COLLEGE

C/O ACCOUNTING DEPT

GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 1,969.41

DESCRIPTION: 51-5050376-53202 LIBRARY-TEACHING FACILITY ALTERATION.

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 149,109.15 BALANCE: 1,969.41

PROJECT: 20200332 - COMMERCIAL REMODEL

TYPE: 14-COMREM COMMERCIAL REMODEL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: GRINNELL COLLEGE

C/O ACCOUNTING DEPT

GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 1,065.63

DESCRIPTION: 10-5050101-53202 EDUCATIONAL BUILDINGS

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 54,295.00 BALANCE: 1,065.63

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

PROJECT: 20200333 - COMMERCIAL REMODEL

TYPE: 14-COMREM COMMERCIAL REMODEL

PROPERTY: 1115 8TH AVE

APPLIED DATE: 3/04/2020 ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: GRINNELL COLLEGE
C/O ACCOUNTING DEPT
GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 0

STATUS: OPEN BALANCE: 483.75

DESCRIPTION: 10-5060101-53202

SEGMENT: 14-COMREM - COMMERCIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/04/2020 EXPIRATION DATE: 7/02/2020

BUILDING CODE: COMREM COMMERCIAL REMODEL

STATUS: Not Started VALUATION: 18,688.70 BALANCE: 483.75

PROJECT: 20200335 - ROOF

TYPE: ROOF ROOF

PROPERTY: 1403 WEST ST

APPLIED DATE: 3/05/2020 ISSUED DATE: 3/05/2020 EXPIRATION DATE: 7/03/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ROB

ROBISON CONSTRUCTION

ISSUED TO: LARSON, JONATHAN

1238 LAKE AVE NE
CEDAR RAPIDS, IA 52402

1403 WEST ST
GRINNELL, IA 50112

SQUARE FEET: 24

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 212.66

DESCRIPTION: REMOVAL AND REPLACEMENT OF ASPHALT SHINGLES.

SEGMENT: ROOF - ROOF

CONTRACTOR: ROB

ROBISON CONSTRUCTION

CLASS:

1238 LAKE AVE NE
CEDAR RAPIDS, IA 52402

ISSUED DATE: 3/05/2020 EXPIRATION DATE: 7/03/2020

BUILDING CODE: ROOF ROOF

STATUS: Not Started VALUATION: 8,326.00 BALANCE: 212.66

PROJECT: 20200336 - PLUMBING

TYPE: PLUM PLUMBING

PROPERTY: 1700 4TH AVE

APPLIED DATE: 3/06/2020 ISSUED DATE: 3/06/2020 EXPIRATION DATE: 7/04/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: E6 PLUMBIN E6 PLUMBING

ISSUED TO: CONNOLLY, DIANE

1907 BELMONT DR
GRINNELL, IA 50112

1700 4TH AVE
GRINNELL, IA 50112

SQUARE FEET: 660

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: REPLACE EXISTING SEWER

SEGMENT: PLUM - PLUMBING

CONTRACTOR: E6 PLUMBIN E6 PLUMBING

CLASS: HVACP HVAC & PLUMBING

1907 BELMONT DR

GRINNELL, IA 50112

ISSUED DATE: 3/06/2020 EXPIRATION DATE: 7/04/2020

BUILDING CODE: PLUM PLUMBING

STATUS: Not Started VALUATION: 6,000.00 BALANCE: 0.00

PROJECT: 20200337 - ROOF

TYPE: ROOF ROOF

PROPERTY: 1510 1ST AVE

APPLIED DATE: 3/09/2020 ISSUED DATE: 3/09/2020 EXPIRATION DATE: 7/07/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: CEDARVALLE CEDAR VALLEY ROOFING

ISSUED TO: GRINNELL MHP LLC

21558 GRAND AVE

1510 1ST AVE

ALLISON, IA 50602

GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 3

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: REMOVE SHINGLES AND REPLACE ON 3 HOMES

SEGMENT: ROOF - ROOF

CONTRACTOR: CEDARVALLE CEDAR VALLEY ROOFING

CLASS:

21558 GRAND AVE

ALLISON, IA 50602

ISSUED DATE: 3/09/2020 EXPIRATION DATE: 7/07/2020

BUILDING CODE: ROOF ROOF

STATUS: Not Started VALUATION: 21,015.00 BALANCE: 0.00

PROJECT: 20200338 - RESIDENTIAL REMODEL

TYPE: 04-RESREM RESIDENTIAL REMODEL

PROPERTY: 1407 ELM ST

APPLIED DATE: 3/10/2020 ISSUED DATE: 3/10/2020 EXPIRATION DATE: 7/08/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: MEINTS, BRITTA

1407 ELM ST

GRINNELL, IA 50112

SQUARE FEET: 1,448

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: CONVERT PANTRY INTO 1/2 BATH

SEGMENT: 04-RESREM - RESIDENTIAL REMODEL

CONTRACTOR:

CLASS:

ISSUED DATE: 3/10/2020 EXPIRATION DATE: 7/08/2020

BUILDING CODE: RESREM RESIDENTIAL REMODEL

STATUS: Not Started VALUATION: 1,500.00 BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

PROJECT: 20200339 - PARKING STALL RENTAL TYPE: PARKSTALL PARKING STALL RENTAL
 PROPERTY: 805 4TH AVE
 APPLIED DATE: 3/13/2020 ISSUED DATE: 3/13/2020 EXPIRATION DATE: 3/19/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: ISSUED TO: SHERMAN, JACK & CYNTHIA
 813 FOURTH AVENUE
 GRINNELL, IA 50112-
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 0
 STATUS: OPEN BALANCE: 0.00

DESCRIPTION: UP TO 6 PARKING SPACES FOR UP TO 6 DAYS BEGINNING THE WEEK OF MARCH 16

SEGMENT: PARKSTALL - PARKING STALL RENTAL

CONTRACTOR: CLASS:
 ISSUED DATE: 3/13/2020 EXPIRATION DATE: 3/19/2020
 BUILDING CODE: PARKSTALL PARKING STALL RENTAL
 STATUS: Not Started VALUATION: 1.00 BALANCE: 0.00

PROJECT: 20200340 - WATER HEATER CHANGEOUT TYPE: WH C/O WATER HEATER CHANGEOUT
 PROPERTY: 805 4TH AVE
 APPLIED DATE: 3/13/2020 ISSUED DATE: 3/13/2020 EXPIRATION DATE: 7/11/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: E6 PLUMBING E6 PLUMBING ISSUED TO: SHERMAN, JACK & CYNTHIA
 1907 BELMONT DR 813 FOURTH AVENUE
 GRINNELL, IA 50112 GRINNELL, IA 50112-
 SQUARE FEET: 0
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 0.00

DESCRIPTION: REPLACE EXISTING WATER HEATER WITH NEW

SEGMENT: WH C/O - WATER HEATER CHANGEOUT

CONTRACTOR: E6 PLUMBING E6 PLUMBING CLASS: HVACP HVAC & PLUMBING
 1907 BELMONT DR
 GRINNELL, IA 50112
 ISSUED DATE: 3/13/2020 EXPIRATION DATE: 7/11/2020
 BUILDING CODE: WH C/O WATER HEATER CHANGEOUT
 STATUS: Not Started VALUATION: 850.00 BALANCE: 0.00

PROJECT: 20200341 - SIDING TYPE: SIDING SIDING
 PROPERTY: 2003 SPRING ST
 APPLIED DATE: 3/13/2020 ISSUED DATE: 3/13/2020 EXPIRATION DATE: 7/11/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: DUNSBERGEN DUNSBERGEN, ANDY ISSUED TO: DEVRIES, PAULINE
 1415 GALLESTON AVE 2003 SPRING ST
 NEW SHARON, IA 50207 GRINNELL, IA 50112
 SQUARE FEET: 1,910
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: PERMIT INCLUDES SIDING AND DECK REPLACEMENT

SEGMENT: SIDING - SIDING

CONTRACTOR: DUNSBERGEN DUNSBERGEN, ANDY

CLASS:

1415 GALLESTON AVE

NEW SHARON, IA 50207

ISSUED DATE: 3/13/2020 EXPIRATION DATE: 7/11/2020

BUILDING CODE: SIDING SIDING

STATUS: Not Started VALUATION: 28,340.00 BALANCE: 0.00

PROJECT: 20200342 - PLUMBING

TYPE: PLUM PLUMBING

PROPERTY: 1015 CHATTERTON ST

APPLIED DATE: 3/13/2020 ISSUED DATE: 3/13/2020 EXPIRATION DATE: 7/11/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: HUDDLESTON, ROY & RHONDA

1015 CHATTERTON ST

GRINNELL, IA 50112

SQUARE FEET: 960

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: REPLACE EXISTING CAST PIPING WITH PVC

SEGMENT: PLUM - PLUMBING

CONTRACTOR:

CLASS:

ISSUED DATE: 3/13/2020 EXPIRATION DATE: 7/11/2020

BUILDING CODE: PLUM PLUMBING

STATUS: Not Started VALUATION: 1,000.00 BALANCE: 0.00

PROJECT: 20200343 - ROOF

TYPE: ROOF ROOF

PROPERTY: 1326 DAVIS AVE

APPLIED DATE: 3/18/2020 ISSUED DATE: 3/18/2020 EXPIRATION DATE: 7/16/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR:

ISSUED TO: DEJONG, DOUG & MEGAN

1326 DAVIS AVE

GRINNELL, IA 50112

SQUARE FEET: 1,593

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: REPLACE EXISTING SHINGLES WITH NEW

SEGMENT: ROOF - ROOF

CONTRACTOR:

CLASS:

ISSUED DATE: 3/18/2020 EXPIRATION DATE: 7/16/2020

BUILDING CODE: ROOF ROOF

STATUS: Not Started VALUATION: 4,000.00 BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

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PROJECT: 20200344 - RESIDENTIAL REMODEL TYPE: 04-RESREM RESIDENTIAL REMODEL

PROPERTY: 1523 ELM ST

APPLIED DATE: 3/18/2020 ISSUED DATE: 3/18/2020 EXPIRATION DATE: 7/16/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: MOBLEY, ANDY
1523 ELM ST
GRINNELL, IA 50112

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: BASEMENT REMODEL.

SEGMENT: 04-RESREM - RESIDENTIAL REMODEL

CONTRACTOR: CLASS:

ISSUED DATE: 3/18/2020 EXPIRATION DATE: 7/16/2020

BUILDING CODE: RESREM RESIDENTIAL REMODEL

STATUS: Not Started VALUATION: 5,000.00 BALANCE: 0.00

PROJECT: 20200345 - POLE SIGN TYPE: SIGN-POLE POLE SIGN

PROPERTY: 704 INDUSTRIAL AVE

APPLIED DATE: 3/18/2020 ISSUED DATE: 3/18/2020 EXPIRATION DATE: 7/16/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ASISIGN ASI SIGNS ISSUED TO: UNITYPOINT AT HOME
1219 ZIMMERMAN DRIVE 704 INDUSTRIAL AVENUE
GRINNELL, IA 50112 GRINNELL, IA 50112

SQUARE FEET: 32

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: REPLACE FACE OF EXISTING SIGN

SEGMENT: SIGN-POLE - POLE SIGN

CONTRACTOR: ASISIGN ASI SIGNS CLASS: SC SIGN CONTRACTOR
1219 ZIMMERMAN DRIVE
GRINNELL, IA 50112

ISSUED DATE: 3/18/2020 EXPIRATION DATE: 7/16/2020

BUILDING CODE: SIGN-POLE POLE SIGN

STATUS: Not Started VALUATION: 7,000.00 BALANCE: 0.00

PROJECT: 20200346 - WATER HEATER CHANGEOUT TYPE: WH C/O WATER HEATER CHANGEOUT

PROPERTY: 209 MAIN ST

APPLIED DATE: 3/19/2020 ISSUED DATE: 3/19/2020 EXPIRATION DATE: 7/17/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: HESS, HELEN
209 MAIN ST
GRINNELL, IA 50112

SQUARE FEET: 10,560

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: WATER HEATER CHANGE-OUT.

SEGMENT: WH C/O - WATER HEATER CHANGEOUT

CONTRACTOR: JP JP DRAIN CLEANING AND PLUMBING CLASS:

618 390TH AVE
GRINNELL, IA 50112

ISSUED DATE: 3/19/2020 EXPIRATION DATE: 7/17/2020

BUILDING CODE: WH C/O WATER HEATER CHANGEOUT

STATUS: Not Started VALUATION: 850.00 BALANCE: 0.00

PROJECT: 20200347 - WATER HEATER CHANGEOUT

TYPE: WH C/O WATER HEATER CHANGEOUT

PROPERTY: 1204 SUMMER ST

APPLIED DATE: 3/19/2020 ISSUED DATE: 3/19/2020 EXPIRATION DATE: 7/17/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: GERMLUMHE GERMAN PLUMBING HEATING & COOL ISSUED TO: CHANG, LUCY

610 1ST AVENUE 1204 SUMMER ST
GRINNELL, IA 50112 GRINNELL, IA 50112

SQUARE FEET: 1,572

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 45.00

DESCRIPTION: REPLACE EXISTING WATER HEATER WITH NEW

SEGMENT: WH C/O - WATER HEATER CHANGEOUT

CONTRACTOR: GERMLUMHE GERMAN PLUMBING HEATING & COOL CLASS: MC MECHANICAL CONTRACTOR

610 1ST AVENUE
GRINNELL, IA 50112

ISSUED DATE: 3/19/2020 EXPIRATION DATE: 7/17/2020

BUILDING CODE: WH C/O WATER HEATER CHANGEOUT

STATUS: Not Started VALUATION: 950.00 BALANCE: 45.00

PROJECT: 20200348 - DEMOLITION

TYPE: DEMO DEMOLITION

PROPERTY: 921 HIGH

APPLIED DATE: 3/20/2020 ISSUED DATE: 3/20/2020 EXPIRATION DATE: 7/18/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: KELNE, SANDY

913 HIGH ST
GRINNELL, IA 50112

SQUARE FEET: 528

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: DEMO EXISTING GARAGE

SEGMENT: DEMO - DEMOLITION

CONTRACTOR: CLASS:

ISSUED DATE: 3/20/2020 EXPIRATION DATE: 7/18/2020

BUILDING CODE: DEMO DEMOLITION

STATUS: Not Started VALUATION: 500.00 BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

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PROJECT: 20200349 - ROOF TYPE: ROOF ROOF

PROPERTY: 704 PINDER AVE

APPLIED DATE: 3/23/2020 ISSUED DATE: 3/23/2020 EXPIRATION DATE: 7/21/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: PROLINECOI PRO LINE CO INC ISSUED TO: PRIORITY PLASTICS

PO BOX 9 704 PINDER AVENUE

NEW SHARON, IA 50207 GRINNELL, IA 50112-

SQUARE FEET: 0

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: RETRO FIT METAL ROOF OVER TOP OF EXISTING ROOF.

SEGMENT: ROOF - ROOF

CONTRACTOR: PROLINECOI PRO LINE CO INC CLASS: GC GENERAL CONTRACTOR

PO BOX 9

NEW SHARON, IA 50207

ISSUED DATE: 3/23/2020 EXPIRATION DATE: 7/21/2020

BUILDING CODE: ROOF ROOF

STATUS: Not Started VALUATION: 73,040.00 BALANCE: 0.00

PROJECT: 20200351 - MECHANICAL TYPE: MECH MECHANICAL

PROPERTY: 1702 4TH AVE

APPLIED DATE: 3/23/2020 ISSUED DATE: 3/23/2020 EXPIRATION DATE: 7/21/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: BROOINC BROOKWOOD ISSUED TO: ADLER, MICHELLE

409 N 23RD AVENUE W 1702 4TH AVE

NEWTON, IA 50208 GRINNELL, IA 50112

SQUARE FEET: 1,288

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 55.00

DESCRIPTION: REPLACE EXISTING AIR HANDLER AND A/C UNIT

SEGMENT: MECH - MECHANICAL

CONTRACTOR: BROOINC BROOKWOOD CLASS: MC MECHANICAL CONTRACTOR

409 N 23RD AVENUE W

NEWTON, IA 50208

ISSUED DATE: 3/23/2020 EXPIRATION DATE: 7/21/2020

BUILDING CODE: MECH MECHANICAL

STATUS: Not Started VALUATION: 4,500.00 BALANCE: 55.00

PROJECT: 20200353 - RESIDENTIAL ACCESSORY BUILDING TYPE: 05-RESACC RESIDENTIAL ACCESSORY BLD

PROPERTY: 1837 9TH AVE

APPLIED DATE: 3/24/2020 ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: VERNONMILL VERNON MILLER LLC ISSUED TO: ARMSTRONG, TIM

3394 HWY 546 1837 9TH AVE

SEYMOUR, IA 52590 GRINNELL, IA 50112

SQUARE FEET: 1,424

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ REPORT SEQUENCE: Project
 PROJECT TYPE: All CONTRACTOR CLASS: All - All Contractor Classes
 CONTRACTORS: All
 APPLIED DATES: 3/01/2020 THRU 3/31/2020 EXPIRE DATES: 0/00/0000 THRU 99/99/9999
 STATUS INCLUDED: All ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: ERECT 28 X 34 DETACHED GARAGE IN REAR YARD WITH 10' TALL WALLS AND INSTALL CONCRETE DRIVEWAY

SEGMENT: 05-RESACC - GARAGE

CONTRACTOR: VERNONMILL VERNON MILLER LLC CLASS: GC GENERAL CONTRACTOR
 3394 HWY 546
 SEYMOUR, IA 52590
 ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020
 BUILDING CODE: RESACC RESIDENTIAL ACCESSORY BUILDING
 STATUS: Not Started VALUATION: 28,500.00 BALANCE: 0.00

SEGMENT: FLATWORK - FLATWORK

CONTRACTOR: VERNONMILL VERNON MILLER LLC CLASS: GC GENERAL CONTRACTOR
 3394 HWY 546
 SEYMOUR, IA 52590
 ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020
 BUILDING CODE: FLATWORK FLATWORK
 STATUS: Not Started VALUATION: 8,500.00 BALANCE: 0.00

PROJECT: 20200354 - RESIDENTIAL REMODEL TYPE: 04-RESREM RESIDENTIAL REMODEL

PROPERTY: 1930 WEST ST
 APPLIED DATE: 3/24/2020 ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: VANDSTOUCA VANDE STOUWE CARPENTRY INC ISSUED TO: CAMERON, DOUGLAS
 PO BOX 107 507 STATE ST
 GRINNELL, IA 50112 GRINNELL, IA 50112
 SQUARE FEET: 1,288
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 114.77

DESCRIPTION: INSTALL EGRESS WINDOW

SEGMENT: 04-RESREM - RESIDENTIAL REMODEL

CONTRACTOR: VANDSTOUCA VANDE STOUWE CARPENTRY INC CLASS: GC GENERAL CONTRACTOR
 PO BOX 107
 GRINNELL, IA 50112
 ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020
 BUILDING CODE: RESREM RESIDENTIAL REMODEL
 STATUS: Not Started VALUATION: 3,000.00 BALANCE: 114.77

PROJECT: 20200355 - MECHANICAL TYPE: MECH MECHANICAL

PROPERTY: 1326 DAVIS AVE
 APPLIED DATE: 3/24/2020 ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020 COMPLETION DATE: 0/00/0000
 CONTRACTOR: GERMLUMHE GERMAN PLUMBING HEATING & COOL ISSUED TO: DEJONG, DOUG & MEGAN
 610 1ST AVENUE 1326 DAVIS AVE
 GRINNELL, IA 50112 GRINNELL, IA 50112
 SQUARE FEET: 858
 DWELLING TYPE: PRIVATE UNITS: 1
 STATUS: OPEN BALANCE: 55.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

DESCRIPTION: REPLACE EXISTING A/C WITH NEW

SEGMENT: MECH - MECHANICAL

CONTRACTOR: GERMLUMHE GERMAN PLUMBING HEATING & COOL CLASS: MC MECHANICAL CONTRACTOR

610 1ST AVENUE
GRINNELL, IA 50112

ISSUED DATE: 3/24/2020 EXPIRATION DATE: 7/22/2020

BUILDING CODE: MECH MECHANICAL

STATUS: Not Started VALUATION: 3,500.00 BALANCE: 55.00

PROJECT: 20200356 - POLE SIGN

TYPE: SIGN-POLE POLE SIGN

PROPERTY: 2113 6TH AVE

APPLIED DATE: 3/25/2020 ISSUED DATE: 3/25/2020 EXPIRATION DATE: 7/23/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: CUB'S COLLISION CENTER INC
2113 6TH AVE
GRINNELL, IA 50112

SQUARE FEET: 28

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 45.94

DESCRIPTION: ERECT POLE SIGN

SEGMENT: SIGN-POLE - POLE SIGN

CONTRACTOR: CLASS:

ISSUED DATE: 3/25/2020 EXPIRATION DATE: 7/23/2020

BUILDING CODE: SIGN-POLE POLE SIGN

STATUS: Not Started VALUATION: 600.00 BALANCE: 45.94

PROJECT: 20200357 - MECHANICAL

TYPE: MECH MECHANICAL

PROPERTY: 1730 7TH AVE

APPLIED DATE: 3/30/2020 ISSUED DATE: 3/30/2020 EXPIRATION DATE: 7/28/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: LATCENTEIN LATCHAM ENTERPRISES INC ISSUED TO: LATCHAM, ALLEN
PO BOX 252 401 - 370TH AVENUE
GRINNELL, IA 50112 GRINNELL, I 50112-

SQUARE FEET: 1,808

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 0.00

DESCRIPTION: INSTALL TWO MINI SPLITS

SEGMENT: MECH - MECHANICAL

CONTRACTOR: LATCENTEIN LATCHAM ENTERPRISES INC CLASS: GC GENERAL CONTRACTOR

PO BOX 252
GRINNELL, IA 50112

ISSUED DATE: 3/30/2020 EXPIRATION DATE: 7/28/2020

BUILDING CODE: MECH MECHANICAL

STATUS: Not Started VALUATION: 3,500.00 BALANCE: 0.00

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

PROJECT: 20200358 - WATER HEATER CHANGEOUT TYPE: WH C/O WATER HEATER CHANGEOUT

PROPERTY: 930 SEELAND DR

APPLIED DATE: 3/30/2020 ISSUED DATE: 3/30/2020 EXPIRATION DATE: 7/28/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: GILBERT, JAMES & BARBARA
930 SEELAND DR
GRINNELL, IA 50112

SQUARE FEET: 1,272

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 45.00

DESCRIPTION: REPLACE EXISTING WATER HEATER WITH NEW

SEGMENT: WH C/O - WATER HEATER CHANGEOUT

CONTRACTOR: CLASS:

ISSUED DATE: 3/30/2020 EXPIRATION DATE: 7/28/2020

BUILDING CODE: WH C/O WATER HEATER CHANGEOUT

STATUS: Not Started VALUATION: 850.00 BALANCE: 45.00

PROJECT: 20200359 - WATER HEATER CHANGEOUT TYPE: WH C/O WATER HEATER CHANGEOUT

PROPERTY: 1900 4TH AVE

APPLIED DATE: 3/30/2020 ISSUED DATE: 3/30/2020 EXPIRATION DATE: 7/28/2020 COMPLETION DATE: 0/00/0000

CONTRACTOR: ISSUED TO: DUDAK, EDWARD
1900 4TH AVE
GRINNELL, IA 50112

SQUARE FEET: 1,728

DWELLING TYPE: PRIVATE UNITS: 1

STATUS: OPEN BALANCE: 45.00

DESCRIPTION: REPALCE EXISTING WATER HEATER WITH NEW

SEGMENT: WH C/O - WATER HEATER CHANGEOUT

CONTRACTOR: CLASS:

ISSUED DATE: 3/30/2020 EXPIRATION DATE: 7/28/2020

BUILDING CODE: WH C/O WATER HEATER CHANGEOUT

STATUS: Not Started VALUATION: 850.00 BALANCE: 45.00

TOTAL PRINTED: 42 PROJECTS TOTAL VALUATION: \$1,189,211.79 TOTAL BALANCE: \$11,801.04

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

*** SEGMENT RECAP ***

PROJECT SEGMENT	# OF SEGMENTS	BALANCE
04-RESREM - RESIDENTIAL REMODEL	3	114.77
05-RESACC - GARAGE	1	0.00
14-COMREM - COMMERCIAL REMODEL	11	10,292.67
DEMO - DEMOLITION	2	0.00
FENCE - FENCE	1	0.00
FLATWORK - FLATWORK	2	0.00
MECH - MECHANICAL	6	940.00
PARKSTALL - PARKING STALL RENTAL	1	0.00
PLUM - PLUMBING	3	60.00
ROOF - ROOF	6	212.66
SIDING - SIDING	1	0.00
SIGN-POLE - POLE SIGN	2	45.94
WH - WATER HEATER CHANGEOUT	5	135.00
*** TOTALS ***	44	11,801.04

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

*** PROJECT TYPE RECAP ***

PROJECT TYPE	# OF PROJECTS	BALANCE
04-RESREM - RESIDENTIAL REMODEL	3	114.77
05-RESACC - RESIDENTIAL ACCESSORY	1	0.00
14-COMREM - COMMERCIAL REMODEL	11	10,292.67
DEMO - DEMOLITION	2	0.00
FENCE - FENCE	1	0.00
MECH - MECHANICAL	6	940.00
PARKSTALL - PARKING STALL RENTAL	1	0.00
PLUM - PLUMBING	3	60.00
ROOF - ROOF	6	212.66
SIDING - SIDING	1	0.00
SIGN-POLE - POLE SIGN	2	45.94
WH - WATER HEATER CHANGEOUT	5	135.00
*** TOTALS ***	42	11,801.04

PROJECTS: THRU ZZZZZZZZZZ

REPORT SEQUENCE: Project

PROJECT TYPE: All

CONTRACTOR CLASS: All

- All Contractor Classes

CONTRACTORS: All

APPLIED DATES: 3/01/2020 THRU 3/31/2020

EXPIRE DATES: 0/00/0000 THRU 99/99/9999

STATUS INCLUDED: All

ISSUED DATES: 0/00/0000 THRU 99/99/9999

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*** MONTHLY RECAP BASED ON ISSUED DATE ***

ISSUED YEAR: 2020

MONTH	PROJECTS	VALUATION	BALANCE
MARCH	42	1,189,207.00	11,801.04

SELECTION CRITERIA

REPORT SELECTION

PROJECT RANGE FROM: THROUGH ZZZZZZZZZZ
PROJECT TYPE: All
CONTRACTOR CLASS: All All Contractor Classes
CONTRACTOR: All
PROJECT STATUS: All
SEGMENTS: All
PHASES: All
COMMENT CODES: All

PROJECT DATES

APPLIED RANGE FROM: 03/01/2020 THROUGH 03/31/2020
ISSUED RANGE FROM: 00/00/0000 THROUGH 99/99/9999
EXPIRE RANGE FROM: 00/00/0000 THROUGH 99/99/9999
COMPLETION RANGE FROM: 00/00/0000 THROUGH 99/99/9999

BALANCE SELECTION

SELECTION: ALL

PRINT OPTIONS

PRINT MONTHLY RECAP YES
PRINT SEGMENTS: YES
PRINT PHASES: NO
ONE PROJECT PER PAGE: NO
PRINT REJECTION NOTES: NO
PRINT PROJECT W/O SEGMENTS: NO
PRINT CONDITIONS: NO
PRINT DESCRIPTION: YES
PRINT NOTES: NO
SEQUENCE: Project
COMMENT CODES: None

*** END OF REPORT ***



Grinnell FINANCE COMMITTEE Meeting
MONDAY, MARCH 16, 2020 AT 7:30 A.M.
VIA ZOOM

Join Zoom Meeting

<https://zoom.us/j/95187582932?pwd=MzRta0JRd3ZwVEVrREZNc09qbG1Zdz09>

Meeting ID: 951 8758 2932

Password: 272246

One tap mobile

+13126266799,,95187582932#,,#,272246# US (Chicago)

+19292056099,,95187582932#,,#,272246# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 253 215 8782 US

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

Meeting ID: 951 8758 2932

Password: 272246

Find your local number: <https://zoom.us/u/ab3jby06N>

TENTATIVE AGENDA

ROLL CALL: Wray (Chair), White, Bly.

PERFECTING AND APPROVAL OF AGENDA:

COMMITTEE BUSINESS:

1. Consider approval of lease with the Grinnell Housing Authority (See Resolution No. 2020-65).
2. Consider resolution amending the city of Grinnell Personnel Policy Manual (See Resolution No. 2020-66).
3. Review delinquent city utility account list.
4. Review CDBG COVID-19 grant proposal.
5. Consider special Campbell Fund request from the Grinnell Optimist Club to assist in funding the annual "Backpack for Kids" program the second Saturday in August.
6. Discuss Special Request to the Campbell Fund for Grinnell Food Coalition.

INQUIRIES:

ADJOURN:

RESOLUTION NO. 2020-65

A RESOLUTION APPROVING THE LEASE OF CERTAIN REAL PROPERTY WITH THE GRINNELL HOUSING AUTHORITY

WHEREAS, the City Council has determined that the city's best interests would be served by leasing such real property; and

NOW, THEREFORE, upon a motion duly made by Council member _____, seconded by Council member _____, and properly carried, it is hereby **RESOLVED**:

1. That the City of Grinnell, Iowa proposes to lease the following described property, to-wit (Grinnell Housing Authority):

130 square feet of office space located on the 1st floor space of the City Hall.

2. That such property shall be leased upon the following terms and conditions:

The sum of Two Hundred sixty-one dollars and 96/100 per month (\$261.96) per month beginning on July 1, 2020; the sum of Two hundred sixty-nine dollars and 82/100 per month (\$269.82) beginning July 1, 2021; the sum of Two hundred seventy-seven and 91/100 per month (\$277.91) beginning on July 1, 2022. The first payment being due on July 1, 2020, and the last day of each and every month thereafter.

3. That the lease agreement has been prepared for the proper signatures with the entire terms and conditions within said document.

Dated this 20th day of April 2020.

DAN F. AGNEW, MAYOR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK

PROPERTY LEASE

THIS LEASE AGREEMENT executed in duplicate, made and entered into this 20th day of April, 2020, by and between the City of Grinnell, Iowa, a municipal corporation (hereinafter called the "Landlord") and Grinnell Housing Authority (hereinafter called the "Tenant"), WITNESSETH THAT:

1. **Premises and Term.** The Landlord, in consideration of the rents herein reserved and of the agreements and conditions herein contained, on the part of the Tenant to be kept and performed, leases unto the Tenant and Tenant hereby rents and leases from the Landlord, according to the terms and provisions herein, the 130 sq. ft. area, with the improvements thereon and all rights, easements and appurtenances thereto belonging, which, more particularly, includes the space and premises located on the lower level of the Grinnell City Hall, including the access to said premise by the common stairways and the right to use the elevator located in said premises for a term of three years, commencing on July 1, 2017 and ending at midnight on June 30, 2020. Landlord grants to Tenant an option to extend this lease for a period of one (1) year upon the same terms. Said option to be exercised by the Tenant giving to the Landlord notice by certified mail of its election of said option, said notice to be given at least ninety (90) days prior to the expiration of this lease agreement. Monthly rental rates are to be renegotiated on an annual basis with notice by either party ninety (90) days before expiration of the lease agreement. Tenant shall have the option to cancel this lease agreement upon notifying the Landlord in writing by certified mail, ninety (90) days prior to said termination; that after said termination this agreement shall become null and void.

2. **Rental.** Tenant agrees to pay Landlord monthly rental for said premises as follows: The sum of Two Hundred sixty-one dollars and 96/100 per month (\$261.96) per month beginning on July 1, 2020; the sum of Two hundred sixty-nine dollars and 82/100 per month (\$269.82) beginning July 1, 2021; the sum of Two hundred seventy-seven and 91/100 per month (\$277.91) beginning on July 1, 2022. The first payment being due on July 1, 2020, and the last day of each and every month thereafter.

Delinquent payments shall draw interest at 12% annum beginning ten (10) days after the due date, until paid.

3. **Possession.** Tenants shall be entitled to possession on the first day of the term of this lease, and shall yield possession to the Landlord at the time and date of the pro rata rental.

4. **Use of Premises.** Tenant covenants and agrees during the term of this lease to use and to occupy the leased premises only for the purposes of Grinnell Housing Authority, or its successors or assigns.

5. **Quiet Enjoyment.** Landlord covenants that its estate in said premises is fee simple; and that the Tenant on paying the rent herein reserved and performing all the agreements by the Tenant to be performed as provided in this lease shall and may peaceably have, hold and enjoy the demised premises for the term of this lease free from molestation, eviction or disturbance by the Landlord or any other persons or legal entity whatsoever.

6. **Care and Maintenance of Premises.** (a) Landlord will keep the said premises in a good state of repair and shall at its own expense care and maintain said premises in a reasonably safe and serviceable condition. Tenant will not permit or allow said premises to be damaged or depreciated in value by any act of negligence by the Tenant, its agents or employees, except the effects of ordinary wear and tear. The Landlord will make all repairs to the interior and exterior of said building and in addition make repairs to the sewer, plumbing water pipes, and electrical wiring and maintain the entire building free of any expense to the Tenant.

7. Utilities and Services. Landlord shall furnish all utilities for said premises, which utilities shall include water, sewer, gas, heat, electricity, power, air conditioning, garbage and trash disposal.

Landlord shall furnish all air conditioning equipment and maintain the expense thereof.

8. Janitorial Service. Landlord shall furnish the janitorial service for the premises leased by Tenant from Landlord and the control of said janitorial service shall be under the control and supervision of the Landlord.

9. Parking Facilities. In addition to the above premises, Tenant shall have the right to use the parking facilities and Landlord reserves the right to control the designation of parking spaces allowed to the Tenant on the premises owned by the Landlord.

10. (a) Surrender of Premises at End of Term -- Removal of Fixtures. Tenant agrees that upon the termination of this lease, it will surrender, yield up and deliver the leased premises in good and clean condition, except the effects of ordinary wear and tear and depreciation arising from lapse of time, or damage without fault or negligence of Tenants.

(b) Tenants may, at the expiration of the term of this lease, or renewal or renewals thereof or at a reasonable time thereafter, if Tenant is not in default hereunder, move any fixtures or equipment which said Tenant has installed in the leased premises, provided said Tenant repairs any and all damages caused by removal.

(c) Holding Over. Continued possession, beyond the expiratory date of the term of this lease, by the Tenant, coupled with the receipt of the specified rental by the Landlord (and absent a written agreement by both parties for an extension of this lease, or for a new lease) shall constitute a month to month extension of this lease.

11. Assignment and Subletting. Tenant shall not have the right nor shall the Tenant assign to sublet any part of this lease agreement without the express permission of the Landlord.

12. Insurance. (a) Landlord and Tenant will each keep its respective property interest in the premises and its liability in regard thereto, and the personal property on the premises, reasonably insured against hazards and casualties; that is, fire and those items usually covered by extended coverage; and Tenant will procure and deliver to the Landlord sufficient written evidence of self-insurance.

(b) Tenant will not do or omit the doing of any act which would vitiate any insurance, or increase the insurance rates on force upon the real estate improvements on the premises or upon any personal property of the Tenant upon which the Landlord by law or by the term of this lease, has or shall have a lien.

(c) Subrogation rights are not to be waived unless a special provision is attached to this lease.

(d) Tenant further agrees to comply with recommendations of Iowa Insurance Service Bureau and to be liable for and to promptly pay, as if current rental, any increase in insurance rates in said premises and on the building of which said premises are a part, due to increased risks or hazards resulting from Tenant's use of the premises otherwise than as herein contemplated and agreed.

(e) Insurance Proceeds. Landlord shall settle and adjust any claim against any insurance

company under its said policies of insurance for the premises, and said insurance monies shall be paid to and held by the Landlord to be used in payment for cost of repairs or restoration of damaged building, if the destruction is only partial.

13. Indemnity and Liability Insurance. Except as to any negligence of the Landlord, arising out of roof and structural parts of the building, Tenant will protect, indemnify and save harmless the Landlord from and against any and all loss, costs, damage and expenses occasioned by, or arising out of any accident or other occurrence causing or inflicting injury and/or damage to any person or property, happening or done, in, upon or about the leased premises, or due directly or indirectly to the tenancy, use or occupancy thereof, or any part thereof by the Tenant or any person claiming through or under the Tenant. The Tenant further covenants and agrees that it will at its own expense procure and maintain casualty and liability insurance in a responsible company or companies authorized to do business in the State of Iowa as approved by the Landlord, or in lieu thereof, provide the Landlord sufficient evidence of self-insurance or of statutory authority for self-insurance, protecting the Landlord against such claim, damages, costs or expenses on account of injury to any person or persons, or to any property belonging to any person or persons, by reason of such casualty, accident or other happening on or about the demised premises during the term thereof. Certificates or copies of said policies, naming the Landlord and providing for fifteen (15) days' notice to the Landlord before cancellation shall be delivered to the Landlord within twenty (20) days from the date of the beginning of the term of this lease. As to insurance of the Landlord for roof and structural faults, see paragraph 12(a) above.

14. Fire and Casualty. Partial Destruction of Premises. (a) In the event of a partial destruction or damage of the lease premises, which is a business interference, that is, which prevents the conducting of a normal business operation and which damage is reasonably repairable within sixty (60) days after its occurrence, this lease shall not terminate but the rent for the lease premises shall abate during the time of such business interference. In the event of partial destruction, Landlord shall repair such damages within 60 days of its occurrence unless prevented from so doing by acts of God, the elements, the public enemy, strikes, riots, insurrection, government regulations, city ordinance, labor, material or transportation shortage, or other causes beyond Landlord's reasonable control.

(b) Total Destruction of Business Use. In the event of a destruction or damage of the leased premises including parking area so that Tenant is not able to conduct its business on the premises or the then current legal use for which the premises are being used and which damages cannot be repaired within one hundred twenty (120) days this lease may be terminated at the option of either the Landlord or Tenant. Such termination in such event shall be effected by written notice of one party to the other, within thirty (30) days after such destruction. Tenant shall surrender possession within thirty (30) days after such notice issues, and each party shall be released from all future obligations hereunder, Tenant paying rental pro rata only to the date of such destruction. In the event of such termination of this lease, Landlord at its option, may rebuild or not, according to its own wishes and needs.

