

Greece Fire District's Position Paper 2010

The purpose of this paper is to inform our residents of the operational strategies of the Fire & Emergency Services Agencies that provide fire and emergency medical service to the residents of the Town of Greece NY. The intent of this paper is to answer questions raised and to correct inaccuracies due to lack of complete information. The Fire Districts of Greece are always striving for continuous improvement and welcome constructive dialog to further consolidate activities to improve both the service provided to our residents as well as to lower cost.

“We need consolidation to lower costs - it must be wasteful the way it is today ...”

Much discussion and recent legislation identifies consolidation of all Governmental Agencies as a means of reducing the tax burden on the residents of a Municipality. As taxpayers in our Districts who pay the same taxes as our residents that we serve, we in the Fire Service have been keenly aware of cost and cost control long before the recent interest to drive consolidation. **Unlike most Municipalities and Special Districts the only funding afforded to Fire Districts is based on the tax levy imposed, no additional tax funding is provided. The Fire tax levy to the resident is a portion of the total tax burden, but small in relationship to school and county taxes.**

Unlike other governmental Agencies, the Management of Fire Districts is under the jurisdiction of District resident elected NYS Fire Commissioners who by Law serve in a volunteer capacity for a term of 5 years. No pay for service is allowed.

The Town of Greece New York is provided Fire and Life Safety protection by four Fire Districts:

***Barnard Fire District
North Greece Fire District
Lake Shore Fire District
Ridge Road Fire District***

The Fire Districts of Greece NY have, for many years, established and continue to expand interagency agreements and protocols to share services, avoid duplication where possible, and to provide a service delivery model that establishes the best possible fire and life safety for our residents.

To conserve operating costs the Districts cooperate and participate in:

- Joint purchasing programs to leverage volume discounts
- Development of bid and buy lists to ensure the lowest costs for required materials
- Joint Training programs so that Agencies are able to work as an extended team
- Established joint fuel purchasing programs with other Districts
- Through Mutual Service agreements, each district has expanded their dependency on the adjoining District – this has decreased the number of apparatus (Trucks) required as well as allowed response to more than one call at a time for each Agency.
- Shared Fire prevention education activities and school “props” such as Hazard House and the Fire Safety House

In addition, the Fire Districts provide the following service to the residents:

- Fire Prevention Training and education to the Greece Schools
- Infant and child Car Seat assistance, installations, and clinics
- Smoke and CO detector programs and assistance
- Outreach programs
- Sponsor Explorer programs and other youth community activities
- Natural disaster readiness and relief when required
- Terrorist disaster readiness and mitigation if required

In total, the four Fire Districts provide emergency services to a population of approximately 100,000 residents and cover an area of 41.78 square miles. The four Agencies occupy 10 fire stations strategically distributed across the Town.

An average of 15,000 calls for service to the Fire Districts are made yearly in the Town of Greece - an average of 41 calls for service per day. All four agencies employ a number of career firefighters due to the absence of factory shift workers (difficult to obtain volunteer staffing during the week day) , the increased NYS mandated training demands and responsibilities on firefighters, as well as the impact of the economy in addition to individuals family commitments. All of these factors have reduced the availability of volunteers to meet the coverage needs on a 24/7 basis. In addition, one of the Greece Agencies is primarily in a commercial and industrial response area, and as such, is greatly limited in respect to the availability of able volunteers living in close proximity to the fire stations. The Agencies that can retain volunteers do so as an able body of volunteers greatly helps to reduce costs.

In total, the four Fire Districts currently employ a career firefighting contingency of approx 110 firefighters and retain approximately 120 volunteer firefighters.

Our Agencies also participate in inter-agency agreements to provide Mutual assistance to each other, and neighboring Fire Districts in Monroe County including support to the City of Rochester Fire Department.

“I don’t know where my fire tax money is going ...”

The Fire Districts in Greece NY and across the State **are held accountable to ensure transparency of costs and correct distribution of tax dollars.**

The proposed budget for a Fire District and required budget hearings for public comment by the residents of the District must be posted on the Fire Stations outside signboards, the Town Hall bulletin board, the local newspaper, and the Fire District website if one is in use.

The use of tax dollars is closely regulated by State Law and audited on a prescribed basis.

Most of the Fire Agencies costs are “through costs” such as insurance, utilities, supplies, training, upkeep and maintenance.

Clearly, the single highest cost is career firefighting labor and labor related charges for those Agencies who have career staff, and these costs can represent 60 to 80 percent of the total budget.

The regulating management of the Fire Agencies (The Board of Fire Commissioner’s) is accountable to and elected by the residents of the Fire District.

“Why do you need so many Fire Stations - it must be wasteful ...

