

PS COMMITTEE #5
March 4, 2010

Note: Please bring your packet from the February 24 PS Committee review of the Update of the Master Plan (Item #3) to the March 4 worksession. The packet is available online at http://www.montgomerycountymd.gov/content/council/pdf/agenda/cm/2010/100224/20100224_PS3.pdf.

MEMORANDUM

March 3, 2010

TO: Public Safety Committee

FROM: *MKD*
Minna K. Davidson, Legislative Analyst

SUBJECT: Update of the Fire, Rescue, Emergency Medical Services, and Community Risk Reduction Master Plan

At the February 24 worksession on the Master Plan Update, the Committee received an overview of the proposed amendments to the Master Plan and raised questions about some of the recommendations. In particular, the Committee was concerned about proposed changes in Emergency Medical Service (EMS) response time goals for Advanced Life Support (ALS) - from 8 minutes to 10 minutes, and for an ALS transport unit - from 10 minutes to 12 minutes.

For the March 4 worksession, the Committee will have an opportunity to review additional information provided by MCFRS, and develop recommendations for the Council.

A draft approval resolution, which can be amended as necessary to reflect the Committee's recommendations, is attached on © 11-12. The resolution is tentatively scheduled for introduction on March 9, and action on March 16.

Additional Information

The Committee requested the following information. MCFRS responses are attached on © 1-10.

- **Data showing the reduction in the number of vehicles dispatched to incidents in areas with four-person staffing.** MCFRS has provided information about their adjustments in dispatch assignments during the recent blizzard when all engines were staffed with at least four personnel, and several aerial units and rescue squads were staffed at that level as well. (© 1-2)
- **Data on ALS response times, and the extent to which MCFRS is meeting the current 8-minute response time goal for ALS responses.** MCFRS has provided a table showing FY09 ALS response time data by station on © 6, and maps showing four sequential scenarios on © 7-10. The MCFRS response on © 2 provides background about the scenarios.
- **Information on the impact of changing the ALS transport unit response time goal from 10 minutes to 12 minutes.** In the response on © 2-3, MCFRS concludes that changing the ALS transport unit response time goal to 12 minutes would have no appreciable impact on ALS patient outcome or be medically detrimental to an ALS patient.

Council staff also requested the following information for clarification of some of the points discussed on February 24.

- **A table showing how NFPA response time goals for EMS compare with the County's existing and proposed goals.** MCFRS has provided a table showing response times only on © 3, and a table showing response times and density-related percentages on © 4.
- **A brief discussion about the advantages and disadvantages of extending ALS response time goals from 8 minutes to 10 minutes.** An MCFRS response is on © 4-5.

Council staff comment: Regarding the Committee's concern about lengthening the ALS response time goal, the table on © 3 shows that the proposed 10-minute response time is consistent with the NFPA standard for this service. If the Committee considers retaining the more aggressive 8-minute ALS response time goal, the Committee also will need to consider how many more resources will be needed to support a goal that is beyond the NFPA standard.

**MCFRS RESPONSE TO PUBLIC SAFETY COMMITTEE
FOR MARCH 4, 2010 WORK SESSION AGENDA ITEMS
ON FY11-16 CIP AND MASTER PLAN UPDATE**

FY11-16 MCFRS CIP

The Committee requested that the County work with the Cabin John Park Volunteer Fire Department to resolve as quickly as possible the question of who will own Cabin John Station 30 after the renovation of the station is completed.

PSC Request: What is the anticipated timeframe for completion of a Memorandum of Understanding that will address the issue of station ownership?

MCFRS Response: Presently, MCFRS and the Department of General Services are meeting with representatives of the Cabin John Park Volunteer Fire Department to discuss and finalize a Memorandum of Understanding (MOU) concerning station ownership. It is likely that a draft MOU will be completed in the next 6-8 weeks, followed by the final MOU.