15. Condemnation. (a) Disposition of Awards. Should the whole or any part of the demised premises be condemned or taken by a competent authority for any public or quasi-public use or purpose, each party shall be entitled to retain, as its own property, any award payable to it. Or in the event that a single entire award is made on account of the condemnation, each party will then be entitled to take such proportion of said award as may be fair and reasonable.

(b) Date of Lease Termination. If the whole of the demised premises shall be so condemned or taken, the Landlord shall not be liable to the Tenant except and as its rights are preserved as in paragraph 14(a) above.

16. Termination of Lease and Defaults of Tenant. (a) Termination Upon Expiration or Upon Notice of Default. This Lease shall terminate upon expiration of the demised term; or of this lease expressly and in writing provided for any option or options, and if any such option is exercised by the Tenant, then this lease will terminate at the expiration of the option term or terms. Upon default in payment of rental herein or upon by Tenant in accordance with the terms and provision of this lease, this lease may at the option of the Landlord be cancelled and forfeited, **PROVIDED, HOWEVER,** before any such cancellation and forfeited except as provided herein, Landlord shall give Tenant a written notice specifying the default, or defaults, and stating that this lease will be cancelled and forfeited thirty (30) days after the giving of such notice, unless such default, or defaults, are remedied within such grace period. As an additional optional procedure or as an alternative to the foregoing (and neither exclusive of the other) Landlord may proceed as in paragraph 19, below, provided.

(b) In (a) above, waiver as to any default shall not constitute a waiver of any subsequent default or defaults.

17. Right of Either Party to Make Good any Default of the Other. If default shall be made by either party in the performance of, or compliance with, any of the terms, covenants or conditions of this lease, and such defaults shall have continued for thirty (30) days after written notice thereof from one party to the other, the person aggrieved, in addition to all other remedies now or hereafter provided by law, may, but need not, perform such term, covenant or condition, or make good such default any amount advanced shall be repaid forthwith on demand, together with interest at the rate of 12% per annum, from date of advance.

18. Sign. Landlord shall approve any signs to be placed on said premises.

19. Rights Cumulative. The various rights, power, options, elections and remedies of either party, provided in this lease, shall be construed as cumulative and no one of them as exclusive of the others, or exclusive of any rights, remedies, priorities, allowed either party by law, and shall in no way affect or impair the right of either party to pursue any other equitable or legal remedy to which either party may be entitled as long as any default remains in any way remedied, unsatisfied or undischarged.

20. Changed to be in Writing. None of the covenants, provisions, terms or conditions of this lease to be kept or performed by Landlord or Tenant shall be in any manner modified, waived or abandoned, except by a written instrument duly signed by the parties and delivered to the Landlord and Tenant. This lease contains the whole agreement of the parties.

21. Construction. Words and phrases herein including acknowledgement hereof shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender according to the context.

IN WITNESS WHEREOF, the parties hereto have duly executed this lease in duplicate the day and year first above written.

CITY OF GRINNELL, IOWA - Landlord

Date

Dan F. Agnew, Mayor

Date

Annmarie Wingerter, City Clerk

GRINNELL HOUSING AUTHORITY - Tenant

Date

Susan Hiner

RESOLUTION NO. 2020-66

A RESOLUTION ADOPTING THE AMENDED CITY OF GRINNELL
PERSONNEL POLICY MANUAL

WHEREAS, the city of Grinnell, Iowa has prepared an amendment for the Personnel Policy Manual specifically cleaning up Human Resources requirements to reflect policies enforced; and

WHEREAS, all employees are city employees and shall governed by the City Personnel Policy Manual; and

NOW, THEREFORE BE IT RESOLVED by the City Council of the city of Grinnell that the city of Grinnell Personnel Manual shall become effective April 20, 2020 as amended.

PASSED AND APPROVED this 20th day of April 2020.

DAN F. AGNEW, MAYOR

ATTEST:

ANNMARIE WINGERTER, CITY CLERK/FINANCE DIRECTOR

4/20/20 Personnel Policy Changes

Housing stipend – added note that the benefit will not be prorated.

FMLA – change from any 12 month period to any rolling 12 month period.



CITY OF GRINNELL

PERSONNEL POLICY MANUAL

Amended March 4, 2019 - Resolution No. 2019-20
Amended August 5, 2019 – Resolution No. 2019-72
Amended September 3, 2019 – Resolution No. 2019-85

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PERSONNEL POLICY MANUAL

INTRODUCTION

A. PURPOSE AND INTENT

The city of Grinnell's Personnel Policy Manual describes the official policies and procedures guiding the city's actions with regard to personnel matters. It is intended to guide and direct staffing and personnel management under routine situations. By providing clear policy and procedures, the manual will contribute to a professional working environment in which roles and responsibilities are understood and accepted. This manual is not a contract, nor does it form the basis for a contract of employment. Employees of Grinnell are considered employees-at-will, unless they are covered by civil service laws of the Iowa State Code. These policies may be changed by the City as it desires, with or without notice to the employees.

SECTION 1. RESPONSIBILITY FOR ADMINISTRATION:

A. **CITY MANAGER:** It is the City Manager's responsibility to carry out the City Personnel Program including administration of the position Classification and Pay Plans. The City Manager may assign other City employees to assist in the administration of regulation. The City Manager is authorized and directed to administer the provisions of this manual and shall have the responsibility to establish detailed procedures he/she deems necessary to further explain or clarify the provisions contained herein. Employees covered by this manual shall be subject to applicable administrative policies, work rules and other regulations established by the City Council, Supervisor or City Manager.

The provisions of this policy shall not be construed as limiting in any way the power and authority of a department manager to establish departmental rules and regulations governing the conduct and performance of employees under his or her supervision. Such departmental rules and regulations shall not be in conflict with the provisions of this manual.

B. **EMPLOYEES COVERED:** It is the policy of the City to extend equal employment opportunities to all employees and applicants for employment. Positions in the City shall be open to all applicants who meet the qualifications established for the position for which the application is made. The provisions of this policy shall be applied equally to all regular full-time and part-time employees without discrimination as to mental or physical ability, age, sex, marital status, race, color, religion, national origin or political affiliation, unless otherwise set forth in this policy. Complaints involved in allegations of discrimination shall not be a proper subject for the grievance procedure set forth in this policy or the appeal procedure set forth in Chapter 400, Code of Iowa.

C. **CIVIL SERVICE:** If applicable, Civil Service Commission will hear all appeals from disciplinary action against employees covered under Chapter 400, Civil Service (Iowa Code).

D. CITY COUNCIL: The City Council shall annually establish the rate of pay for all positions in the City. The City Council shall establish rates of pay for unclassified employees directly appointed by them (such as City Manager, City Attorney, City Clerk) on an annual basis.

E. LIBRARY:

The Library Director acts as an agent of the Library Board of Trustees to administer the personnel policy regarding persons employed at the library. Where appropriate, "Library Director" replaces "City Manager" language in the Manual.

1. The Library Board of Trustees employs a Library Director and by a two-thirds vote may remove the Director.
2. The Library Board of Trustees authorizes the Library Director to employ such assistants and employees as may be necessary for the proper management of the Library. The City Manager, or his/her designee, shall be notified in the event of pending employee disciplinary action or termination.
3. The Director shall maintain personnel records for each employee, including dates of employment and compensation. The Director shall be responsible for conducting employee evaluations annually. The Library Board of Trustees shall evaluate the Director annually and the results will be discussed at a regular Trustee meeting. The City of Grinnell shall be notified of changes to dates of employment and compensation of employees and shall be notified of any changes affecting the classification plan approved by the City Council.
4. The work schedule for library employees is determined by the Library Director or his/her designee.

SECTION 2. POSITION CLASSIFICATION PLAN:

The classification plan provides an inventory and description of all positions in the City.

No city employee shall be classified nor paid at a salary rate, which is not established and recognized in the city's classification and pay plan. All classifications shall be established by the City Manager and approved by the City Council.

A. DEFINITIONS:

- a. A position shall be defined as a unit of duties and responsibilities to be carried out by one employee, normally on a full-work-year basis.
- b. A classification shall be defined as the title given to all city positions having the same general type of work with relatively the same duties and level of responsibility.

B. ESTABLISHMENT OF NEW POSITIONS: Department Supervisor shall complete a position description covering duties and responsibilities of proposed positions. The proposal shall be submitted to the City Manager for review. The City Manager, after studying duties and responsibilities of the proposed position according to the description submitted or by field audit will determine if the position is appropriate and will then assign position to proper class.

C. ALLOCATION APPEALS: If an employee has facts which indicate their position is improperly classified, the employee may request a review by their supervisor. If the employee is unsatisfied with the supervisors answer, the employee may request the City Manager's review. Any review request shall be submitted in writing and contain a statement of justification. A written notice of classification determination will be sent to current incumbent within 10 days after final determination. The final determination will not be subject to appeal.

D. FORMS OF CLASSIFICATION DETERMINATIONS:

1. NO CHANGE is when it is determined position is correctly classified.
2. A LATERAL RECLASSIFICATION is when it is determined a position should be reclassified to a classification having the same maximum salary.
3. AN UPWARD RECLASSIFICATION is when it is determined a position should be reclassified to a classification having a higher maximum salary.
4. A DOWNWARD RECLASSIFICATION is when it is determined a position should be reclassified to a classification having a lower maximum salary.

Incumbents in positions reclassified downward who remain in that position, shall be reduced to the lower classification immediately, but shall remain at their present salary rate, receiving no further upward salary adjustment until such time as the maximum salary for the new classification of the position equals or exceeds their salary on the date of the downward reclassification determination.

E. MAINTENANCE OF PLAN:

1. Each time a vacancy occurs, the City Manager shall review the allocation of the position. This analysis may be waived in cases where changes in the duties and responsibilities of a position have been unlikely.
2. Each time a department or division is reorganized; preliminary position descriptions for all affected employees shall be submitted by the Department Supervisor to the City Manager for approval.
3. The City Manager may require any department or employees to submit position descriptions on a periodic basis, or any time they have reason to believe there has been a change in duties and responsibilities of one or more positions.
4. Each time a new class is established; a class specification shall be written and

incorporated in the existing plan. Class title shall be added to the schematic list of titles. Likewise, an abolished class shall be deleted from the position classification plan by removing class specification and eliminating class title from the schematic list of titles.

5. The City Manager shall take necessary steps to keep the position classification plan in current status on a continuing basis, making use of the above procedures and any others they deem necessary.

F. INTERPRETATION OF CLASS SPECIFICATIONS: Class specifications are descriptive and not restrictive. They are intended to generally indicate kinds of activities performed by established classifications.

G. EMPLOYEES ACCESS TO PLAN: All regular employees will have access to a copy of the Employee Personnel Manual. Employees shall have access to the classification plan, pay plan, and personnel procedures provided these documents are inspected on the employees own time.

SECTION 3. PAY PLAN:

The City Manager shall be responsible for presenting to the City Council a pay plan which shall consist of rates of pay for each classification as may be determined. Amendments to the pay plan may be recommended by the City Manager when changes in responsibility or work of classes, living costs, recruiting experience, prevailing rates of pay, City's financial condition and policies, or other pertinent conditions warrant such action. The City Manager shall submit such recommendations to the Council for their consideration and approval.

All employees in classified service shall be compensated in accordance with rates set forth of the salary grade to which positions of their class are assigned. Those employed in unclassified positions shall be paid at a rate established by the City Council for its appointees, and by City Manager for other employees.

A. DEFINITION OF THE PAY PLAN:

- a. **PAY SCHEDULES.** The pay of regular City employees shall be on the basis of appropriate established schedules of salaries for their respective classifications. An allocated salary rate may consist of an entrance rate, intermediate rates, and a maximum rate or flat rate depending on the nature of the needs of the classification. Salary rates prescribed are based on full time employment at normal working hours for respective position classes. Salaries of supervisory, professional and administrative positions are fixed according to responsibilities to be fulfilled and are not based on a field number of hours of work per week and shall not be adjusted with variations in work schedules. All regular full time classified employees shall be paid salaries prescribed in the pay plan for their respective job classifications unless a variance is determined and approved.

b. SPECIAL SALARY PROVISIONS.

1. **RATE ADJUSTMENT AND HIGHER LEVEL ASSIGNMENTS.** In any case where an employee is temporarily assigned in another position or positions to serve longer than 30 consecutive days, such employee shall receive a rate of pay commensurate with the employee's qualifications and experience, subject to the approval of the City Manager, but in no event shall the employee receive a rate of pay less than he/she currently receives.

An employee who voluntarily takes a position with a lower class grade or rate of pay immediately assumes the pay scale of the lower classification.

2. **MERIT PAY.** An employee who exhibits exceptional ability may be given a merit pay raise over and above the highest rate shown for their classification. Such an increase in salary must be recommended by the City Manager and approved by the City Council.

B. ADMINISTRATION OF PAY PLAN:

- a. **NEW APPOINTEES.** Generally new employees shall be paid minimum rate of pay for the class, i.e., rate paid for a new employee meeting the minimum qualifications. Exceptions may be granted upon prior written approval of the City Manager in the following cases:
 1. If it becomes necessary to appoint a new employee whose qualifications are less than the minimum qualifications established/expected for the position, the employee may be required to start below the minimum rate of the class or at a lower classification.
 2. If a new employee exceeds the minimum qualifications of the position, the employee may be appointed above the minimum salary rate.
- b. **PROMOTION.** When an employee is promoted to a position in a higher class, the employee's salary may be increased to the minimum rate for the higher class. In the case of overlapping ranges, the promoted employee shall be increased to the step immediately above the employee's present salary. Employees promoted or transferred will automatically commence a new trial period for the new position.
- c. **PAY SCHEDULE.** Pay schedule will be approved by the City Council and placed on file at City Hall. Non-salaried employees will be paid twice per month on the 15th and 31st or the last business day of the month.
- d. **LONGEVITY PAY:** Longevity pay will be paid to regular full time employees as set out hereafter. Longevity pay will be based on years of seniority.

Longevity pay for employees will be \$.07 per hour for each 5 years of service as shown in the following schedule:

Rate per Hour:	After years of continuous service
\$.07	5
\$.14	10
\$.21	15
\$.28	20
\$.35	25
\$.42	30
\$.49	35
\$.56	40 or more

e. **OVERTIME PAY:**

1. Exempt employees will not receive overtime pay for hours worked in excess of 40 hours per work week. Exempt employees are required to be on the job until the work is completed. Hours worked in excess of 40 hours per week are non-accumulative and shall be considered a part of the regular work week.
2. Nonexempt employees, except as set forth below, will be paid 1.5 times their normal hourly rate for hours worked in excess of 40 hours per work week. All overtime must be assigned or approved by the Supervisor prior to working overtime.

The City departments, except Police and Fire, work week is 12 midnight Monday morning to 11:59 P.M. Sunday. Any time worked in excess of 40 hours during this work week shall be paid 1.5 times the employee's normal hourly rate. Normal hourly rate includes base wage, longevity and merit pay. Only hours actually worked will count as hours worked for the purpose of calculating overtime.

For Grinnell Fire Department the work period is 28 days beginning at 07:00 A.M. Monday morning through 6:59 A.M. Monday for a total of 212 hours worked per 28 day schedule. Nonexempt Fire Department employees are paid 1.5 times their normal hourly rate for hours worked in excess of 212 hours per 28 day schedule. Grinnell Fire Chief will schedule time off each cycle to avoid an employee from being scheduled more than 212 hours in the 28 day cycle. This will be referred to as Kelly Time.

For Grinnell Police Department the work period is 14 days beginning at 12 midnight Monday morning to 11:59 P.M. Sunday for a total of 84 hours worked (See current Police Collective Bargaining Agreement for details).

Compensatory time for nonexempt employees must be taken within the work period in which it was earned. If not taken during the work period earned, overtime will be paid under conditions outlined in this section.

The Public Services Department, Water Department and Wastewater Department employees (formerly covered by the PPME Union) are able to accumulate comp time in lieu of payment up to a maximum of 40 hours.

3. OVERTIME FOR HOLIDAYS.

If an employee is required or assigned by their supervisor to work on a holiday, he/she will be entitled to a corresponding day off at regular pay, but shall receive 1.5 times their regular rate of pay for the hours worked on the holiday. Holidays do not include birthday or personal day. When a holiday occurs on a Saturday or Sunday the actual paid holiday is Friday or Monday and not the actual holiday. When a person must work the paid holiday of Friday or Monday, they are paid one and one half their normal rate plus additional hours off commensurate with the hours worked on the holiday, up to a maximum of eight hours. If a person works Saturday or Sunday, the employee will be paid the applicable rate of pay as appropriate.

For all shift personnel, the actual day of the holiday is the holiday for purposes of computing pay.

SECTION 4. BENEFITS, VACATION, HOLIDAYS, TUITION, AND LEAVE OF ABSENCE:

A. MEDICAL INSURANCE.

The City will pay the cost of medical insurance for individual full time employees under a group medical insurance plan. The plan will be selected by action of the City Council. Employees will be notified at least 10 working days prior to any change in insurance company or insurance coverage.

Employees shall have the option of insuring under this same plan their family or dependents and, if option is exercised, the City shall pay (70%) seventy percent towards the increased premium required by family coverage. The City shall deduct from employees monthly wages any balance over and above 70% per month contributed by the City towards family coverage.

If an employee retires from the City of Grinnell and provides a 30 day notice to the City of Grinnell, the provisions of Section 4 G[c] are applicable. The employee shall also have the option of using the equivalent amount of sick leave pay as described in Section 4 G[c] to pay for continuing health insurance premiums if said employee is eligible for said insurance under COBRA continuation coverage, or until age 65 as set out in the Iowa Code Chapter 509A.13. The City shall not be required to pay for health insurance premiums except as required under COBRA or Chapter 509A.13 of the Iowa Code. If the employee dies or reaches the age of 65 before the full amount in the fund has been used for medical insurance premiums, the balance of the fund shall revert to a beneficiary as designated by the employee. Medical insurance payments shall be issued only to the company that is selected by the City of Grinnell as the Employer's Plan and shall be determined to be the same option (individual or family) as held by the employee on the date of termination of service.

B. LIFE INSURANCE.

The City will provide a term life insurance policy with a death benefit of \$20,000 for individual full-time employees under a group life insurance plan as approved by the City Council. Employees will be notified at least 10 working days prior to any change in insurance company or insurance coverage.

C. UNIFORMS.

The City will issue an initial uniform and equipment to newly hired full-time employees who are required to wear uniforms after 90 days of employment. The style and type of uniform issued will be determined by the City. Employees are allowed a yearly amount for replacement of uniforms as established by the City. If the cost to replace the uniform exceeds the annual amount established by the City, the employee will be responsible for the additional.

A clean uniform, in good repair, must be worn during working hours.

Shorts of a style approved by the City may be worn at the discretion of the Supervisor, as weather dictates.

D. SAFETY EQUIPMENT

Employer required to provide safety equipment needed.

If an employee is required to wear safety shoes, they receive a reimbursement up to \$100.00 per fiscal year.

E. RESIDENCE – HOUSING STIPEND

Effective January 1, 2019, a full-time employee will be entitled to a \$2,000.00 housing stipend provided the employee both owns and resides at a residence within the corporate city limits of Grinnell. ~~The All~~ employees must own ~~or~~ and reside within the city limits for an entire calendar year in order to receive the stipend. There will not be any prorating of the benefit. To receive the stipend, the employee must present satisfactory proof of ownership and residency.

F. VACATIONS.

All regular full-time and part-time employees working the requisite minimum hours of work shall be granted vacation with pay as set forth in this section. (For definition of regular part-time and regular full-time employees see Section 5). If a change is made in employee's hourly work week, the Payroll Clerk will make the respective change in vacation hours earned only after proper documentation is received on forms authorized by the City.

a. VACATION TIME ALLOWED.

Vacation time for full-time shall be based on the following service requirements:

<u>Continuous Service Requirement</u>	<u>Vacation Time</u>
After one calendar year	80 hrs.
After seven consecutive calendar years	120 hrs.
After fifteen consecutive calendar years	160 hrs.
After twenty-five consecutive calendar years	200 hrs.

A vacation day shall be considered to be the number of hours an employee would normally work during a normal workday for part-time employees.

For Grinnell Fire Department Personnel assigned to 24 hour shifts vacations shall be as follows:

<u>Continuous Service Requirement</u>	<u>Vacation Time</u>
After one calendar year	106 hours
After seven consecutive calendar years	159 hours
After fifteen consecutive calendar years	212 hours
After twenty-five consecutive calendar years	265 hours

b. VACATION - WHEN TO BE TAKEN.

Vacation must be taken within the year for which it was earned. Vacation not used within one year may be forfeited unless the employee has been denied vacation time because of departmental emergency or convenience.

c. VACATION - WHEN ALLOWED, SCHEDULING AND PREFERENCE.

Vacation shall be scheduled as far in advance as possible. Scheduling of vacation will be set by departmental rule. In the event more employees than allowable wish to schedule vacation during the same time period, those with the most seniority shall have the preference. Vacation days shall not be taken in increments of less than one hour.

d. RESIGNATION FROM CITY.

All employees shall give thirty (30) days written notice prior to leaving City employment in order to be eligible for payout of any accrued vacation time. Failure to give such notice will forfeit all vacation earned. An employee shall use no more than one week of vacation or leave during their notice period. Accrued vacation time and floating holidays shall not be used to extend an employee's last day of employment or benefits. An employee's last day shall be their last actual work day.

All other benefit accruals that are eligible to be paid out will be paid to the employee in his/her final pay check.

e. LOSS OF VACATION.

Any employee who is discharged because of unsatisfactory work or disciplinary reasons shall forfeit all accrued vacation.

f. HOLIDAYS.

GENERAL. Employees shall receive the following designated holidays:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Eve (4 hours)
Day After Thanksgiving	New Year's Eve Day (4 hours)
Christmas Day	Employee's Birthday
Three Personal Days (24)	

**PUBLIC SERVICES, WATER, AND WASTEWATER DEPARTMENT
HOLIDAYS** (all employees formerly covered by PPME contract):

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Eve (4 hours)
Christmas Day	New Year's Eve Day (4 hours)
Four Personal Days (32)	Employee's Birthday

LIBRARY HOLIDAYS:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Eve Day
Christmas Day	Five Personal Days

Birthday holiday must be used within 30 days of the employee's actual birthday. If the employee does not take it within the 30 days he/she will lose the birthday holiday. Overtime does not apply to birthday holiday or personal days.

Employees who are hired before July first of any year shall be granted personal days as follows:

9 months before end of Fiscal Year = 3 days
6 months before end of Fiscal Year = 2 days
3 months before end of Fiscal Year = 1 day
Less than 3 months before end of Fiscal Year = 0 days

Grinnell Fire Department Personnel on 24 hour shifts who are hired before July first of any year shall be granted personal days as follows:

- 9 months before end of Fiscal Year = 24 hours
- 6 months before end of Fiscal Year = 16 hours
- 3 months before end of Fiscal Year = 8 hours
- Less than 3 months before end of Fiscal Year = 0 hours

Library employees who are hired before July first of any year shall be granted personal days as follows:

- 9 months before end of fiscal year= 5 days
- 6 months before end of fiscal year= 3 days
- 3 months before end of fiscal year= 1 day
- Less than 3 months before end of fiscal year= 0 days

When any of the named holidays occurs on a Sunday, the leave shall be granted on the following Monday; and if any of the named holidays falls on a Saturday, the leave shall be granted on the preceding Friday. Holiday allowance will not be paid when an employee is absent on either scheduled work day immediately preceding or following the holiday, unless such absences are excused.

If the holiday falls on a day the employee is on vacation leave, the day will count as a holiday, not a vacation day.

EXCEPTIONS: It is recognized that because of the constant nature of the work involved with fire fighters and police sergeants, that the employee's shift schedule cannot be modified or shortened to insure each employee can take off every holiday that occurs during the year. In consideration of the foregoing, all of the fire fighters and police sergeants shall be entitled to twelve (12) extra day's leave of absence at their regular rate of pay.

If required to work on a holiday itself, the listed fire fighter employee shall be paid at one and one-half (1 ½) times the regular rate of pay for a holiday worked.

F. SICK LEAVE.

As used in this section, a "regular employee" is a full-time or permanent part-time employee who has completed a trial period.

- a. **GENERAL.** A regular employee of the City shall begin accruing sick leave upon completion of three (3) months at the rate of one day [eight (8) hours for 24-hour shift firefighters] at the end of each succeeding month, with no limits on accumulation of number of sick leave days. New hire firefighters on 24 hour shifts will receive their first year of sick leave up front, they will not accumulate any more until the second year.

Sick leave may be used for medical exams and consultations with physicians.

When an employee cannot report for work, they or some responsible member of their family must notify the employee's department head immediately. Failure to do so may be cause for denial of sick leave pay. Each department will determine the length of time prior to reporting for work that an employee must notify their supervisor. The employee may be required to furnish proof of sickness from the employee's physician or a physician chosen by the City.

Policy on Family and Medical Leave

1. An unpaid leave of absence will be granted to employees if requested for the following reasons:
 - A. Because of the birth of a son or daughter of the employee and in order to care for such son or daughter.
 - B. Because of the placement of a son or daughter with the employee for adoption or foster care.
 - C. In order to care for the spouse, person you hold yourself married to, son or daughter or parent of the employee if such has a serious health condition.
 - D. A serious health condition that makes the employee unable to perform the employee's job.
 - E. To serve as a military caregiver or to handle qualifying exigencies as permitted and defined under FMLA.

Prior to leave being granted for one of the above reasons, a Request for Personal Medical Leave form must be completed and the City must determine that the request meets the qualifications of the Family Medical Leave Act of 1993. Definitions to determine if an employee is eligible for leave, will be definitions as stated in the Federal Register § 825.113.

The City of Grinnell may, at the City's expense, require the employee to obtain the opinion of a second health care provider chosen by the City. If the two health care providers disagree about any of the information in the certification, the parties may mutually select a third medical provider at the employer's expense. The decision of the third provider shall be final and binding.

This unpaid leave of absence will be provided (if all conditions are met) for up to 12 weeks during any twelve (12) rolling month period, only to eligible employees who have an been employed for at least twelve (12) months by the City and ~~has~~ have worked at least one thousand, two hundred fifty (1,250) hours for the City during the previous twelve (12) month period. The maximum 12 week period is determined to be 60 work days. The work day is determined by the average regular hours worked per day by the employee in the preceding twelve month period.

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- b. **SICK LEAVE FOR FAMILY.** In case of serious illness, injury or disability to a member of an employee's immediate family (spouse, person they may hold themselves as married to, child, stepchild or parent), residing at the employee's home, or minor

aged children or stepchildren, a regular employee may be granted leave with approval of the City Manager, chargeable against the employee's regular sick leave, not to exceed three (3) days in any one (1) calendar year.

- c. **UNUSED SICK LEAVE AT TERMINATION OF EMPLOYMENT.** If an employee of the City terminates employment by giving proper thirty (30) day written notice or by retirement after a thirty (30) day written notice; and such employee has accumulated unused sick leave in any amount up to ninety (90) days, such employee shall be paid in a lump sum or by monthly payments, at the City's option, for unused sick leave. Rate of pay for unused sick leave will be 50% the regular rate of pay the employee is receiving at the time of termination.

An employee shall have the option of using the equivalent amount of sick leave pay, as described, to pay for continuing health insurance premiums if said employee retires and is eligible for said insurance under COBRA continuation coverage, or until age 65 as set out in the Iowa Code Chapter 509A.13. The city shall not be required to pay for health insurance premiums beyond the time provided under COBRA or Chapter 509A.13 of the Iowa Code. If the employee dies or reaches the age of 65 before the full amount in the fund has been used for medical insurance premiums, the balance of the fund shall revert to the employee or a beneficiary as designated by the employee. Medical insurance payments shall be issued only to the company that is selected by the City of Grinnell as the Employer's Plan and shall be determined to be the same option (individual or family) as held by the employee on the date of termination of service.

G. **MATERNITY LEAVE:** Sick leave may be used for maternity leave.

H. **FUNERALS:** Employees may be allowed time off with pay for funerals according to the following schedule:

- up to five (5) days due to death of employee's spouse, or person they hold themselves married to; or their children;
- up to three (3) days due to the death of employee's. their spouse's, or person they hold themselves married to's, grandparents, parents, grandchildren, brothers or sisters, and step-children or step-parents;
- up to one (1) day to attend a funeral of a close relative (limited to aunt, uncle, niece, nephew or first cousin);
- up to one-half (1/2) day to participate in a funeral service (casket bearer), for funerals held within the County 30 miles of the Public Safety Building and one (1) day for funerals outside of the 30 miles of the Public Safety Building.
- up to two (2) hours to attend other funerals which employee feels a need to attend.

For firefighters assigned to the 24 hour schedule may be allowed time off with pay for funerals according to the following schedule:

- up to three (3) shifts due to death of employee's spouse, or person they hold themselves married to; or their children;
- up to two (2) shifts due to the death of the employee's, their spouse's or person they hold themselves married to's grandparents, parents, grandchildren, brothers or sisters,

- or step-children or step-parents;
- up to one (1) shift to attend a funeral of a close relative (limited to aunt, uncle, or cousin);
- up to four (4) hours to participate in a funeral service (casket barrier), for funerals held within 30 miles of the Public Safety Building and eight (8) hours for funerals held outside of the 30 miles of Public Safety Building;
- up to two (2) hours to attend other funerals which employee feels a need to attend.

To be eligible for paid funeral leave, the employee must attend the funeral. The employee shall attach a "memorial program" to the daily time ticket of the day where leave was taken showing participation in the funeral service.

Arrangements should be made in advance with your department head. You must state relationship or reason absent on absence card. Abuse of the above privileges shall be cause for dismissal. In order to receive funeral leave with pay benefits, the employee must actually attend the funeral. In addition, if a funeral occurs on a day when the employee is not assigned or scheduled to work, no funeral leave with pay benefits are awarded for that day or those days.

In cases where an employee is absent from the job due to vacation or Family Medical Leave, and funeral leave for a family member is requested, the employee may adjust the leave to show that funeral leave was taken. The Memorial Program shall be submitted to the Supervisor and the adjustment will be made to the employee's vacation leave or (to the appropriate leave if Federal Family Medical Leave is listed as the reason for the employee to be away from the job.) An employee that is on unpaid leave shall not be eligible for paid funeral leave.

"Family Member" is defined as: spouse, person the employee holds themselves as married to, parent, child, sister, brother, grandparent, grandchild. Vacation or FML leave will only be adjusted for the above "family member".

- I. **JURY DUTY:** Any full time employee who is selected for jury duty shall receive a paid leave of absence for the time they spend on such duty. The employee may be required to either return to the City the amount of jury duty pay, or they may receive from the City only the difference between their regular pay and their jury duty compensation.
- J. **MILITARY DUTY:** City employees will be allowed time off with pay as provided by state or federal law. The city shall comply with the statute granting leave of absence for military leave in accordance with the provisions of Section 29A.28, the Code of Iowa, as the same may be amended from time-to-time. Any employee, when ordered by proper authority to active state or federal service, is entitled to a leave of absence from the city for the period of such active state or federal service, without loss of status or efficiency rating.
- K. **TUITION BENEFIT:** The City recognizes that some positions would be better enhanced and be of greater benefit to the City if additional advanced education was provided. The policy for financial assistance for academic training sets forth the conditions and procedures whereby regular full-time employees who have enhanced their value to the city through academic instruction may receive reimbursement from the city for a portion of

their educational expense.

To qualify under this policy, the course or courses shall meet the two following criteria:

- a. Relate directly to the employee's current job duties: or if the employee is seeking a degree or certificate directly related to his/her current job or job within the city to which he/she is reasonably likely to be promoted. To qualify, electives must be preceded by significant work in core courses.
- b. Accrue credit toward a high school diploma or equivalency certificate, or toward an associate or bachelor's degree at an accredited institution. It is not necessary that an employee intend to pursue the entire course of studies leading to the certificate or degree.
- c. All classes where an employee intends to request reimbursement must be approved by the City Manager prior to enrollment.

The City will reimburse tuition cost to a cap of present tuition cost at the University of Iowa.

The City will reimburse at the following rate for classes:

Schedule of classes must not interfere with regular work schedule and mileage and other expenses would be paid by the employee. Book expenses would be reimbursed at 50% for "A" or "B" grades and no reimbursement for grades less than "B".

Tuition reimbursement is as follows:

For classes pertaining directly to the job and approved by the City Manager prior to any request for payment:

65% for "A" grade
55% for "B" grade
No payment for "C" grade or less or incomplete.

For classes needed for a job related degree, but not job related course work:

50% for "A" grade
40% for "B" grade
No payment for "C" grade or less or incomplete.

- L. **FLEXIBLE BENEFIT PLAN.** All regular full-time employees not eligible for coverage as provided by a bargaining union contract may participate in the Flexible Benefit Plan established by the City. The contributions to the plan will be made 100% by the employee and will be deducted pre-tax or non-pre-tax as the programs regulate in equal installments from the employee paycheck. Employees are not eligible for reimbursement of unused flex dollars.

As part of the Flexible Benefit Plan the city may offer several other voluntary programs for

consideration by the employees at the employee cost. Programs will be determined by the employer.

- M. **457 RETIREMENT PLAN.** All employees, not covered by a bargaining union contract, may participate in the 457 Retirement Plan. The contributions to the plan will be made 100% by the employee and will be deducted pre-tax, as the program regulates, in equal installments from the employee's paycheck.

SECTION 5. GENERAL EMPLOYMENT POLICIES:

- A. **POLICY:** It shall be the policy of the City of Grinnell to fill each position in the City with the best available qualified person in accordance with state and federal law.
- B. **NOTIFICATION OF POSITION VACANCIES:** All regular job openings, including part time, except emergency vacancies, shall be posted in the same manner as the City Council Agenda. A copy of all job postings shall be given to the respective Department Superintendent. Job postings shall be posted for at least five working days before being permanently filled, but job duties may be assigned in the interim to other employees to maintain a continuity of operations and services.

In the event of a job opening, the position will be filled by the most qualified person.

C. LAY-OFF:

An employee may be laid off due to lack of work, efficiency of operations, lack of funding or other factors deemed relevant by the City.

- a. **LIMITATIONS TO DEPARTMENTS INVOLVED AND ORDER OF LAY-OFF.** In the event of layoff, such reductions in force shall be limited to the department involved and shall be made in the following order. The order within each designated category shall be determined by the department superintendent's evaluation of the employee's relative value toward coping with remaining work load of the department, giving consideration to classification and length and quality of City and departmental service:
1. Volunteers for lay-off.
 2. Temporary part time employees.
 3. Temporary full-time employees.
 4. Regular part-time employees who have completed a trial period.
 5. Full-time employees serving a trial period.
 6. Regular full-time employees.
 7. There are times when hiring a part-time employee may be necessary to reduce costs associated with full-time/benefits.

Employees who have been promoted, but who are serving a promotional trial period at the time of such reduction in force, shall be considered as holding a position in the highest classification in which they have completed the probationary period.

- b. **NOTICE TO EMPLOYEES:** Employees to be laid off will be given reasonable notice given the nature of the layoff and the necessity to reduce the work force.
 - c. **CALL-BACK:** Employees shall be returned to work in the reverse order in which they were laid off (last out/first in).
- D. **SUPPLEMENTAL EMPLOYMENT:** An employee working in any position in addition to their full-time position with the City must notify department head or City Manager of outside employment. Outside employment shall be subject to the following conditions:
- 1. It must not interfere with the employee's effectiveness in performing their duties for the City.
 - 2. It must not leave the employee tired or subject to injury.
 - 3. It shall not be a conflict of interest with the City employment or interfere with response to any City emergency calls.
 - 4. It must not cause adverse publicity to the City employee or the employer.
- E. **SENIORITY AND IMPACT OF SENIORITY:** Seniority is defined as the length of continuous service with the City since the most recent date of hire to a full-time regular position. Seniority shall begin on the day of employment, but shall not apply until the probationary period has been completed.
- a. **TERMINATION OF SENIORITY AND EMPLOYMENT:** Employee's employment with the City shall cease and his/her seniority canceled if:
 - 1. The employee resigns.
 - 2. The employee is discharged.
 - 3. The employee is absent from work for three days without notifying the employer.
 - 4. If the employee fails to give two weeks notification of intent to return to work at the expiration of a leave of absence, or if employee does not request and receive a written extension of leave of absence. (This shall not be interpreted to allow a grace period of three days after leave of absence.)
 - 5. The employee gives a false reason for a leave of absence.
 - b. **ACCRUE SENIORITY:** An employee shall accrue seniority while absent because of injuries covered by the Workman's Compensation Act.
 - c. **EFFECT OF SENIORITY:** Upon successful completion of a trial period, the employee gains a seniority date in the employee's classification allowing employee:
 - 1. **REASSIGNMENT, TRANSFER, PROMOTION:** Additional consideration for job reassignments, transfers, promotions.
 - 2. **VACATION AND LEAVE:** Primary consideration in scheduling vacations and/or other leaves.
 - 3. **LAY-OFF AND RECALL:** Additional consideration in case of a lay-off situation, and prime consideration for recall to work.

F. **TRIAL PERIOD:** Each employee shall serve a trial period of 12 months. Upon completion of a trial period, the employee will be entitled to all rights and privileges granted all other comparably situated employees and their term of employment will start as of their employment date.

G. **EMPLOYMENT OF RELATIVES:** It is the general policy of the City to avoid hiring relatives of present employees. No person shall be employed, promoted, or transferred to a department of the City or to a division, when as a result they would be working in the same place or in contact with a relative or would be supervising or receiving supervision from a relative as defined below.

Relatives, for the purpose of this section, are defined as the employee's spouse, person they hold yourselves married to, children, mother, father, mother-in-law, father-in-law, brother, sister, brother-in-law, sister-in-law, grandparents, grandchildren, uncles, aunts, nieces, nephews, and first cousins.