Fire Departments must always be staffed, trained, in position, and ready to provide fire suppression, emergency medical services as well as any other hazardous emergency mitigation (water, ice, collapse and confined space rescue, motor vehicle entrapment extrication, fumes, rope rescue, electrical and gas line failures, industrial accidents, natural disasters, HAZMAT mitigation, and anti-terrorism mitigation.

The Fire Service is the only governmental agency that can muster a significant number of highly trained professionals in literally minutes of an event. It is critical to be staffed and ***in position*** to respond to these events in a timely fashion – typically “on scene” from the time of a call in four minutes or less. This timeline can be described as follows:

Call Date/Time – The time the phone rings (911 call to public safety answering point or Other designated entity) requesting EMS services.

Dispatch Notified Date/Time – The time dispatch was notified by the 911-call taker (if a separate entity)

Unit Notified by Dispatch Date/Time – The time the responding unit was notified by dispatch

Unit En Route Date/Time – The time the unit responded; that is, the time the vehicle started moving

Unit Arrived on Scene Date/Time – The time the responding unit arrived on scene; that is, the time the vehicle stopped moving

These times are critical due to the volatile nature of the incidents faced by the Fire Service as longer response times will typically cause a dramatic increase in the severity of the event at hand. For firefighting, longer than 4 minute response times can mean the difference from containing a fire to room of origin to loss of the entire structure as well as extension to adjacent buildings. In addition, an involved fire in a typical two-story structure with no rescue component requires about 10 firefighters to bring the fire under control. With the potential of a rescue component in the structure or an extended fire incident, the required labor pool will rise dramatically.

Based on the need for quick response times Fire Stations are recommended to be no greater in distance than 1.5 miles apart by the Insurance Service Organization (ISO).

“Why do I see a fire truck in front of my Neighbors house for a medical call - a fire truck can’t take me to the hospital, I want an ambulance...”

The tradition of quick response to save lives and property for firematic events have been extended to provide emergency medical services as well *with the same labor force*. All Greece Fire District career firefighters and a good portion of the volunteer firefighting force are NYS Emergency Medical Technicians.

Changes in building construction codes, improvements in materials, and fire prevention education are resulting in fewer fires and have caused a shift in services from strictly firematic to expansion of emergency medical Services (EMS) across the Country.

Today, 60 to 70% of the emergency calls for service are for emergency medical services (EMS) in Greece, NY and typically across the United States for those Fire Departments that provide Emergency Medical Services.

The tendency over the past decade of augmenting all Volunteer Fire Departments with career firefighters (known as Combination Departments), or going to “Career Stations” was required to maintain the level of service as the number of volunteers continues to declined.

For some agencies, the lack of volunteer support became more apparent more quickly, but for all involved some level of career staffing was required.

During the time spans between firematic or rescue events, the logical extension for the labor was to provide emergency medical assistance. The labor was in place and required to be in position and ready to respond to calls of emergency, and the placement of the fire stations throughout the Town afforded quick response times while awaiting ambulance services to arrive and transport the patient. Patient care in emergencies such as motor vehicle accidents or other disasters was already part of the existing workload of the Fire Department. Responding to calls of help to the resident’s home was a logical extension of the mission to save lives and in many cases was shown to require the Fire Service due to fumes or other fire issues, or inability to access the patient without first breaching an entrance.

Significant medical emergencies, not unlike structure fires, require a specific response time to better enable a favorable outcome. Initiation of CPR only without use of AED intervention is now shown to be marginally effective at best to a favorable patient outcome. CPR with AED to an unresponsive, non-breathing patient in a time span greater than 6 minutes typically results in significant non-reversible brain and organ impairment, while greater than 8 minutes to intervention typically results in death.

Ambulances, due to many factors, including not having the distribution network of response stations, have a national 8 minute average response time. ***The most important metric for a successful probability outcome of critical medical emergencies is arrival time to patient.*** As with firematic or other emergency events, the first five timelines are in place:

Call Date/Time – The time the phone rings (911 call to public safety answering point or Other designated entity) requesting EMS services.

Dispatch Notified Date/Time – The time dispatch was notified by the 911-call taker (if a separate entity)

Unit Notified by Dispatch Date/Time – The time the responding unit was notified by dispatch

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The addition for EMS is perhaps the most important time –

Arrived at Patient Date/Time – The time the responding unit arrived at the patient's side.

In setting response time standards, The Greece Fire Agencies consider such factors such as available system resources, geography, population density, community expectations, and ultimately, quality patient care. District lines are not boundaries to service, as the closest available vehicle is dispatched. Quick emergency intervention for a patient provides a much better chance for the ambulance to find a viable and living patient to transport. Not having to transport the patient allows the Fire Agency to quickly return to position for the next emergency response.

In conclusion, The Fire Districts of the Town of Greece will continue to meet periodically to discuss ways to consolidate services, reduce costs, and improve shared services in order to provide the best Service Delivery Model and standard of care to our residents.