FIRE-RESCUE MASTER PLAN UPDATE

1. PSC Request: Data showing the reduction in the number of vehicles dispatched to incidents in areas with four-person staffing. (The Fire Chief said that he might be able to provide this information for pockets in the County, but would not be able to provide it on a Countywide basis until four-person staffing is fully implemented.)

MCFRS Response: MCFRS pre-planned that the blizzards in February 2010 would produce an increase in call load and that it would be difficult to navigate roadways and operate within the County. It was decided to reduce the number of apparatus dispatched to most emergency calls from February 5 to February 12 because of these environmental challenges. This was a temporary contingency that was enabled by the emergency increase in staffing to a minimum of four qualified staff on all engines and on several aerial units and rescue squads. On February 12, the dispatch assignments were returned to levels identified in current MCFRS dispatch protocols when apparatus staffing went back to normal levels.

During the weather emergency, MCFRS changed its apparatus assignments as shown in the table below.

	Present	Blizzards
<i>Structure Fire Assignments</i>		
Engines (Reduced)	5	3
Aerials (Reduced)	2	1
Heavy Rescues (Reduced)	1	0
Water Tankers (Increased)	0	1
<i>Adaptive Assignment Fire Calls</i>		
Engines (Reduced)	2	1
Aerials (Reduced)	1	0
<i>Vehicle Collisions</i>		
Engines (No Change)	1	1
Heavy Rescues (Reduced)	1	0
Ambulance (No Change)	1	1
<i>Emergency Medical Calls</i>		
Engine (Increased) <i>(Or closest Aerial, or Heavy Rescue Squad)</i>	0	1
Ambulance (No Change)	1	1

2. PSC Request: Data on ALS response times, and the extent to which MCFRS is meeting the current 8-minute response time goal for ALS responses.

MCFRS Response: The attached table presents FY09 response time data by station area for response to advanced life support (ALS) incidents. Also attached are maps showing existing and future 8-minute ALS response coverage in four sequential scenarios:

- Existing ALS coverage as of March 1, 2010
- ALS coverage with 2009 SAFER Grant positions, resulting in additional AFRAs
- ALS coverage with 2010 SAFER Grant positions (assuming award of grant), resulting in additional AFRAs
- Future countywide ALS coverage at all stations following complete implementation of the four-person staffing plan

3. PSC Request: Information on the impact of changing the ALS transport unit response time goal from 10 minutes to 12 minutes. MCFRS staff had indicated that this goal was being adjusted to align with the proposed 10-minute ALS response time goal. The Committee wanted to know whether there would be medical implications for patients if the ALS transport unit response time is extended.

MCFRS Response: Changing the ALS transport unit response time goal from 10 to 12 minutes would have no appreciable impact on ALS patient outcome nor prove medically detrimental to the ALS patient. If the first-arriving ALS unit - having an 8 minute response time goal - is not a transport unit (i.e., an ALS first-responder

apparatus or “AFRA,” such as an engine or aerial unit) - it is still able to provide the same level of ALS assessment and skills as an ALS transport unit (i.e., medic unit). AFRAs carry all of the required ALS equipment and have an ALS provider of the same certification level as an ALS provider on board an ALS transport unit. In the rare situation where immediate patient transport is necessitated and can be facilitated within the 4 minutes prior to the arrival of the ALS transport unit, the patient could be transported in a BLS transport unit under the skilled care of an ALS provider much like that of an ALS transport unit.

NOTE: MCFRS suggests that #3 be repositioned within this document after #5 to place them in order of progression such that discussion of response time of the initial ALS unit would proceed discussion of arrival time of the ALS transport unit.

4. PSC Request: Please complete the following table.

MCFRS Response: See completed table below.