Persons who are employed by the City at the date of adoption of this policy are to be considered exempt from this policy so long as they remain in the continuous employment of the City or if a seasonal employee so long as they return to the same employment next season. Any exception to this policy can be granted by the City Manager and will be done so in writing and placed in the appropriate personnel files.

H. **REGULAR PART-TIME EMPLOYEES:** A regular part-time employee is one who is regularly scheduled to work less than 2,080 hours per year and more than 1,040 hours per year. Regular part-time employees are only eligible for sick leave, vacation and holiday benefits on a prorated basis. They are subject to the same work rules governing full-time employees.

I. **TEMPORARY EMPLOYEES:** A temporary employee is one who is hired in a temporary capacity to perform seasonal work or to assist in a special or temporary project. A temporary employee may be scheduled to work any number of hours up to four months. After four months the City Manager will review the position to determine if it should be a regular position or eliminated.

A temporary employee will not be eligible for sick leave, vacation, holiday benefits, insurance, or any other fringe benefits normally associated with regular employees.

Temporary employees shall be employed at hourly rates established and approved by the City Manager. Employees may be advanced in pay, based upon satisfactory service, to higher salary rates established by the City Manager and consistent with established pay ranges.

J. **REGULAR FULL-TIME EMPLOYEES:** A regular full-time employee is one who is scheduled to work a minimum of 2,080 hours per year. They can be paid an hourly or a monthly wage. Full-time employees are eligible for all benefits.

K. **DEMOTIONS AND DOWNWARD RE-CLASSIFICATIONS:** When an employee is demoted to a lower class position, the employee shall be paid at a rate which is within the approved range for the lower level position. If an employee demotes to a classification

carrying a lower range of pay than the employee is currently earning, the rate of pay shall be at the highest rate of pay for the position.

- L. **PHYSICAL EXAMINATION PRE-REQUISITE TO EMPLOYMENT:** The City will designate a physician to administer employee physicals as the City determines appropriate. These employment physicals directed by the City will be at the City's expense. Temporary and seasonal employees may be administered physicals as deemed necessary by the City.
- M. **BACKGROUND CHECK.** The City may require prospective employees to have a background investigation completed prior to employment.
- N. **RESIDENCY REQUIREMENTS:** Each employee must reside no greater than fifteen (15) miles from the Public Safety Building to the employee's property line within one year from the date of hire. **Amended by Resolution 2015-117 – October 19, 2015.*

The city may require residency as a pre-requisite of employment for key management positions.

- O. **FITNESS FOR DUTY EVALUATION:** An employee may be required to undergo a fitness for duty evaluation if there is a question on whether they are able to perform their duties as outlined in their job description.
- P. **RETIREMENT:** Persons retiring prior to age 65 will receive such benefits as required by State or Federal law. Employees who are covered by the Iowa Public Employees' Retirement System shall be eligible for retirement benefits as established by that system.
- Q. **EMERGENCY CALL:** All City employees are subject to respond to an emergency call when needed. Failure to respond to an emergency call may be cause for disciplinary action, up to and including termination.
- R. **PERMITTANCE OF EMPLOYEE:** During the course of normal business activities it may become necessary for an employee of the City to look for or acquire materials in another employee's unoccupied desk or office. This practice is permitted, and the employee should not expect privacy of personal property kept in the employee's desk or office.
- S. **RETURN OF CITY PROPERTY:** An employee leaving City employment for any reason is responsible for returning any City property which the employee has in his/her possession. Failure to return City property may result in the final check being withheld and subject the employee to all legal remedies available to the City.
- T. **BREAK:** Breaks for employees may be granted as determined by the Supervisor or other controlling agreement.
- U. **USE OF CITY EQUIPMENT:** City employees shall not use City equipment or property for personal purposes.
- V. **OPERATION OF MOTOR VEHICLE:** All employees, whether full-time, part-time, seasonal, or temporary, must be in possession of an appropriate driver's license and must

be insurable as set by the standards of the City's insurance carrier. Individuals determined not to be insurable by the City's insurance carrier may not be considered for continued employment if their duties require operation of a motor vehicle or equipment. Smoking is prohibited in city-owned vehicles.

W. USE OF TOBACCO, NICOTINE PRODUCTS, AND VAPORIZERS

PROHIBITED. All new hires effective July 20, 2009, shall be prohibited from smoking and the use of tobacco products or electronic smoking devices at any time. Individuals using these products are not eligible for hire in any position with the city. Any employee that violates this policy is subject to termination. Employees may not possess or bring tobacco products or electronic smoking devices onto City property.

All city employees employed prior to July 20, 2009, shall use these products off city property during authorized city breaks only. Use of these products shall not be allowed during any other time of the employees' work day.

SECTION 6. EMPLOYEE CONDUCT AND RELATIONS:

A. MANAGEMENT-EMPLOYEE COOPERATION: Management and employees work toward the same goal. That goal is to bring efficient and economical municipal services to citizens of Grinnell. This can only be achieved by management-employee cooperation.

City Manager and all department supervisors will give due consideration to all employees suggestions concerning methods by which efficiency and economy of municipal services can be improved. The City Manager may set up a system for receipt, acknowledgement, recording, and action on suggestions of employees for improving City services.

B. CHANGE OF ADDRESS: Employees are required to notify the department supervisor promptly of any change of address, telephone number, or change in marital status, so that proper COBRA notification may be given and so that employees may be effectively contacted by telephone or mail.

C. PECUNIARY INTEREST: CONFLICT OF INTEREST: No employee of the City shall have financial interest, direct or indirect, in any contract with the City, or be financially interested directly or indirectly in the sale to the City of land, materials, supplies, or services, except on behalf of the City as an employee. Non-salaried Board and Commission Members are exempt from the provisions in those cases where work is done on a competitive bid basis and the contract is not one involving directly or indirectly the work of the Board or Commission upon which the officer serves.

D. IMPROPER POLITICAL ACTIVITY: No persons holding an office, or employed in City service, except persons duly appointed to City Boards, Commissions, and committees, or persons elected to the City Council, shall:

1. Be provided with a leave of absence without pay subject to Chapter 400 of the Iowa Code.
2. Solicit any monetary contribution to campaign funds or make any monetary contribution to any municipal political campaign or to the campaign of any candidate

for municipal office.

3. Take any active part in a municipal political campaign during work hours.

E. RULES GOVERNING CLAIMS FOR PERSONAL EXPENSE INCURRED IN OFFICIAL CONDUCT OF CITY BUSINESS:

1. Those Eligible for Reimbursement: Council Members, appointed officials, and employees and agents of the City shall be reimbursed for necessary personal expense incurred in conduct of City business in accordance with these rules and regulations. The following definitions shall be in effect:
 - a. Council Members are those individuals elected to the City Council of Grinnell.
 - b. Appointed officials are those individuals appointed to Boards and Commissions, or employees appointed directly by Council.
 - c. Employees are those individuals appointed and listed on the regular payroll of the City.
 - d. Agents of the City are those individuals retained on a fee basis or special appointment to perform valuable acts on behalf of the City. City Council shall designate such agents prior to expense approval.
2. Rules and Regulations. Council Members, appointed officials, and employees and agents claiming expenses shall properly document and receipt, whenever practicable, all actual expenses. The following guidelines shall be followed:
 - a. Prior approval of the City Manager, or the designated representative, is required for all personal expenses inside or outside City limits.
 - b. Eligible expense: mileage, transportation, food, lodging, etc., shall be itemized and claimed on forms provided.
 - c. Personal automobile: when a personal automobile is used for transportation, actual mileage shall be compensated for at the maximum rate allowable by the Internal Revenue Service. Prior approval of the City Manager is required for use of a personal automobile. Private use of public vehicles is forbidden by state law. A City-owned vehicle shall be used when available.

Proof of insurance is required of all employees using their personal vehicle for city business.

Safety belts must be properly worn at all times in both city-owned vehicles and when using privately owned vehicles for city business. Safety belt usage is Iowa law as well as a policy of the City of Grinnell. The only exception to this policy is when the driver and front seat occupants are engaged in work requiring frequent exiting of the vehicle, provided they travel at a speed not exceeding 25 mph. Failure to comply with these rules is a violation of City safety policies, which is cause for disciplinary action, up to and including discharge.

- A. Reporting of Tickets for Moving Violations. All employees who operate a city vehicle, or use their own vehicle on city business, and who receive a moving violation, shall notify the city of such citation. Notification must be made within 5 days after the date that the person receives the citation.

 - d. Public transportation: receipts for public transportation (bus, rail, air) must be provided for reimbursement. Whenever possible, the mode of transportation selected shall be the most economical available to provide necessary connections and to accommodate meeting schedules. Class of such transportation shall be coach or tourist rather than first or business class, unless prior authorization is obtained from the City Manager. Expense for rental of automobiles will not be reimbursed unless prior approval is obtained from the City Manager.

 - e. Meals: Meals will be reimbursed based on actual and reasonable costs. In order to be eligible for reimbursement of meals, the employee must present an **itemized receipt**. The City may use federal General Services Administration (<http://www.gsa.gov/mie>) per diem rates to establish reimbursement rates, but is not required.

 - f. Lodging: Receipts for lodging will be reimbursed for actual cost; however, if a non-work companion is sharing lodging actual expenses shall be reduced for purposes of reimbursement.

 - g. Personal Expense While in a City: travel and expenses incurred relating to official City business, which does not require travel outside the City may be reimbursed.

 - h. Payment for Expenses: expense form statements shall be properly completed and signed by the employee and appropriate department supervisor prior to submission to the City Manager. To receive proper consideration expense request must be received by the City Manager prior to the 25th of the month.
- F. **GIFTS AND GRATITUDES:** No employee shall accept loans, gifts of money or goods, services or other arrangements for personal benefit under any circumstances directly or indirectly involving influence upon the manner in which they perform their work, makes decisions, or otherwise discharges their duties as a city employee.
- G. **VIOLATIONS OF CHAPTER 321, CODE OF IOWA:** Any City employee, while operating a city-owned vehicle, is found in violation of provisions in *Chapter 321, Code of Iowa, Motor Vehicle and Law of the Road* shall be responsible for any penalties assessed for violations, in addition to any further discipline that may be deemed appropriate for the offense.

SECTION 7. SAFETY AND HEALTH.

- A. **LAWS AND FAILURE TO COMPLY:** All employees shall comply with State and Federal laws governing Safety and Health. Failure of any employee to comply shall be cause for disciplinary action, up to and including discharge.

Safety seminars and meetings will be held when appropriate.

SECTION 8. DISCIPLINARY POLICY:

The City expects certain standards of behavior from all of its employees. The standards are intended for the protection and welfare of the City and its citizens. Such standards and work rules are necessary so that the City can conduct its daily business in a consistent and orderly manner. It is not possible to list all forms of behavior that are considered unacceptable in the workplace, but a partial listing of those standards/rules is outlined below. The City will make efforts to uniformly and fairly enforce its rules/standards. Violation of these standards may, at the City's discretion, subject an employee to disciplinary action, including discharge from employment. Keep in mind that an employee may be terminated without prior notice for any reason. The following violations will justify immediate discharge, without warning, advance notice or pay in lieu thereof:

- Willful damage or gross negligence to City property.
- Theft.
- Unauthorized possession of weapons or firearms on City property.
- Drinking, intoxication or possession of drugs or alcoholic beverages while working or while on City property (even off duty).
- Being under the influence of, use of, possession of, sale of or solicitation of narcotics.
- Absence without authorization.
- Tardiness.
- Assaulting or fighting another individual.
- Conviction of a criminal offense.
- Falsification of job application, time sheet or other personal documents.
- Harassment of any type.
- Dishonesty.
- Carelessness in handling City equipment.
- Threats or acts of violence in the workplace.
- Unauthorized use of City materials, equipment or other property.
- Insubordination or lack of cooperation, whether in language or conduct.
- Disruptive activity in the workplace.
- Violation of departmental rules/standards.
- Gambling on City property or while on work time.
- Abusive or improper treatment of a citizen, coworker or other individual in the City or on City payroll.
- Offensive conduct or language while in public or towards the public, City officials or employees, either on or off duty.
- Disregard for safety policies, procedures, reporting requirements or proper use of safety gear, clothing or equipment.
- Causing poor morale or disrespect among coworkers.
- Failure to report to duty when assigned or called.

This list is not an exclusive list of violations justifying discipline or termination. An employee may also be terminated for poor performance, excessive absenteeism or tardiness, insubordination, dishonesty or conduct of a similar nature. While the City may attempt to provide an employee with notice of a problem and may try to work with an employee to correct a problem, it is not required. An employee of the City may be terminated with or without warning and with or without an opportunity to correct the offense or problem leading to the termination.

The City expects all of its employees to show a high degree of personal integrity, both on and off duty. Whether you are on or off duty, your conduct reflects on the City of Grinnell. You are encouraged to observe the highest standards of professionalism and integrity at all times. Should your performance, work habits, overall attitude, conduct or demeanor become unsatisfactory, in the opinion of management, you will be subject to disciplinary action, up to and including discharge. Discipline for employees may be applied in one of the following manners:

1. Oral warning.
2. Written warning.
3. Final written warning, suspension or disciplinary probation.
4. Termination of employment.

The City does not require progressive discipline and may issue discipline as it best sees fit given the conduct and actions of the employee. The City does not offer tenured or guaranteed employment. Either the City or the employee can terminate the employment relationship at any time, with or without notice. While the City may elect to use progressive discipline in certain situations, the City is in no way obligated to do so. Using progressive discipline is at the sole discretion of the City.

SECTION 9. GRIEVANCE PROCEDURE:

A grievance is defined as a dispute or disagreement raised by an employee involving an interpretation or application of a specific provision of this policy manual. Any matters governed by civil service law shall not be considered grievances and shall not be subject to the grievance procedure. Any disciplinary action which may be appealed to the Civil Service Commission shall not be considered grievances and shall not be subject to the grievance procedure. Any disciplinary action or any other claim which is within the jurisdiction of the Civil Service Commission must be processed in accordance with Chapter 400 of the Iowa Civil Service Law.

Step 1.

An aggrieved employee considering filing a grievance with regard to an interpretation or application of this policy manual shall first contact his/her immediate supervisor within five (5) days of the occurrence or event giving rise to the grievance in order to explain the grievance to the supervisor and resolve the dispute. The immediate supervisor shall attempt to adjust the grievance or otherwise satisfy the employee within five (5) days after being presented with the grievance.

Step 2.

If the response of the immediate supervisor is not satisfactory to the employee, the employee may submit a written statement of the grievance to his/her department manager within five (5) calendar days after the supervisor's oral response is due. The department manager shall respond in writing to the aggrieved employee within five (5) workdays after receipt of the written grievance.

Step 3.

If the grievance remains unresolved on the basis of the written decision of the department manager, the employee may present the grievance, in writing, to the City Manager within five (5) working days after the department manager's response is due. The employee shall provide the City Manager with a copy of the department manager's reply at the time that the appeal is taken.

The City Manager shall hold an informal hearing within ten (10) calendar days following receipt of the appeal. The employee and his/her representative and representatives selected by the City shall have the right to present information necessary to assist the City Manager in reaching a decision on the grievance. The decision shall be issued within fifteen (15) calendar days following the completion of the hearing. The decision of the City Manager shall be final and binding.

The time limit specified for each step of the grievance procedure may be extended by mutual consent. If an answer to the grievance is not given to the employee by the City within any of the time limits specified in this section/procedure, the grievance may be appealed to the next step as set forth in the grievance procedure. Failure by the employee to comply with any time limits shall constitute a withdrawal of the grievance, and no further appeal will be allowed.

SECTION 10. FAMILY MEDICAL LEAVE ACT:

The City of Grinnell is covered by the Family Medical Leave Act (FMLA) of 1993, as amended. An "eligible employee" under FMLA means an employee who has been employed for at least twelve (12) months by the City and has worked at least one thousand, two hundred fifty (1,250) hours for the City during the previous twelve (12) month period.

In accordance with the Family Medical Leave Act, employees are entitled up to twelve (12) workweeks of unpaid leave during any twelve (12) rolling month period for one or more of the following reasons:

- Birth of an employee's child, in order to care for his or her child.
- Placement of a child with an employee for adoption or foster care.
- The employee's spouse, person they hold themselves married to, daughter, son or parent has a serious health condition and the employee is needed to attend to their basic needs, both during periods of inpatient care and during periods of home care.
- The employee is unable to perform the functions of his/her position due to a serious health condition.

- Eligible employees may use FMLA leave to serve as a military caregiver or to handle qualifying exigencies as permitted and defined under FMLA.

For the birth of an employee's child or placement of a child for adoption or foster care, expires at the end of the twelve (12) month period beginning on the date of the birth or placement.

If both an employee and his/her spouse or person they hold themselves married to are employed by the City, their combined time off may not exceed twelve (12) workweeks during any twelve (12) rolling month period for the birth, adoption or foster care of a child or to care for a parent with a serious health condition. Each spouse or person the employee holds themselves married to is eligible for the full twelve (12) weeks of leave within a twelve (12) rolling month period to care for a daughter, son, spouse, or person they hold themselves married to with a serious health condition.

When an employee requests FMLA leave, the employee must use his or her accrued paid leave. Once all of the employee's paid leave is exhausted, the employee may continue FMLA leave, to the extent to which the employee is entitled, as unpaid leave. The employee may reserve forty (40) hours of sick leave each calendar year.

The City may require that a request for FMLA leave related to a serious health condition be supported by a signed certification, issued by a health care provider of the employee or the employee's spouse, person they hold themselves married to, daughter, son or parent, as appropriate. Whenever possible, it is expected that a notice be given thirty (30) days prior to the date when the employee anticipates the FMLA leave to begin.

All leaves of absence requested under this leave in accordance with FMLA shall be administered in accordance with the Family Medical Leave Act of 1993, as amended.

SECTION 11. COMPUTER USE:

The City provides computer facilities to its employees to assist and facilitate communications and other work-related communications and research. The computer facilities are to be used for City business. The only exception is that incidental and occasional personal use of e-mail is allowed during work breaks. Internet access should only be used for City business. Personal e-mail will be treated by the City like other e-mail messages and will be considered public records. Files, documents and e-mail, whether for personal or business use, that are created, sent, received or stored on the City's computer facilities by the employee may not be kept confidential, subject to applicable law. Personal use of the computers must be in compliance with this policy. All employee electronic files generated or stored on City computers are considered to be the sole property of the City.

The City may monitor, review and access employee electronic files for any municipal purpose, including for the purpose of ensuring that the employee is in compliance with this policy. The monitoring, review and access may be implemented on the employee electronic files of all employees or of a specific employee. Random monitoring, reviewing and access may be implemented.

Employees may not use the City's computer facilities for any illegal, disruptive, offensive or

wrongful purposes. Employees may not use the City's computer facilities to distribute defamatory, fraudulent or harassing messages; send, receive or store sexually explicit or suggestive materials or other offensive images or messages, or slurs or disparaging materials based on any person's ethnicity, race, religion, disability, sexual orientation or age; violate or infringe the copyright of any person, or incite any person to illegal actions.

Employees should not use the computer facilities to send bulk e-mail in a marketing or unsolicited format. Sending bulk e-mail is prohibited. The employee should not send or forward to others any "chain" e-mail. The employee should not use the City's logo, graphics or any other City content, unless involved in an authorized activity. Any use of the City's equipment or services for private or personal financial gain, commercial advertising or solicitation purposes is prohibited.

The City's computer facilities are only to be used by authorized persons, and an employee must have been issued or must create one or more passwords in order to use the City's computer facilities. The employee must provide any passwords that the employee has created to access the City's computer facilities to the City Manager. The employee should not give its passwords to any other people. The employee may not use some else's password without the express written authorization from the City. Each user is responsible for the proper use of his or her account and any activity conducted with it. This includes choosing safe passwords, protecting them and ensuring that file protections are set correctly. Each employee is responsible for the security of any system he or she connects to the network. Any employee who finds a possible security lapse on the City's computer system or network must report it to the City Manager as soon as possible.

Malicious use or deliberate disruption of the City's computers, network or internet/e-mail services and the misuse and deliberate damage to a City computer or services is prohibited.

Employees should be aware that their "deletion" of electronic information will, in most cases, not erase such information from the computer system's storage until it is overwritten with other data and it may, in any case, still reside in the City's computer network either on various backup systems or other forms and, even if erased, may still exist in the form of printouts.

This policy may be amended from time to time as the City Council determines to be necessary, with or without notice to the employees.

Violation of this policy will subject the employee to discipline, up to and including discharge.

SECTION 12. CELL PHONE/ELECTRONIC COMMUNICATION DEVICE USE:

While at work, employees are expected to exercise discretion in use of personal cell phone/electronic communication devices. Personal calls during work hours, regardless of the phone use, can interfere with employee productivity, safety and may be distracting to others. Employees are prohibited from using cell phone/electronic communication devices in any illegal, illicit or offensive manner.

Use of cell phones/electronic communication devices by City employees for personal use is

limited during work hours. Employees may use cell phones/electronic communication devices for personal use during lunch or break periods only, except in the case of emergency. Use of cell phones/electronic communication devices should be made in a private space away from other employees, citizens and common work areas. Personal cell phones/electronic communication devices are to be turned off or placed on silent mode during working hours. If an employee's use of cell phone/electronic communication devices for personal use causes disruptions or loss in productivity, the employee may become subject to disciplinary action. The City reserves the right to request that an employee provide cell phone bills and usage reports for calls made during working hours to determine if the use of the cell phone/electronic communication device was excessive.

Drivers shall comply with all federal, state and local laws and regulations regarding use of cell phone/electronic communication devices and other mobile technology devices. No employee may use a cell phone/electronic communication device for personal use while operating City vehicles, equipment or machinery. Sending or reading text messages, e-mails, viewing videos and inputting data into cell phones or laptop computers or navigation systems are prohibited while driving. The cell phone voicemail feature should be on to store incoming missed calls and messages while driving, and all message retrievals and calls should be made after the vehicle is safely parked. If acceptance of an incoming call or text is unavoidable and pulling over is not an option, employees are expected to keep the call short, use hands-free options, if available, refrain from complicated or emotional discussions and keep their eyes on the road. Special care should be taken in situations where there is traffic, inclement weather or the employee is driving in an unfamiliar area.

Under no circumstances are employees allowed to place themselves at risk to fulfill business needs. Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions. Violations of this policy will be subject to discipline, including termination.

SECTION 13. CONFLICT:

Where this Personnel Manual is in conflict with state or federal laws, the law shall take precedence over this manual.

SECTION 14. DISCLAIMER:

THIS MANUAL DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT.

This manual does not constitute or create a contract of employment. Rather, this manual has been prepared to acquaint you with the City of Grinnell's employment policies, your responsibilities as an employee, and the many benefits and privileges our employees may enjoy. It is presented as a matter of information only. The City is committed to reviewing these policies continually and reserves the right to change or terminate any or all of them at any time, with or without notice to the employee. As a City employee, you are employed at will, unless otherwise required by law. You retain the right to terminate your employment at any time for any reason, and the city retains the same right. No policy or practice of the city should be construed to change this relationship. Only the City Council has the right to modify or change this practice, and such action must be in writing.

Management is committed to reviewing these policies and benefits. Accordingly, the policies and benefits outlined in these procedures are subject to review and change by management at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.

Appendix A

CITY OF GRINNELL POLICY PROHIBITING HARASSMENT

SUBJECT: HARASSMENT

It is the policy of the City of Grinnell that no employee be harassed by another employee, customer, or supervisor on the basis of race, color, religion, sex, age, national origin, sexual orientation, gender identity, disability, or any other protected characteristic as established by law.

Illegal harassment, whether verbal or physical, will not be tolerated. All members of management have the explicit responsibility and duty to take corrective action to prevent any illegal harassment of our employees.

If any employee believes that he or she has been subjected to illegal harassment, that employee should bring the matter directly to the immediate attention of their supervisor, any departmental supervisor, the City Manager, the City Clerk, the City Attorney, or a member of the City Council. All complaints will be investigated, and appropriate disciplinary action taken, up to and including termination. There will be no retaliation against anyone who submits a good faith harassment complaint or participates in an investigation relating to such a complaint.

Sexual Harassment

It is the policy of the City of Grinnell that no employee be harassed by another employee or supervisor on the basis of sex.

The policy prohibits any demand for sexual favors that is accompanied by a promise of favorable job treatment or a threat concerning the employee's employment. Also prohibited is subtle pressures for sexual favors, including implying that an applicant's or employee's cooperation of a sexual nature, or refusal thereof, will have any effect on the person's employment, job assignment, wages, promotion, or any other condition of employment.

In addition, any behavior of a sexual nature not welcomed by the employee or found to be personally offensive is expressly forbidden. This includes but is not limited to:

- a. Repeated sexual flirtations, advances, or propositions.
- b. Continued or repeated verbal abuse of a sexual nature, sexually related comments and joking, graphic or degrading comments about the employee's appearance or the display of sexually suggestive objects or pictures.

- c. Any uninvited physical contact or touching, such as patting, pinching or other contact.
- d. Conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment, whether verbal or physical, will not be tolerated. All members of management have the explicit responsibility and duty to take corrective action to prevent any sexual harassment of our employees.

As with other forms of harassment, any employee who believes that he or she has been subjected to sexual harassment should bring the matter directly to the immediate attention of their supervisor, any departmental supervisor, the City Manager, the City Clerk, the City Attorney, or a member of the City Council. All complaints or reports of sexual harassment will be investigated, and appropriate disciplinary action taken, up to and including termination. There will be no retaliation against anyone who submits a good faith sexual harassment complaint or participates in an investigation relating to such a complaint.

APPENDIX B

CITY OF GRINNELL DRUG & ALCOHOL POLICY

SCOPE

In compliance with the Drug-Free Workplace Act of 1988, every employee of the City of Grinnell will receive a copy of this Policy and acknowledge their compliance. Copies of the Act are also available for any employee upon request from the City Office.

This document establishes the Drug and Alcohol Policy of the City of Grinnell, and, as such, supersedes all previously issued policies, publications, memorandums, and documents related to this subject. If you have any questions relating to material covered in this policy, see your supervisor or contact the City Office.

POLICY

The goal of the City of Grinnell's Drug and Alcohol Policy is to make a good faith effort to maintain a drug-free workplace and to otherwise comply with the "Drug-Free Workplace Act of 1988". The City of Grinnell recognizes that misuse of alcohol and other drugs is a pervasive problem in our society. The City of Grinnell is committed to the position that the most effective way of approaching this problem is through education, assessment, early intervention, and treatment, if necessary. This policy is intended to promote assessment, treatment and rehabilitation as needed, as well as a safe and secure work environment. The City of Grinnell encourages employees to seek assessment and to utilize its designated confidential assessment service as described in the Personnel Policy Manual of the City of Grinnell.

To promote these goals, the City of Grinnell has established a drug-free awareness program. The use of controlled substances, prescribed and non-prescribed drugs or alcohol by an employee is of concern to the City of Grinnell when such usage interferes with job performance, conduct, attendance, safety, or when in violation of the law.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by employees, while on the city of Grinnell premises or while on city of Grinnell business, is prohibited. Conducting City of Grinnell business, which includes driving vehicles or operating City of Grinnell equipment while under the influence of alcohol or other drugs, is also prohibited. Engaging in any of these prohibited activities may result in disciplinary action, including dismissal.

GUIDELINES

The City of Grinnell recognizes that early identification through assessment and subsequent referral to the appropriate type of care may result in successful treatment of addictions. Appropriate care facilities are covered in the City of Grinnell's medical coverage.

1. Supervisors should make every effort toward early identification and encouragement of the employee to seek evaluation. It is understood that it is not the responsibility of supervisory personnel to determine if an employee has a substance abuse problem. Thus, referral for diagnosis and treatment, when necessary, will be based on observed job performance problems or issues.
2. Consideration will be given to post-treatment activities (i.e. aftercare AA Meeting, etc.). However, an employee's involvement in substance abuse treatment is not considered an alternative to meeting established work and attendance standards. If it becomes necessary for an employee to undergo some form of treatment in an appropriate facility, absence will be handled in accordance with applicable benefit plans.

3. In the event of a relapse, the City of Grinnell will consider alternatives appropriate to the individual situation.

In order to comply with the "Drug-Free Workplace Act of 1988" each employee will be given a copy of this policy and guidelines and will agree to comply. This includes the requirement that any employee convicted of any criminal drug statute violation occurring on the job must notify the City Clerk within five (5) days.

ADDENDUM
CITY OF GRINNELL
SUBSTANCE ABUSE POLICY FOR DRUG AND ALCOHOL TESTING

If the test of an employee, who is subject to the requirements of Federal DOT drug and alcohol testing, results in a Medical Review Officer (MRO) verified positive test for the use of drugs, or an alcohol concentration of 0.04 or greater, the employee will be referred to an appropriate substance abuse professional for assessment and enrollment in a treatment and rehabilitation program, if recommended. Results of the positive drug or alcohol test and terms of the rehabilitation will remain confidential, except as provided by the Federal Regulations.

If the test results indicate an alcohol concentration of at least 0.02 but less than 0.04, the driver will be removed from the job for at least 24 hours and shall be permitted to use compensatory time or vacation, or leave without pay if paid leave is not available. Alternatively, the employee may be assigned to non-safety-sensitive duties with approval of the department supervisor. The employee may return to safety-sensitive duty at his/her next scheduled shift after completion of the following:

- At least 24 hours have elapsed from the breathalyzer test which indicated an alcohol concentration of at least 0.02 and,

- The employee has taken another breathalyzer test which indicates an alcohol concentration of less than 0.02

Employees referred to the treatment and rehabilitation program as a result of an MRO verified positive test or breath testing showing an alcohol concentration above 0.04, must immediately cease any substance abuse, must be subject to testing before returning to safety-sensitive duty, must subject themselves to periodic unannounced testing for a period of not to exceed sixty months, and must comply with all other conditions of the treatment and counseling program recommended by the substance abuse professional.

None of the expenses of the substance abuse treatment and rehabilitation program shall be paid for by the City of Grinnell. Expenses for the rehabilitation program shall be paid for entirely by the employee with the employee health insurance provider funding a portion as provided in the benefit plan.

An employee required to take time off in order to participate in a rehabilitation program will be permitted to use sick leave, vacation time, and /or unpaid leave.

Participation in substance abuse treatment and rehabilitation will not result in disciplinary action; however, non-covered duties may be assigned until the MRO or substance abuse professional determines that the employee may return to duty. Successful completion of the prescribed program will be required for the employee to continue employment with the employer.

If an employee is undergoing substance abuse treatment and counseling or has returned to duty upon successfully completing such treatment and rehabilitation and a subsequent test is verified by the MRO as positive, or results in an alcohol concentration of 0.04 or greater, the employee will be subject to further disciplinary action, **up to and including termination.**

Employees who undergo substance abuse treatment and counseling under this policy and who continue to work must meet all established standards of conduct and job performance.

2019 = \$2000⁰⁰

GRINNELL

OPTIMIST
"Bringing Out the Best in Kids"

March 21, 2020

City of Grinnell
Attn: Sharon
927 4th Ave
Grinnell, IA 50112

RE: Campbell Fund Request

City Council,

Over the past ten years the Grinnell Optimist Club, Second Mile and the Campbell Fund (in '11, '13, '14, '15, '16, '17, '18 & '19) have teamed up to provide the annual "Backpack for Kids" program in Grinnell the second Saturday in August.

We are requesting a \$2,000 grant from the Campbell Fund to be used for purchasing backpacks and school supplies for local students. With the help of the schools, we are able to continue to meet requests from students throughout the school year.

The program has evolved over the years, to the point where the annual distribution takes place in the Community Room at the Drake Library to accommodate the +/- 200 students benefiting from this program.

In combination with a donation received from Second Mile and the generous support of the Campbell Fund, we are able to provide this wonderful program in support of "Bringing Out the Best in Kids"!

Thank you for your consideration.



Cory Latcham, Event Chair

Campbell Fund Request

The Grinnell Food Coalition formed in March, 2020 to meet the unprecedented and emergent food needs of Grinnell residents who are negatively affected by the COVID-19 virus. Already, the State of Iowa has closed public schools, restricted elective medical procedures and announced limitations of no more than 10 on any group gatherings. Colleges and universities have sent their students home, churches have suspended services, local businesses are closing and residents of Grinnell are being furloughed. At-risk populations—especially those 65 years of age and older—have been strongly advised to stay home as a defense against contracting and spreading the virus.

There is no doubt that many Grinnell residents who have never before depended upon outside support to meet their basic needs will turn to available resources in the Grinnell community. In fact, reports from Mid-Iowa Community Action (MICA) already indicate a sudden and sharp increase in demand for food assistance in Grinnell. With your help, our Coalition hopes to subsidize food purchases for Grinnell households that have been affected by the extraordinary measures taken by state and federal governments to slow the spread of the coronavirus.

The Coalition's initial priority is to provide food vouchers to MICA, the most robust organization serving food insecurity in Grinnell, so they can meet the increasing demand for their services. Coalition members are convinced that MICA offers the most expedient channel through which to reach those with emergency needs resulting from the pandemic. To reach those in need, we are also collaborating with the local school system as they continue serving students who qualify for the free and reduced lunch program. Finally, we are developing a practice of directing food vouchers to those who are unable to access these services because they are homebound, infected with the virus or helping to take care of someone who is ill and, consequently, are under self-quarantine themselves.

We understand the preference of Campbell Fund administrators to have typical recipients process an application to verify residency in Grinnell, income, and receipt of alternative benefits. Such a protocol in this circumstance would be insurmountable for several reasons. MICA has already been required to reduce their own staff to no more than two people and to eliminate volunteer support at a time when demand for their resources has never been higher. MICA must also serve under the condition of anonymity; an application requiring an individual's name, address, income, receipt of other services, etc. would preclude the possibility of connecting the Campbell Fund to Grinnell residents who are in great need of it. Moreover, public health officials do not recommend handling paper applications in the midst of a pandemic caused by the spread of a virus. Nor do they advise any process that would promote delays that put people in close, prolonged proximity to one another. As one public health expert shared with us recently, "The briefer the in-person transactions, the safer we keep everyone involved."

To the extent possible, we do not plan to displace other available food sources; we intend to use contributions made to the Grinnell Food Coalition as reserves to be accessed when the regular supply of food runs out at MICA. In the case of an extended national or statewide shutdown, we plan to first issue vouchers for use at local grocery stores. Otherwise, vouchers will be used after food items available at MICA are depleted. We have established a backup plan for distribution of the vouchers in the event MICA is temporarily decommissioned and we are working on a mail program to get vouchers to the homes of those in need who are unable to access food through MICA. When we reach early harvest, we plan to allow vouchers to be used to purchase food from local farmers. This layered approach to reaching the community in need will have the best chance of addressing the variety of circumstances residents of Grinnell find themselves confronting during the COVID-19 crisis.

When establishing the Campbell Fund Trust, it may have been difficult to imagine the possibility of a global pandemic that would affect our community so quickly and thoroughly. It is the hope of the Grinnell Food Coalition that we can partner with the executors and administrators of the Campbell Fund to insure that its original intent to serve the needs of the “worthy poor” of Grinnell can be fulfilled during this time of crisis.

If necessary to verify that recipients of Coalition Vouchers are residents of Grinnell, one possibility is that we could print two different colored vouchers to be distributed depending upon the answer to a quick question about residency. If, at point of service, the respondent says Grinnell is not the city of residence, a different set of vouchers and funds can be used for that person. We anticipate that the overwhelming majority of people seeking assistance will be residents of Grinnell, however, so we hope this added layer of administration can be avoided.

Two Funding Options

Outright Grant

For all the reasons described above and because an outright grant would offer the greatest latitude in meeting the quickly changing needs of Grinnell residents, we hope this option can be approved with the latitude of making a subsequent request if Coalition funds are depleted before immediate needs are met.

Grant Request: \$25,000

Line of Credit

With a line of credit, we would hope for the Campbell Fund to identify a value not to be exceeded through this project so that only the amount of funds required to meet demand resulting from the pandemic would be expended. If demand is less than the maximum value assigned, this approach would insure that only funds required to address the food insecurity during the events surrounding the pandemic would be expended. If this option is preferred, we request that the line of credit be open until June 1 at which point we would reevaluate local conditions and determine if a later deadline could be established to meet continuing needs as a result of the pandemic.

Line of Credit Request: Up to \$50,000

Voucher Details

Voucher Values \$10 each

First person in household \$60

Additional household member \$10

Household Size	Voucher Number	Total Value
1	6 vouchers	\$60
2	7 vouchers	\$70
3	8 vouchers	\$80
4	9 vouchers	\$90
5+	10 vouchers	\$100



Grinnell PUBLIC WORKS AND GROUNDS Meeting
MONDAY, APRIL 20, 2020 AT 4:45 P.M.
VIA ZOOM

Join Zoom Meeting

<https://zoom.us/j/93440851640?pwd=MkVLcWY1QWxhT3ZLRkd4KzJrQ0xZUT09>

Meeting ID: 934 4085 1640

Password: 987388

One tap mobile

+13126266799,,93440851640#,,#,987388# US (Chicago)

+19292056099,,93440851640#,,#,987388# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 253 215 8782 US

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

Meeting ID: 934 4085 1640

Password: 987388

Find your local number: <https://zoom.us/u/ab3jby06N>

TENTATIVE AGENDA

ROLL CALL: Hueftle-Worley (Chair), Wray, Gaard.

PERFECTING AND APPROVAL OF AGENDA:

COMMITTEE BUSINESS:

1. Update on the Iowa Department of Natural Resources State Revolving Fund grant storm water quality projects.
2. Update from Building and Planning Department in regard to cemetery electronic records and work done in recent months.

