



**NOTICE AND CALL OF A SPECIAL MEETING
OF THE ORANGE COUNTY FIRE AUTHORITY
BOARD OF DIRECTORS**

A Special Meeting of the
Orange County Fire Authority
Board of Directors
has been scheduled for
August 11, 2022 at 6 p.m.

The meeting will be held at:
Orange County Fire Authority
Regional Fire Operations & Training Center
Board Room
1 Fire Authority Road
Irvine, CA

The business to be transacted at the meeting is indicated on the attached Agenda.

Opportunity will be provided for members of the public to address the
Orange County Fire Authority Committee Members
regarding any item of business as described on the Agenda.


Michele Steggell
Chair



ORANGE COUNTY FIRE AUTHORITY

AGENDA

Special Meeting of the Board of Directors

Thursday, August 11, 2022
6:00 P.M.

Orange County Fire Authority
Regional Fire Operations and Training Center
Board Room
1 Fire Authority Road
Irvine, CA 92602

Link to:
[Board of Directors Member Roster](#)

NOTICE REGARDING PUBLIC PARTICIPATION DURING COVID-19 EMERGENCY

This meeting is open to the public. In addition, there are several alternative ways to view and to make comments during the meeting, including:

View Meeting Live (No Public Comments): You may access the meeting live electronically at: <https://player.cloud.wowza.com/hosted/xvtnclkw/player.html>. (Note: you should use one of the other alternatives below if you want to make comments during the meeting.)

Public Comments Live via Zoom: You may also view and make real-time verbal comments during the meeting via the Zoom link below during the meeting. You will be audible during your comments, but the board members will not be able to see you. To submit a live comment using Zoom, please be prepared to use the “Raise Your Hand” feature when public comment opportunities are invited by the Chair. (You can raise your hand on your smart phone by pressing *9.) Also, members of the public must unmute themselves when prompted upon being recognized by the Chair in order to be heard. (To unmute your smartphone in Zoom, press *6.)

Public Comments via Zoom: <https://zoom.us/j/83264128588#success>

Meeting ID: 832 6412 8588

Passcode: 298121

Raise Your Hand (press *9) and Unmute (press *6)

E-Comments: Alternatively, you may email your written comments to coa@ocfa.org. E-comments will be provided to the board members upon receipt and will be part of the meeting record as long as they are received during or before the board takes action on an item. Emails related to an item that are received after the item has been acted upon by the board will not be considered.

Further instructions on how to provide comments is available at: <https://ocfa.org/PublicComments>.



In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, you should contact the Clerk of the Authority at (714) 573-6040 and identify the need and the requested modification or accommodation. Please notify us as soon as is feasible, however 48 hours prior to the meeting is appreciated to enable the Authority to make reasonable arrangements to assure accessibility to the meeting.

This Agenda contains a brief general description of each item to be considered. Except as otherwise provided by law, no action or discussion shall be taken on any item not appearing on the following Agenda. Unless legally privileged, all supporting documents, including staff reports, and any writings or documents provided to a majority of the board members after the posting of this agenda are available for review at the Orange County Fire Authority Regional Fire Operations & Training Center, 1 Fire Authority Road, Irvine, CA 92602 or you may contact the Clerk of the Authority at (714) 573-6040 Monday through Thursday, and every other Friday from 8 a.m. to 5 p.m. and available online at <http://www.ocfa.org>

CALL TO ORDER by Chair Steggell

PLEDGE OF ALLEGIANCE by Director Ward

ROLL CALL by Clerk of the Authority

PUBLIC COMMENTS

Please refer to instructions on how to submit a public comment during COVID-19 Emergency on Page 1 of this Agenda.

1. DISCUSSION CALENDAR

A. Response to Grand Jury Report Regarding “Where’s the Fire? Stop Sending Fire Trucks to Medical Calls”

Submitted by: Brian Fennessy, Fire Chief and Kenny Dossey, Deputy Fire Chief/Emergency Operations Bureau

On August 9, 2022, the Operations Committee reviewed the proposed agenda item. Any recommendations provided by the Operations Committee will be verbally reported to the Board at the August 11 meeting.

Recommended Action:

Approve and authorize the Clerk of the Authority to submit the Orange County Fire Authority’s response to the Orange County Grand Jury report entitled " Where’s the Fire? Stop Sending Fire Trucks to Medical Calls."

BOARD MEMBER COMMENTS

ADJOURNMENT – The next meeting of the Orange County Fire Authority Board of Directors will be a Concurrent Joint Special Meeting of the Board and all Committees on Thursday, August 25, 2022, at 6:00 p.m.

AFFIDAVIT OF POSTING

I hereby certify under penalty of perjury and as required by the State of California, Government Code § 54956, that the foregoing Agenda was posted in the lobby and front gate public display case of the Orange County Fire Authority, Regional Fire Operations and Training Center, 1 Fire Authority Road, Irvine, CA, not less than 24 hours prior to the meeting.

Maria D. Huizar, CMC
Clerk of the Authority

FUTURE BOARD AGENDA ITEMS – THREE-MONTH OUTLOOK:

- Labor Negotiations
- Accept US&R Cooperative Funding
- Accept UASI and SHSGP Grant Funding
- Biennial Conflict of Interest Code
- Carryover of Fiscal Year 2021-22 Uncompleted Projects
- Quarterly Purchasing Report
- OCFA Aircraft Replacement
- Security Guard Services Contract

UPCOMING MEETINGS:

Concurrent Joint Special Meeting of the
Board of Directors and all Committees
Budget and Finance Committee Meeting
Executive Committee
Board of Directors
Concurrent Joint Special Meeting of the
Board of Directors and all Committees

Thursday, August 25, 2022, 6:00 p.m.
Wednesday, September 14, 12 noon
Thursday, September 22, 2022, 5:30 p.m.
Thursday, September 22, 2022, 6:00 p.m.
Thursday, September 22, 2022, 6:00 p.m.