Incident Type/ Response Time Goal	Dispatch Time**	Turnout Time*	Travel Time*	Total Response Time
Unit with AED to Delta or Echo-level EMS incidents				
NFPA standard	1 min	1 min	4 min	6 min
Existing County goal	N/A	N/A	N/A	N/A
Recommended County goal	1 min	1 min	4 min	6 min
ALS response to Charlie, Delta, or Echo-level EMS incidents				
NFPA standard	1 min	1 min	8 min	10 min
Existing County goal	1 min	1 min	6 min	8 min
Recommended County Goal	1 min	1 min	8 min	10 min
BLS response to Alpha, Bravo, or certain Charlie-level incidents				
NFPA standard	N/A	N/A	N/A	N/A
Existing County goal	1 min	1 min	4 min	6 min
Recommended County goal	1 min	1 min	10 min	12 min
Transport Unit arrival on ALS incidents				
NFPA standard	N/A	N/A	N/A	N/A
Existing County goal	1 min	1 min	8 min	10 min
Recommended County goal	1 min	1 min	10 min	12 min

* Per NFPA Standard 1710

** Per NFPA Standard 1221

NOTE: The expanded table below, with inclusion of density-related percentages, is provided for the Committee's benefit.

Incident Type/ Response Time Goal	Dispatch Time**	Turnout Time*	Travel Time*	Total Time	Urban Area	Suburban Area	Rural Area
Unit with AED to Delta or Echo-level EMS incidents							
NFPA standard	1 min	1 min	4 min	6 min	90%	N/A	N/A
Existing County goal	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Recommended County goal	1 min	1 min	4 min	6 min	90%	75%	50%
ALS response to Charlie, Delta, or Echo-level EMS incidents							
NFPA standard	1 min	1 min	8 min	10 min	90%	N/A	N/A
Existing County goal	1 min	1 min	6 min	8 min	90%	80%	45%
Recommended County Goal	1 min	1 min	8 min	10 min	90%	75%	50%
BLS response to Alpha, Bravo, or certain Charlie-level incidents							
NFPA standard	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Existing County goal	1 min	1 min	4 min	6 min	90%	75%	50%
Recommended County goal	1 min	1 min	10 min	12 min	98%	95%	90%
Transport Unit arrival on ALS incidents							
NFPA standard	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Existing County goal	1 min	1 min	8 min	10 min	95%	80%	50%
Recommended County goal	1 min	1 min	10 min	12 min	90%	75%	50%

* Per NFPA Standard 1710

** Per NFPA Standard 1221

5. PSC Request: Please provide a brief discussion of the advantages and disadvantages of extending the time for ALS response to Charlie, Delta, or Echo-level EMS incidents from the existing County standard of 8 minutes to the NFPA standard of 10 minutes.

MCFRS Response: Advantages and disadvantages of extending the ALS response times for Charlie, Delta, and Echo calls from the existing County goal of 8 minutes to the NFPA standard of 10 minutes include the following:

■ **Continuance of the Existing 8-minute ALS Response Time Goal**

Advantages:

- MCFRS would continue striving to get the ALS provider and equipment to the ALS patient in the fastest time possible
- MCFRS would hold itself to the more stringent standard (compared with the 10-minute NFPA 1710 standard) for the most time dependent, life-threatening ALS incidents when minutes can make a substantial difference in patient outcomes
- MCFRS would raise its standard above that which is merely acceptable
- MCFRS' analysis of data is based upon the same standard as used in the past, thus creating a more accurate comparison

Disadvantage:

- MCFRS data regarding the department's ability to meet the 8-minute goal will generally indicate percentages worse than those departments measuring against the 10-minute NFPA standard

■ Implementation of NFPA's 10-minute ALS Response Time Goal

Advantages:

- The percentage of ALS incidents in which MCFRS meets the ALS response time goal would increase
- MCFRS would be holding itself to a recognized, nationwide industry standard

Disadvantages:

- MCFRS would not make the departmental changes necessary to achieving a higher ALS standard, thus ALS patients would not be served as well
- Patients experiencing the most critical medical emergencies could, in many cases, be negatively impacted