INQUIRIES:

ADJOURNMENT:



**GRINNELL PUBLIC SAFETY COMMITTEE MEETING
MONDAY, APRIL 20, 2020 AT 5:30 P.M.
VIA ZOOM**

Join Zoom Meeting

<https://zoom.us/j/96062440077?pwd=UTJKaEMxeXd4UkQyTmp1c05pMjdoUT09>

Meeting ID: 960 6244 0077

Password: 638611

One tap mobile

+19292056099,,96062440077#,,#638611# US (New York)

+13126266799,,96062440077#,,#638611# US (Chicago)

Dial by your location

+1 929 205 6099 US (New York)

+1 312 626 6799 US (Chicago)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

Meeting ID: 960 6244 0077

Password: 638611

Find your local number: <https://zoom.us/u/ab3jby06N>

TENTATIVE AGENDA

ROLL CALL: White (Chair), Hueftle-Worley, Davis

PERFECTING AND APPROVAL OF AGENDA:

COMMITTEE BUSINESS:

1. Consider approval upgrading Grinnell Fire Department to EMT-B level ambulance with transport.
2. Review amended Emergency Medical Services agreement with Midwest Ambulance to provide for second out ambulance.

INQUIRIES:

ADJOURNMENT

Iowa Department of Public Health
BUREAU OF EMERGENCY AND TRAUMA SERVICES

www.idph.iowa.gov/bets/ems

**EMS SERVICE CHANGE OF STATUS APPLICATION OR
APPLICATION TO SATELLITE SERVICES**

Before completing this application, read Iowa Code 641--147A and Iowa Administrative Code 641--132(147A) EMS Service Program Authorization. Visit www.idph.state.ia.us/ems for the Iowa EMS laws and rules, protocols, scope of practice and sample policies, procedures and agreements.

INSTRUCTIONS

This is the Change of Status Application for EMS agencies that are seeking to change level or type of EMS service or to submit an affiliation agreement to satellite services on one roster. This application shall be submitted to the EMS Regional Coordinator assigned to the intended primary service area at least 30-days prior to the anticipated authorization date. Once this completed application and all required documentation is received, the EMS Regional Coordinator will contact you to schedule the onsite inspection. Login to the EMS System Registry and submit the Change of Status application and ensure all Service Details and the roster are current and accurate.

The application will be approved when the Iowa Department of Public Health is satisfied that the program proposed by the application will be operated in compliance with Iowa Code 641--147A and the enabling administrative rules

Please Mail the Completed Change of Status Application to:

Merrill Meese

EMS Field Coordinator

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Lucas State Office Building, 321 E 12th

Des Moines, Iowa 50319-0075

Or scan a copy and e-mail it to me at:

Merrill.meese@idph.iowa.gov

CHANGE OF STATUS APPLICATION OR APPLICATION TO SATELLITE SERVICES

SERVICE PROGRAM NAME	
Grinnell Fire Department	
Choose the item from the dropdown menu that describes the changes you want to make.	
SERVICE TYPE: Ambulance with Transport Agreement	
LEVEL: EMT-B	STAFFING TYPE: Minimum
BASE OF OPERATION: Fire	PERSONNEL TYPE: Paid & Volunteer
RESPONSE TYPE: Emergency Only	PHARMACY TYPE: N/A

ELECTRONIC FILES (PREFERRED) OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION IF THEY APPLY TO THE ANTICIPATED LEVEL OF AUTHORIZATION:

1. Affiliation agreement to satellite services Physician approved protocol authorization and changes page and drug list.
(Do not send the entire set of protocols)
2. Critical Care Transport protocols
3. Map of the geographic service area
4. Continuous Quality Improvement Policy that includes changes to skill competencies, CEH and procedures for written PCR audits or measurable outcomes that have been amended to include the new type or level.
5. Equipment and supply checklists that have been modified to list added supplies or equipment.
6. Pharmacy agreement and policies and procedures
7. Transportation agreement
8. Contingency plans

Iowa Department of Public Health
BUREAU OF EMERGENCY AND TRAUMA SERVICES
www.idph.iowa.gov/bets/ems

SATELLITE NAME:		
SERVICE TYPE: Choose an item.		
LEVEL: Choose an item.	STAFFING TYPE: Choose an item.	
BASE OF OPERATION: Choose an item.	PERSONNEL TYPE: Choose an item.	
RESPONSE TYPE: Choose an item.	PHARMACY TYPE: Choose an item.	
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:		
PHONE:	FAX:	
EMAIL:		

SATELLITE NAME:		
SERVICE TYPE: Choose an item.		
LEVEL: Choose an item.	STAFFING TYPE: Choose an item.	
BASE OF OPERATION: Choose an item.	PERSONNEL TYPE: Choose an item.	
RESPONSE TYPE: Choose an item.	PHARMACY TYPE: Choose an item.	
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:		
PHONE:	FAX:	

Iowa Department of Public Health
BUREAU OF EMERGENCY AND TRAUMA SERVICES
www.idph.iowa.gov/bets/ems

EMAIL: djsicard@grinnellpd.com

STATEMENT OF AFFIRMATION:

I hereby affirm and declare that I have read 641—132 (147A) and that the service program named in this application will comply with all applicable requirements set forth. I further affirm and declare that the answers and statements in this application are true and correct. I understand that any falsification of this information may result in denial, citation and warning, suspension, revocation or probation of the service program's authorization. I understand that service programs may advertise or otherwise hold itself out to the public as an authorized service program to the level of care maintained 24/7.

	TYPE OR PRINT NAME	SIGNATURE	DATE
Service Owner or Authorized Representative	Mayor Dan Agnew		
Medical Director	Dr Ronald Collins		
Service Director	Chief Daniel Sicard		

GRINNELL FIRE DEPARTMENT

EMS SERVICE

CONTINUOUS QUALITY IMPROVEMENT (CQI) POLICY MANUAL & DESIGNEE APPOINTMENTS

General Purpose: This CQI Policy establishes guidelines for the implementation of a program to support EMS providers as they strive to provide excellent patient care. These policies intend to provide direction to set measurable goals and define minimum performance standards for the individuals and service. This consistent, fair evaluation practice will provide the routine feedback every provider deserves. This policy meets or exceeds the requirements of Iowa Code Chapter 147A: Emergency Medical Care– Trauma Care and the Iowa Administrative Code (IAC): 641—132.8(147A) Service program levels of care and staffing standards and 641—132.9(147A) Service program—off-line medical direction.

General Procedure: The interaction of the physician, service leadership and providers is critical for the success of this CQI program. All staff must understand their role, responsibilities and duties as part of the CQI team. Every team member shall receive an initial orientation to this policy and be provided with an opportunity for input and updates when amended.

Email an electronic copy or mail this signed policy to your Regional EMS Coordinator.

Approval & Affirmation: The signatures within this document indicate approval of the policy and agreement to perform the duties as an official designee of the physician medical director.

SERVICE NAME: GRINNELL FIRE DEPARTMENT

SERVICE LOCATION: 1020 SPRING STREET GRINNELL, IA 50112

Policy Approval	Print Name	Signature	Date
Medical Director	Dr Ronald Collins		
Service or System Director	Chief Daniel Sicard		

Designee Appointment: The medical director shall conduct CQI activities or appoint individual(s) to ensure written audits of the patient care reports are completed; staff orientation, CEH and skill competencies are conducted and documented; and actions plan, follow-up and resolution are done as defined within this policy.

I acknowledge that I am appointed, by the medical director, as an official CQI designee. I understand my duties and will implement and maintain this CQI program as directed.

Print Name	Signature	Date
Christian Williams		
Todd Zell		

SECTION A: SCOPE OF PRACTICE

Policy: EMS providers shall provide care within the current Iowa Scope of Practice and as authorized, in writing, by the medical director.

Procedure:

1. EMS providers shall review the Scope of Practice for EMS Providers during initial orientation to the service and whenever the scope is officially amended.
2. The service shall maintain documentation of initial and periodic staff reviews of the Scope of Practice.
3. EMS providers shall provide care within the Scope of Practice for their certification level limited by the service program level of authorization.

SECTION B: PROTOCOLS

Policy: EMS providers shall deliver care as directed in the medical director authorized protocols.

Procedure:

1. The medical director shall review and authorize all protocol modifications including any state and/or local protocol changes.
2. The service shall ensure the Regional EMS Coordinator promptly receives the medical director signed protocol authorization, change pages and medication list each time the protocols are amended.
3. The EMS service will maintain documentation of protocol education for EMS providers.
4. The EMS service will provide and document training after the medical director has authorized any state or local changes to the protocols.
5. EMS providers shall deliver care as directed within the approved patient care protocols.
6. Treatment rendered that deviates from the approved protocols must be documented on the patient care report (PCR) and reported to the service director and to the attention of the medical director.

SECTION C: INITIAL ORIENTATION PROCESS

Policy: New staff shall complete a standard credentialing orientation process that includes baseline medical competencies.

Procedure:

1. The service shall maintain documentation of new staff orientation under the direction of an assigned preceptor using the service Orientation Form.
2. As a minimum, the orientation will include training on all service agreements, policies, procedures and protocols. (e.g., current Protocols, CQI Policy, Emergency Driving & Communication Policy, Pharmacy Agreement and Policies & Procedures, etc.)
3. The service shall maintain documentation of RN or PA equivalency training and forms as required by the Bureau of EMS.
4. The completed Orientation Form shall be kept on file.

SECTION D: SKILL MAINTENANCE

Policy: All staff shall maintain skill competency for all procedures & equipment as allowed by the medical director.

Procedure:

1. All staff will promptly complete assigned ongoing skill competencies, within their Scope of Practice, as defined by the medical director.
2. The service will maintain documentation of completion of the skill competencies as designated by the medical director within the established timeframes.

The medical director may add or delete criteria to meet the unique needs of the service.

BASIC SKILLS	FREQUENCY OF PRACTICE Q = quarterly, B = biannually, A = annually, NA = not applicable			
	Q	B	A	NA
ASSESSMENT: vital signs for all ages			X	
ADULT & PEDIATRIC AIRWAY: BVM, suctioning, oral & nasal, and/or per protocol	X			
CARDIAC ARREST MANAGEMENT: CPR, AED for all age groups			X	
MEDICATION ADMINISTRATION: over-the-counter, patient assisted, and/or per protocol	X			
IMMOBILIZATION DEVICES: cervical collars, long and short boards, extremity splints including traction			X	
ADVANCED SKILLS	Q	B	A	NA
ADULT & PEDIATRIC AIRWAY: bridge, double-lumen, endotracheal				X
ADULT & PEDIATRIC IV/IO ACCESS				X
NEEDLE CRICOTHYROTOMY				X
NEEDLE THORACOSTOMY				X

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SECTION E: CONTINUING EDUCATION

Policy: All staff will maintain the appropriate EMS education to be prepared to provide comprehensive, competent, quality care to all patients.

Procedure:

1. EMS staff will maintain current Iowa EMS certification, Healthcare Provider CPR and emergency driving and communications training.
2. Drivers on the roster will maintain Healthcare Provider CPR and emergency driving and communications training.
3. All staff listed on the roster shall promptly provide the service director with the documentation required to maintain current personnel and/or training files (e.g.; CPR card, driver's license, etc.)
4. All staff will document course completion in any or all of the following courses, within their scope of practice, as assigned by the medical director.

The medical director may add or delete criteria to meet the unique needs of the service.

COURSE DESCRIPTION	YES	NO
Advanced Cardiac Life Support (ACLS)		X
Pediatric Advanced Life Support (PALS)		X

SECTION F: WRITTEN MEDICAL AUDITS

Policy: The EMS service shall ensure that written medical audits review patient care & protocol compliance, response time & time spent at the scene, system response, and completeness of documentation. Providers shall receive timely feedback on audited PCR's.

Procedure:

1. Within 24 hours, the responding staff shall complete and file a written patient care report and ensure that the receiving facility has a copy of the completed PCR.
2. Any significant deviation from the approved protocols or standard of care will be brought to the attention of the CQI appointee.
3. Any discussion of EMS responses shall be confidential and limited to current staff.
4. Assigned CQI auditors shall perform written audits quarterly.
5. An audit shall be complete when it is signed by the PCR author, reviewed by responding staff and the auditor is satisfied with the loop closure.

6. The completed written audit shall be kept on file or recorded into a written audit activity log.
7. If there are no patient encounters that meet the assigned criteria during the quarter, the CQI appointee will select a percent of calls to audit or a number of calls per provider or any method that ensures that providers receive written feedback on their documentation and performance.

The medical director may add or delete criteria to meet the unique needs of the service.

The medical director shall review written audits quarterly or sooner at the discretion of the CQI appointee.

Type of Response	Yes	No
All Responses		X
Cardiac Arrest	X	
Trauma Patients with Time-Critical Injury	X	
Unconsciousness	X	
Pediatric Respiratory Difficulty		X
Stroke Symptoms		X
Death at Scene	X	
Refusal of Transport		X
Deviation from Approved Protocol	X	
Medications Given	X	
Chest Pain	X	

SECTION G: FOLLOW-UP & LOOP CLOSURE

Policy: The medical director and the service director shall utilize a written action plan, as needed, to address personnel, vehicle, equipment and system challenges.

Procedure:

1. The action plan shall be implemented when any of the following occur: significant deviation from written protocol or standard of care, delay of response or treatment, vehicle or equipment failure and/or system difficulty.
2. The medical director and service director shall develop and implement a written action plan and monitor the situation until the desired improvement is achieved.

SECTION H: MEASURABLE OUTCOMES

Policy: The medical director, in consultation with the staff, shall establish measurable outcomes consistent with strategic planning goals and unique needs of the local EMS system to appraise the overall effectiveness and efficiency of the EMS system.

Procedure:

1. The service director or CQI designee shall compile an Annual Report for the service owner, staff and medical director. As a minimum, the Annual Report shall include:
 - a) Total number of responses
 - b) Average time from first page to en route
 - c) Average time from first page to arrival at the scene

- d) For ambulance services: average scene times for medical and trauma.
- 2) In addition to response and scene times, the staff and medical director shall select at least one additional indicator to measure and include in the Annual Report.

The medical director may add or delete criteria to meet the unique needs of the service.

Indicator	Yes	No
One full set of vital signs and the GCS will be completed 95% of adult and pediatric patients.		X
Multiple, complete sets of vital signs and the GCS will be documented on 75% of the patients with transportation times greater than 15 minutes.		X
When transporting and when FR and able to complete BLS assessment, all eligible chest pain patients will receive aspirin (ASA) per protocol before transport 90% of the time.	X	
90% of suspected stroke patients will receive a neurological examination per protocol.		X
Scene time for trauma patients with time critical injuries shall be 10 minutes or less 90% of the time.		X
Reason for use of lights & sirens to the scene and to the destination will be documented on 75% of responses.		X

SECTION I: SUPPLIES & EQUIPMENT MAINTENANCE

Policy: The service will maintain equipment in a manner that ensures equipment is clean and functions well. Equipment maintenance shall, at a minimum, follow the manufacturer's recommendations. Supplies shall be routinely inventoried to ensure appropriate quantities are available and not outdated.

Procedure:

1. Any equipment used shall be cleaned and supplies replaced following each response.
2. Assigned staff shall complete a detailed equipment checklist (including quantities and outdates) monthly, as a minimum.
3. Any deficiencies shall be documented on the checklist and brought to the attention of the service director for corrective action(s) and the resolution shall be documented.
4. Documentation of equipment checks and maintenance shall be kept on file.

SECTION J: VEHICLE MAINTENANCE

Policy: Preventive maintenance shall be routinely conducted on all vehicles to limit downtime, minimize inadvertent failures and reduce maintenance costs.

Procedure:

1. Vehicles shall be maintained according to manufacturer's recommendations.
2. Assigned staff shall complete and document a detailed vehicle checklist as a minimum, monthly.

3. Any deficiencies shall be documented on the checklist and brought to the attention of the service director for corrective action(s) and the resolution shall be documented.
4. Documentation of vehicle checks and maintenance shall be kept on file.

SECTION K: PHARMACY POLICIES & PROCEDURES

Policy: Certified EMS providers shall read and provide care within the service program's pharmacy agreement, policies & procedures, as authorized in writing.

Procedure:

1. The service director and the medical director and/or pharmacist-in-charge of the base pharmacy shall maintain agreements and policies & procedures that comply with Pharmacy Administrative Code Chapter 11[657] – Drugs in Emergency Medical Service Programs.
2. The service will maintain documentation of staff training of the pharmacy policies & procedures.
3. The service will maintain documentation of staff training of all over-the-counter and other medications authorized within the protocols.
4. The service will provide and document training each time the pharmacy policies & procedures or authorized drugs are modified.
5. All EMS providers must follow the approved pharmacy policies & procedures.
6. Any deviations from the service program pharmacy policies and procedures shall be brought to the attention of the service program director.

TRANSPORTATION AGREEMENT & CONTINGENCY PLAN

SECTION 1: PARTIES TO THIS AGREEMENT

The following agencies enter this agreement to ensure all components of the EMS system are efficiently and effectively utilized to ensure appropriate transportation of patients in the given system area.

AMBULANCE SERVICES				
Service Name	City	Representative Name	Signature	Date
Midwest	Grinnell	Jacob Chapman		
AMBULANCE SERVICES WITH TRANSPORT AGREEMENT				
Service Name	City	Representative Name	Signature	Date
Grinnell Fire Department	Grinnell	Daniel Sicard		
COMMUNICATION CENTER				
Name	City	Representative Name	Signature	Date
Poweshiek County Sheriff Office	Montezuma	Ben Anderson		

SECTION 2: PURPOSE OF AGREEMENT

The parties have entered into this agreement to effectuate these requirements.

Iowa EMS Service Requirements:

A. 24/7 Ambulance Service. Iowa law requires an ambulance service to provide coverage with minimum staffing 24/7. Additionally, ambulance services must maintain an EMS contingency plan that will be put into operation when coverage pursuant to the 24/7 rule is not possible due to unforeseen circumstances.

B. Ambulance Service with Transport Agreement (AMB/TA). Iowa law allows an ambulance service that is unable to fulfill the 24/7 staffing requirement to request approval to provide *“nontransport coverage in addition to or in lieu of ambulance authorization”*. Programs seeking such approval must maintain a written transport agreement which specifies how and when patients will be transported.

SECTION 3: DISPATCH POLICY FOR THE TRANSPORTATION AGREEMENT

B: Authorization Level: Ambulance/TA. The following ambulance service agrees to provide transportation and the communications center will dispatch as described below.

Midwest Ambulance is the primary ambulance to be dispatched in the Grinnell Ambulance District. If Midwest is unavailable the Grinnell Fire Department Ambulance will be paged. If the Grinnell Fire Department Ambulance is unavailable the on duty firefighter will notify the dispatch center to page the closest mutual aid ambulance.

Ambulance/TA Name	Ambulance Service Name	Describe the Dispatch Policy
Grinnell Fire Depart.	Midwest	See Above

SECTION 4: CONTINGENCY PLANS FOR THE AMBULANCE SERVICES

For purposes of this agreement, the “requesting service program” is the ambulance service program which requests assistance pursuant to this agreement and the “responding service program” is the ambulance service program which is requested to respond pursuant to this agreement. Parties to the agreement may function as either requesting service programs or responding service programs depending on the circumstances of the response.

- A. Authority to Request and Provide Assistance.** The senior EMT of a service program or his or her designee shall have the authority to make a request for assistance or to provide assistance under this agreement. All requests for assistance shall be placed through the local communications center.
- B. When Assistance May Be Requested.** Assistance pursuant to this agreement may be requested when an unforeseen incident or event occurs, including but not limited to equipment or vehicle malfunction, failure, or unavailability or staff illness or injury.
- C. Response to Request.** The responding service program shall determine the availability of staff and vehicles and either respond or notify the communications center to dispatch another program.
- D. Personnel, Vehicles, and Equipment.** The requesting service program shall include in the request for assistance the specific personnel, vehicle, and equipment needs and the location of need. The final decision on the number and nature of personnel, equipment and vehicles to be sent shall be solely that of the responding service program.
- E. Authority at the Scene.** The responding service program shall report to the senior EMT of the requesting service program. The senior EMT of the requesting service program shall have the authority to issue reasonable orders and directives unless he or she relinquishes this authority to another EMS provider of equal or higher certification

on either service program. The purpose of this section is to maintain order at the scene and shall not be construed to establish an employee/employer relationship.

- F. Reporting and Recordkeeping.** The requesting service program shall maintain records regarding the frequency of the use of this agreement and provide them to the Bureau of Emergency and Trauma Services upon request. Each service program shall maintain individual patient care reports.
- G. Personnel Credentialing.** Each of the parties shall be responsible for ensuring that all persons acting on behalf of the party are properly licensed, certified, or accredited as required by applicable federal and state law.
- H. Tax Liability:** Each of the parties to the agreement shall be responsible for withholding taxes, social security, unemployment, worker's compensation, and other taxes for its employees and shall hold all other parties harmless for the same.
- I. Compensation/Reimbursement.** As set out in the separate contract between the City of Grinnell and Midwest Ambulance Service.
- J. Insurance.** Each party to the agreement shall procure and maintain such insurance as is required by applicable federal and state law and as may be appropriate and reasonable to cover its staff, equipment, vehicles and property, including but not limited to liability insurance, workers compensation, unemployment insurance, automobile liability and property damage.
- K. Liability.** Each party to the agreement shall bear the liability and cost of damage to its personnel, vehicles, and equipment. Each party to the agreement shall be responsible for defending claims made against it or its staff arising from participation in this agreement.
- L. Status and Responsibilities of Parties.** Nothing in this agreement shall be construed as creating or constituting the relationship of partnership or joint venture between the parties hereto. Each party shall be deemed to be an independent contractor. No party, unless otherwise specifically provided for herein, has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or bidding upon another to this agreement.
- M. Termination.** Any party to this agreement may terminate the agreement by providing thirty days written notice by certified mail to the other parties and to their Bureau of Emergency and Trauma Services Regional Coordinator. Staff contact information is available at www.idph.state.ia.us/ems >> Bureau >> Bureau Staff. If a party withdraws from the agreement, the agreement shall remain in effect as to all remaining parties so long as two or more service programs are parties to the agreement
- N. Duration of Agreement.** The agreement shall be in effect upon signature of the service program participants. The agreement shall be in effect for three years from the date of execution unless terminated earlier in accordance with the termination section of this agreement. The agreement may be extended for an additional three year term upon mutual agreement of all parties in writing at least thirty days before the termination date.



2018

2018 Adult and Pediatric Grinnell EMS Treatment Protocols

IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF EMERGENCY AND TRAUMA SERVICES
AS ADOPTED BY GRINNELL FIRE DEPARTMENT APRIL 2020

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Introduction

Iowa Administrative Code 641 - Chapter 132: Emergency Medical Services—Service Program Authorization

132.8(3) Service program operational requirements. Ambulance and non-transport service programs shall:

b. Utilize department protocols as the standard of care. The service program medical director may make changes to the department protocols provided the changes are within the EMS provider’s scope of practice and within acceptable medical practice. A copy of the changes shall be filed with the department.

132.9(2) The medical director’s duties include, but need not be limited to:

a. Developing, approving and updating protocols to be used by service program personnel that meet or exceed the minimum standard protocols developed by the department.

Purpose

The completed protocol approval page allows for a physician medical director to implement the use of the *2018 Iowa Statewide EMS Treatment Protocols* for one or more service programs where they serve as the program’s medical director.

Instructions

Print or type the service name in the space provided. Next select each service’s corresponding service type and level of authorization. If the medical director makes any additions, subtractions, or other changes to the 2018 protocols the changes will need to be noted in the Protocol Revisions space and filed with the Department. This would include the addition, subtraction, or change of any medication listed within the 2018 protocols. If no changes are made to the 2018 protocols check the box for no changes. The service program will post the completed protocol approval document in the AMANDA folder.

Scope of Practice

The *Iowa Emergency Medical Care Provider Scope of Practice* document outlines the skills each level of certified EMS provider can perform. Some skills will require the approval of the service program’s physician medical director as well as documentation of additional training. Iowa EMS providers may not perform skills outside of their identified scope of practice as documented in the *Iowa Emergency Medical Care Provider Scope of Practice*. The most current version of the Iowa Emergency Medical Care Provider Scope of Practice document can be viewed and downloaded from the Bureau’s website at: <http://idph.iowa.gov/bets/ems/scope-of-practice>.

Recommendations

It is recommended that each service program maintain records that document the review/education of all staff members on the program’s most current protocols and the most current version of the *Iowa Emergency Medical Care Provider Scope of Practice* document.

2018 Protocol Approval

Service(s) Name		Grinnell Fire Department	Service Name	Service Name	Service Name	Service Name
Service Type	Ambulance	X				
	Non transport					
Service's Level of Authorization	EMR					
	EMT	X				
	AEMT					
	Paramedic					

Pharmaceuticals

Check All Medications Carried by the Service		
<i>Medication kit should contain <u>only</u> medications approved by the service's Medical Director</i>		
OTC Medications	Medications	
X Aspirin	<input type="checkbox"/> Adenosine	<input type="checkbox"/> Lorazepam
<input type="checkbox"/> Activated Charcoal	<input type="checkbox"/> Albuterol	<input type="checkbox"/> Magnesium Sulfate
X Glucose Paste	<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Midazolam
Patient Assisted Medications	<input type="checkbox"/> Atropine	<input type="checkbox"/> Morphine Sulfate
X Auto-injector Epinephrine	<input type="checkbox"/> Dextrose	<input type="checkbox"/> Naloxone
X Nitroglycerin	<input type="checkbox"/> Diazepam	<input type="checkbox"/> Nitroglycerin
X Inhaler	<input type="checkbox"/> Diphenhydramine	<input type="checkbox"/> Ondansetron
IV Fluids	<input type="checkbox"/> Dopamine	X Oxygen
<input type="checkbox"/> Normal Saline	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Procainamide
<input type="checkbox"/> Ringer's Lactate	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Sodium Bicarbonate
<input type="checkbox"/> 5% Dextrose	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Thiamin
	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Vasopressin
Medications Added by Service's Medical Director		

2018 Protocol Approval

X No changes were made to the *2018 Iowa Statewide EMS Treatment Protocols*

OR

List below or attach copies of all changes made by the physician medical director to the *2018 Iowa Statewide EMS Treatment Protocols*

Page	Protocol Name	Changes Made

Additional Skills for the EMR, EMT, AEMT

Approval of these additional skills must be within the Service Program’s Level of Authorization and the Iowa EMS Provider’s Scope of Practice	Mark “Yes” if the skill is approved by the medical director to be performed by the identified certification level	Certification Level	Yes	No
	Pulse oximetry	EMR	X	
Glucose monitor	EMT		X	
Service carries auto-inject epi	EMT		X	
Central line access	AEMT		X	
CPAP	EMT, AEMT		X	

NOTE: Iowa’s Scope of Practice document requires medical director approval and documentation of additional training for these skills. Service program must maintain documentation of the additional training

Medical Director Statement of Approval

As the physician medical director I have reviewed both the <i>2018 Iowa Statewide EMS Treatment Protocols</i> and the <i>Iowa Emergency Medical Care Provider Scope of Practice</i> document and approve the use of the skills, medications, and protocols with revisions as documented above for the authorized Iowa EMS program(s) listed within this document.		
Medical Director’s Printed Name	Signature	Date

IOWA EMS TREATMENT PROTOCOLS

Adult Treatment Protocols

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Initial Patient Care Protocol-Adult and Pediatrics

Revised 2018

This protocol serves to reduce the need for extensive reiteration of basic assessment and other considerations in every protocol.

Assessment

1. Assess scene safety
 - a. Evaluate for hazards to EMS personnel, patient, bystanders
 - b. Determine number of patients
 - c. Determine mechanism of injury
 - d. Request additional resources if needed and weigh the benefits of waiting for additional resources against rapid transport to definitive care
 - e. Consider declaration of mass casualty incident if needed
2. Use appropriate personal protective equipment (PPE)
3. Wear high-visibility, retro-reflective apparel when deemed appropriate (e.g. operations at night or in darkness, on or near roadways)
4. Consider cervical spine stabilization and/or spinal care if trauma

Primary Survey

1. **Airway, Breathing, Circulation** is cited below; (although there are specific circumstances where **Circulation, Airway, Breathing** may be indicated such as cardiac arrest or major arterial bleeding)
 - a. Airway (assess for patency and open the airway as indicated)
 - i. Patient is unable to maintain airway patency—open airway
 1. Head tilt chin lift
 2. Jaw thrust
 3. Suction
 4. Consider use of the appropriate airway management adjuncts and devices:
 - oral airway,
 - nasal airway,
 - blind insertion, or supraglottic airway device,
 - laryngeal mask airway,
 - endotracheal tube
 5. For patients with laryngectomies or tracheostomies, remove all objects or clothing that may obstruct the opening of these devices, maintain the flow of prescribed oxygen, and reposition the head and/or neck

b. Breathing

- i. Evaluate rate, breath sounds, accessory muscle use, retractions, patient positioning
- ii. Administer oxygen as appropriate with a target of achieving 94-98% saturation for most acutely ill patients
- iii. Apnea (not breathing) – open airway-see #4 above

c. Circulation

- i. Control any major external bleeding (see Extremity Trauma/External Hemorrhage Management guideline)
- ii. Assess pulse
 1. If none – go to Cardiac Arrhythmia Protocol
 2. Assess rate and quality of carotid and radial pulses
- iii. Evaluate perfusion by assessing skin color and temperature
 1. Evaluate capillary refill

d. Disability

- i. Evaluate patient responsiveness: AVPU scale (Alert, Verbal, Pain, Unresponsive)
- ii. Evaluate gross motor and sensory function in all extremities
- iii. Check blood glucose in patients with altered mental status
- iv. If acute stroke suspected – go to Stroke Protocol

e. Expose patient as appropriate to complaint

- i. Be considerate of patient modesty
- ii. Keep patient warm

Secondary Survey

1. The performance of the secondary survey should not delay transport in critical patients. Secondary surveys should be tailored to patient presentation and chief complaint. Secondary survey may not be completed if patient has critical primary survey problems

a. Head

- i. Pupils
- ii. Naso-oropharynx
- iii. Skull and scalp

b. Neck

- i. Jugular venous distension
- ii. Tracheal position
- iii. Spinal tenderness

- c. Chest
 - i. Retractions
 - ii. Breath sounds
 - iii. Chest wall deformity
 - d. Abdomen/Back
 - i. Flank/abdominal tenderness or bruising
 - ii. Abdominal distension
 - e. Extremities
 - i. Edema
 - ii. Pulses
 - iii. Deformity
 - e. Neurologic
 - i. Mental status/orientation
 - ii. Motor/sensory
2. Obtain Baseline Vital Signs (An initial full set of vital signs is required: pulse, blood pressure, respiratory rate, neurologic status assessment) (see chart below)
- a. Neurologic status assessment: establish a baseline and note any change in patient neurologic status
 - i. AVPU (Alert, Verbal, Painful, Unresponsive) or
 - ii. Glasgow Coma Score (GCS)
 - b. Patients with cardiac or respiratory complaints
 - i. Pulse oximetry
 - ii. 12-lead EKG should be obtained early in patients with cardiac or suspected cardiac complaints
 - iii. Continuous cardiac monitoring, if available
 - iv. Consider waveform capnography (essential for patients who require invasive airway management) or digital capnometry
 - c. Patient with altered mental status
 - i. Check blood glucose
 - ii. Consider waveform capnography (essential for patients who require invasive airway management) or digital capnometry
 - d. Stable patients should have at least two sets of pertinent vital signs. Ideally, one set should be taken shortly before arrival at receiving facility
 - e. Critical patients should have pertinent vital signs frequently monitored
3. Obtain OPQRST history:
- a. **O**nset of symptoms (circumstances surrounding onset such as gradual, or sudden onset)
 - b. **P**rovocation – location; any exacerbating or alleviating factors
 - c. **Q**uality of pain

- d. Radiation of pain
- e. Severity of symptoms – pain scale
- f. Time of onset and circumstances around onset

4. Obtain SAMPLE history:

- a. Symptoms
- b. Allergies – medication, environmental, and foods
- c. Medications – prescription and over-the-counter; bring containers to ED if possible
- d. Past medical history
 - i. look for medical alert tags, portable medical records, advance directives
 - ii. look for medical devices/implants (some common ones may be dialysis shunt, insulin pump, pacemaker, central venous access port, gastric tubes, urinary catheter)
- e. Last oral intake
- f. Events leading up to the 911 call

Treatment and Interventions

1. Administer oxygen as appropriate with a target of achieving 94-98% saturation
2. Triage with an appropriate service if advanced level of care or assistance is needed and can be accomplished in a timely manner
3. Place appropriate monitoring equipment as dictated by assessment, within scope of practice – these may include:
 - a. Continuous pulse oximetry
 - b. Cardiac rhythm monitoring
 - c. Waveform capnography or digital capnometry
 - d. Carbon monoxide assessment
4. If within scope of practice, establish vascular access if indicated or in patients who are at risk for clinical deterioration.
 - a. If IO is to be used for a conscious patient, consider the use of 0.5 mg/kg of lidocaine 0.1mg/mL with slow push through IO needle to a maximum of 40 mg to mitigate pain from IO medication administration
5. Monitor pain scale if appropriate
6. Reassess patient

Patient Safety Considerations

1. Routine use of lights and sirens is not warranted
2. Even when lights and sirens are in use, always limit speeds to level that is safe for the emergency vehicle being driven and road conditions on which it is being operated
3. Be aware of legal issues and patient rights as they pertain to and impact patient care (e.g. patients with functional needs or children with special healthcare needs)
4. Be aware of potential need to adjust management based on patient age and comorbidities, including medication dosages
5. The maximum weight-based dose of medication administered to a pediatric patient should not exceed the maximum adult dose except where specifically stated in a patient care guideline
6. Direct medical control should be contacted when mandated or as needed

Key Considerations

Pediatrics: Use an accurate weight or length-based assessment tool (length-based tape or other system) to estimate patient weight and guide medication therapy and adjunct choices.

- a. The pediatric population is generally defined by those patients who weigh up to 40 kg or up to 14-years of age, whichever comes first
- b. Consider using the pediatric assessment triangle (appearance, work of breathing, circulation) when first approaching a child to help with assessment.

Geriatrics: The geriatric population is generally defined as those patients who are 65 years old or more.

- a. In these patients, as well as all adult patients, reduced medication dosages may apply to patients with renal disease (i.e. on dialysis or a diagnosis of chronic renal insufficiency) or hepatic disease (i.e. severe cirrhosis or end-stage liver disease)

Co-morbidities: reduced medication dosages may apply to patients with renal disease (i.e. on dialysis or a diagnosis of chronic renal insufficiency) or hepatic disease (i.e. severe cirrhosis or end-stage liver disease).

Normal Vital Signs

Age	Pulse	Respiratory Rate	Systolic BP
Preterm less than 1 kg	120-160	30-60	36-58
Preterm 1 kg	120-160	30-60	42-66
Preterm 2 kg	120-160	30-60	50-72
Newborn	120-160	30-60	60-70
Up to 1 year	100-140	30-60	70-80
1-3 years	100-140	20-40	76-90
4-6 years	80-120	20-30	80-100
7-9 years	80-120	16-24	84-110
10-12 years	60-100	16-20	90-120
13-14 years	60-90	16-20	90-120
15 years or older	60-90	14-20	90-130

Glasgow Coma Scale

ADULT GLASGOW COMA SCALE		PEDIATRIC GLASGOW COMA SCALE	
Eye Opening (4)		Eye Opening (4)	
Spontaneous	4	Spontaneous	4
To Speech	3	To Speech	3
To Pain	2	To Pain	2
None	1	None	1
Best Motor Response (6)		Best Motor Response (6)	
Obeys Commands	6	Spontaneous Movement	6
Localizes Pain	5	Withdraws to Touch	5
Withdraws from Pain	4	Withdraws from Pain	4
Abnormal Flexion	3	Abnormal Flexion	3
Abnormal Extension	2	Abnormal Extension	2
None	1	None	1
Verbal Response (5)		Verbal Response (5)	
Oriented	5	Coos, Babbles	5
Confused	4	Irritable Cry	4
Inappropriate	3	Cries to Pain	3
Incomprehensible	2	Moans to Pain	2
None	1	None	1
Total		Total	

ABDOMINAL PAIN (NON-TRAUMATIC)

Revised 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Give nothing by mouth

ADVANCED CARE GUIDELINES

- b) Consider a fluid bolus if indicated
- c) Consider pain and nausea control

ALTERED MENTAL STATUS

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Obtain blood glucose
- b) If conscious & able to swallow, administer glucose 15 gm by mouth

ADVANCED CARE GUIDELINES

- c) If blood sugar less than 60 mg/dL, administer D50 12.5 - 25 gm IV
- d) If no vascular access, administer glucagon 1 mg IM
- e) Evaluate the need for naloxone 0.2-1.0 mg IV/IO or intranasal. May repeat dosage in 3 minutes
- f) Evaluate the need for intubation

AMPUTATED PART

Reviewed 2018

1. Follow initial patient care protocol
2. Follow Trauma protocol if indicated

BASIC CARE GUIDELINES

- a) Locate amputated part if possible
- b) Wrap amputated part in saline moistened gauze
- c) Place wrapped amputated part in empty plastic bag
- d) Place the plastic bag with the amputated part in a water and ice mixture
- e) Do not use ice alone or dry ice
- f) Label with patient name, the date, and time
- g) Make sure the part is transported with the patient, if possible

ASTHMA AND COPD

Revised 2016

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) If patient has a physician prescribed hand-held metered dose inhaler:
 - Assist patient in administering a single dose if they have not done so already
 - Reassess patient and assist with second dose if necessary per medical direction
- b) Evaluate the need for CPAP, if available

ADVANCED CARE GUIDELINES

- c) Administer bronchodilator via nebulizer, repeat as needed
- d) Evaluate the need for CPAP, if available
- e) Evaluate the need for airway management.

