

Changing Times

12.14.05

Disclaimer

• The following program content is provided as a summation of meetings held by the Changing Times Steering Committee.

• The content of this program has been reviewed by those members in attendance at the final draft review meeting on September 19, 2005 with revisions and corrections made.

History

- Initial meetings convened by County Coordinator in the summer and fall of 2003
- Committee chair position assigned
- Meeting participation varied, but generally declined as meetings progressed.
- EMS most visible issue of Fire-EMS concerns raised.

Goal

To provide an open forum for all emergency service providers to present their thoughts and guidance concerning the future of fire and emergency medical service in Dutchess County

Objectives

- Provide a unified approach to identify the needs and show the effects of a growing shortage of volunteer manpower and increased call volume.
- Ensure the forum is open to all levels and specialties of emergency service.
- Compile an after-action report to be used as a tool for the future.

Meeting Opportunities

Changing Times meetings were held throughout Dutchess County from the fall of 2003 through the 2005 year.

Emergency Service Members Taking Part

- Commissioners, Trustees
- Chief officers
- Line officers
- EMS officers
- Fire & EMS members
- Career & Volunteer
- Retired and Active

Attendee Mindset

No Problem

Need Help



Apathetic

Overwhelmed

This is representative of Fire & EMS agencies within Dutchess County

Response Problems

- Personnel shortage
 - Recruitment
 - Retention
- Delayed response
- Decreased manpower on-scene
- Mutual aid abuse
- Shortage of qualified personnel
- Non-active "active" members

Response Problems Cont.

- Degree of deficiency skewed by:
 - Responses terminated prior to apparatus response.
 - Response measured by the number of apparatus responding, not the number of personnel needed to safety mitigate the incident.
 - Decrease in total number of structure fires

Response Problems Cont. EMS Focus

- More calls handled by commercial & community ambulance services
 - Decreased Volunteer Response
 - Increased Call Volume
 - Addition of Basic Life Support Transport Coverage
 - Decreased Funding
- Fewer calls in rural areas generates less income for commercial services
- Decreased pool of paid & volunteer Emergency Medical Technicians at all levels

Surge Capacity

The ability for the system to handle an increased number of incidents or increased number of patients per incident

- Surge capacity only exists within the County by shifting resources from one area to another.
- Day to day call volume taxes our current Emergency Medical Services system.
- A single significant event in the county maxes out the surge capacity for another large incident.

Increased Alarm Responses

- Growing population
- Increased use of alarm systems
 - Fire, Carbon Monoxide, Medical Alert
- Increased demands of service
 - "All-hazards" first response
 - Increased expectation by population

Note: Actual Structure Fires Down +/-

Decreased Volunteer Applications & Retention

- Time demands involved with maintaining membership:
 - Training, drills, meetings, fundraising
- Mandated requirements:
 - PESH(OSHA), NFPA, NYSOFPC, NYSDOHBEMS
- Increased work and family commitments
 - Working families with two earners
- Shift to bedroom communities
- Changes in social attitude on volunteering
- More family oriented than community oriented

Social Attitude Shift

Volunteering for the Community

Vs.

What can the service do for me

Factors affecting EMS delivery

- Call volume
 - Residences
 - Nursing facilities
 - Medical complexes
- Tax base
 - Augmented volunteer BLS
 - Simultaneous dispatch
 - As-needed ALS
 - "Resident" commercial
- Transport time

Infrastructure Needs

- Rated water systems (hydrants)
 - Not possible in rural areas
- Mandated Sprinklers
 - Residential sprinklers for new and renovated single-family homes

Factors contributing to Increased Response Times

- Decreased manpower
- Fewer fire-based BLS ambulances
- Larger coverage areas for volunteer & commercial providers
- Increased use of mutual aid resources
- Increased traffic

What is being done?

- Recruitment & retention campaigns
 - Service awards programs (LOSAP)
 - Scholarships
 - Tax reductions & credits for volunteers
- Hiring of daytime staff, house person, mechanic, etc.
- Utilization of village/town employees in volunteer Fire/EMS roles while on duty.
- Paid full-time firefighters/EMTs
- Use of commercial ambulance services

Potential Solutions

- Daytime open response
 - Response to neighboring districts/departments
- Second call automatic mutual aid dispatch +/-
- Consolidation of districts
- Joint or mutual response
 - Shared Services
- Paid on call
 - Not possible with current laws for fire service
 - Need legislative changes
 - Minimum 229 hours training initially
 - 100 hours of annual training

Potential Solutions, cont.

- Paid staff days only
- Full-time paid staff
- Combination volunteer/paid county department
- Residential/commercial sprinklers
- Fire prevention
- Code enforcement (Building & Fire)

Options

• The local fire district/company/department employ the personnel needed to augment the volunteer response during the days and hours needed.

• Contracting with an adjacent fire department or fire district that already employs paid personnel to provide qualified personnel during the days and hours needed by the local fire district, company, or department to augment the volunteer response.

• Consolidate with an adjacent fire district/company/department and employ career personnel to service the larger district during the days and hours needed to augment the volunteer response.

 Dutchess County creates a county Fire/EMS system to support volunteer Fire and EMS.

 Employ career firefighters on a part- or fulltime basis.

• Employ 2 - 4 Fire Company members to perform basic station maintenance, apparatus maintenance, and record keeping. These employees would then be released during their work hours to respond to alarms acting as volunteer firefighters or EMTs.

Option 7

- Increased funding needed to support current EMS system
 - I.e. Advanced Life Support ambulance annual cost 600,000 +/-

Conclusions

- The majority of attendees and participants are aware that there is a problem.
- Those aware of the problem are looking for guidance &/or assistance.
- There is a growing concern that we are already past the point where change is needed, noting that any plan will take time to develop and implement.

Thanks to all the dedicated men and women of our emergency response system for their comment, input, and dedication to service.

Questions Thoughts Observations

Thank You For Your Time