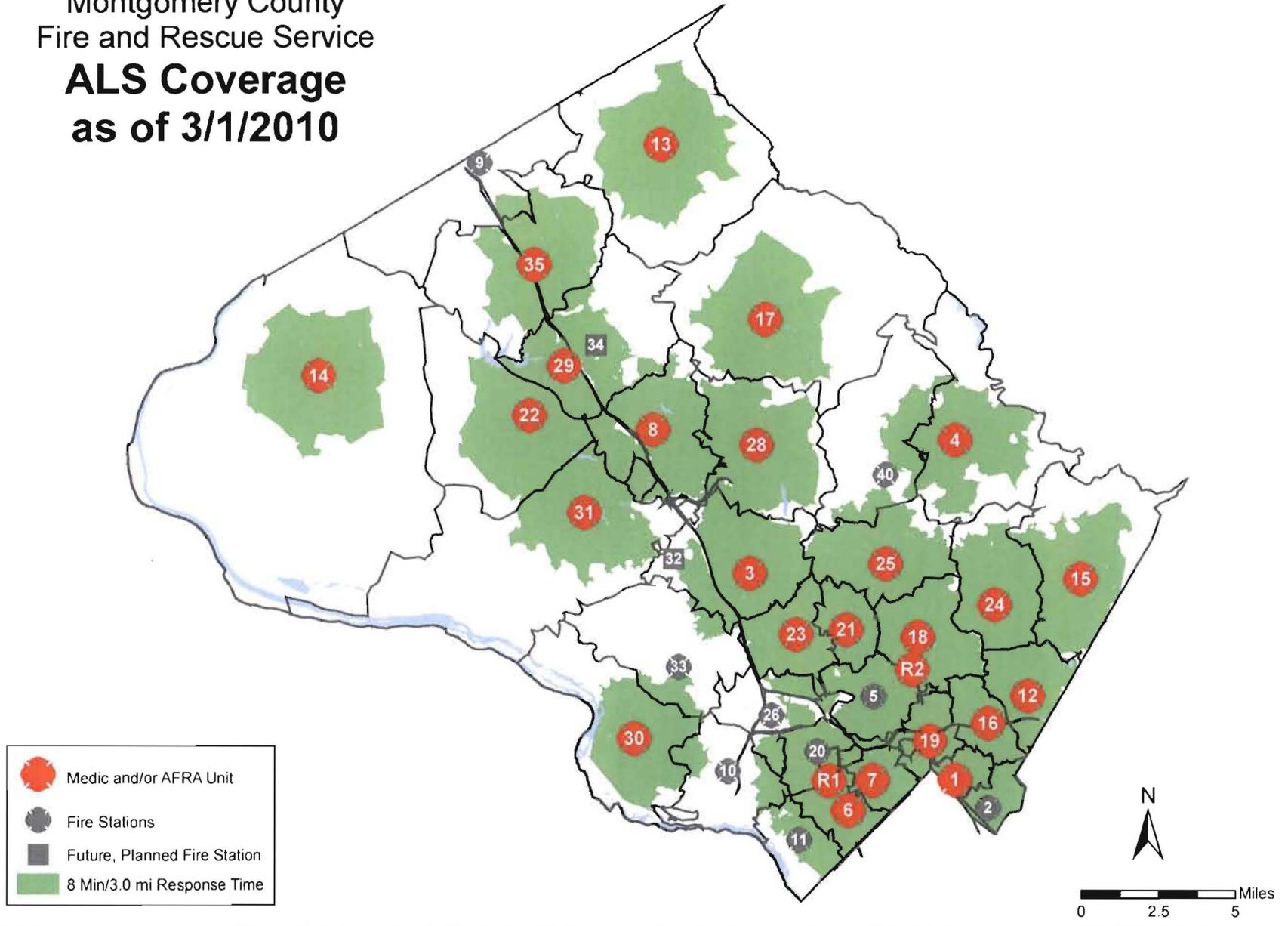
FY2009 RESPONSE TIME DATA FOR ADVANCED LIFE SUPPORT INCIDENTS

Station Area	ALS Unit(s)*	% Resps. ≤8 mins	Resp. Time at 90% Fractile (MM:SS)	Avg. Resp. Time (MM:SS)
1	2	79.8	10:00	6:48
2	0	32.9	11:40	8:59
3	2	36.9	12:30	9:03
4	1	32.2	14:00	9:36
5	0	25.2	12:40	9:36
6	1	75.4	9:30	7:01
7	0	19.7	12:50	9:44
8	4	47.6	11:30	8:27
9	0	17.9	15:20	11:33
10	0	14.7	14:30	10:57
11	0	12.6	15:15	11:05
12	2	63.4	10:40	7:48
13	1	45.3	13:00	8:51
14	1	12.7	14:10	10:50
15	1	49.5	12:20	8:35