BEHAVIORAL EMERGENCIES

Revised 2017

1. Follow initial patient care protocol
2. If there is evidence of immediate danger, protect yourself and others by summoning law enforcement to help ensure safety

BASIC CARE GUIDELINES

- a) Consider medical or traumatic causes of behavior problems
- b) Keep environment calm

ADVANCED CARE GUIDELINES

- c) For severe anxiety, consider a benzodiazepine such as:
 - Diazepam 2mg IV every 5 minutes up to 10 mg maximum
OR
 - Diazepam 5-10mg IM
- d) For excited delirium, consider medications such as:
 - Ketamine 4 mg/kg IM
OR
 - Ziprasidone (Geodon) 10-20 mg IM

BURNS

Revised 2017

1. Follow initial patient care protocol
2. Continually monitor the airway for evidence of obstruction
3. Do not use any type of ointment, lotion, or antiseptic
4. Maintain normal patient temperature
5. Transport according to the Out-of-Hospital Trauma Destination Decision Protocol (Appendix B)

BASIC CARE GUIDELINES

- a) Stop the burning process
- b) Estimate percent of body surface area injured and depth of injury
- c) If wound is less than 10% Body Surface Area, cool burn with Normal Saline
- d) Remove smoldering clothing and jewelry and expose area
- e) Cover the burned area with plastic wrap or a clean dry dressing

ADVANCED CARE GUIDELINES

- f) Establish an IV of LR or NS. For severe burns, consider administration of 500 ml bolus
- g) Contact medical control for further fluid administration
- h) Refer to Pain Control protocol

Chemical Burns

BASIC CARE GUIDELINES

- a) Brush off powders prior to flushing. Lint roller may also be used to remove powders prior to flushing
- b) Immediately begin to flush with large amounts of water
- c) Continue flushing the contaminated area when en route to the receiving facility

- d) Do not contaminate uninjured areas while flushing
- e) Attempt to identify contaminant

ADVANCED CARE GUIDELINES

- f) Refer to Pain Control protocol

Toxin in Eye

BASIC CARE GUIDELINES

- a) Flood eye(s) with lukewarm water and have patient blink frequently during irrigation. Use caution to not contaminate other body areas
- b) Attempt to identify contaminant

ADVANCED CARE GUIDELINES

- c) Establish a large bore IV if indicated and infuse as patient condition warrants
- d) Refer to Pain Control protocol

Electrical Burns

BASIC CARE GUIDELINES

- a) Treat soft tissue injuries associated with the burn with dry dressing
- b) Treat for shock if indicated

ADVANCED CARE GUIDELINES

- c) Refer to Pain Control protocol

CARDIAC ARRHYTHMIAS

Revised 2017

1. Follow initial patient care protocol

If No Pulse

BASIC CARE GUIDELINES

- a) Perform high quality CPR immediately, apply AED and follow device prompts
- b) Compression-only CPR is appropriate if unable to support airway while applying and using AED
- c) May place appropriate airway if unable to adequately ventilate patient noninvasively, if does not interrupt compressions, or after return of spontaneous circulation
- d) May apply mechanical compression device (if available) after ensuring high quality compressions and application of AED. Emphasis on minimizing interruption of compressions.

ADVANCED CARE GUIDELINES

- e) Perform high quality CPR immediately, apply monitor and check rhythm as soon as possible

VENTRICULAR FIBRILLATION OR VENTRICULAR TACHYCARDIA

- f) Defibrillate at manufacturer's specification, immediately resume CPR for two minutes
- g) Evaluate and treat for underlying causes
- h) Administer epinephrine 1:10,000 concentration 1 mg IV or IO every 3-5 minutes
- i) Consider amiodarone for refractory pulseless V-Tach or V-Fib 300 mg IV or IO, repeat 150 mg in 5 minutes
- j) Consider magnesium sulfate for Torsades de Pointes 1-2 g IV or IO, delivered over 5-20 minutes

ASYSTOLE/PEA

- k) Evaluate for treatable causes
- l) Administer epinephrine 1:10,000 concentration 1 mg IV or IO as soon as asystole or PEA is identified. Repeat every 3-5 minutes

(Cardiac Arrhythmias Continued)

Cardiac Arrhythmias if Pulse

BASIC CARE GUIDELINES

- a) Follow- Chest Pain protocol
- b) Assess and treat underlying causes

ADVANCED CARE GUIDELINES

BRADYCARDIA

- c) If symptomatic, administer atropine 0.5 mg IV or IO every 3-5 minutes as needed to maximum dose of 3.0 mg
- d) Initiate transcutaneous pacing if blood pressure less than 90 systolic, atropine unsuccessful or atropine administration not immediately available.
OR
- e) Consider administering dopamine 5-20 mcg/kg/min IV or IO
OR
- f) Consider administering epinephrine 2-10 mcg/min IV or IO

TACHYCARDIA (Symptomatic-Rates greater than 150)

- g) If patient unstable:
 Perform synchronized cardioversion (consider sedation)
- h) If patient stable with wide QRS:
 If regular and monomorphic, consider administration of adenosine 6 mg IV, may be repeated at 12 mg after two minutes
 OR
 Consider administration of amiodarone 150 mg over 10 minutes IV or IO
- i) If patient is stable with narrow QRS
 Perform vagal maneuvers
 OR
 Consider administration of adenosine 6 mg IV, may be repeated at 12 mg after two minutes

CHEST PAIN

Updated 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Place patient in position of comfort, loosen tight clothing and provide reassurance. If patient is complaining of shortness of breath, has signs of respiratory distress or pulse oximetry of less than 94%, titrate oxygen to symptom improvement or to maintain saturation of 94-99%.
- b) If capability exists, obtain a 12-lead EKG and transmit to the receiving facility and/or medical control for interpretation as soon as possible. An initial management goal is to identify STEMI and transport the patient with cardiac symptoms to the facility most appropriate to needs.
- c) Complete Fibrinolytic Therapy Checklist-Appendix F
- d) If patient is alert and oriented and expresses no allergy to aspirin assist the patient by having them chew nonenteric aspirin 325 mg.
- e) Evaluate if erectile dysfunction or pulmonary hypertension medications have been taken in the past 24-48 hours including: Sildenafil (Viagra, Revatio), Vardenafil (Levitra, Staxyn), or Avanafil (Stendra), Tadalafil (Cialis, Adcirca).
- f) If the patient has not taken any of the medications in (d) in the last 48 hours and has a systolic blood pressure of 90 mmHg or above, assist the patient self-administer one dose of nitroglycerin (patient's nitro dose only).
- g) Repeat one dose of nitroglycerin in 5 minutes if pain continues, systolic blood pressure is 90 mmHg or above, up to a maximum of three doses.
- h) Reassess patient and vital signs following each dose of nitroglycerin.
- i) If transport initiated to a non-PCI Facility-Complete fibrinolytic therapy checklist found in Appendix F.

ADVANCED CARE GUIDELINES

- j) Monitor EKG-evaluate for evidence of STEMI and treat dysrhythmias.
- k) If STEMI is present, determine appropriate destination.
 - If transport time to a facility capable of providing emergency PCI care is 60 minutes or less, it is recommended that all of these patients be transported directly to the emergency PCI capable facility.
 - If transport time to a facility capable of providing emergency PCI care is between 60 - 90 minutes, transport to the PCI capable facility should be considered.
- l) Establish IV access at TKO rate unless otherwise ordered or indicated.
- m) Administer nitroglycerin (tab or spray) 0.4 mg sublingually if systolic blood pressure 90 mmHg or above for symptoms of chest pain or atypical cardiac pain. Repeat one dose in 5 minutes if pain continues and systolic blood pressure is 90 mmHg or above up to a maximum of three doses.
- n) If pain continues after administration of nitroglycerin and systolic blood pressure remains above 90 mmHg administer:
 - Morphine 2-4 mg IV may repeat every 5 minutes
OR
 - Fentanyl 25-50 mcg IV may repeat every 5 minutes
OR
 - Patient administered nitrous oxide-observe for altered mentation and ability to self-administer

CHILDBIRTH

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

Normal Delivery

- a) If delivery is imminent with crowning, commit to delivery on site and contact medical control.
- b) If the amniotic sac does not break, or has not broken, use a clamp to puncture the sac and push it away from the infant's head and mouth as they appear.
- c) Clamp cord with 2 clamps and cut the cord between the clamps.
- d) For newborn management, see newborn resuscitation protocol.

Abnormal Delivery

Breech Delivery (Buttocks Presentation)

- a) Allow spontaneous delivery.
- b) Support infant's body as it's delivered.
- c) If head delivers spontaneously, proceed as in Section I (Normal Delivery).
- d) If head does not deliver within 3 minutes, insert gloved hand into the vagina, keeping your palm toward baby's face; form a "V" with your fingers and push wall of vagina away from baby's face, thereby creating an airway for baby. Do not remove your hand until relieved by advanced EMS or hospital staff.
- e) Contact medical control for any other issues.

CONGESTIVE HEART FAILURE

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Maintain oxygen saturation 94% - 99%
- b) If capability exists, obtain a 12-lead EKG and transmit it to the receiving facility and/or medical control for interpretation prior to patient's arrival
- c) Consider nitroglycerin (tab or spray) 0.4 mg sublingually (patients nitro only) if systolic blood pressure 90 mmHg or above. May repeat every 3 to 5 minutes. Maximum of 3 doses.

Evaluate if Erectile Dysfunction or Pulmonary hypertension medications taken in the past 24 hours including: Sildenafil (Viagra, Revatio), Vardenafil (Levitra, Staxyn), or Avanafil (Stendra), Tadalafil (Cialis, Adcirca). Hold nitrates for 48 hours following the last dose

- d) Reassess patient and vital signs after each dose of nitroglycerin
- e) If capability exists, consider CPAP

ADVANCED CARE GUIDELINES

- f) Monitor EKG and treat arrhythmias
- g) Administer nitroglycerin (tab or spray) 0.4 mg sublingually if systolic blood pressure 90 mmHg or above. May repeat every 3 to 5 minutes. Maximum of 3 doses.

DETERMINATION OF DEATH-WITHHOLDING RESUSCITATIVE EFFORTS

Revised 2018

Follow initial patient care protocol

Resuscitation should be started on all patients who are found apneic and pulseless unless the following medical cause, traumatic injury or body condition clearly indicating biological death (irreversible brain death) such as:

- Signs of trauma are conclusively incompatible with life
 - Decapitation
 - Transection of the torso
 - 90% of the body surface area with full thickness burns
 - Massive crush injury
 - Apneic, pulseless and without other signs of life (movement, EKG activity, pupillary response)
- Cardiac and respiratory arrest with obvious signs of death including
 - Rigor mortis
 - Dependent lividity
- Physical decomposition of the body

OR

A valid DNR order (form, card, bracelet) or other actionable medical order (e.g. I-POLST form) present, when it:

- Conforms to the state specifications
- Is intact: it has not been cut, broken or shows signs of being repaired
- Displays the patient's name and the physician's name

If apparent death is confirmed, continue as follows:

- a) The county Medical Examiner and law enforcement shall be contacted
- b) When possible, contact Iowa Donor Network at 1-800-831-4131.
- c) At least one EMS provider should remain at the scene until the appropriate authority is present
- d) Provide psychological support for grieving survivors
- e) Document the reason(s) no resuscitation was initiated
- f) Preserve the crime scene if applicable

FROSTBITE

Revised 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Remove the patient from the cold environment
- b) Protect the cold injured extremity from further injury (manual stabilization)
- c) Remove wet or restrictive clothing
- d) Do not rub or massage
- e) Do not re-expose to the cold
- f) Remove jewelry
- g) Cover with dry clothing or dressings

ADVANCED CARE GUIDELINES

- h) Refer to pain control protocol

HEAT ILLNESS

Revised 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Remove from the hot environment and place in a cool environment (back of air conditioned response vehicle)
- b) Loosen or remove clothing
- c) Place in recovery position
- d) Initially cool patient by fanning and cool mist if available
- e) Consider cooling patient with cold packs to neck, groin and axilla
- f) If alert, stable, and not nauseated, you may have the patient slowly drink small sips of water or other fluids e.g. sports drinks

ADVANCED CARE GUIDELINES

- g) Monitor EKG and treat dysrhythmias following the appropriate protocol(s)

HYPOTHERMIA

Updated 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Remove wet clothing
- b) If able, check core temperature
- c) Handle patient very gently
- d) Cover patient with blankets
- e) EKG if available

ADVANCED CARE GUIDELINES

- f) Administer warm IV fluids if available, do not administer cold fluids
- g) Monitor EKG and treat dysrhythmias
- h) If body temp is confirmed or suspected to be below 86 degrees Fahrenheit
 - ONLY give epinephrine every 8 minutes if indicated
 - Defibrillation is indicated ONLY once
 - Consider spacing other medications used for resuscitation

NAUSEA AND VOMITING

Revised 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Limit oral intake to sips

ADVANCED CARE GUIDELINES

- b) Consider fluid bolus IV/IO if evidence of hypovolemia and lung sounds are clear
- h) If patient nauseated or is vomiting, consider anti-emetic medication such as ondansetron (Zofran) 4 mg IV or PO. May repeat x 1 after 5 minutes

PAIN CONTROL

Reviewed 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Attempt to manage all painful conditions:
 - Splint extremity injuries
 - Place the patient in a position of comfort

ADVANCED CARE GUIDELINES

- b) Consider administration of pain medications for patients that have significant pain, do not have a decreased level of consciousness, are hemodynamically stable, and have oxygen saturations above 94%.
 - Morphine 2-4 mg via IV, repeated in 5 min
OR
 - Fentanyl 25 to 50 mcg IV every 5 minutes
OR
 - Ketamine 0.1-0.3 mg/kg IV or 0.5 mg/kg IM/IN
OR
 - Nitrous Oxide per self-administration - observe for altered mentation before secondary doses and continued ability to self-administer.
- c) For severe pain consider anxiolytic medication
 - Midazolam 0.5-2.5 mg IV / IM repeated every 5 minutes as needed to a maximum of 5 mg
OR
 - Diazepam 2-5 mg IV / IM repeated every 5 minutes as needed to a maximum of 10 mg
OR
 - Lorazepam 2mg IV, repeated every 30 minutes as needed to a maximum of 4 mg.
- d) The patient must have vital signs taken prior to each dose, after each dose, and be monitored closely.
- e) After drug administration, reassess the patient using the appropriate pain scale

POISONING

Revised 2018

1. Follow initial patient care protocol
2. Identify contaminate and call Poison Control and follow directions given to provide care: 1-800-222-1222
3. Contact Medical Direction as soon as possible with information given by Poison Control and care given

BASIC CARE GUIDELINES

1. Attempt to identify substances ingested or exposed by interviewing witnesses. Try to establish the exact time of ingestion, as well as the amount and type of ingestion. Medication containers or chemical labels should be taken with you.

ADVANCED CARE GUIDELINES

Bradycardia with Unknown Overdose:

- a. Consider Atropine 0.5 mg IV every 5 minutes as needed up to total dose of 3 mg.
- b. Consider dopamine (Intropin) 5-15 mcg/kg/min
- c. Consider transcutaneous pacemaker

Tachycardia with Unknown Overdose:

- a. Provide IV fluid bolus with normal saline 1L
- b. Consider benzodiazepine such as
 1. Midazolam 0.5-2.5 mg IV / IM repeated every 5 minutes as needed to a maximum of 5 mg
OR
 2. Diazepam 2-5 mg IV / IM repeated every 5 minutes as needed to a maximum of 10 mg
OR
 3. Lorazepam 2mg IV, repeated every 30 minutes as needed to a maximum of 4 mg. Use for long transports
- c. AVOID lidocaine and beta-blockers, particularly Labetalol.
- d. Consider Sodium Bicarbonate 1 mEq/kg IV for dysrhythmias refractory to benzodiazepines (especially those with a wide QRS complex or prolonged QT).
- e. Cool patients presenting with agitation, delirium, seizure and elevated body temperature

Suspected Opioid Overdose:

- f. Support ventilations via bag-valve-mask and oxygen while preparations are made for Naloxone (Narcan) administration
- g. Initial dose of Naloxone (Narcan) is 0.4 to 2 mg IV over 15-30 seconds or 0.4 to 4 mg IM, SQ or IN. Repeated doses maybe required

Calcium Channel Blocker (Norvasc, Cardizem) or Beta Blocker (Atenolol, Lopressor, Inderal) Overdose:

- h. Consider Calcium gluconate 10% [1 g/10 mL] 2 g IV over 5 minutes
 - i. May repeat x 1 in 5 minutes if persistent EKG changes
 - ii. Calcium therapy is contraindicated for patients taking digitalis
- i. Consider Glucagon 1-3 mg slow IV push over 1-2 minutes, may repeat in 10-15 minutes if no response is seen

Digitalis Overdose:

- j. Consider normal saline IV
- k. Consider Atropine 0.5 mg IV every 5 minutes as needed up to total dose of 3 mg
- l. Consider transcutaneous pacemaker

TCA (Elavil, Tofranil) Overdose:

- m. Consider Sodium bicarbonate 50 ml [1 ampule] IV for wide complex QRS
- n. Be cautious for seizures

POST RESUSCITATION WITH RETURN OF SPONTANEOUS CIRCULATION

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Maintain oxygen saturation between 94% - 99%
- b) Attempt to maintain normal patient temperature
- c) If available, obtain blood glucose and treat per altered mental status protocol
- d) If capability exists, obtain a 12-lead EKG and transmit it to the receiving facility and/or medical control for interpretation prior to patient's arrival

ADVANCED CARE GUIDELINES

- e) If available, perform waveform capnography, maintaining PETCO₂ 35-40 mm Hg
- f) Treat hypotension per shock protocol

SEIZURE

Revised 2017

1. Follow initial patient care protocol

Active Seizure

BASIC CARE GUIDELINES

- a) Protect airway

ADVANCED CARE GUIDELINES

- b) Administer benzodiazepine such as:
 - Valium 2 mg IV push until seizure stops or maximum dose of 10 mg is givenOR
 - Lorazepam 1 mg IV push, until the seizure stops or until maximum dose of 10 mg is givenOR
 - Midazolam 2 mg IV push until the seizure stops or until maximum dose of 10 mg is given
- c) Check blood glucose level, if available, and treat hypoglycemia if present

Post Seizure

BASIC CARE GUIDELINES

- a) Protect airway
- b) Check blood sugar, if available, and treat hypoglycemia if present per altered mental status protocol

ADVANCED CARE GUIDELINES

- c) Consider thiamine 100 mg IM

SPINAL CARE

Revised 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

1. Patient Presentation:

- a) This protocol is intended for patients who present with a traumatic mechanism of injury.
- b) Spinal motion restriction is contraindicated for patients who have penetrating trauma who do not have a neurological deficit.

2. Patient Management:

a) Assessment while maintaining spinal alignment:

- mental status,
- neurological deficits,
- spinal pain,
- tenderness,
- evidence of intoxication,
- tenderness on palpation or deformities.

b) Treatment and Interventions:

Apply cervical restriction if there is any of the following:

- Patient complains of neck pain.
- Any neck tenderness on palpation.
- Any abnormal mental status, including extreme agitation, or neurological deficit.
- Any evidence of alcohol or drug intoxication
- There are other severe or painful injuries present.
- Any communication barrier that prevents accurate assessment.

SPINAL CARE CONTINUED

- c) Spinal and cervical motion restriction and a long spine board, full body vacuum splint, scoop stretcher, or similar device if:
 - Patient complains of midline back pain
 - Any midline back tenderness

Note 1: Distracting injuries or altered mental status does not necessitate long spine board use.

Note 2: Patients should not routinely be transported on long boards, unless the clinical situation warrants long board use. An example of this may be facilitation of multiple extremity injuries or an unstable patient where removal of a board will delay transport and/or other treatment priorities. In these rare situation, long boards should be padded or have a vacuum mattress applied to minimize secondary injury to the patient.

SHOCK

Revised 2016

1. Follow initial patient care protocol
2. Maintain oxygen saturation between 94% - 99%

Hypovolemic External Bleeding

BASIC CARE GUIDELINES

- a) Avoid further heat loss
- b) Splint extremities as needed
- c) Follow Hemorrhage Control Protocol
 - Control bleeding with direct pressure. Large gaping wounds may need application of a bulky sterile gauze dressing and direct pressure by hand
 - Consider application of tourniquet if unable to control hemorrhage with direct pressure

ADVANCED CARE GUIDELINES

- d) Establish IV/IO access
- e) If radial pulse is absent or systolic blood pressure is less than 90 mmHg, administer 20ml/kg, up to 250ml, NS or LR. Repeat as needed to until radial pulse returns or systolic blood pressure reaches 90 mmHg.

Hypovolemic Internal Bleeding

BASIC CARE GUIDELINES

- a) Place patient in supine position
- b) Consider use of PASG for lower extremity or pelvis fractures
- c) Consider use of pelvic stabilizer for pelvis fractures

ADVANCED CARE GUIDELINES

- d) Establish IV/IO access
- e) If radial pulse is absent or systolic blood pressure is less than 90 mmHg, administer 20ml/kg, up to 250ml, NS or LR. Repeat as needed to until radial pulse returns or systolic blood pressure reaches 90 mmHg.

(SHOCK Continued)

Cardiogenic

BASIC CARE GUIDELINES

- a) Place in position of comfort
- b) If capability exists, obtain a 12-lead EKG and transmit it to the receiving facility and/or medical control for interpretation prior to patient's arrival

ADVANCED CARE GUIDELINES

- c) Establish IV/IO access
- d) Obtain 12-lead EKG
- e) Administer dopamine IV or IO at 10-20/mcg/kg/min

Obstructive Shock: Tension Pneumothorax

BASIC CARE GUIDELINES

- a) Place in a position of comfort

ADVANCED CARE GUIDELINES

- b) Perform needle decompression

Obstructive Shock: Pericardial Tamponade

BASIC CARE GUIDELINES

- a) Place in a position of comfort

ADVANCED CARE GUIDELINES

- b) The goal should be to minimize scene time with time critical injuries, including establishing IV access en route.
- c) Administer 20 ml/kg, up to 500ml, NS or LR. Repeat as needed to maintain a systolic pressure of 90 mmHg.

(SHOCK Continued)

Obstructive Shock: Pulmonary Embolus

BASIC CARE GUIDELINES

- a) Place in a position of comfort
- b) Avoid further heat loss

ADVANCED CARE GUIDELINES

- c) Administer 20 ml/kg, up to 500ml, NS or LR. Repeat as needed to maintain a systolic pressure of 90 mmHg
- d) If available, obtain 12-lead EKG
- e) Evaluate the need for pain and nausea control
- f) If patient is alert and oriented and expresses no allergy to aspirin, consider having patient chew nonenteric aspirin 160 – 325 mg
- g) Consider administration of dopamine IV or IO at 10-20/mcg/kg/min if systolic blood pressure is less than 90 mmHg.

Distributive Shock: Neurogenic

BASIC CARE GUIDELINES

- a) Place supine
- b) Avoid further heat loss

(SHOCK Continued)

ADVANCED CARE GUIDELINES

- a) Administer 20 ml/kg, up to 500ml, NS or LR. Repeat as needed to maintain a systolic pressure of 90 mmHg
- c) Consider administering dopamine at 10-20 mcg/kg/min IV or IO
- d) If symptomatic bradycardia is present and does not respond to the treatments above, consider:
 - Administering atropine 0.5 mg every 5 minutes, up to 3 mg
OR
 - Transcutaneous pacing

Distributive Shock: Anaphylactic

BASIC CARE GUIDELINES

- b) If the patient has a physician prescribed Auto-Inject Epinephrine assist with administering it for signs of anaphylaxis

ADVANCED CARE GUIDELINES

- c) Administer epinephrine 1:1,000 concentration 0.01 mg/kg IM, up to a single dose of 0.5 mg. Maximum total dose 1 mg.
- d) Administer diphenhydramine 25 – 50 mg IV/IM
- e) Administer albuterol 2.5mg by nebulizer if respiratory distress
- f) Evaluate need for early intubation if severe anaphylaxis
- g) For cases of severe anaphylaxis consider administration of epinephrine 1:10,000 concentration 0.3 mg - 0.5 mg IV/IO slowly over 3-5 minutes.

(SHOCK Continued)

Distributive Shock: Septic

BASIC CARE GUIDELINES

- a) Maintain oxygen saturation between 94% - 99%
- b) Place patient in supine position
- c) If temperature is over 102°F/38.9°C, cool patient (i.e. cool sponges)

ADVANCED CARE GUIDELINES

- d) Administer 20 ml/kg, up to 500ml, NS or LR. Repeat as needed to maintain a systolic pressure of 90 mmHg
- e) If temperature is over 102°F/38.9°C, cool patient
- f) Consider administering dopamine at 10-20 mcg/kg/min IV or IO
- g) Consider administering diphenhydramine 25 – 50 mg IV/IM

STROKE

Revised 2017

1. Follow initial patient care protocol
2. Refer to Appendix G

BASIC CARE GUIDELINES

- a) Complete a validated stroke exam such as the MEND exam. Notify receiving facility as soon as possible if stroke is suspected
- b) Check blood glucose, if available
- c) Place patient in position of comfort, loosen tight clothing and provide reassurance.
- d) If patient is complaining of shortness of breath, has signs of respiratory distress and pulse oximetry of less than 94% then titrate oxygen to maintain a saturation of 94-99%

ADVANCED CARE GUIDELINES

- a) If blood sugar less than 60 mg/dL administer D50 12.5 - 25 gm IV
 - If no vascular access, administer glucagon 1 mg IM
- b) Monitor patient's level of consciousness and blood pressure every five (5) minutes, and keep patient as calm as possible

TERMINATION OF RESUSCITATIVE EFFORTS

Revised 2018

Indications to consider termination of resuscitation:

1. Advanced level care (Paramedic level) has been instituted to include rhythm analysis and defibrillation if indicated, airway management, and medications given per protocol
2. No return of spontaneous circulation or respiration
3. Correctable causes or special resuscitation circumstances have been considered and addressed
4. Patient does not have profound hypothermia
5. Patient has no other signs of life (no response to pain, non-reactive pupils, no spontaneous movement)

Termination of resuscitation:

1. A valid DNR order, such as IPOST, is obtained by the EMS provider at any level
- OR
2. Patient meets all criteria under 'indications' above and as applicable to scope of practice
 - a. *On-line medical direction* is contacted (while advanced care continues) to discuss any further appropriate actions.
 - b. Advanced care may be discontinued if *physician on-line medical direction* authorizes.

Other considerations:

1. Documentation must reflect that the decision to terminate resuscitation was determined by *physician on-line medical direction*.
2. An EMS/health care provider must attend the deceased until the appropriate authorities arrive.
3. All IVs, tubes, etc. should be left in place until the medical examiner authorizes removal.
4. Implement survivor support plans related to coroner notification, funeral home transfer, leaving the body at the scene, and death notification/grief counseling for survivors.
5. See Appendix J -EMS Provider Initiating Organ and Tissue Donation at the Scene of the Deceased.

TRAUMA

Revised 2016

1. Follow Initial Patient Protocol for all patients
2. Follow the Out-of-Hospital Trauma Triage Destination Decision Protocol for the identification of time-critical injuries, method of transport and destination decision for treatment of those injuries
3. The goal should be to minimize scene time with time critical injuries, including establishing IVs enroute.

Hemorrhage Control

BASIC CARE GUIDELINES

- e) Control bleeding with direct pressure. Large gaping wounds may need application of a bulky sterile gauze dressing and direct pressure by hand
- f) If direct pressure/pressure dressing is ineffective or impractical, apply a tourniquet to extremity
- g) If bleeding site is not amenable to tourniquet placement (i.e. junctional injury), apply a topical hemostatic agent with direct pressure

ADVANCED CARE GUIDELINES

- h) If radial pulse is absent or systolic blood pressure is less than 90 mmHg, administer 20ml/kg, up to 250ml, NS or LR. Repeat as needed to until radial pulse returns or systolic blood pressure reaches 90 mmHg.

Chest Trauma

BASIC CARE GUIDELINES

- a) Seal open chest wounds immediately. Use occlusive dressing taped down. If the breathing becomes worse, loosen one side of the dressing to release pressure and then reseal
- b) Impaled objects must be left in place and should be stabilized by building up around the object with multiple trauma dressings or other cushioning material
- c) Take care that the penetrating object is not allowed to do further damage

(Trauma Continued)

ADVANCED CARE GUIDELINES

- d) If concerned for symptomatic pneumothorax, perform needle decompression.

Abdominal Trauma

BASIC CARE GUIDELINES

- a) Control external bleeding. Dress open wounds to prevent further contamination
- b) Evisceration should be covered with a sterile saline soaked occlusive dressing
- c) Impaled objects should be left in place, stabilized with bulky dressings for transport

Head, Neck, and Face Trauma

BASIC CARE GUIDELINES

- a) Place the head in a neutral in-line position unless the patient complains of pain or the head does not easily move into this position
- b) Closely monitor the airway. Provide suctioning of secretions or vomit as needed. Be prepared to log roll the patient if they vomit.
- c) Impaled objects in the cheek may be removed if causing airway problems, or you are having trouble controlling bleeding.
- d) Reassess vitals and Glasgow Coma Score (GCS) frequently
- e) Consider eye shield for any significant eye trauma. If the globe is avulsed, do not put it back into socket; cover with moist saline dressing and then place cup over it.

ADVANCED CARE GUIDELINES

- f) Consider intubation if GCS is less than 8 or airway cannot be maintained
- g) If patient is intubated or has an airway such as Combitube, King or LMA, the PETCO₂ levels should be continually monitored and maintained at 33 – 43 mmHg if available

(Trauma Continued)

Extremity Injuries

BASIC CARE GUIDELINES

- a) Assess extent of injury including presence or absence of pulse
- b) Establish and maintain manual stabilization of injured extremity by supporting above and below the injury
- c) Remove or cut away clothing and jewelry
- d) Cover open wounds with a sterile dressing
- e) Do not intentionally replace any protruding bones
- f) Apply cold pack to area of pain or swelling
- g) If severe deformity of the distal extremity is cyanotic or lacks pulses, align with gentle traction before splinting, and transport immediately

Iowa EMS Treatment Protocols

Pediatric Treatment Protocols

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Initial Patient Care Protocol-Adult and Pediatrics

Revised 2018

This protocols serves to reduce the need for extensive reiteration of basic assessment and other considerations in every protocol.

Assessment

1. Assess scene safety
 - a. Evaluate for hazards to EMS personnel, patient, bystanders
 - b. Determine number of patients
 - c. Determine mechanism of injury
 - d. Request additional resources if needed and weigh the benefits of waiting for additional resources against rapid transport to definitive care
 - e. Consider declaration of mass casualty incident if needed
2. Use appropriate personal protective equipment (PPE)
3. Wear high-visibility, retro-reflective apparel when deemed appropriate (e.g. operations at night or in darkness, on or near roadways)
4. Consider cervical spine stabilization and/or spinal care if trauma

Primary Survey

1. **Airway, Breathing, Circulation** is cited below; (although there are specific circumstances where **Circulation, Airway, Breathing** may be indicated such as cardiac arrest or major arterial bleeding)
 - a. Airway (assess for patency and open the airway as indicated)
 - i. Patient is unable to maintain airway patency—open airway
 1. Head tilt chin lift
 2. Jaw thrust
 3. Suction
 4. Consider use of the appropriate airway management adjuncts and devices:
 - oral airway,
 - nasal airway,
 - blind insertion, or supraglottic airway device,
 - laryngeal mask airway,
 - endotracheal tube
 5. For patients with laryngectomies or tracheostomies, remove all objects or clothing that may obstruct the opening of these devices, maintain the flow of prescribed oxygen, and reposition the head and/or neck

b. Breathing

- i. Evaluate rate, breath sounds, accessory muscle use, retractions, patient positioning
- ii. Administer oxygen as appropriate with a target of achieving 94-98% saturation for most acutely ill patients
- iii. Apnea (not breathing) – open airway-see #4 above

c. Circulation

- i. Control any major external bleeding [see Extremity Trauma/External Hemorrhage Management guideline]
- ii. Assess pulse
 1. If none – go to Pediatric Cardiac Arrhythmia Protocol
 2. Assess rate and quality of carotid and radial pulses
- iii. Evaluate perfusion by assessing skin color and temperature
 1. Evaluate capillary refill

d. Disability

- i. Evaluate patient responsiveness: AVPU scale (Alert, Verbal, Pain, Unresponsive)
- ii. Evaluate gross motor and sensory function in all extremities
- iii. Check blood glucose in patients with altered mental status
- iv. If acute stroke suspected – go to Stroke Protocol

e. Expose patient as appropriate to complaint

- i. Be considerate of patient modesty
- ii. Keep patient warm

Secondary Survey

1. The performance of the secondary survey should not delay transport in critical patients. Secondary surveys should be tailored to patient presentation and chief complaint. Secondary survey may not be completed if patient has critical primary survey problems

a. Head

- i. Pupils
- ii. Naso-oropharynx
- iii. Skull and scalp

b. Neck

- i. Jugular venous distension
- ii. Tracheal position
- iii. Spinal tenderness

c. Chest

- i. Retractions
- ii. Breath sounds
- iii. Chest wall deformity

- d. Abdomen/Back
 - i. Flank/abdominal tenderness or bruising
 - ii. Abdominal distension
 - e. Extremities
 - i. Edema
 - ii. Pulses
 - iii. Deformity
 - e. Neurologic
 - i. Mental status/orientation
 - ii. Motor/sensory
2. Obtain Baseline Vital Signs (An initial full set of vital signs is required: pulse, blood pressure, respiratory rate, neurologic status assessment) (see chart below)
- a. Neurologic status assessment: establish a baseline and note any change in patient neurologic status
 - i. Glasgow Coma Score (GCS) (see chart below) or
 - ii. AVPU (**A**lert, **V**erbal, **P**ainful, **U**nresponsive)
 - b. Patients with cardiac or respiratory complaints
 - i. Pulse oximetry
 - ii. 12-lead EKG should be obtained early in patients with cardiac or suspected cardiac complaints
 - iii. Continuous cardiac monitoring, if available
 - iv. Consider waveform capnography (essential for patients who require invasive airway management) or digital capnometry
 - c. Patient with altered mental status
 - i. Check blood glucose
 - ii. Consider waveform capnography (essential for patients who require invasive airway management) or digital capnometry
 - d. Stable patients should have at least two sets of pertinent vital signs. Ideally, one set should be taken shortly before arrival at receiving facility
 - e. Critical patients should have pertinent vital signs frequently monitored
3. Obtain OPQRST history:
- a. **O**nset of symptoms
 - b. **P**rovocation – location; any exacerbating or alleviating factors
 - c. **Q**uality of pain
 - d. **R**adiation of pain
 - e. **S**everity of symptoms – pain scale
 - f. **T**ime of onset and circumstances around onset

4. Obtain SAMPLE history:
 - a. Symptoms
 - b. Allergies – medication, environmental, and foods
 - c. Medications – prescription and over-the-counter; bring containers to ED if possible
 - d. Past medical history
 - i. look for medical alert tags, portable medical records, advance directives
 - ii. look for medical devices/implants (some common ones may be dialysis shunt, insulin pump, pacemaker, central venous access port, gastric tubes, urinary catheter)
 - e. Last oral intake
 - f. Events leading up to the 911 call

In patients with syncope, seizure, altered mental status, or acute stroke, consider bringing the witness to the hospital or obtain their contact phone number to provide to ED care team

Treatment and Interventions

1. Administer oxygen as appropriate with a target of achieving 94-98% saturation
2. Tier with an appropriate service if advanced level of care or assistance is needed and can be accomplished in a timely manner
3. Place appropriate monitoring equipment as dictated by assessment and scope of practice – these may include:
 - a. Continuous pulse oximetry
 - b. Cardiac rhythm monitoring
 - c. Waveform capnography or digital capnometry
 - d. Carbon monoxide assessment
4. If within scope of practice establish vascular access if indicated or in patients who are at risk for clinical deterioration.
 - a. If IO is to be used for a conscious patient, consider the use of 0.5 mg/kg of lidocaine 0.1mg/mL with slow push through IO needle to a maximum of 40 mg to mitigate pain from IO medication administration
5. Monitor pain scale if appropriate
6. Reassess patient

Patient Safety Considerations

1. Routine use of lights and sirens is not warranted
2. Even when lights and sirens are in use, always limit speeds to level that is safe for the emergency vehicle being driven and road conditions on which it is being operated

3. Be aware of legal issues and patient rights as they pertain to and impact patient care (e.g. patients with functional needs or children with special healthcare needs)
4. Be aware of potential need to adjust management based on patient age and comorbidities, including medication dosages
5. The maximum weight-based dose of medication administered to a pediatric patient should not exceed the maximum adult dose except where specifically stated in a patient care guideline
6. Direct medical control should be contacted when mandated or as needed

Key Considerations

Pediatrics: ALWAYS use a weight-based assessment tool (length-based tape or other system) to estimate patient weight and guide medication therapy and adjunct choices.

- a. The pediatric population is generally defined by those patients who weigh up to 40 kg or up to 14-years of age, whichever comes first
- b. Consider using the pediatric assessment triangle (appearance, work of breathing, circulation) when first approaching a child to help with assessment.

Geriatrics: The geriatric population is generally defined as those patients who are 65 years old or more.

- a. In these patients, as well as all adult patients, reduced medication dosages may apply to patients with renal disease (i.e. on dialysis or a diagnosis of chronic renal insufficiency) or hepatic disease (i.e. severe cirrhosis or end-stage liver disease)

Co-morbidities: reduced medication dosages may apply to patients with renal disease (i.e. on dialysis or a diagnosis of chronic renal insufficiency) or hepatic disease (i.e. severe cirrhosis or end-stage liver disease).

Normal Vital Signs

Age	Pulse	Respiratory Rate	Systolic BP
Preterm less than 1 kg	120-160	30-60	36-58
Preterm 1 kg	120-160	30-60	42-66
Preterm 2 kg	120-160	30-60	50-72
Newborn	120-160	30-60	60-70
Up to 1 year	100-140	30-60	70-80
1-3 years	100-140	20-40	76-90
4-6 years	80-120	20-30	80-100
7-9 years	80-120	16-24	84-110
10-12 years	60-100	16-20	90-120
13-14 years	60-90	16-20	90-120
15 years or older	60-90	14-20	90-130

Glasgow Coma Scale

ADULT GLASGOW COMA SCALE		PEDIATRIC GLASGOW COMA SCALE	
Eye Opening (4)		Eye Opening (4)	
Spontaneous	4	Spontaneous	4
To Speech	3	To Speech	3
To Pain	2	To Pain	2
None	1	None	1
Best Motor Response (6)		Best Motor Response (6)	
Obeys Commands	6	Spontaneous Movement	6
Localizes Pain	5	Withdraws to Touch	5
Withdraws from Pain	4	Withdraws from Pain	4
Abnormal Flexion	3	Abnormal Flexion	3
Abnormal Extension	2	Abnormal Extension	2
None	1	None	1
Verbal Response (5)		Verbal Response (5)	
Oriented	5	Coos, Babbles	5
Confused	4	Irritable Cry	4
Inappropriate	3	Cries to Pain	3
Incomprehensible	2	Moans to Pain	2
None	1	None	1
Total		Total	

PEDIATRIC ALLERGIC REACTION

Reviewed 2018

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Assess airway
- b) If the patient has a physician prescribed auto-injectable epinephrine assist with administration and monitor for signs of anaphylaxis

ADVANCED CARE GUIDELINES

- c) Consider epinephrine 1:1,000 concentration IM per pediatric dosing guideline up to a maximum dose of 0.5 mg
- d) Consider one repeat dose of epinephrine 1:1,000 concentration IM per pediatric dosing guideline up to a maximum dose of 0.5 mg
- e) Consider diphenhydramine IV or IM per pediatric dosing guideline, up to a maximum dose of 50 mg
- f) If after two doses of IM epinephrine with persistent signs and symptoms, administer intravenous epinephrine infusion per pediatric dosing guideline.
- g) Consider albuterol 2.5 mg by nebulizer

PEDIATRIC ALTERED MENTAL STATUS

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Obtain blood glucose
- b) If conscious & able to swallow, administer glucose 15 gm by mouth for children over 2 years of age.

ADVANCED CARE GUIDELINES

- c) If blood sugar less than 60 mg/dL administer Dextrose based on Pediatric Dosing Reference
- d) If patient unconscious and no IV access; administer Glucagon 0.025 mg/kg IM up to 1 mg maximum
- e) If no improvement in level of consciousness after glucose administration give naloxone 0.1 mg/kg IV up to maximum dose of 2.0 mg per dose

PEDIATRIC ASTHMA

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Use Airway Protocol to evaluate the airway and adequacy of ventilation
- b) If patient has a physician prescribed, hand-held metered dose inhaler, assist with administration
- c) Reassess patient and repeat second dose if necessary per medical direction

ADVANCED CARE GUIDELINES

- d) Administer bronchodilator via Nebulizer
- e) Evaluate the need for IM epinephrine 1:1,000 concentration according to length/weight based device. Dosage may be repeated once after 5 minutes.
- f) Evaluate the need for airway management.

PEDIATRIC BEHAVIORAL EMERGENCIES

New 2017

1. Follow initial patient care protocol
2. If there is evidence of immediate danger, protect yourself and others by summoning law enforcement to help ensure safety

BASIC CARE GUIDELINES

- a) Consider medical or traumatic causes of behavior problems
- b) Keep environment calm

ADVANCED CARE GUIDELINES

- c) For severe anxiety, consider a benzodiazepine such as Diazepam, with dosages based on Pediatric Dosing Reference

PEDIATRIC BURNS

Revised 2016

1. Follow initial patient care protocol
2. Continually monitor the airway for evidence of obstruction
3. Do not use any type of ointment, lotion, or antiseptic
4. Maintain normal patient temperature
5. Transport according to the Out-of-Hospital Trauma Destination Decision Protocol (Appendix B)

Thermal Burns

BASIC CARE GUIDELINES

- a) Stop the burning process
- b) Remove smoldering clothing and jewelry
- c) Prevent further contamination of wounds
- d) Cover the burned area with a clean, dry dressing or plastic wrap
- e) Estimate percent of body surface area injured and estimate the depth of burn as superficial, partial thickness or full thickness

ADVANCED CARE GUIDELINES

- f) Establish an IV of LR or NS. For severe burns, consider administration of 20 ml/kg, not to exceed 500 ml.
- g) Contact medical control for further fluid administration
- h) Treat pain per pain control protocol

(Pediatric Burns Continued)

Chemical Burns

BASIC CARE GUIDELINES

- a) Brush off powders prior to flushing. Lint roller may also be used to remove powders prior to flushing
- b) Immediately begin to flush with large amounts of water. Continue flushing the contaminated area when en route to the receiving facility
- c) Do not contaminate uninjured areas while flushing
- d) Attempt to identify contaminant
- e) Transport according to the Out-of-Hospital Destination Decision Protocol (Appendix B)

ADVANCED CARE GUIDELINES

- f) Treat pain per pain control protocol

Toxin in Eye

BASIC CARE GUIDELINES

- a) Flood eye(s) with lukewarm water and have patient blink frequently during irrigation. Use caution to not contaminate other body areas
- b) Continue irrigation until advanced personnel take over
- c) Attempt to identify contaminant
- d) Transport to the most appropriate medical facility

ADVANCED CARE GUIDELINES

- e) Treat pain per pain control protocol

(Pediatric Burns Continued)

Electrical Burns

BASIC CARE GUIDELINES

- a) Treat soft tissue injuries associated with the burn with dry dressing
- b) Treat for shock if indicated
- c) Transport according to the Out-of-Hospital Destination Decision Protocol (Appendix B)
- d) Estimate percent of body surface area injured and estimate the depth of burn as superficial, partial thickness or full thickness

ADVANCED CARE GUIDELINES

- f) Treat pain per pain control protocol

PEDIATRIC CARDIAC ARRHYTHMIA

Updated 2017

1. Follow initial patient care protocol

If no pulse

BASIC CARE GUIDELINES

- a) Perform high quality CPR immediately, apply AED and follow device prompts

ADVANCED CARE GUIDELINES

- b) Perform high quality CPR immediately, apply monitor and check rhythm as soon as possible

Ventricular fibrillation or ventricular tachycardia

- a) Defibrillate at 2J/kg, immediately resume CPR for two minutes
- b) Second defibrillation at 4 J/kg
- c) Subsequent defibrillations increasing by 2 J/kg, to a maximum of 10 J/kg, not to exceed maximum adult dose
- d) Evaluate and treat for underlying causes
- e) Administer epinephrine 1:10,000 according to Pediatric Dosing Reference every 3-5 minutes
- f) Administer anti-arrhythmic
 - Administer amiodarone according to Pediatric Dosing Reference, may repeat twice
OR
 - Administer lidocaine according to Pediatric Dosing Reference

PEDIATRIC CARDIAC ARRHYTHMIA CONTINUED

ASYSTOLE/PEA

- a) Evaluate and treat for underlying causes
- b) Administer epinephrine 1:10,000 according to Pediatric Dosing Reference every 3-5 minutes as needed

Cardiac arrhythmias if pulse

BASIC CARE GUIDELINES

- a) If patient is complaining of shortness of breath, has signs of respiratory distress, or pulse oximetry of less than 94% then titrate oxygen to symptom improvement or to maintain a saturation of 94-99%
- b) Evaluate and treat for underlying causes

BRADYCARDIA WITH SIGNS OF POOR PERFUSION

BASIC CARE GUIDELINES

- a) Start CPR if pulse is less than 60 and altered mental status

ADVANCED CARE GUIDELINES

- b) Administer epinephrine 1:10,000 according to Pediatric Dosing Reference every 3-5 minutes
- c) Consider administration of atropine according to Pediatric Dosing Reference

TACHYCARDIA (RATES GREATER THAN 180 IN CHILDREN OR 210 IN INFANTS)

ADVANCED CARE GUIDELINES

- a) If patient unstable:
 - b) Perform synchronized cardioversion according to Pediatric Dosing Reference
 - c) Consider sedation according to Pediatric Dosing Reference
- If patient stable:
- With wide QRS
 - If regular and monomorphic, consider administration of adenosine according to Pediatric Dosing Reference
 - With narrow QRS
 - Perform vagal maneuvers
 - Consider administration of adenosine according to Pediatric Dosing Reference

PEDIATRIC DETERMINATION OF DEATH/WITHHOLDING RESUSCITATIVE EFFORTS

Updated 2018

Follow initial patient care protocol

Resuscitation should be started on all patients who are found apneic and pulseless unless the following medical cause, traumatic injury or body condition clearly indicating biological death (irreversible brain death) such as:

- Signs of trauma are conclusively incompatible with life
 - Decapitation
 - Transection of the torso
 - 90% of the body surface area with full thickness burns
 - Massive crush injury
 - Apneic, pulseless and without other signs of life (movement, EKG activity, pupillary response)
- Cardiac and respiratory arrest with obvious signs of death including
 - Rigor mortis
 - Dependent lividity
- Physical decomposition of the body

OR

A valid DNR order (form, card, bracelet) or other actionable medical order (e.g. I-POLST form) that:

- Conforms to the state specifications

If apparent death is confirmed, continue as follows:

- a) The county Medical Examiner and law enforcement shall be contacted
- b) When possible, contact Iowa Donor Network at 1-800-831-4131.
See Protocol Appendix
- c) At least one EMS provider should remain at the scene until the appropriate authority is present
- d) Provide psychological support for grieving survivors
- e) Document the reason(s) no resuscitation was initiated
- f) Preserve the crime scene if applicable

PEDIATRIC DROWNING

Revised 2018

Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) If cervical spine trauma is suspected-follow Spinal Care Protocol
- b) Treat for hypothermia if necessary

ADVANCED CARE GUIDELINES

- c) Consider placing a gastric tube to decompress the stomach if available

PEDIATRIC NAUSEA & VOMITING

Revised 2018

1. Follow Initial Patient Care Protocol

BASIC CARE GUIDELINES

2. Limit oral intake to sips

ADVANCED CARE GUIDELINES

- a) Consider fluid bolus if evidence of hypovolemia
- b) If patient nauseated or is vomiting, consider anti-emetic medication such as ondansetron (Zofran) per pediatric dosing guideline. Consider a repeat dose after 5 minutes if necessary.

NEWBORN RESUSCITATION AND CARE

Revised 2017

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Suction the airway using a bulb syringe as soon as the head is delivered and before delivery of the body. Suction the mouth first, then the nose
- b) Once the body is fully delivered, dry the baby, replace wet towels with dry ones, and wrap the baby in a thermal blanket or dry towel. Cover the scalp to preserve warmth
- c) Open and position the airway. Suction the airway again using a bulb syringe. Suction the mouth first, then the nose
- d) Assess breathing and adequacy of ventilation
- e) If ventilation is inadequate, stimulate by gently rubbing the back and flicking the soles of the feet
- f) If ventilation is still inadequate after brief stimulation, begin assisted ventilation at 40 to 60 breaths per minute using a bag-valve-mask device with room air. If no improvement after 30-60 seconds, apply 100% oxygen
- g) If ventilation is adequate and the infant displays central cyanosis, administer oxygen at 5 L via blow-by. Hold the tubing 1/2 to 1 inches from the nose
- h) If the heart rate is slower than 60 beats per minute after 30 seconds of assisted ventilation with high-flow, oxygen
- i) Begin chest compressions at a combined rate of 120/minute (three compressions to each ventilation)

(Newborn Resuscitation and Care Continued)

ADVANCED CARE GUIDELINES

- j) If there is no improvement in heart rate after 30 seconds. Perform endotracheal intubation
- k) If there is no improvement in heart rate after intubation and ventilation, administer
 - epinephrine 1:1000 concentration at 0.1 mg/kg (maximum individual dose 10.0 mg) via endotracheal tube,
 - or epinephrine 1:10,000 concentration at 0.01 mg/kg (maximum individual dose 1.0 mg) IV/IO
 - Repeat epinephrine at the same dose every 3 to 5 minutes as needed
- l) Initiate transport. Reassess heart rate and respirations enroute

If the heart rate is between 60 & 80 beats per minute, initiate the following actions:

- m) Continue assisted ventilation with high-flow, 100% concentration oxygen. If there is no improvement in heart rate after 30 seconds, initiate management sequence described in step H above, beginning with chest compressions
- n) Initiate transport. Reassess heart rate and respirations enroute

If the heart rate is between 80 & 100 beats per minute, initiate the following actions:

- o) Continue assisted ventilation with high-flow, 100% concentration oxygen. Stimulate as previously described
- p) Initiate transport. Reassess heart rate after 15 to 30 seconds

If the heart rate is faster than 100 beats per minute, initiate the following actions:

- q) Assess skin color. If central cyanosis is still present, continue blow by oxygen. Initiate transport. Reassess heart rate and respirations enroute

If thick meconium is present:

- r) Initiate endotracheal intubation before the infant takes a first breath. Suction the airway using an appropriate suction adapter while withdrawing the endotracheal tube. Repeat this procedure until the endotracheal tube is clear of meconium. If the infant's heart rate slows, discontinue suctioning immediately and provide ventilation until the infant recovers

Note: If the infant is already breathing or crying, this step may be omitted

PEDIATRIC PAIN CONTROL

Revised 2018

1. Follow initial patient care protocol
2. First attempt to manage all painful conditions with basic care

BASIC CARE GUIDELINES

- a) Place the patient in a position of comfort

ADVANCED CARE GUIDELINES

- b) Consider administration of pain medications for patients that have significant pain, do not have a decreased level of consciousness, are hemodynamically stable, and have oxygen saturations above 94%

Consider:

- Morphine per pediatric dosing guideline
or
 - Fentanyl per pediatric dosing guideline for IV or Intranasal
or
 - Ketamine 0.1 mg/kg-0.3 mg/kg IV or 0.5 mg/kg IM or IN
or
 - Nitrous Oxide per self-administration observe for altered mentation before secondary doses and continued ability to self-administer.
- c) The patient must have vital signs taken prior to each dose, after each dose, and be monitored closely.
 - d) After drug administration, reassess the patient using the appropriate pain scale

PEDIATRIC POISONING

Reviewed 2018

1. Follow initial patient care protocol
2. Identify contaminate and call Poison Control and follow directions given to provide care:
1-800-222-1222
3. Contact Medical Direction as soon as possible with information given by Poison Control and care given

BASIC CARE GUIDELINES

1. Attempt to identify substances ingested or exposed by interviewing witnesses. Try to establish the exact time of ingestion, as well as the amount and type of ingestion. Medication containers or chemical labels should be taken with you.

ADVANCED CARE GUIDELINES

Bradycardia with Unknown Overdose:

- a. Consider Atropine per pediatric dosing guideline every 5 minutes as needed up to total dose of 3 mg.
- b. Consider dopamine (Intropin) per pediatric dosing guideline
- c. Consider transcutaneous pacemaker

Tachycardia with Unknown Overdose:

- d. Consider benzodiazepine such as
 - i. Midazolam per pediatric dosing guideline IV / IM repeated every 5 minutes as needed to a maximum of 5 mg
OR
 - ii. Diazepam per pediatric dosing guideline IV / IM repeated every 5 minutes as needed to a maximum of 10 mg
OR
 - iii. Lorazepam per pediatric dosing guideline, repeated every 30 minutes as needed to a maximum of 4 mg. Use for long transports
- e. AVOID lidocaine and beta-blockers, particularly Labetalol.
- f. Consider Sodium Bicarbonate per pediatric dosing guideline IV for dysrhythmias refractory to benzodiazepines (especially those with a wide QRS complex or prolonged QT).
- g. Cool patients presenting with agitation, delirium, seizure and elevated body temperature.

Suspected Opioid Overdose:

- h. Support ventilations via bag-valve-mask and oxygen while preparations are made for Naloxone (Narcan) administration.
- i. Consider Naloxone (Narcan) per pediatric dosing guideline

Calcium Channel Blocker (Norvasc, Cardizem) or Beta Blocker (Atenolol, Lopressor, Inderal) Overdose :

- j. Consider Calcium gluconate 10% per pediatric dosing guideline IV over 5 minutes
 - i. May repeat x 1 in 5 minutes if persistent EKG changes
 - ii. Calcium therapy is contraindicated for patients taking digitalis
- k. Consider Glucagon per pediatric dosing guideline slow IV push over 1-2 minutes, may repeat in 10-15 minutes if no response is seen.
- l. Consider Sodium bicarbonate per pediatric dosing guideline IV for wide complex QRS.
- m. Consider transcutaneous pacemaker

Digitalis Overdose:

- n. Consider Atropine per pediatric dosing guideline every 5 minutes as needed up to total dose of 0.04 mg/kg or 3 mg.
- o. Consider transcutaneous pacemaker

TCA (Elavil, Tofranil) Overdose:

- p. Consider Sodium bicarbonate per pediatric dosing guideline IV for wide complex QRS.
- q. Be cautious for seizures.

PEDIATRIC SEIZURE

Revised 2017

1. Follow initial patient care protocol

Active Seizure

BASIC CARE GUIDELINES

- a) Protect airway

ADVANCED CARE GUIDELINES

- b) Administer Benzodiazepine, dosage according to Pediatric Dosing Reference to stop seizure. May repeat dose in 5 minutes if still seizing
- c) Check blood glucose level, if available, and treat hypoglycemia if present

Post Seizure

BASIC CARE GUIDELINES

- a) Protect airway

PEDIATRIC SELECTIVE SPINAL CARE

1. Follow Initial Patient Care Protocol

BASIC CARE GUIDELINES

1) Patient Presentation:

- a) This protocol is intended for patients who present with a traumatic mechanism of injury.
- b) Immobilization is contraindicated for patients who have penetrating trauma who do not have a neurological deficit.

2) Patient Management:

- a) Assessment while maintaining spinal alignment:
 - mental status,
 - neurological deficits,
 - spinal pain or tenderness, while maintaining spinal alignment, examine the spine for tenderness on palpation or deformities.
 - any evidence of intoxication,
 - or other severe injuries.

b) Treatment and Interventions:

Apply cervical restriction if there is any of the following:

- Patient complains of neck pain.
- Any neck tenderness on palpation.
- Any abnormal mental status, including extreme agitation, or neurological deficit.
- Any evidence of alcohol or drug intoxication
- There are other severe or painful injuries present.
- Any communication barrier that prevents accurate assessment.

(Pediatric Selective Spinal Immobilization continued)

- c) Spinal and cervical restriction and long spine board, full body vacuum splint, scoop stretcher, or similar device if:
 - Patient complains of midline back pain
 - Any midline back tenderness

Note 1: Distracting injuries or altered mental status does not necessitate long spine board use.

Note 2: Patients should not routinely be transported on long boards, unless the clinical situation warrants long board use. An example of this may be facilitation of multiple extremity injuries or an unstable patient where removal of a board will delay transport and/or other treatment priorities. In these rare situation, long boards should be padded or have a vacuum mattress applied to minimize secondary injury to the patient.

PEDIATRIC SHOCK

Revised 2012

1. Follow initial patient care protocol

BASIC CARE GUIDELINES

- a) Assess airway via Airway Protocol
- b) Assess circulation and perfusion
- c) Control external bleeding
- d) Assess mental status
- e) Expose the child only as necessary to perform further assessments. Maintain the child's body temperature throughout the examination
- f) Initiate transport. Perform focused history and detailed physical examination en route to the hospital if patient status and management of resources permit

ADVANCED CARE GUIDELINES

- g) Initiate cardiac monitoring
- h) Establish IV access using an age-appropriate large-bore catheter with large-caliber tubing. If intravenous access cannot be obtained in a child younger than six years, proceed with intraosseous access. Do not delay transport to obtain vascular access
- i) Administer a fluid bolus of normal saline at 20 ml/kg over 10 to 15 minutes. Reassess patient after bolus. If signs of shock persist, bolus may be repeated at the same dose up to two additional times for a maximum total of 60 ml/kg

PEDIATRIC TRAUMA

Revised 2016

1. Follow initial patient care protocol
2. Follow the Out-of-Hospital Trauma Triage Destination Decision Protocol for the identification of time critical injuries, method of transport and trauma facility resources necessary for treatment of those injuries
3. The goal should be to minimize scene time with time critical injuries, including establishing IVs en route.

BASIC CARE GUIDELINES

- a) Follow Shock Protocol if shock is present

Hemorrhage Control

BASIC CARE GUIDELINES

- a) Control bleeding with direct pressure. Large gaping wounds may need application of a bulky sterile gauze dressing and direct pressure by hand
- b) If direct pressure/pressure dressing is ineffective or impractical, apply a tourniquet to extremity
- c) If bleeding site is not amenable to tourniquet placement (i.e. junctional injury), apply a topical hemostatic agent with direct pressure

ADVANCED CARE GUIDELINES

- d) Establish large bore IV
- e) Cardiac monitor

(Pediatric Trauma continued)

Chest Trauma

BASIC CARE GUIDELINES

- a) Seal open chest wounds immediately. Use occlusive dressing taped down. If the breathing becomes worse, loosen one side of the dressing to release pressure and then reseal
- b) Impaled objects must be left in place and should be stabilized by building up around the object with multiple trauma dressings or other cushioning material
- c) Take care that the penetrating object is not allowed to do further damage

Abdominal Trauma

BASIC CARE GUIDELINES

- a) Control external bleeding. Dress open wounds to prevent further contamination
- b) Evisceration should be covered with a sterile saline soaked occlusive dressing
- c) Impaled objects should be stabilized with bulky dressings for transport

Head, Neck, and Face Trauma

BASIC CARE GUIDELINES

- a) Place the head in a neutral in-line position unless the patient complains of pain or the head does not easily move into this position
- b) Closely monitor the airway. Provide suctioning of secretions or vomit as needed. Be prepared to log roll the patient if they vomit. Maintain manual spinal stabilization if patient is log rolled
- c) Reassess vitals, GCS and pupillary response frequently
- d) Consider eye shield for any significant eye trauma. If the globe is avulsed, do not put it back into socket; cover with moist saline dressing and then place cup over it

Iowa EMS Treatment Appendices

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Appendix A - EMS Out-of-Hospital Do-Not-Resuscitate Protocol

Purpose: This protocol is intended to avoid unwarranted resuscitation by emergency care providers in the out-of-hospital setting for a qualified patient. There must be a valid Out-Of-Hospital Do-Not-Resuscitate (OOH DNR) order signed by the qualified patient's attending physician or the presence of the OOH DNR identifier indicating the existence of a valid OOH DNR order.

No resuscitation: Means withholding any medical intervention that utilizes mechanical or artificial means to sustain, restore, or supplant a spontaneous vital function, including but not limited to:

1. Chest compressions
2. Defibrillation,
3. Esophageal/tracheal/double-lumen airway; endotracheal intubation, or
4. Emergency drugs to alter cardiac or respiratory function or otherwise sustain life.

Patient criteria: The following patients are recognized as qualified patients to receive no resuscitation:

1. The presence of the uniform OOH DNR order or uniform OOH DNR identifier, or
2. The presence of the attending physician to provide direct verbal orders for care of the patient.

The presence of a signed physician order on a form other than the uniform OOH DNR order form approved by the department may be honored if approved by the service program EMS medical director. However, the immunities provided by law apply only in the presence of the uniform OOH DNR order or uniform OOH DNR identifier. When the uniform OOH DNR order or uniform OOH DNR identifier is not present contact must be made with on-line medical control and on-line medical control must concur that no resuscitation is appropriate.

Revocation: An OOH DNR order is deemed revoked at any time that a patient, or an individual authorized to act on the patient's behalf as listed on the OOH DNR order, is able to communicate in any manner the intent that the order be revoked. The personal wishes of family members or other individuals who are not authorized in the order to act on the patient's behalf shall not supersede a valid OOH DNR order.

Comfort Care (♥): When a patient has met the criteria for no resuscitation under the foregoing information, the emergency care provider should continue to provide that care which is intended to make the patient comfortable (a.k.a. ♥ Comfort Care). Whether other types of care are indicated will depend upon individual circumstances for which medical control may be contacted by or through the responding ambulance service personnel.

♥ Comfort Care may include, but is not limited to:

1. Pain medication.
2. Fluid therapy.
3. Respiratory assistance (oxygen and suctioning).

Qualified Patient means an adult patient determined by an attending physician to be in a terminal condition for which the attending physician has issued an Out of Hospital DNR order in accordance with the law. Iowa Administrative Code 641-142.1 (144A) Definitions.

Appendix B: Adult Out-Of-Hospital Trauma Triage Destination Decision Protocol

The following criteria shall be utilized to assist the EMS provider in the identification of time critical injuries, method of transport and trauma care facility resources necessary for treatment of those injuries

Step 1 - Assess for Time Critical Injuries: Level of Consciousness & Vital Signs

- Glasgow Coma Score \leq 13
- Respiratory rate $<$ 10 or $>$ 29 breaths per minute, or need for ventilatory support.
- Systolic B/P (mmHg) less than $<$ 90 mmHg

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes, ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 1 does not apply, move on to step 2

Step 2 - Assess for Anatomy of an Injury

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Suspected two or more proximal long-bone fractures
- Suspected pelvic fractures
- Crushed, degloved, mangled, or pulseless extremity
- Open or depressed skull fracture
- Amputation proximal to wrist or ankle
- Paralysis or Paresthesia
- Partial or full thickness burns $>$ 10% TBSA or involving face/airway

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 2 does not apply, move on to step 3

Step 3 - Consider Mechanism of Injury & High Energy Transfer

- Falls
 - Adult: $>$ 20 ft. (one story is equal to 10 feet)
- High-risk auto crash:
 - Interior compartment 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 high risk of injury
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant ($>$ 20 mph) impact
- Motorcycle crash $>$ 20 mph

Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

If step 3 does not apply, move on to step 4

Step 4 - Consider risk factors:

- Older adults
 - Risk of injury/death increases after age 55 years
 - SBP $<$ 110 might represent shock after age 65 years
- EMS provider judgment
- Low impact mechanisms (e.g. ground level falls) might result in severe injury
- ETOH/Drug use
- Pregnancy $>$ 20 weeks
- Anticoagulants and bleeding disorders
- Patients with head injury are at high risk for rapid deterioration

Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

If none of the criteria in the above 4 steps are met, follow local protocol for patient disposition. When in doubt, transport to nearest trauma care facility for evaluation.

For all Transported Trauma Patients:

1. Patient report to include: MOI, Injuries, Vital Signs & GCS, Treatment, Age, Gender and ETA
2. Obtain further orders from medical control as needed.

Pediatric Out-Of-Hospital Trauma Triage Destination Decision Protocol

The following criteria shall be utilized to assist the EMS provider in the identification of time critical injuries, method of transport and trauma care facility resources necessary for treatment of those injuries

Step 1 - Assess for Time Critical Injuries: Level of Consciousness & Vital Signs

- **Abnormal Responsiveness:** abnormal or absent cry or speech. Decreased response to parents or environmental stimuli. Floppy or rigid muscle tone or not moving. Verbal, Pain, or Unresponsive on AVPU scale.

OR

- **Airway/Breathing Compromise:** obstruction to airflow, gurgling, stridor or noisy breathing. Increased/excessive retractions or abdominal muscle use, nasal flaring, stridor, wheezes, grunting, gasping, or gurgling. Decreased/absent respiratory effort or noisy breathing. Respiratory rate outside normal range.

OR

- **Circulatory Compromise:** cyanosis, mottling, paleness/pallor or obvious significant bleeding. Absent or weak peripheral or central pulses; pulse or systolic BP outside normal range. Capillary refill > 2 seconds with other abnormal findings.
- Glasgow Coma Score ≤13

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes, ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 1 does not apply, move on to step 2

Step 2 - Assess for Anatomy of an Injury

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Suspected two or more proximal long-bone fractures
- Suspected pelvic fractures
- Crushed, degloved, mangled, or pulseless extremity
- Open or depressed skull fracture
- Amputation proximal to wrist or ankle
- Paralysis or Paresthesia
- Partial or full thickness burns > 10% TBSA or involving face/airway

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 2 does not apply, move on to step 3

Step 3 - Consider Mechanism of Injury & High Energy Transfer

- Falls
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with high risk of injury
- >10 feet or two times the height of the child
- High-risk auto crash:
 - Interior compartment intrusion, including roof: >12 inches occupant site; >18 inches any site
 - Ejection (partial or complete) from automobile
 - Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
 - Motorcycle crash >20 mph

Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

If step 3 does not apply, move on to step 4

Step 4 - Consider risk factors:

- Pregnancy > 20 weeks
- Anticoagulants and bleeding disorders
- Patients with head injury are at high risk for rapid deterioration
- EMS provider Judgment
- ETOH/Drug use

Transport to the nearest **(Any Level)** Trauma Care Facility.

If none of the criteria in the above 4 steps are met, follow local protocol for patient disposition. When in doubt, transport to nearest trauma care facility for evaluation.

For all Transported Trauma Patients:

1. Patient report to include: MOI, Injuries, Vital Signs & GCS, Treatment, Age, Gender and ETA
2. Obtain further orders from medical control as needed

Appendix C: Physician on Scene

Your offer of assistance is appreciated. However, this EMS service, under law and in accordance with nationally recognized standards of care in Emergency Medicine, operates under the direct authority of a Physician Medical Director. Our Medical Director and physician designees have already established a physician-patient relationship with this patient. To ensure the best possible patient care, and to prevent inadvertent patient abandonment or interference with an established physician-patient relationship, please comply with our established protocols.

Please review the following if you wish to assume responsibility for this patient:

1. You must be recognized or identify yourself as a qualified physician.
2. You must be able to provide proof of licensure and identify your specialty.
3. If requested, you must speak directly with the on-line medical control physician to verify transfer of responsibility for the patient from that physician to you.
4. EMS personnel, in accordance with state law, can only follow orders that are consistent with the approved protocols.
5. You must accompany this patient to the hospital, unless the on-line medical control physician agrees to re-assume responsibility for this patient prior to transport.

Appendix D: Air Medical Transport - Utilization Guidelines for Scene Response

These guidelines have been developed to assist with the decision making for use of air medical transport by the emergency medical services community. The goal is to match the patient's needs to the timely availability of resources in order to improve the care and outcome of the patient from injury or illness.

Clinical indicators:

1. Advanced level of care need (skills or medications) exists that could be made available more promptly with an air medical tier versus tiering with ground ALS service, and further delay would likely jeopardize the outcome of the patient
2. Transport time to definitive care hospital can be significantly reduced for a critically ill or injured patient where saving time is in the best interest of the patient
3. Multiple critically ill or injured patients at the scene where the needs exceed the means available
4. EMS Provider 'index of suspicion' based upon mechanism of injury and patient assessment

Difficult access situations:

1. Wilderness or water rescue assistance needed
2. Road conditions impaired due to weather, traffic, or road construction / repair
3. Other locations difficult to access

The local EMS provider must have a good understanding of regional EMS resources and strive to integrate resources to assure that ground and air services cooperate as efficiently and effectively as possible in the best interest of the patient.

Medical directors for ambulance services should assure that EMS providers are aware of their own service's abilities and limitations given the level of care and geographic response area being served. Audits should be conducted on an ongoing basis to assure that utilization of regional resources (ground and air) is appropriate in order to provide the level of care needed on a timely basis.

Appendix E: Intentionally Blank

Appendix F: Fibrinolytic Checklist

This checklist should be completed for patients suffering from Acute Coronary Syndromes and/or-STEMI. This tool will be used to triage patients to the appropriate receiving facility, and provide a template for passing information on to the receiving facility. Fibrinolytic screening may be done at the EMT level; however, the decision to bypass a local hospital to transport to a Percutaneous Coronary Intervention (PCI) capable facility is reserved for the Paramedic level.

Any **YES** findings will be relayed to medical control. **Absolute Contraindications** preclude the use of fibrinolytics. **Relative Contraindications** require consultation with medical control.

DATE:	PATIENT AGE:	MALE	FEMALE	INCIDENT/RECORD #:	YES	NO
ABSOLUTE CONTRAINDICATIONS						
Any known intracranial hemorrhage?						
Known structural cerebral vascular lesion?						
Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 3 hours?						
Suspected aortic dissection?						
Active bleeding or bleeding diathesis (excluding menses)?						
Significant closed head trauma or facial trauma within 3 months?						
RELATIVE CONTRAINDICATIONS						
History of chronic, severe, poorly controlled hypertension?						
Severe, uncontrolled hypertension on presentation (S >180mmHg or D>110mmHg)						
History of prior ischemic stroke >3 months, dementia, or known intracranial pathology?						
Traumatic or prolonged (>10 min) CPR or major surgery (<3 weeks)						
Non-compressible vascular punctures?						
Pregnancy?						
Active peptic ulcer?						
Current use of anticoagulants?						
EMS Provider Print Name:				Signature:		

Appendix G: Strategies for Reperfusion Therapy: Acute Stroke Revised 2017

Reperfusion Therapy Screening Not Limited to Paramedic Level

This appendix should be used for suspected acute stroke. This tool will be used to triage patients to the appropriate receiving facility, and provide a template for passing information to the receiving facility.

1. Perform a validated stroke assessment such as the MEND exam.
2. If assessment is positive for stroke, and onset of symptoms can be established within the past 4.5 hours, then determine the appropriate destination:
 - a. If transport time to a Primary Stroke Center is less than 30 minutes, it is recommended that all of these patients be transported directly to the Primary Stroke Center
 - b. If transport time to a Primary Stroke Center is greater than 30 minutes, then transport to the nearest stroke capable hospital.
3. Consider the use of air transport if it will facilitate the arrival of the acute stroke patient for treatment within 4.5 hours to a Primary Stroke Center or stroke capable hospital.
4. If transport to a Primary Stroke Center or stroke capable hospital cannot be achieved to arrive within 4.5 hours, then transport to the closest appropriate facility.
5. In all instances, those patients requiring immediate hemodynamic or airway stabilization should be transported to the closest appropriate facility.
6. Complete the fibrinolytic checklist-Appendix F

Levels of Stroke Care Capacity:

Comprehensive Stroke Center: Hospitals that have been certified by the Joint Commission-accredited acute care hospitals and must meet all the criteria for Primary Stroke Certification

Primary Stroke Center: Hospitals that have been certified by the Joint Commission on Hospital Accreditation or an equivalent agency to meet Brain Attack Coalition and American Stroke Association guidelines for stroke care

Stroke capable hospital: Hospitals that have the following:

- rt-PA readily available for administration
- Head CT, laboratory and EKG capabilities 24/7
- Process in place for transporting appropriate patients to a Primary Stroke Center
- Stroke protocol in place that follows American Stroke Association guidelines
- Emergency department coverage by physician, or advanced practitioner

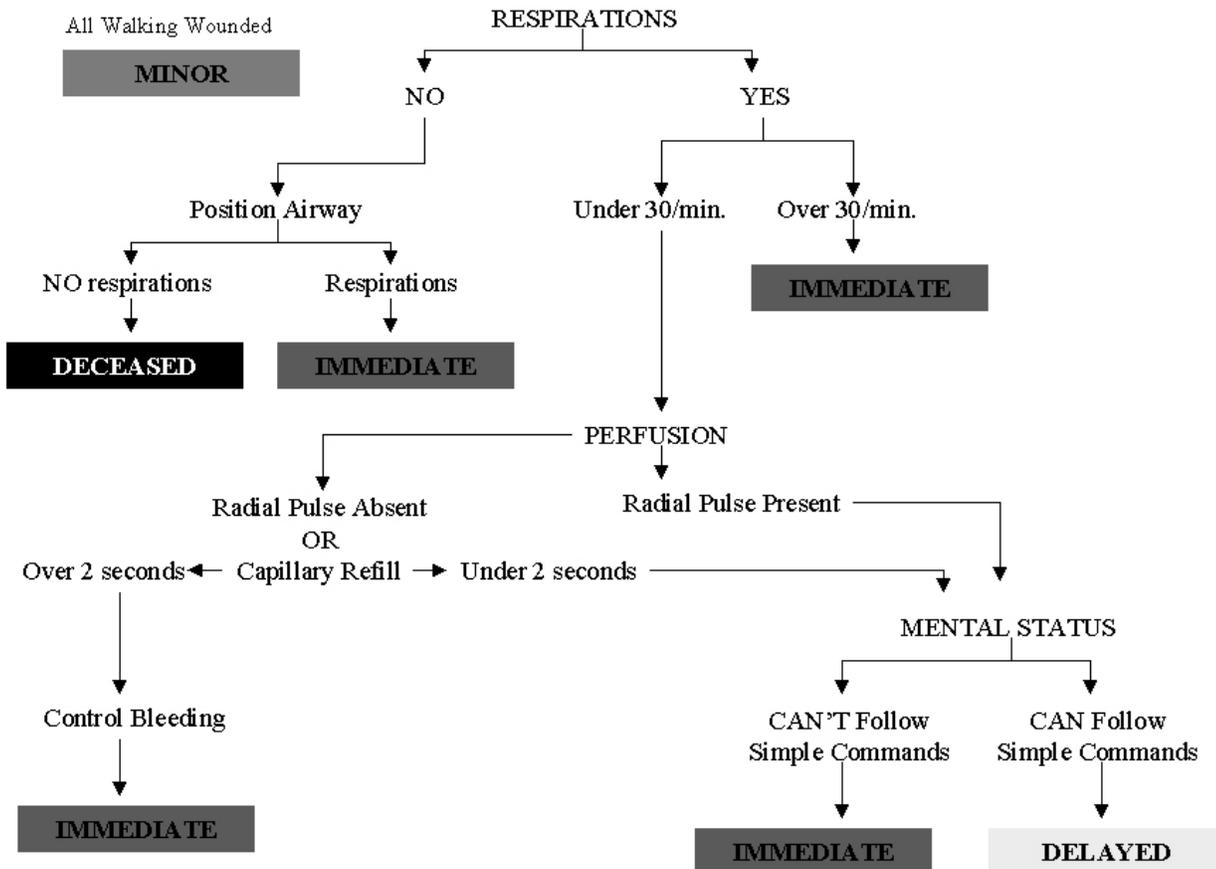
Appendix H: Simple Triage and Rapid Treatment (START)

START

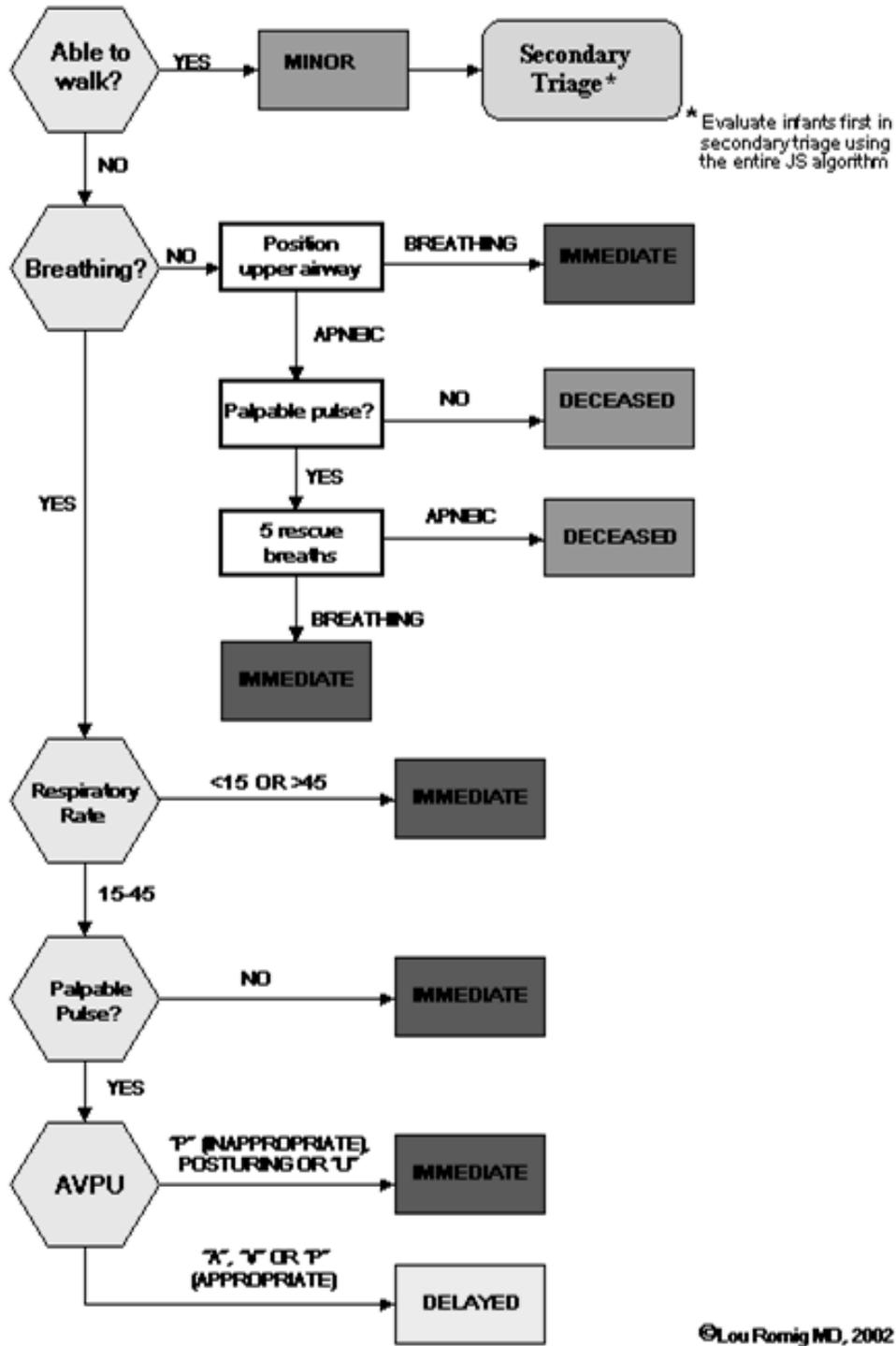
The following are guidelines for initial tactical triage using the START method. START is most useful in initially clearing the disaster zone where there are numerous casualties. **It focuses on respiration rate, perfusion, and mental status and takes under one minute to complete.** Once the patient moves toward a higher level of care (evacuation), a more detailed approach to triage may be needed.