16	1	60.0	10:30	7:43
17	1	19.7	14:40	10:29
18	1	68.2	10:20	7:20
19	1	61.0	11:00	7:46
20	0	20.1	13:00	9:52
21	1	55.7	11:00	8:08
22	1**	41.6	12:10	8:48
23	2	61.0	10:50	7:46
24	1	51.5	11:20	8:16
25	2	60.8	11:20	7:56
26	0	9.0	13:50	10:53
28	1	27.4	12:50	9:35
29	2	40.6	11:55	8:48
30	1	39.4	12:50	9:07
31	2	31.2	13:30	9:36
33	0	16.3	14:30	10:54
35	2	36.5	13:50	9:19
40	0	10.1	14:50	11:10
41 (R1)	1 to 2	64.0	10:40	7:42
42 R2)	1 to 2	49.3	11:30	8:25

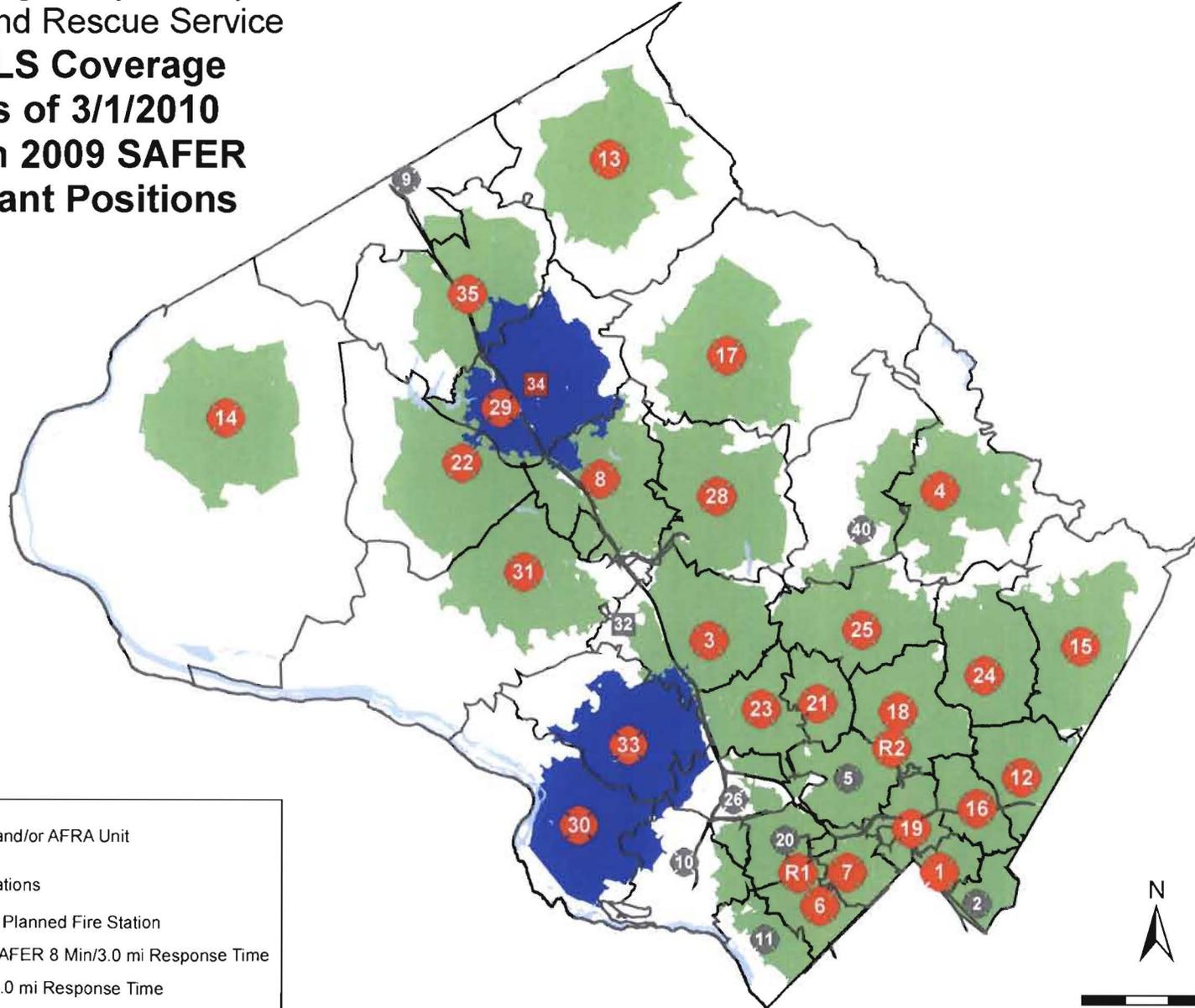
* Medic unit(s) and/or AFRA(s)