Respirations
Perfusion
Mental Status

Green = Minor/Ambulatory
Yellow = Delayed
Red = Immediate
Black = Deceased/Expectant



Simple Triage and Rapid Treatment – Pediatric JumpSTART



Appendix I: Suspected Abuse/Assault/Neglect/Maltreatment

- a) Provide reassurance
- b) Contact local law enforcement if not present
- c) Provide appropriate medical care per protocol
- d) Do not burden patient with questions about the details of the assault
- e) Be alert to immediate scene and document what you see.
- f) Touch only what you need to touch at the scene
- g) Do not disturb any evidence unless necessary for treatment of patient. (If necessary to disturb evidence, document why and how it was disturbed.)
- h) Preserve evidence; such as clothing you may have had to remove for treatment, and make sure that it is never left unattended at any time, to preserve "chain of evidence"
- i) Provide local referrals as available
- j) Communicate vital information only – additional info can be given to receiving RN and/or Physician on arrival
- k) Record observations and factual information on run report

Pediatric Considerations:

- a) Approach child slowly in order to establish rapport (except in life-threatening situations), then perform exam
- b) Provide appropriate medical care per protocol
- c) Genital exam only if indicated in the presence of blood, known or obvious injury and or trauma
- d) Interview parents separate from child, if possible
- e) Transport if permitted by parents
- f) If parents do not allow transport, notify law enforcement for assistance

Report all suspected abuse to the pediatric and dependent adult hotline at 1-800-362-2178 within 24 hours of your contact of the patient. This will be an oral report only. Within 48 hours of oral reporting, you must submit a written report for all suspected abuse to the Iowa Department of Human Services

Appendix J: Guidelines for EMS Provider Initiating Organ and Tissue Donation at the Scene of the Deceased

1. All appropriate patient care protocols will be enacted to assure patient care is provided according to prevailing standards.
2. If resuscitation efforts are unsuccessful or if upon arrival the patient is deceased and without indications to initiate resuscitation, then on-line medical direction will be contacted to confirm that no further medical care is to be given.
3. As per Iowa Code 142C.7 a medical examiner or a medical examiner's designee, peace officer, fire fighter, or emergency medical care provider may release an individual's information to an organ procurement organization, donor registry, or bank or storage organization to determine if the individual is a donor.
4. As per Iowa Code 142C.7 any information regarding a patient, including the patient's identity, however, constitutes confidential medical information and under any other circumstances is prohibited from disclosure without the written consent of the patient or the patient's legal representative.
5. At least one EMS provider should remain at the scene until the appropriate authority (medical examiner, funeral home, public safety, etc.) is present.
6. Contact Iowa Donor Network at 800-831-4131

Appendix K: Guidelines for EMS Providers Responding to a patient with special needs

This protocol is not intended for interfacility transfers

These guidelines should be used when an EMS provider, responding to a call, is confronted with a patient using specialized medical equipment that the EMS provider has not been trained to use, and the operation of that equipment is outside of the EMS provider's scope of practice. The EMS provider may treat and transport the patient, as long as the EMS provider doesn't monitor or operate the equipment in any way while providing care.

When providing care to patients with special needs, EMS personnel should provide the level of care necessary, within their level of training and certification. When possible, the EMS provider should consider utilizing a family member or caregiver who has been using this equipment to help with monitoring and operating the special medical equipment if necessary during transport.

Some examples of special medical devices:

- PCA (patient controlled analgesic)
- Chest Tube

Appendix L: EMS Approved Abbreviations

ā	before	ET	endotracheal	PAT	paroxysmal atrial tachycardia
ABC	airway, breathing, circulation	ETOH	alcohol	PCR	patient care record
ALS	advanced life support	fib	fibrillation	PE	physical exam, pulmonary edema
AMI	acute myocardial infarction	fl	fluid	pedi	pediatric
amps	ampules	fx	fracture	PERL	pupils equal, reactive to light
ASA	aspirin	GI	gastrointestinal	PJC	premature junctional by mouth
AT	atrial tachycardia	gm	gram	po	per rectum
AV	atrioventricular	gr	grain	prn	whenever necessary, as needed
bicarb	sodium bicarbonate	gt(t)	drop(s)	PVC	premature ventricular contraction
BID	twice a day	h, hr	hour	q	every
BLS	basic life support	hx	history	QID	four times a day
BP	blood pressure	ICU	intensive care unit	R	respirations
BS	blood sugar	IM	intramuscular	R/O	rule out
̄	with	IV	intravenous	RN	registered nurse
CAD	coronary artery disease	Kg	kilogram	Rx	treatment
CC	chief complaint	KVO	keep vein open	̄	without
cc	cubic centimeter	L	liter	SC	subcutaneous
CCU	coronary care unit	LOC	level of consciousness	Sec	second
CHB	complete heart block	LR	lactated ringers	SL	sublingual
CHF	congestive heart failure	Mgtt	microdrip	SOB	shortness of breath
cm	centimeter	MD	medical doctor	SQ	subcutaneous
CNS	central nervous system	mEq	milliequivalents	STAT	immediately
c/o	complains of	mg	milligram	s/s	sign, symptoms
CO	carbon monoxide	MI	myocardial infarction	SVT	supraventricular tachycardia
CO2	carbon dioxide	min	minute	Sx	symptoms
COPD	chronic obstructive pulmonary disease	ml	milliliter	TIA	transient ischemic attack
CPR	cardiopulmonary resuscitation	mm	millimeter	TID	three times a day
CSF	cerebral spinal fluid	MS	morphine sulfate	TKO	to keep open
CVA	cerebral vascular accident	NaCl	sodium chloride	VF	ventricular fibrillation
D/C	discontinue	NaHCO3	sodium bicarbonate	w/s	watt second setting
DOA	dead on arrival	NG,N/G	nasogastric	x	times
D5W	5% dextrose in water	nitro	nitroglycerine	y/o	years old
Dx	diagnoses	NPO	nothing by mouth		
ED	emergency department	NS	normal saline		
EKG/ECG	electrocardiogram	NSR	normal sinus rhythm		
Epi	epinephrine	NTG	nitroglycerine		
ER	emergency room	O ₂	oxygen		
		OB	obstetrics		
		OD	overdose		
		OR	operating room		
		P	pulse		
		p	after		
		PAC	premature atrial contraction		

Appendix M: Guidelines for New Protocol Development

Making a decision to develop a new protocol or evaluate an existing one should be based on a rational process. Questions that should be asked and answered when considering a new drug therapy or procedure are as follows:

Key Questions for any New Protocol

1. Is the drug therapy or procedure medically indicated and safe?
2. Is it within the scope of practice for the provider?
3. How specifically will this protocol benefit patient care?
4. What specifically is needed to implement this protocol (education/training, medical director protocol development/authorization, equipment needs, etc.)?
5. How will this protocol impact operation?
6. What is the opinion of providers concerning this protocol?
7. Does the medical community support this protocol change?
8. What are all the costs versus benefits associated with implementation and maintenance?
9. What are the medical-legal implications?
10. What ongoing provider involvement such as skills maintenance and continuous quality improvement is necessary?
11. How will success be measured?

Rational Protocol Development Process to Make the Right Protocol Decision

1. Study the issue thoroughly
2. Identify key questions
3. Compare with goals
4. Assess fit with system
5. Cost benefit analysis
6. Identify measuring tools

Stakeholders in this process are recognized to include, but not be limited to:

1. Medical direction (on-line and off-line)
2. Educators/training programs
3. Regulators of policy and rules
4. Service directors
5. Service providers
6. Consumers
7. Third party payers

**Amended and Restated Agreement for the Provision of Emergency
Medical Services between the City of Grinnell, Iowa and Midwest
Ambulance of Iowa, Inc.**

This Amended and Restated Agreement for the Provision of Emergency Medical Services ("Agreement") is made this _____th day of _____, 2020, between the City of Grinnell, Iowa, ("City") and Midwest Ambulance of Iowa, Inc., ("Midwest").

RECITALS

WHEREAS, the City and Midwest previously entered into an Agreement for the Provision of Emergency Medical Services on DATE ("Original Agreement"); and

WHEREAS, the City and Midwest now desire to amend and restate the Original Agreement in its entirety in order to modify certain aspects of the Original Agreement.

~~This Agreement is entered into by and between the city of Grinnell, here in after referred to as the City and Midwest Ambulance Service of Iowa, Inc. here in after referred to as Midwest.~~

~~WHEREAS, the City, acting pursuant to Chapter 364 of the 2019 Code of Iowa desires to attain competent and reliable emergency medical services (EMS) for its citizens and the citizens of the service territory detailed in this Agreement.~~

~~WHEREAS, Midwest desires and has the ability to provide competent and reliable EMS to the service territory.~~
NOW, ~~TEHRE~~THEREFORE, IT IS HEREBY AGREED by and between the City and Midwest as follows:

1. DEFINITIONS.

BASIC - SERVICE AMBULANCE shall mean ambulances equipped to provide 'basic emergency medical care' as defined in Iowa Administrative Code 641-Chapter 132 (2019)

FIRST OUT OR FIRST AMBULANCE shall mean an ambulance staffed and equipped to respond first and immediately to an emergency call.

SECOND OUT OR SECOND AMBULANCE shall mean an ambulance equipped to respond to an emergency call in the event the First Out Ambulance is unavailable.

CUSTOMERS shall mean those people or legal entities financially responsible for particular EMS calls or services.

EMERGENCY SERVICE CALLS shall not include non-emergency transfers to out of area hospitals.

2. TERMS OF RELATIONSHIP.

It is fully and completely understood by and between the parties that Midwest is an independent

contractor and the City, by entering into this agreement and subsidizing Midwest operations in the service territory has an ongoing responsibility to monitor the work of Midwest as outlined in this agreement. City agrees that by subsidizing Midwest, it has neither directly nor indirectly, any control of Midwest and that any actions on the part of Midwest are solely the actions of ~~the Ambulance Service~~ Midwest and City shall not in any way enter into the operations of, or services rendered by, Midwest.

The City shall solely establish the Service Territory of this Agreement (Attachment A - Map of Service Territory) and minimum level of service provided within the service territory. All communications regarding the service territory and services provided shall be solely between the City and Midwest. Midwest shall honor the Service Territory and may only provide service outside the territory with staff and equipment assigned to this Agreement with prior written approval of the City, except as permitted in the agreement for mutual aid. If for any reason the Service Territory is altered either party can request renegotiating the terms of the entire Agreement.

3. EQUIPMENT.

Midwest shall provide a minimum of two (2) ambulances stationed in the corporate limits of Grinnell. The ambulances shall be equipped and meet the minimum level of service as specified in Article 4 of this Agreement.

Midwest shall properly maintain these ambulance units in accordance with applicable federal, and state laws. The City agrees that a vehicle may be out of service for repairs for as long as ~~4~~ four (4) days but at no time may Midwest have less than ~~1~~ one (1) vehicle in service. ~~If a vehicle is out of service for more than four (4) days, Midwest shall provide a replacement vehicle within 24 hours of the end of the four (4) day period. Once 4 (four) days is exceeded a replacement vehicle must be provided within 24 hours of a unit going out of service.~~

Said ambulances shall be stored in the Grinnell Public Safety Building and maintained at the expense of Midwest. Midwest shall be responsible for maintaining the cleanliness and good mechanical condition of the ambulances at all times. The City agrees to provide ~~two~~ two (2) parking spots ~~inside~~ inside the Grinnell Public Safety Building for ~~Midwest's~~ ambulances.

The City may inspect ambulances, equipment, and facilities ~~with a reasonable notice at any time~~, for the purposes of determining that they are in good mechanical condition and resources are appropriate for servicing the agreement. ~~Midwest shall be responsible for stocking and replenishing all medical or other supplies in the ambulances for the provision of services included in this Agreement. Reasonable notice shall be 4 (four) hours during the hours of 8:00 a.m. to 5:00 p.m. and 12 (twelve) hours if an inspection is to occur outside those hours. These inspections shall be initiated by the Grinnell City Manager but may be completed by either the City Manager or an appropriate designee.~~

4. PERSONNEL.

Midwest shall render prompt ambulance service during the period covered by this Agreement and shall staff the ambulance with an adequate number of personnel qualified as Emergency Medical Technicians and under the following conditions:

'First Out' Ambulance Staffing

- a) Midwest shall staff the 'First Out' ambulance at a minimum classification of Basic Level Care, 24 hours a day, 7 days a week.
- b) The Midwest personnel who staff the 'First Out' ambulance shall be stationed with the ambulance on duty.
- ~~c) In the event the 'First Out' ambulance is on a medical call and another emergency call for service is requested, Midwest shall attempt to call-in additional staff to respond to the call. In the event that Midwest is unable to have a crew available in a reasonable amount of time, Midwest will then immediately notify dispatch.~~
- c) The 'First Out' ambulance ~~nor its staff shall~~ and its staff shall not be used for non-emergency transports that do not end or originate in the service territory. The 'First Out' ambulance shall not be used for calls originating from Grinnell Regional Medical Center.

'Second Out' Ambulance Staffing

- ~~a) In the event the 'First Out' ambulance is on a medical call and another emergency call for service is requested, Midwest shall attempt to call-in additional staff to respond to the call. In the event that Midwest is unable to have a crew available in a reasonable amount of time, Midwest will then immediately notify the City's Fire Department. The City's Fire Department may staff the 'Second Out' ambulance if they so choose. If the City's Fire Department does not choose to staff the 'Second Out' ambulance, Midwest shall then immediately notify dispatch.~~
- ~~b) It is understood and agreed that the City's Fire Department personnel who may provide EMS services in the 'Second Out' ambulance shall at all times remain the employees of the City and shall be subject to the Fire Department's command and operations structure. Fire Department Personnel shall follow the City's EMS protocols.~~
- ~~c) Midwest shall pay the City for the services performed by the City's Fire Department personnel at the rate of \$120 per call. Such payment shall be made within 30 days of receipt of invoice from the City.~~

General Staffing Requirements

- a) Only one of the ambulances assigned to the Service Territory may be out of the Service Territory for non-emergency transports at any time unless the City is first notified. Midwest shall notify an on duty fire fighter.
- b) Midwest agrees to use the resources that are a part of this Agreement to provide EMS to the Service Territory unless service is provided outside the Service Territory as part of a written mutual aid agreement or a tier agreement approved in writing by the City.
- c) Midwest shall not perform transports with equipment or personnel assigned to this ~~contract~~ Agreement, that do not originate in the Service Territory without approval from the City. This does not include work done as part of a written mutual aid agreement.

5. SUBSIDY AND PAYMENTS.

Midwest agrees to fulfill the terms of this Agreement from February 1, 2020 to January 31, 2025 and shall be paid by the City as follows:

February 1, 2020 to January 31, 2021. (270,000.00). Payments shall be made monthly in twelve equal installments of (22,500.00).

February 1, 2021 to January 31, 2022. (284,750.00). Payments shall be made monthly in twelve equal installments of (23,729.17).

February 1, 2022 to January 31, 2023. (300,237.50). Payments shall be made monthly in twelve equal installments of (25,019.79).

February 1, 2023 to January 31, 2024. ~~((316,499.00))~~ Payments shall be made monthly in twelve equal installments of (26,374.92).

February 1, 2024 to January 31, 2025. ~~((333,574.34))~~ Payments shall be made monthly in twelve equal installments of (27,797.86).

Payments are due ~~the~~ by the 10th of each month with the first payment for this Agreement~~contract~~ due February 10, 2020.

The foregoing payments shall constitute a subsidy to Midwest by the City as assistance to Midwest to perform the services set forth in this Agreement, and that said subsidy has been established as an effort to make this operation profitable for Midwest allowing them to offset the cost of personnel and equipment needed to staff, maintain, and operate an ambulance service in the Grinnell area.

6. CHARGES.

Midwest shall charge Customers based on a schedule of fees, including charges for supplies and drugs, which have been established by Midwest and which must be provided to the Grinnell City Manager annually no later than January 31st and are automatically made part of this Agreement once received by the City. It is understood that charges for drugs and supplies may change through the course of the year. These charges will apply even where the City's Fire Department personnel are staffing the 'Second Out' ambulance.

It is understood and agreed by the parties that said charges, (the rates are set forth in the current schedule of fees -Attachment B to this Agreement) shall be billed, collected, and retained by Midwest as substantial compensation for its cost of operation. The City is not responsible for charges or collections. City agrees to allow Midwest to re-negotiate the subsidy above in the event the actions taken by the federal, state, or local government, or their respective agencies, would substantially reduce the amount of monies which could reasonably be expected to be collected from Customers of Midwest, or would cause sufficient increases in operational expenses so as to adversely affect profitability for Midwest. The City also has the right to negotiate if their revenues or expenditures are substantially impacted by actions taken by the federal, or state government, or their respective agencies.

Midwest agrees to provide ambulance service to all city employees that may require assistance while on duty at no charge. This includes all volunteer fire fighters, police reserves, or other persons receiving hourly or salary compensation for their work. This does not include any employees working solely on a contractual basis.

7. RECORDS.

Midwest shall insure that a record is kept of the following: the time a call is received, the time Midwest arrives at the scene, the time on scene/the time the ambulance leaves the scene for the hospital, the time of arrival at the hospital, and the time the ambulance is back in service.

As a part of this Agreement, Midwest agrees to have all emergency response dispatched via the Poweshiek County Dispatch Center. Both parties agree to coordinate this with the Poweshiek County Sheriff's Office as they are charged with the management and oversight of the dispatch operations. Ultimately, Midwest is responsible for the maintenance of the equipment necessary for their staff to communicate effectively with the Poweshiek County Dispatch Center.

Subject to the limitations of HIPAA and other federal and state privacy laws, Midwest agrees to provide the City the following reports on an annual basis: Statistical Data. Data including, the average response time from time of dispatch until the ambulance arrives on-scene, the average response time from the time of the dispatch until the ambulance is en-route, and the average time the ambulance is on-scene until the ambulance is departing the scene. All information provided to the City is subject to HIPAA and other federal and state privacy laws.

Information maintained in Midwest's records pertaining to the identity, condition, or treatment of patients is confidential and not subject to inspection by non-Midwest personnel.

In providing EMS services under this Agreement, the City's Fire Department Personnel shall use their own reporting software but shall share such information as is necessary for Midwest to bill for the services provided.

8. RENT AND TERMS OF OCCUPANCY.

Both the City and ~~Ambulance Service~~Midwest agree to work in good faith to locate ~~Ambulance Service~~Midwest in the Grinnell Public Safety Building. Midwest will pay the City \$1 annually for rent and utilities. A building site plan showing the areas of joint occupancy and sole occupancy by ~~Ambulance Service~~Midwest is made part of this Agreement as Attachment C.

All employees or representatives of Midwest must submit to a fingerprint background check conducted by the Grinnell Police Department. These background checks will be reviewed by the Grinnell Chief of Police. The City shall solely determine, based on the findings of the check, whether or not a particular Midwest employee shall be allowed to work in the Grinnell Public Safety Building. It is understood and agreed that Midwest shall be allowed to have employees work within the Grinnell Public Safety Building temporarily until a determination is made on the findings of the background check. A guidance policy regarding this matter is included as Attachment D for reference.

Midwest shall be responsible to keep all areas it occupies solely in a clean and orderly manner consistent with the standard of care established throughout the Grinnell Public Safety Building. The care and cleaning of the following joint occupancy areas shall be the responsibility of Midwest:

- Female locker rooms.
- All hallways on the fire department side of the building.
- Exercise room, cleaned daily, in exchange for Midwest employee ~~eruy~~access.

The City shall provide all necessary cleaning supplies and equipment.

As allowed by City Code, Midwest may install up to one sign on the property with their company designation. This sign size, design, location, and style must be approved in advance by the City Manager.

All conflicts related to co-location of Midwest in the Grinnell Public Safety Building should first be discussed between the City Manager and the Midwest Chief Operating Officer or Chief Executive Officer. The City Manager shall review the matter and order action appropriate to resolve the matter. No employee of the City or Midwest shall talk negatively about any others' performance unless a complaint has been submitted in writing to the City Manager and Midwest Chief Operating Officer. This would not pertain to discussions taking place as part of official city meetings.

Midwest will have the right to install security monitoring systems in all locations in which Midwest has rented space. It is understood that Midwest has leased the areas defined in this Agreement contract and that such monitoring, reports, supplies, equipment, and all other property of Midwest is owned solely by Midwest and is not subject to public record requests, or other inspections not permitted under the law. All installations must be pre-approved by the Police Chief or Fire Chief to ensure that there is no harm to the City's security system or the integrity of the building.

Midwest employees are expected to be in uniform while on duty or responding to calls for service. Midwest employees shall also be expected to be in uniform while using joint occupancy or common areas of the Public Safety Building at all times with the exception of the exercise room, visits to the restrooms and other trips of short duration. Even these exceptions require good judgment.

9. RENEGOTIATION.

In order to enable Midwest and the City to make arrangements for the continuation of EMS, it is agreed that the parties will renegotiate and execute any new Agreement no less than six (6) months in advance of the expiration of this Agreement, unless both the City and Midwest mutually agree to other timelines.

Midwest and the City agree that this Agreement may be extended, modified, or renegotiated at any time subject to mutual agreement of the parties. The City shall have unilateral authority to cancel this Agreement under the provisions set forth in Paragraph 11 below.

If no action is taken by either party to this Agreement to cancel, extend, modify or renegotiate this Agreement as described in this Agreement, this Agreement shall terminate January 31, 2025.

Midwest designates their company President as their representative on whom notice shall be served and who shall be notified of any breaches or deficiencies in this Agreement and the City designates the Grinnell City Manager as their designee on whom notice shall be served and who shall be notified of any breaches or deficiencies in this Agreement. City shall be notified at the City Offices of Grinnell, Iowa attention City Manager, 520 4th Avenue, Grinnell, Iowa 50112. Midwest shall be notified at 1229 Ohio St, Des Moines, Iowa 50314.

10. LIABILITY.

Employees or volunteers of either Party acting pursuant to this Agreement shall be considered as acting

under the lawful orders and instructions pertaining to their employment or volunteer status with such Party. Under no circumstances are employees or volunteers of one Party to be considered employees or volunteers of the other Party.

Each Party waives all claims against the other for compensation for any property loss or damage and/or personal injury or death to its personnel as consequence of the performance of this Agreement. Each Party shall bear the liability and/or costs of damage to its equipment and facilities, and the compensation of its employees or volunteers, including injury or death of its personnel, occurring as a consequence of the performance of this Agreement.

Except as provided herein, each Party shall be responsible for the acts or omissions of its own employees, and shall indemnify, defend and hold harmless the other Party, its officers, agents and employees from and against any and all suits, actions, debts, damages, costs, charges and expenses, including court costs and attorney's fees arising from loss of or damage to private property, and/or the death of or injury to private persons, arising from services of response rendered pursuant to this Agreement.

Nothing in this Agreement shall prevent or limit either Party to this Agreement from recovering or attempting to recover costs of services rendered to a third party where such recovery of costs is provided for by law.

The Parties to this Agreement do not waive any defenses, immunities or other limitations applicable to a respective party and nothing herein shall be so construed. Each Party to this Agreement reserves the right to fully defend all claims arising from loss of or damage to private property and/or death of or injury to private persons who are not parties to this Agreement including, but not limited to asserting defenses of immunities available under applicable law.

This Section shall survive the termination of this Agreement where necessary to protect each Party to this Agreement.

11. ~~INSURANCE AND INDEMNIFICATION.~~

Midwest agrees to maintain proper worker's compensation insurance as to any employed personnel. Midwest further agrees to maintain automobile liability and property damage insurance on all of its ambulances or any back-up units used by Midwest in the amount of not less than one million dollars (\$1,000,000.00) per combined single occurrence (each accident). Midwest agrees to maintain general liability insurance and professional liability insurance in the amount of not less than one million dollars (\$1,000,000.00) per occurrence covering the operation of the EMS and its personnel.

~~Midwest does hereby agree to indemnify and hold harmless the City, its Mayor and City Council members, officers, and employees, from any and all claims and liabilities of any type or nature whatsoever, for damages to, loss of, or the destruction of any property or person or persons, which may now or hereafter arise out of, or result from the operations of Midwest and the providing of service incident to or pursuant to this Agreement.~~

~~Likewise, the City shall be solely liable for its own negligence and/or negligence of its employees, agents~~

~~and/or designees. The City agrees to indemnify and hold harmless Midwest, its officers, employees from any and all claims, demands, actions, or causes of action occasioned by the negligence or fault of the City, its contractors, agents, officers, or employees. In rendering services under this agreement; provided however this provision does not abrogate any immunity granted to the City by law.~~

12. PROOF OF INSURANCE.

Midwest shall provide the City a Certificate of Insurance as evidence that the insurance described in Paragraph 10 above is in force and effect upon the City's request. The failure of Midwest to supply the Certificate of Insurance in a timely fashion or failure by Midwest to have the insurance in force and affect at any time during this Agreement for whatever reasons that may have occurred, shall constitute sufficient grounds upon which the City may unilaterally and independently cancel this Agreement by serving written notice of cancellation on Midwest at their business office.

~~10-13.~~ DISCRIMINATION.

Midwest shall not discriminate their provision of service because of race, creed, color, religion, national origin, sex, age, financial status, gender, gender identity, marital status, sexual orientation, military status or physical or mental disabilities in any of its Grinnell activities or operations.

~~11-14.~~ MUTUAL AID.

Midwest may enter into mutual aid agreements or contracts with other EMS providers and shall attempt to initiate said agreements. Any mutual aid or tiering agreements shall be in writing and executed by both parties. Copies of these executed agreements shall be provided to the City.

~~12-15.~~ DISPATCHING.

Midwest agrees that emergency dispatching shall be done via the Poweshiek County Dispatch Center. Midwest shall Install and pay for its own phones, communication systems, and have a business number(s) and accept calls at these numbers. City requires that Midwest advertise, encourage, and promote the use of 911 as the proper number of emergency EMS calls. Midwest agrees to provide the training necessary for their employees to work effectively within the Poweshiek County dispatch system.

~~13-16.~~ TERMINATION.

If either party materially breaches this AgreementContract, the other party may terminate the AgreementContract provided that it notifies the breaching party by certified mail of the specific breach(s) and allows the breaching party the opportunity to cure the breach(s) within sixty (60) days of the receipt of notice. If the breach~~(s)~~ has/have not been cured within (60) days of receipt of notice, the AgreementContract may be terminated without further notice.

Notwithstanding the foregoing, the AgreementContract may be terminated without prior notice If Midwest is unable to provide the level of service required in Section 4 above. Nothing contained herein shall authorize the City to terminate this AgreementContract for any reason other than uncured breach of contractor-Midwest or as stated elsewhere in this Agreement as specified in section 11.

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In the event of a termination of this Agreement due to a breach by the City, the City agrees to pay, as liquidated damages and not as a penalty the following:

If the breach occurs during the first year of the agreement - 100% of all monthly subsidies from the time of the breach through the remainder of the agreement to Midwest.

If the breach occurs during the second year of the agreement - 90% of all monthly subsidies remaining on the agreement to Midwest.

If the breach occurs during the third year of the agreement - 80% of all monthly subsidies remaining on the agreement to Midwest.

If the breach occurs during the fourth year of the agreement - 75% of all monthly subsidies remaining on the agreement to Midwest.

If the breach occurs during the fifth year of the agreement - 70% of all monthly subsidies from the time of the breach through the remainder of the agreement to Midwest.

In the event of a dispute between the parties in connection with or relating to this Agreement, such dispute shall be resolved as follows:

A. The parties shall first meet and attempt in good faith to resolve the dispute within ten (10) days after written notice to each party.

B. If such meeting is unsuccessful, the parties shall meet in mediation and attempt in good faith to resolve the dispute within ten (10) days after the meeting described above. Each party shall select one mediator and both mediators will select a third mediator. If both parties cannot agree to the selection of the three mediators the matter may be referred to the courts. Unsuccessful mediation may also be referred to the courts.

C. The substantially prevailing party in any court action shall be entitled to reimbursement by the opposing part of its costs and expenses of court action including, but not limited to, reasonable attorney's fees, court fees, and expert witness fees incurred as a result of such proceeding, or action.

Midwest shall have the right to terminate this Contract Agreement upon sixty (60) days written notice due to rate changes by, but not limited to, Wellmark, Medicaid, Medicare or other insurers causing Midwest to operate at a loss for three (3) consecutive months. Midwest shall provide accounting to the City in advance of, and prior to, the sixty (60) days' notice to confirm such losses.

13-17. **DISCLOSURE** - As required by Public Law 960499 (Omnibus Reconciliation Act of 1980):

A. Until the expiration of four (4) years after the furnishing of such services pursuant to such Agreement Contract, Midwest shall make available, upon written request of the Secretary, or on request of the Comptroller General, any records of Midwest related to Midwest's operations in the city

of Grinnell, Iowa, that are necessary to certify the nature and extent of such costs, and

B. If Midwest carries out any of the duties of the Contract Agreement through a subcontract, with a value of cost of Ten Thousand Dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such subcContract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such a Subcontract, the related organization shall make available, upon the request of the Comptroller General, or any of their duly authorized representatives, the Subcontract, books, documents, and records of such organization that are necessary to verify the nature and extent of such costs.

14-18. LAWS.

This agreement shall be construed in accordance with the laws of the State of Iowa.

15-19. AUTHORIZATION.

The signers of this document warrant they are acting officially and properly on behalf of their respective institutions and have been duly authorized and empowered to execute this agreement in accordance with all state laws and requirements. The City shall be responsible for all filing requirements of this agreement with the Secretary of State and any other agency(s) as required by law.

16-20. ENTIRE AGREEMENT.

This Agreement, including any Appendices hereto, constitutes the sole and only agreement of the parties regarding its subject matter and supersedes any prior understandings or written or oral agreements between the parties respecting this subject matter. Neither party has received or relied upon any written or oral representations to induce it to enter into this Agreement except that each party has relied only on any written representations contained herein.

17-21. AMENDMENTES.

No agreement or understandings varying or extending this Agreement shall be binding upon the parties unless it is memorialized in a written amendment signed by an authorized officer or representative of both parties.

18-22. ASSIGNMENT.

This Agreement may be assigned by a party upon the written approval of the other party, which shall not be unreasonably withheld. Written approval is not required in the event a party is sold or acquired by a successor entity or in the event of a change of ownership, although notice of such a transaction shall be given to the other party within thirty (30) days after the effective date of such transaction. This Agreement shall be binding upon all successors and assigns.

19-23. CONSTRUCTION AND COMPLIANCE.

a. Severability. In the event that any one or more of the provisions contained in this Agreement shall for any reason be held by any court or by the Office of Inspector General (OIG) of the United States Department of Health and Human Services to be invalid, illegal, or unenforceable in any respect, such Invalidity, illegality, or unenforceability shall not affect any other provisions and the Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained in it.

b. Compliance. The parties intend to comply fully with all applicable state and federal laws and regulations, including but not limited to the Balanced Budget Act of 1997, the Social Security Act, the federal Anti-Kickback Statute, the federal False Claims Act, and all applicable state and federal fraud and abuse laws and rules. Insofar as any terms or conditions of this Agreement are determined by any court or by the OIG to be contrary to any such statutes or regulations, the parties will promptly and in good faith confer and resolve any issues so as to make the performance of this Agreement consistent with all applicable statutes and regulations.

c. Notification of Actual or Potential Violation of Law. If either party becomes aware of any actual or potential violations by the other party, whether intentional or inadvertent, of any applicable state or federal statutes or regulations, it shall promptly notify the other party.

THIS ~~EMS~~ AMENDED AND RESTATED AGREEMENT, entered into this _____ day of _____ 2020, by the City and Midwest shall become effective on _____.

Mayor

City Clerk

President – Midwest

Secretary – Midwest



**GRINNELL PLANNING COMMITTEE MEETING
MONDAY, APRIL 20, 2020 AT 6:15 P.M.
VIA ZOOM**

Join Zoom Meeting

<https://zoom.us/j/97662518721?pwd=cZlZZUZ1VFVJSU5YMWUrN1R0V1RSUT09>

Meeting ID: 976 6251 8721

Password: 181612

One tap mobile

+19292056099,,97662518721#,,#,181612# US (New York)

+13126266799,,97662518721#,,#,181612# US (Chicago)

Dial by your location

+1 929 205 6099 US (New York)

+1 312 626 6799 US (Chicago)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

Meeting ID: 976 6251 8721

Password: 181612

Find your local number: <https://zoom.us/u/ab3jby06N>

TENTATIVE AGENDA

ROLL CALL: Bly (Chair), Davis, Gaard.

PERFECTING AND APPROVAL OF AGENDA

COMMITTEE BUSINESS:

1. Review draft of 2020 City Council Strategic Planning Work Session – Executive Summary.
2. Review nuisance property priority list and action plan.
3. Discuss maintenance and ongoing nuisance abatement of 11 11th Avenue.

INQUIRIES:

ADJOURNMENT:

CITY OF GRINNELL, IOWA

2020 LEADERSHIP - GOAL SETTING –

STRATEGIC PLANNING WORK SESSION

EXECUTIVE SUMMARY



**Executive Summary Written by
Elizabeth Hansen, President**

**Midwest Municipal Consulting
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Ankeny, IA 50021
515-391-9816**

Ehansen.mmc@gmail.com
www.midwestmunicipalconsulting.com

**CITY OF GRINNELL, IA
2020 LEADERSHIP – GOAL SETTING – PLANNING WORK SESSION**

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CITY OF GRINNELL, IA

2020 LEADERSHIP – GOAL SETTING – PLANNING WORK SESSION

I INTRODUCTION

The City Council, City Manager, Department Directors and Community Partners of the City of Grinnell held a Leadership – Goal Setting – Strategic Planning Work Session on March 5, 2020. The work session was held at the Grinnell Public Safety Building. The work session was facilitated by Elizabeth Hansen, president of Midwest Municipal Consulting, LLC of Ankeny, Iowa.

Participants at all or part of the session were:

Mayor Dan Agnew	Mayor
Julie Davis	Council member
Byron Hueftle-Worley	Council member
Jim White	Council member
Rachel Bly	Council member
Lamoyne Gaard	Council member
Russ Behrens	City Manager
Ann Wingerter	City Clerk/Finance Officer
Marilyn Kennett	Library Director
Jordan Allsup	Park and Recreation Director
Jan Anderson	Water Resources Director
Dennis Reilly	Police Chief
Tyler Avis	Building and Planning Director
Rob Vest	Firefighter/Driver/Safety Coordinator
Carl Eggermont	Assistant Public Services Supervisor
Forrest Aldrich	City Engineer, Veenstra and Kimm
Rachael Kinnick	Chamber of Commerce Director
Laura Manatt	Poweshiek County Development Director
Monika Chavez	Community Engagement Director, Grinnell

The primary objectives of the session were:

- 1) To provide the opportunity for all members of the cities leadership team to be part of the planning process
- 2) To enhance communication and develop renewed team spirit among the participants
- 3) To review progress being made by the city
- 4) To discuss changes that are likely to impact the city
- 5) To develop consensus on issues and opportunities facing the city (1 to 3-year perspective)
- 6) To develop an updated goals program for the city (1 to 3-year perspective)
- 7) To develop preliminary action plans for the highest priority goals
- 8) To review the roles of the City's leadership team
- 9) To be an educational and enjoyable day

This report summarizes the results of the session and includes recommendations for follow-up actions to be taken.

II INTRODUCTORY REMARKS

Mayor Dan Agnew opened the public work session and City Manager Russ Behrens turned over the meeting to facilitator, Elizabeth Hansen.

III COMMUNICATION ENHANCEMENT

After introductory remarks were made, the facilitator reviewed the agenda, and went over some ground rules. She then explained the importance of having a goal setting – strategic planning session and indicated that one of the primary objectives of the retreat was to enhance communication among the participants.

IV REVIEW OF FISCAL YEARS 2019 & 2020 ON-GOING PRIORITIES AND NEW INITIATIVES

The first review was of the previous adopted strategic plan from fiscal years 2019 and 2020. The facilitator reviewed the responses of the questionnaire to affirm which On-Going Priorities were completed and ones that should remain on the list. Next the facilitator did the same with the previously approved New Initiatives.

See attachment A for the Review of Fiscal Years 2019 & 2020

V REVIEW OF PROGRESS BEING MADE

The next activity focused on a review of progress being made by the city over the last year or two. It was agreed that significant progress has been made in several areas. Participants agreed there have been numerous successes. The facilitator suggested review and celebration of these accomplishments and including the comprehensive list in an upcoming City Newsletter, on the website, continuous social media posts and/or in the local newspaper.

See attachment B for the Review of Progress being made by the City

VI THE CITIES MISSION, VALUES, AND MOTTO STATEMENTS

The Mission Statement

The mission statement is a statement that describes the organizations overall purpose and reason for existing. Participants agreed it that the city needs a mission statement, and that it needs to be displayed and referenced. The facilitator provided a list of nine sample mission statements. Participants also agreed that that the City Manager would present the options for Council consideration at an upcoming meeting.

The Values Statement

The value statement reflects the spirit of the city and defines the core values that guide to the day-to-day activities of city personnel. It was also felt that the city needs value statements. The facilitator provided a list of nineteen (19) sample value statements. The City Manager agreed to develop a proposed value statement for the city to consider for adoption.

**VII CHANGES THAT HAVE, AND ARE EXPECTED TO, IMPACT THE CITY:
ISSUES AND OPPORTUNITIES FACING THE CITY**

Participants discussed significant changes that have impacted the city over the past five years, and those anticipated changes that are expected to impact the city in the next five years.

**See Attachment C for a Listing of Issues
Facing the City**

VIII UPDATING THE CITY'S GOALS: POTENTIAL SOLUTIONS

Participants identified several issues and opportunities facing and City from a 1 to 3 year perspective. The listing provided a fresh update and consensus on issues, both external and internal, to be addressed by the city.

**See Attachment D for a Listing
of Significant Initiatives (Solutions)**

IX THE GOALS PROGRAM

The identified issues and opportunities were then converted into a proposed to your goals program for the city. It was pointed out that department Directors met two months prior, on January 7, 2020, and provided a recommendation to help the those voting determine what the top five goals should be. The facilitator provided a copy of the results before the participants voted anonymously. The proposed goals program needs to be further discussed and refined, agreed-upon, and then implemented.

**See Attachment E for the Proposed
Goals Program for 2020-2022
and Department Director Recommendations**

X ROLES AND RESPONSIBILITIES

Participants did not review the major roles and responsibilities of the City Council, individual council members, the Mayor, City Manager, Department Directors, city employees and citizens during the session, but resources were provided. The facilitator recommends the group refer to the city's organizational chart for an illustration, code of ordinance for further clarification, and upcoming draft of a Standard Operating Procedure manual, which can specify additional roles and responsibilities.

**See Attachment F for the Listing
of Major Roles and Responsibilities**

XI CLOSING REMARKS

The session concluded with the facilitator challenging the participants to make a positive impact in their leadership roles. She pointed out the inter-dependency of the City Council and staff, and the need to be mission and goal driven. She further challenge participants to be continuous learners, to accept, and appreciate diversity, to be team players, and to focus on the “big picture”. The facilitator thanked the participants and wished them well in their tenure serving Grinnell.

XII RECOMMENDED FOLLOW-UP ACTIONS

It was agreed that that considerable progress was made at the work session and that follow-up actions are needed.

A recommended sequence of actions is:

- 1) The City Manager reviews the Executive Summary of the session
- 2) The City Manager fine-tunes the prioritized issues and the suggested goals program
- 3) The City Manager reviews the Executive Summary with the City Council
- 4) The City Council acts on the proposed goals program, including the action plan
- 5) Action plans be developed for each goal under the direction of the City Manager
- 6) The City Council and City Manager monitor progress on achievements of the goals regularly
- 7) The follow-up work session be scheduled in one-two years to evaluate progress and update the goals program

<p>REVIEW OF FISCAL YEAR 2019 & 2020 ON-GOING PROJECTS AND NEW INITIAIVES WORK PLAN</p>
--

From this list of On-Going Priorities provided from your 2018-2020 Goal Setting Report, which items have been completed and should be removed? Which ones need to remain in order to continue work?

	Item	Completed/Remain
1.	Wastewater treatment plant replacement - construction. Assigned to the Water Resources Director with oversight by the Public Works and Grounds Committee.	Largely Complete
2.	Assist with the Development of the Zone of Confluence and Iowa Reinvestment Act programs. Assigned to the City Manager with Oversight by the Finance Committee.	Remain Progress being made – dorm planning advancing. Development agreement drafted. Financial tools established. Work remains.
3.	Electronic Records for the Cemetery. Assigned to the Building and Planning Director with Oversight by the Public Works and Grounds Committee. The Park and Recreation Board should also be involved.	Complete – enhancements will be ongoing.
4.	Active Participation in Development of Mental Health Solutions in Grinnell. Assigned to the Chief of Police with Oversight by the Public Safety Committee. This is the type of work that will require assistance from many others and anyone with a passion for this work should be encouraged to participate.	Remain Both emergency fund and long term endowment created. Work will be ongoing.
5.	Proactive code enforcement for nuisances and incentives for improvements. Assigned to the Building and Planning Director with assistance from the City Clerk/Finance Director, Fire Chief, and Chief of Police with oversight by the Public Safety Committee.	Remain Progress has been made but will likely never end. Larry Burnell’s house being rehabilitated is a great accomplishment.
6.	Solution of the Veterans Building. Continue to support the work to bring this project to successful conclusion. This project is under the complete prevue of the Veterans Commission.	Remain
7.	Build a new water tower in south Grinnell. Oversight by the Public Works and Grounds Committee. Managed by Water Resources Director assisted by City Manager. Others involved will include Veenstra and Kimm.	Remain Design to begin in FY 21 and financing plan in pace.
8.	Promote housing initiatives that improve existing housing stock, reduce nuisance properties, and increase the diversity of housing options. Oversight by the Planning Committee. Managed by City Manager assisted by City Clerk. Others involved will include Ahlers Law.	Remain We have made small advances (Spaulding Lofts, Grinnell garden Cottages, etc.

From the list of New Projects, Programs, Policies and Initiatives provided from your Strategic Priorities Plan, these items have been completed, thus will be removed and some will be moved to the On-going Priorities list in order to continue work.

	Item	Completed/Remain
1.	<p>Implement a rental inspection program to ensure quality living environments for renters, improve safety for renters and first responders, and to eliminate low quality housing. This may include a provision that would require all property sold on contract to be inspected prior to sale. This may also include a commercial property inspection program in the downtown to reduce the risk of fire or other hazards for all central business district properties. It was also suggested that we examine ordinances recently passed by neighboring communities that provide disincentives for those keeping housing units that have habitual criminal activity. Although rental inspection was the primary consideration, there was still strong support for continuation of work to expand housing diversity and access to quality housing in affordable price ranges.</p> <p>Consider development of an advisory committee consisting of quality housing advocates, rental property owners, and citizens to guide the development of all aspects of the project. Review past work done on this concept and gather information from other communities. Set attainable goals for the program.</p> <p>Oversight by the Planning Committee with Rachel Bly and Byron Hueftle Worley specifically assigned. Managed by Director of Building and Planning and Fire Chief, Police Chief (ordinance on criminal activity) and City Manager. Others involved will include the City Attorney.</p>	<p>Complete Interested in Feedback/Response /Efficacy</p> <p>Work on this continues but the program is in place. Most believe it can be removed since it is largely complete from a planning standpoint.</p>
2.	<p>Investigate options to improve existing sidewalks and expand sidewalks into all areas of Grinnell. Focus first on city properties, school properties, and other public and quasi-public properties – these should be addressed in the 2018 construction season. Expand recreational trail in city limits – Industrial Avenue to GMRC.</p> <p>Conduct a sidewalk inventory and set priority improvements. Develop a reasonable and attainable set of goals for the first year. Amend ordinance to require minimum 5’ width for all new sidewalks. Partner with Imagine Grinnell or other appropriate groups. Periodic progress reports to the City Council starting June 2018.</p> <p>Oversight by the Public Works and Grounds Committee specifically assigned to Byron Hueftle Worley and Julie Hansen. Managed by Building and Planning Director assisted by City Clerk (sidewalks) and City Manager (trails). Others involved will include the City Attorney and Veenstra and Kimm.</p>	<p>Remain</p> <p>The Grinnell School District has made a commitment to address their missing sidewalk segments in the coming two to three years. The city has made progress on performing evaluations and improving our sidewalks. The next step will be to work with private property owners. Most want to see this remain as a work item.</p>
3.	<p>Examine options to perform community marketing in a cooperative manner to promote utilization of many assets in the community</p>	<p>Remain</p>

	<p>such as Central Park, Hotel Grinnell, the downtown, dining, trails, sports and recreation facilities, Grinnell College, historic buildings, aquatic center, library, businesses, and events. The community has made significant investments that need to be utilized and promoted. This item also included development of events that utilize our facilities and appropriate promotion of these events with emphasis on Central Park.</p> <p>Convene a working group to coordinate and develop a community marketing program. Identify a set of goals and anticipated outcomes.</p> <p>Oversight by the Finance Committee specifically assigned to Mayor Agnew, Jim White due to his connection to the Hotel-Motel Committee and Rachel Bly. Managed by the Grinnell Convention and Visitors Bureau. Others involved will include the City Manager and Parks and Recreation Director.</p>	<p>There was little mention of this as an ongoing priority. This is work that will continue forever more than likely.</p>
4.	<p>Continue to invest in our public infrastructure.</p> <p>Continue to prepare an annual capital improvement program to guide this effort. Examine utility rates, service fees, and other revenue sources as a part of this annual process to ensure that the work needed is financially plausible. Some areas of emphasis include water mains, water storage, water wells, water production plant, 4th Avenue from Pearl Street to Ferguson Street, expansion of the cemetery, sidewalks, a footing drain disconnection pilot program, appropriate funding for buildings, sanitary sewer mains and manholes, fire apparatus, and streets.</p> <p>Oversight by the Public Works and Grounds Committee specifically assigned to the City Manager. This work will involve many people including City Engineer, Financial Advisors, Public Services Director, Water Resources Director, and City Clerk/Finance Director.</p>	<p>Remain There was sentiment that the FY 21-25 Capital Improvement Plan helps us to achieve our long term infrastructure goals – this work will always be a priority but the urgency is reduced slightly assuming we can implement this plan.</p>
5.	<p>Expand opportunities for staff development especially on site training that allows department heads and staff to be involved in the training as a group. This shall also include a greater commitment to improving the safety program beyond the good work that has been done in recent years.</p> <p>Conduct a survey of employees to determine topics of training interest. Identify sources for these topics. Create a calendar as far in advance as possible to maximize participation.</p> <p>Oversight by the Finance Committee specifically assigned to Jo Wray. Managed by the Parks and Recreation Director, Police Chief, and Water Director. Others involved will include the City Clerk and City Manager.</p>	<p>Remain This will be ongoing and staff seem to enjoy the training and time together. It may not need to be listed as a long term planning priority but it is something we want to continue.</p>

REVIEW OF PROGRESS BEING MADE BY THE CITY: WHAT IS WORKING WELL?

THE SUCCESSES

Project/improvement

Reconstruction of US 6 and Iowa 146 Intersection.
East Street reconstruction from US 6 to Garfield Avenue.
Agreement reached on 16 th Avenue culvert replacement w/out litigation.
Successful construction and startup of the new wastewater treatment facility.
Several sewer line projects finished to reduce inflow and infiltration into the sanitary sewer system – final lining done in the Central Business District.
10 th Avenue West Street to Park Street reconstruction.
Vitality of Central Park following reconstruction – holiday lights.
Completion of the new skate park at Bailey Park.
Airport runway reconstructed, new runway lights, new fuel system, and new shared hangar. Plans in place to replace the taxiway and apron areas.
Automated solid waste collection implemented. Program has been embraced by the community and employees (eventually).
Significant street patching complete – 11 th Avenue for example.
\$1 million storm water quality project is underway and preliminary work on first projects has been completed.
Water Resource Recycling Facility (WRRF) nearing completion.
Trail/sidewalk improvements near Merrill Park.

Finance

Paying down debt for big projects (all phases of CBD reconstruction, library, aquatic center, public safety building)..
FY 21-25 Capital Improvement Plan (CIP) adopted w/ solid financial plan. This plan appears to be achievable.
Grinnell currently enjoys S & P Global Ratings' 'AA-' bond credit rating.
Annual financial audit was very positive regarding financial management.
No planned property tax levy increases, or utility rate increases beyond inflation adjustments even considering substantial past and planned capital projects.

Economic Development

Downtown planning initiative updated: Public input & collaboration with partners.
Successful implementation of several of the downtown planning goals.
Received Iowa Great Places designation.
Robust activity in the Central Business District (CBD) – new bakery has been a huge hit.
Progress is being made to address the Veterans Memorial Building.

Although completed several years ago now, the Hotel Grinnell project has proven itself by adding significantly the vitality of the CBD and community overall.
The successful build out of the Grinnell Garden Cottages with minimal financial contribution from the city. Created a unique housing option that did not previously exist.
Worked to make several projects 'developer ready'.
Improvements to downtown facades and plans for another round in the works.
New sports bar opened – had been a long-time desire of the community.
Progress has been made to improve broadband service in the downtown and greater advances are possible.
Foundation has been created for several development projects (former RC Industries, Beyer Building, 11 th Avenue, Zone of Confluence with a myriad of resources/programs secured – historic tax credits, new market tax credits, opportunity zone, workforce housing tax credits, Iowa reinvestment funds, brownfield tax credits etc. Developer relationships have also been developed or strengthened.
Work with Grinnell College on the Zone of Confluence has been slow but steady progress is being made – downtown dorm planning is taking shape and an agreement is in the works with a potential project development team on other aspects (former McNally's site, etc.).
Work on targeted downtown business development has worked on a small scale (bakery, brewery, sports bar, etc.) – needs to be sustained and expanded.

City Operations

Promoted City Clerk from within allowing for smooth and positive transition.
Operations of the new city offices and building maintenance remain positive and viewed favorably in the community.
City/College relations and tangible work together are extremely strong right now. Opportunity to welcome the new President to make certain this continues.
City policies are reviewed and updated as appropriate and necessary.
We are maintaining level of service with greater expectations and in some cases less resources.
Public buildings are in excellent condition – City Hall, Public Safety Building, Grinnell Mutual Family Aquatic Center, Drake Community Library, WRRF, nearly all parks, etc. Commitment to ongoing maintenance has been good.
Our employee safety program has been active and effective, work comp claims have been reduced and injuries have declined.
Navigated the elimination of the Professional Painters and Maintenance Employees (PPME) labor union contract.
Rental inspection program is in the implementation stage.
Helped to create a mental health wellness fund – both endowment and emergency fund.
Created electronic data base for Hazelwood Cemetery.
On site department training has been popular and useful.
Made progress on nuisance and abandon properties.

Public Safety

Lexipol Policy Management System put in place at Police Department (PD).
Integrated body worn camera and in-car video system at PD.
Retirement of Police Captain and successful promotion of internal candidate.
Iowa Casualty Assurance Pool (ICAP) funding for policy management system and quarterly training opportunities at PD.
Design, financing, and purchase of new ladder truck.
Full review of all Fire Department (FD) Standard Operating Guidelines.
Grinnell was selected to host the Annual Fire Convention in 2020 and 2021.
Developed a disaster task force with Marion, Jasper, and Mahaska Counties.
Potential ambulance crisis averted for the time being.

**CHANGES THAT HAVE IMPACTED AND ARE
EXPECTED TO IMPACT THE CITY:
ISSUES AND OPPORTUNITIES**

WHAT IS NOT WORKING WELL?

WHAT IS THE CITY CURRENTLY DOING THAT IT SHOULD NOT BE DOING?

The following were identified as issues, concerns, trends, and opportunities that may affect future city services, policies, finances or operations:

Item

Public infrastructure issues:

- ◆ Street reconstruction, gaining ground but much work remains.
- ◆ Consider analysis of the water, storm sewer, sanitary sewer, and solid waste rates to insure equity, parity with peers, and sustainability regarding needs of those various operations.
- ◆ New chloride standards at the wastewater treatment facility. This will require significant upgrades to the drinking water treatment facility. Anticipated for FY 27. Overall rebuild of the facility is anticipated/necessary.
- ◆ Develop a policy to ensure code enforcement and contractor responsibility at the time a project is permitted (permits to work in public rights-of-way).
- ◆ It feels like we have finally arrived at a good place with our current CIP – the plan is realistic and achievable. Several projects are critical – new water tower for example.
- ◆ Assess recycling program and find ways to enhance. May need to secure Public Services property to prevent illegal dumping and recycling contamination. Review costs associated. Reduce/Reuse/Recycle – we need to be more creative about reducing waste.
- ◆ Avoid sprawl and utility expansions where there are options for redevelopment.
- ◆ If the current FY 21-25 CIP can be at least largely implemented our public infrastructure will be in excellent condition certainly when compared to where we were 15-20 years ago and when compared to peer communities.
- ◆ Sidewalk repairs, improvements, and construction.
- ◆ The city is nearing repayment of bond refinancing for much of the last cycle of significant projects (CBD, Public Safety Building, aquatic center, library, various street projects, etc.). This will allow significant reinvestment in new projects with a strategy of maintaining current debt payment levels that pick up where the legacy financings are paid off.

Financial issues:

- ◆ Grinnell has taken large capital projects on with reasonable rate adjustments that are sustainable and necessary. These larger projects often come with ‘sticker shock’; however, these are critical services and costs are relative.

- ◆ Grinnell currently enjoys Standard & Poor Global Ratings' 'AA-' bond credit rating. This is the fourth highest (AAA, AA+, AA, AA-) rating and realistically the maximum rating the city could achieve based on population and tax base (in terms of valuation). The city could work to strengthen general fund performance in terms of maintaining a healthy balance. Additionally, a review and possible formalization of city financial policies may be considered as part of the next debt planning process – possibly in late FY 20-21.
- ◆ Financial/budgeting software that allows real time access to budget information.
- ◆ Concern over never ending legislative 'fixes' to property tax system.
- ◆ Build up enterprise fund reserves.
- ◆ Reduced general fund (\$8.10 levy in particular) revenue.
- ◆ Concerns over the cost of keeping pace with technology.
- ◆ Balancing rates with need to perform maintenance and upgrades.
- ◆ Concerns over real or perceived loss of property from the tax rolls.
- ◆ Local option sales tax, utility franchise tax, hotel-motel tax, and even property tax revenues are strong or better than expected.

Public Buildings:

- ◆ Current facilities such as the Public Safety Building, Grinnell Mutual Family Aquatic Center, Drake Community Library, City Hall, and the Public Services buildings are in excellent condition. All believed this was a strength.
- ◆ Maintenance of publicly owned properties was listed as a strength but one that must be maintained and built upon.
- ◆ The Grinnell Veterans Memorial Building – it needs to be advanced one way or another in the next year or two maximum.
- ◆ Work with the school district to jointly develop an indoor activity center as part of the school's plans for a new Pre K-5 if possible. Another option might be to at least complimentary locations.
- ◆ Need an energy assessment on all municipal buildings.

Staff:

- ◆ Update job descriptions based on job task analysis (this was a common theme).
- ◆ Update salary survey.
- ◆ Scheduling/time accrual software – accessible and manageable by department heads.
- ◆ Employee retention; succession planning.

Community and Economic Development:

- ◆ Strong support for initiatives that expand housing options (type, cost, location, etc.). Many see this as a leading impediment to community growth and opportunity. Expand housing options that allow new residents to live in a quality, 'affordable' rental or starter home. We are losing potential residents at this point – stop thinking that everyone buys a single-family home right away or ever for that matter.
- ◆ Daycare has been improved but more is needed.
- ◆ The Zone of Confluence was listed as an opportunity by nearly all respondents.
- ◆ Several listed the improvements to the Iowa Highway 146 corridor – starting with the 180 – 146 exchange enhancements as an opportunity/challenge.

- ◆ Many believe we could market our community much better than is currently being done.
- ◆ Former Iowa Telecom property.
- ◆ Beyer Building and the Masonic Temple need to be addressed (common theme).
- ◆ More targeted and aggressive spending to accomplish economic development priorities – partner with others to expand resources options. Some projects are simply taking too long creating a backlog that prevents advancement of not only those projects but potential future projects.
- ◆ We have a great community with the asset of having great schools. Continuing to collaborate, partner and strengthen relationships will be important moving forward.
- ◆ Several people noted that the lack of population growth is a significant concern.
- ◆ Continue to recruit new businesses that are attractive for tourism and create employment opportunities in the community.
- ◆ Need to update our sign ordinance for several reasons.
- ◆ Need to update our zoning ordinance.
- ◆ Development of the interstate provides opportunity to increase sales tax, property tax, and hotel tax revenues, while providing jobs for many. This development should be sensitive to existing business while aggressively tapping into the interstate travel and the regional population.
- ◆ Continue to improve nuisance and abandoned properties, work to redevelop properties where possible.
- ◆ Seek more growth and better utilization of existing parking options in the Central Business District.
- ◆ Create an environment to make Grinnell a destination location – tourism.

Public Safety:

- ◆ Impact of mental health service deficiencies on city services (concern).
- ◆ Recruitment and retention of volunteer fire fighters.
- ◆ County-wide 700-800 MHz digital radio system. Working toward a county-wide and interoperable communications. Development and implementation of new public safety communication system in equal partnership with other cities, emergency medical service organizations, fire departments, and the County.
- ◆ Significant concern about Emergency Medical Services (EMS). Need long-term solutions. Grinnell Regional Medical Center (GRMC) – Unity Point now performing their own transports out of their Marshalltown facility. Significant cost increase will impact General Fund (ability to build reserves and other GF operations). Uncertainty about service area and long-standing partnerships. Research all EMS options.
- ◆ City has been active participant of tobacco free policies in parks and employment policies.
- ◆ Lack of accessible, affordable, and/or quality mental health services.

Miscellaneous:

- ◆ Ever growing need for improved technology. Continue to keep up with technology city wide (website enhancements, payment options, etc. Consider hiring a public information officer, technology specialist, marketing director, etc. rolled into one position).
- ◆ City policy review committee/update-review policies on a regular basis.

- ◆ The City is often pulled in various directions and asked to take on challenges outside our purview (ambulance, mental health, hospitals, schools, daycare, etc.). Many of these are not traditional city government requirements or responsibilities but these are critical to the overall health of our community. The city by all accounts has its house in order and maybe branching out to take on these broader community issues is needed or will only hinder our core mission?
- ◆ Update the city's comprehensive land use plan.
- ◆ Increase focus on volunteer recruitment.
- ◆ Increase focus on obtaining private donations and fundraising for community projects.

**SIGNIFICANT INITIATIVES OR PROGRAMS (SOLUTIONS) -
WHAT IS THE CITY NOT DOING
THAT IT SHOULD BE DOING?**

	Item (What is the solution to an issue?)	New Initiative (Action Needed) Or On-Going
1.	Develop pilot program to disconnect footing drains.	New
2.	Consider establishing fire service fees for commercial and industrial properties.	New
3.	Update the comprehensive land use plan and zoning ordinance.	New
4.	Work with the Chamber to develop city promotional multi-media materials for use in marketing and employee recruitment. May also utilize volunteers to collect information from community partners in order to create a packet.	New
5.	Host open houses at all facilities for staff, elected leaders and the public – we have great staff and wonderful facilities. Let our staff tell their story and provide their insights to other city employees, elected leaders, and the public. Citizen Academy.	New
6.	Appoint a communications director and social media coordinator	New
7.	Develop another deep drinking water well.	New
8.	Greatly improved sidewalks in a public / private partnership. Analyzing approach to replacement.	New
9.	Develop a policy to ensure code enforcement and contractor responsibility at the time a project is permitted (permits to work in public rights-of-way).	New
10.	Financial/budgeting software that allows real time access to budget information and payroll.	New
11.	Update job descriptions based on job task analysis, compensation study and succession planning.	New
12.	Need to consider an incentive for redevelopment of the Beyer Building, Iowa Telecom, and the Masonic Temple.	New
13.	More targeted and aggressive spending to accomplish economic development priorities – partner with others to expand resources options. Some projects are simply taking too long creating a backlog that prevents advancement of not only those projects but potential future projects. Proposals need to be brought to Council for consideration.	New

14.	County-wide 700-800 MHz digital radio system. County wide and interoperable communications in equal partnership with EMS agencies, fire departments, other cities, and the County. Development and implementation of new public safety communication system.	New
15.	Consider hiring a third party consultant to analyze current EMS Operations and create a long-term strategic plan.	New
16.	Conduct a study on solid waste/recycling solutions. Look at composting, reducing and reusing programs.	New
17.	Continued work on the Zone of Confluence and downtown revitalization, keep working with the college.	On-Going
18.	Analyze the Campbell Fund - this requires us to think bigger and find ways to address some of the root problems of poverty instead of just reacting. This is a different way of looking at the funds but could be an opportunity to help address big needs and big issues that would make our community a better place to live.	New
19.	Look at the some of the “big ideas” that we came up with during the focus groups - what can we do to set our community apart from others and increase our population.	On-Going
20.	Support community mental health solutions in effective ways and monitor results/successes.	New
21.	Grinnell should plan to participate more activity in the renovation of the Veteran’s Memorial Building while also requiring results and realistic timelines.	On-going
22.	Strong support for initiatives that expand housing options (type, cost, location, etc.). Many see this as a leading impediment to community growth and opportunity. Expand housing options that allow new residents to live in a quality, ‘affordable’ rental or starter home. We are losing potential residents at this point – stop thinking that everyone buys a single-family home right away or ever for that matter.	New
23.	Daycare has been improved but more is needed.	New

**THE CITY'S GOALS PROGRAM:
PROPOSED ON-GOING PRIORITIES
FOR FISCAL YEARS 2021 AND 2022**

ON-GOING PRIORITIES

1.	Continue with the Development of the Zone of Confluence and Iowa Reinvestment Act programs. Progress is being made as dorm planning is advancing. Development agreement drafted. Financial tools established. Work remains.
2.	Continue active Participation in Development of Mental Health Solutions in Grinnell. This is the type of work that will require assistance from many others and anyone with a passion for this work should be encouraged to participate. Both emergency fund and long term endowment created. Work will be ongoing.
3.	Continue proactive code enforcement for nuisances and incentives for improvements.
4.	Solution of the Veterans Building. Continue to support the work to bring this project to successful conclusion. This project is under the complete prevue of the Veterans Commission. Grinnell should plan to participate more activity in the renovation of the Veteran's Memorial Building.
5.	Build a new water tower in south Grinnell. Design to begin in FY 21 and financing plan in place.
6.	Continue investigating options to improve existing sidewalks and expand sidewalks into all areas of Grinnell. Focus first on city properties, school properties, and other public and quasi-public properties – these should be addressed in the 2018 construction season. Expand recreational trail in city limits – Industrial Avenue to GMRC. We have a verbal commitment from the school to address their missing sidewalk segments. The city has made progress on performing evaluations and improving our sidewalks. The next step will be to work with private property owners. Most want to see this remain as a work item.
7.	Continue examining options to perform community marketing in a cooperative manner to promote utilization of many assets in the community such as Central Park, Hotel Grinnell, the downtown, dining, trails, sports and recreation facilities, Grinnell College, historic buildings, aquatic center, library, businesses, and events. The community has made significant investments that need to be utilized and promoted. This item also included development of events that utilize our facilities and appropriate promotion of these events with emphasis on Central Park. There was little mention of this as an ongoing priority. There is work that will continue forever more than likely.
8.	Continue to invest in our public infrastructure and prepare an annual capital improvement program to guide this effort. Examine utility rates, service fees, and other revenue sources as a part of this annual process to ensure that the work needed if financially plausible. Some areas of emphasis include water mains, water storage, water wells, water production plant, 4 th Avenue from Pearl Street to Ferguson Street, expansion of the cemetery, sidewalks, a footing drain disconnection pilot program, appropriate funding for buildings, sanitary sewer mains and manholes, fire apparatus, and streets. There was sentiment that the FY 21-25 Capital Improvement Plan helps us to achieve our long term infrastructure goals – this work will always be a priority but the urgency is reduced slightly assuming we can implement this plan. Improve the water treatment plant.
9.	Continue to expand opportunities for staff development especially on site training that allows department heads and staff to be involved in the training as a group.

	This shall also include a greater commitment to improving the safety program beyond the good work that has been done in recent years. This will be ongoing and staff seem to enjoy the training and time together. It may not need to be listed as a long term planning priority but it is something we want to continue. Continue to make training available locally or otherwise.
10.	Pursue an indoor activity/sports complex.
11.	Work with Chamber, Grinnell College, and others to improve the buildings in the Central Business District to allow business to thrive in all locations to avoid empty store fronts.
12.	Work to make broadband available and reasonably affordable, starting in the downtown.
13.	Aggressive targeted retail recruitment to reduce retail leakage.
14.	Cooperate on the development of the I-80 and 146 interchange, especially due to the multiple revenue generators and the untapped potential at that location. Improve the appearance of the community's front door. Appropriate and robust commercial development at I80 that does not compete with the downtown.
15.	Take advantage of technology only when there is an obvious benefit. Although many are touting the benefits of social networking sites, organizations that are great at person to person communication and building relationships that matter will be the successes in the future.
16.	More opportunity for discussion during the budget process.
17.	Continue to do succession planning for employees who are nearing retirement and other turn over.
18.	Full utilization of Central Park in all four seasons.
19.	Look at the some of the "big ideas" that we came up with during the focus groups - what can we do to set our community apart from others and increase our population.

**THE CITY'S PROPOSED NEW INITIATIVES
FISCAL YEARS 2021 AND 2022
(Most votes to least)**

of
Votes

18	1.	More targeted and aggressive public/city investment to accomplish economic development priorities - partner with others to expand resource options. Projects identified as high priorities include redevelopment of the Beyer Building, 11 11 th Avenue, and the Masonic Temple. Proposals need to be brought to the Council for consideration. There was also strong support for the redevelopment of 1021 Main (former McNally's site), 1020 Main (former Grinnell Sporting Goods site), and the 'under development' student residence building in the 1000 block of Broad. Partnering with the Grinnell School District to create a redevelopment plan for their property on US Highway 6 in west Grinnell if they plan to sell this property was supported.
15	2.	Strong support for initiatives that expand housing options (type, cost, location, etc.). Many see this as a leading impediment to community growth and opportunity. Expand housing options that allow new residents to live in a quality, 'affordable' rental or starter home. We are losing potential residents at this point – stop thinking that everyone buys a single-family home right away or ever for that matter.
9	3.	Update job descriptions, compensation study, and success planning.
8	4.	Consider hiring a third-party consultant to analyze current EMS Operations and create a long-term strategic plan.
8	5.	County-wide 700-800 MHz digital radio system. County wide and interoperable communications in equal partnership with EMS agencies, fire departments, other cities, and the County. Development and implementation of new public safety communication system.
8	6.	Greatly improved sidewalks in a public / private partnership. Analyzing approach to replacement.
5	7.	Work with the Chamber to develop city promotional multi-media materials for use in marketing and employee recruitment. May also utilize volunteers to collect information from community partners in order to create a packet.
5	8.	Study solid waste/recycling solutions; looking at composting, reducing and reusing programs.
5	9.	Appoint a communications director and social media coordinator.
5	10.	Support community mental health solutions in effective ways and monitor results/successes.
4	11.	Update the comprehensive land use plan and zoning ordinance.
4	12.	Analyze the Campbell Fund to address some of the root problems of poverty instead of just reacting. This is a different way of looking at the funds but could be an opportunity to help address big needs and big issues that would make our community a better place to live. Need to be strategic as there are opportunities to expand the program.
3	13.	Develop a policy to ensure code enforcement and contractor responsibility at the time a project is permitted (permits to work in public rights-of-way).
2	14.	Develop another deep drinking water well.
2	15.	Financial/budgeting software that allows real time access to budget information and payroll.
1	16.	Daycare has been improved but more may be needed.
0	17.	Develop pilot program to disconnect footing drains.
0	18.	Consider establishing fire service fees for commercial and industrial properties.
0	19.	Host open houses at all facilities for staff, elected leaders and the public – we have great staff and wonderful facilities. Let our staff tell their story and provide their insights to other city employees, elected leaders, and the public. Citizen Academy.

Attachment E, Continued

**DEPARTMENT DIRECTORS RECOMMENDED
NEW INITIATIVES CALENDAR YEARS 2020 AND 2021**

of
Votes

1	1.	Develop pilot program to disconnect footing drains.
0	2.	Establish fire connection fees.
2	3.	Update the comprehensive land use plan and zoning ordinance.
3	4.	Work with the Chamber to develop city promotional materials for use in marketing and employee recruitment. May also utilize volunteers to collect information from community partners in order to create a packet.
0	5.	Host open houses at all facilities for staff, elected leaders and the public – we have great staff and wonderful facilities. Let our staff tell their story and provide their insights to other city employees, elected leaders, and the public. Citizen Academy.
1	6.	Appoint a communications director and social media coordinator.
3	7.	Develop another deep well.
4	8.	Greatly improved sidewalks in a public / private partnership. Analyzing approach to replacement.
5	9.	Develop a policy to ensure code enforcement and contractor responsibility at the time a project is permitted (permits to work in public rights-of-way).
6	10.	Financial/budgeting software that allows real time access to budget information and payroll.
6	11.	Update job descriptions based on job task analysis.
3	12.	Beyer Building and the Masonic Temple need to be addressed.
5	13.	More targeted and aggressive spending to accomplish economic development priorities – partner with others to expand resources options. Some projects are simply taking too long creating a backlog that prevents advancement of not only those projects but potential future projects.
1	14.	County-wide 700-800 MHz digital radio system. County wide and interoperable communications. Development and implementation of new public safety communication system with County.
9	15.	Analyze current EMS Operations and create a long-term strategic plan.

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES
OF THE CITY COUNCIL**

1. To provide leadership, direction, and long range planning for the city
2. To determine policy for the city
3. To hire and monitor the performance of the city administrator/manager (to manage city operations)
4. To adopt an annual budget for the city
5. To represent the collective
6. best interest of the city and the citizens of the city

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES
OF INDIVIDUAL COUNCIL MEMBERS**

1. To represent the citizens and be accessible to them
2. To make a leadership and policy decisions for the greater good of the city
3. To be prepared for, and participate in, council meetings
4. To act professionally and listen respectfully to each other council members, staff and citizens
5. To share information and communicate openly with the city administrator/manager and other councilmembers

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES OF
THE MAYOR**

1. To conduct orderly and effective city Council meetings
2. To represent the city at public functions
3. To facilitate discussions on agenda items and help resolve conflict among council members
4. To make advisory committee appointments
5. To sign the cities legal documents
6. To also function as a councilmember

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES
OF THE CITY MANAGER/MANAGER**

1. To prepare and facilitate information for the council, make policy recommendations based on the information, and implement adopted policies
2. To be a liaison between the council and staff
3. To provide leadership and foster a positive work environment for the city's employees
4. To develop and administer the city's annual budget
5. To recommend for appointment, develop, evaluate and terminate (when necessary) city employees

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES OF
DEPARTMENT DIRECTORS**

1. To provide leadership and goals for their departments
2. To manage the day-to-day operations of the departments
3. To prepare and administer the departments in your budget
4. To communicate and cooperate with other entities in the city
5. To keep the City Manager/manager and department staff informed
6. To provide training and development opportunities for department employees
7. To recommend new hires to the city administrator/manager

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES
OF ALL CITY EMPLOYEES AND CITY OFFICIALS**

1. To have a positive attitude towards their job and when dealing with the public
2. To be team players
3. To be fiscally responsible
4. To be positive representatives in ambassador of the city
5. To have a strong work ethic
6. To be receptive to, and participate in, training and about and opportunities
7. To be innovative problem solver's

**MOST SIGNIFICANT
ROLES AND RESPONSIBILITIES OF
THE CITIZENS**

1. To vote in city elections
2. To provide fiscal support for city services and operations; I. E., to pay their taxes
3. To keep informed on issues that affect the city and to communicate their concerns to the cities elected officials and staff
4. To be involved in community affairs
5. To be positive contributors to the community