** Beginning 3/13/09

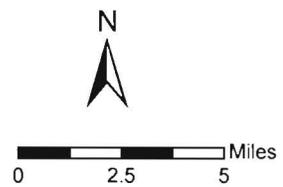
Montgomery County
Fire and Rescue Service
ALS Coverage
as of 3/1/2010



Montgomery County
 Fire and Rescue Service
ALS Coverage
as of 3/1/2010
with 2009 SAFER
Grant Positions

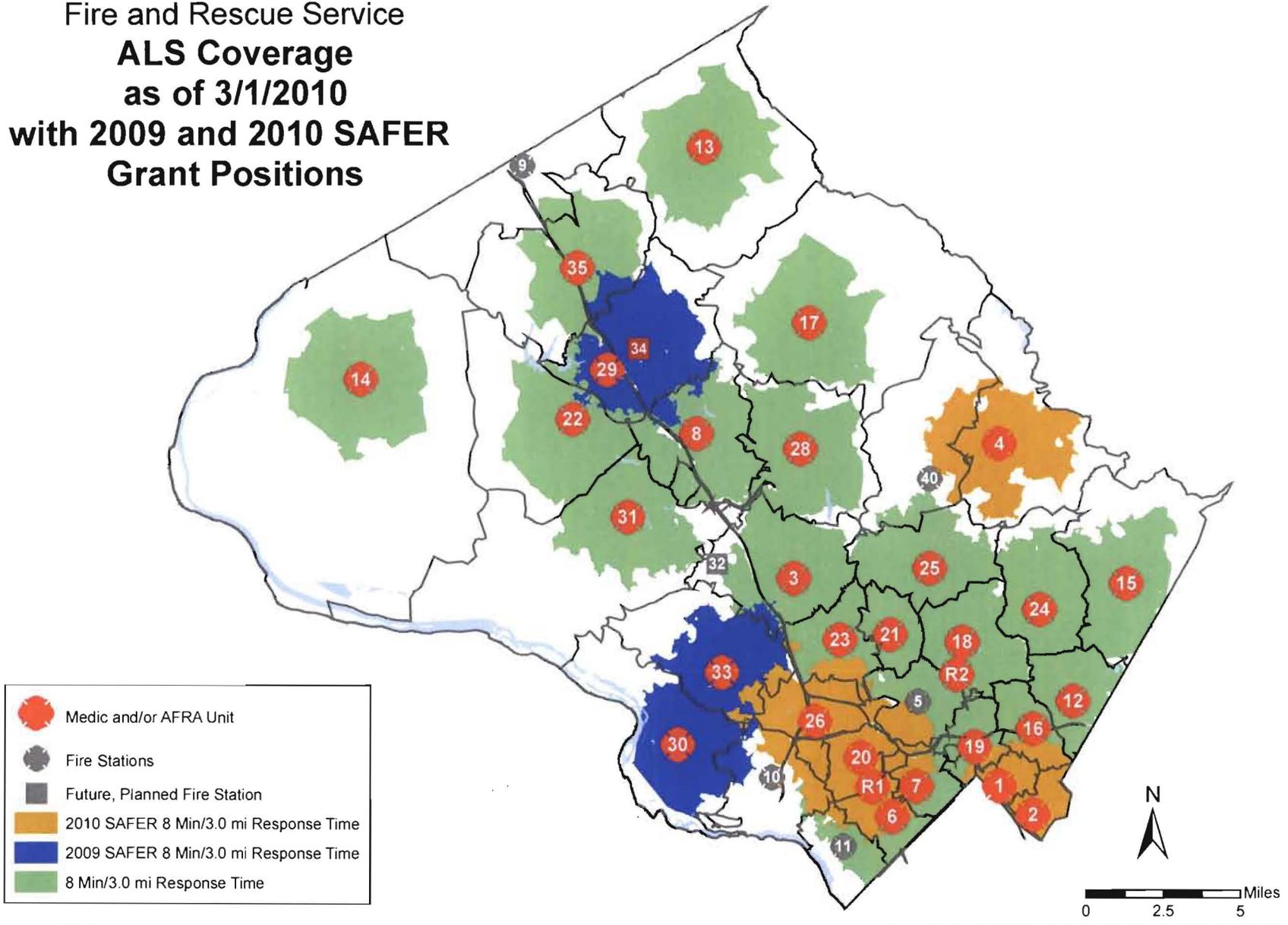


-  Medic and/or AFRA Unit
-  Fire Stations
-  Future, Planned Fire Station
-  2009 SAFER 8 Min/3.0 mi Response Time
-  8 Min/3.0 mi Response Time



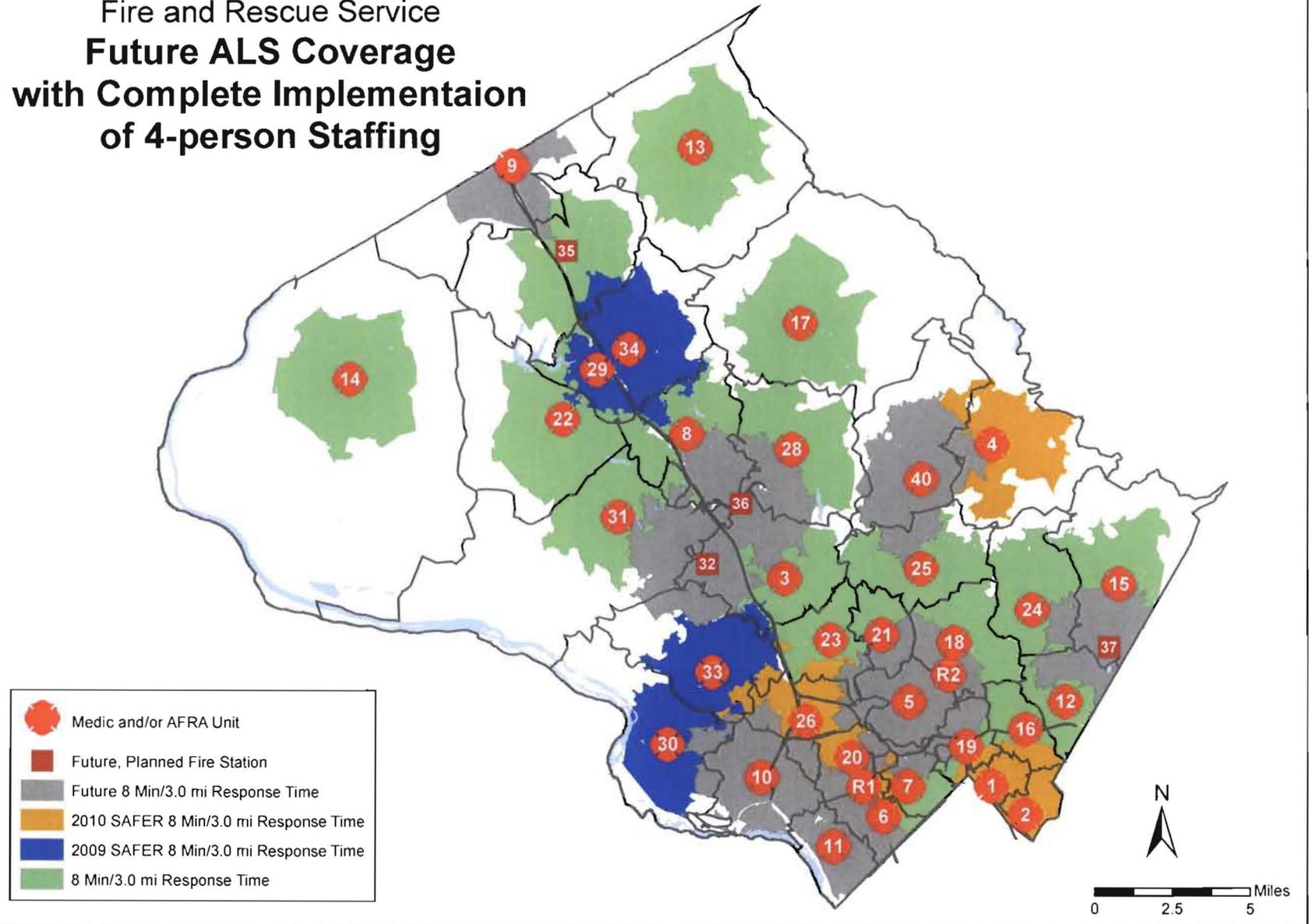
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Montgomery County
 Fire and Rescue Service
ALS Coverage
 as of 3/1/2010
 with 2009 and 2010 SAFER
 Grant Positions



6

Montgomery County
 Fire and Rescue Service
**Future ALS Coverage
 with Complete Implementaion
 of 4-person Staffing**



Resolution No.: _____
Introduced: _____
Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

By: County Council

Subject: Approval of *2009 Update of the Fire, Rescue, Emergency Medical Services, and Community Risk Reduction Master Plan*

Background

1. County Code Section 21-12 requires the Montgomery County Fire and Rescue Service (MCFRS) to maintain, review, and amend as necessary a Master, Fire, Rescue, and Emergency Medical Services Plan.
2. The current *Fire, Rescue, and Emergency Medical Services Master Plan*, was approved by Council resolution 15-1169 in October 2005.
3. The Master Plan calls for a comprehensive review to begin 18 months after approval by the Council. The 2009 Master Plan Update is the result of the required 18-month review.
4. County Code Section 21-12(b) requires the Fire Chief to hold at least one public hearing on any significant amendment to the Plan. The Fire Chief held a public hearing on the 2009 Master Plan Update on November 30, 2009.
5. On January 8, 2010, the Executive transmitted the 2009 Master Plan Update to the Council.
6. County Code Section 21-12(c) provides that the Master Plan must serve as a guideline for the Executive, Council, and Fire Chief in making decisions regarding delivery of fire and rescue services, does not have the force of law, and does not impose any legal obligation on any party.
7. County Code Section 21-12(b) allows the Council to approve the Master Plan as proposed or with amendments.
8. The Public Safety Committee reviewed the 2009 Master Plan Update on February 24 and March 4, 2010, and recommended...

Action

The County Council for Montgomery County, Maryland, approves the following resolution:

The 2009 Update of the Fire, Rescue, Emergency Medical Services, and Community Risk Reduction Master Plan is approved. A copy of the Plan is on file in the Council's Office of Legislative Information Services.

This is a correct copy of Council action.

Linda M. Lauer, Clerk of the Council

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