Orange County Fire Authority
AGENDA STAFF REPORT

Special Board of Directors Meeting
August 11, 2022

Agenda Item No. 1A
Discussion Calendar

**Draft Response to Grand Jury Report Regarding
“Where’s the Fire? Stop Sending Fire Trucks to Medical Calls”**

Contact(s) for Further Information

Brian Fennessy, Fire Chief

brianfennessy@ocfa.org

714.573.6024

Kenny Dossey, Deputy Fire Chief
Emergency Operations Bureau

kennydossey@ocfa.org

714.573.6006

Summary

This item is presented for authorization to submit the proposed response to the Orange County Grand Jury report entitled, "Where’s the Fire? Stop Sending Fire Trucks to Medical Calls."

Prior Board/Committee Action

On August 9, 2022, the Operations Committee reviewed the proposed agenda item. Any recommendations provided by the Operations Committee will be verbally reported to the Board at the August 11 meeting.

RECOMMENDED ACTION(S)

Approve and authorize the Clerk of the Authority to submit the Orange County Fire Authority’s response to the Orange County Grand Jury report entitled "Where’s the Fire? Stop Sending Fire Trucks to Medical Calls."

Impact to Cities/County

Not Applicable.

Fiscal Impact

None.

Background

On May 20, 2022, the Orange County Grand Jury posted a report on its perception for improved multiagency coordination of medical calls (Attachment 1). The Grand Jury's report requires the Orange County Fire Authority to respond to the report's findings and recommendations within ninety (90) days by August 18, 2022. OCFA requested an extension of time to August 29, 2022 to allow the Board of Directors to approve the Response, but has not received a response as of posting of this staff report, thus a Special Meeting of the Board of Directors will be held on August 11, 2022.

OCFA’s proposed response (Attachment 3) is attached for review and approval by the Board of Directors.

Attachment(s)

1. Orange County Grand Jury Report: "Where's the Fire? Stop Sending Fire Trucks to Medical Calls "
2. Request for an Extension
3. Proposed OCFA Response to Grand Jury Report

WHERE'S THE FIRE?

Stop Sending Fire Trucks to Medical Calls



GRAND JURY 2021-2022

WHERE’S THE FIRE?

Stop Sending Fire Trucks to Medical Calls

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WHERE'S THE FIRE?

Stop Sending Fire Trucks to Medical Calls



TYPES OF FIRE TRUCKS & FIRE ENGINES

Fire
Engines



Has a water pump and hoses. Typical tank capacity is 500-750 gallons with pump flow of 1500 GPM

Fire
Trucks



Carries fire fighters and tools, like ladders, extinguishers, floodlights, and rescue tools.

Wildland
Engines



Designed to traverse rough terrain and transport more water relative to their size.

Water
Tenders



Carries as much water as possible to the scene for another firefighting apparatus. Has weak pump and less hoses than fire engine.

Aerial
Trucks



Has an attached telescopic ladder to reach upper stories of buildings.

Quints



Has an aerial ladder, water tank (at least 300 gallons), and at least 40 cubic feet for equipment storage.

Tiller
Trucks



Has an aerial ladder that is mounted to the rear of a semi-trailer truck.

Heavy
Rescue
Trucks



Designed to carry a lot of equipment for traffic collisions, building collapses, and other disasters.

Paramedic
Unit



Similar to an ambulance and comes with advanced life support (ALS) equipment.

Fire
Command
Vehicles



Often driven by a fire chief. Equipped with lightbars, sirens, radios, and other equipment.

WHERE'S THE FIRE?

Stop Sending Fire Trucks to Medical Calls

SUMMARY

In Orange County, nearly 80 percent of all 911 calls to fire departments are for medical services. Efficient and effective responses to 911 calls are of utmost importance to every community. Even though 911 calls are categorized by severity, responses by most Orange County fire departments do not change accordingly. Current protocol requires sending multiple vehicles to the scene which involves not only additional personnel but also expensive fire equipment. This is the case even when an ambulance or rescue squad vehicle could provide all the necessary medical supplies and personnel. Sending a 36,000 to 60,000-pound fire engine or aerial ladder truck down residential streets for strictly medical calls is not only dangerous and costly, but it also results in unnecessary wear and tear on our streets.

Our Orange County firefighters perform an exemplary job under extremely stressful circumstances. They often work compulsory overtime hours. After considering the demands placed on our firefighters and the importance of optimizing efficiency while maintaining a high level of care and response time, the Orange County Grand Jury recommends the following: Fire departments implement a universal tiered response system to dispatch ambulances or rescue squad units to most medical calls rather than deploying larger fire equipment as the standard response.

While the Orange County Grand Jury sees distinct advantages to separating EMS from Fire response, we are not currently recommending privatization of medical services. We applaud the level of care provided by all paramedics, including firefighter paramedics. The Orange County Grand Jury does recommend, however, that the emergency medical services response model should change.

This investigation also revealed a breakdown in communication and trust between Orange County Emergency Medical Service (OCEMS) and OC Fire Chiefs, which includes Fire Chiefs of the Orange County Fire Authority (OCFA) and various city fire departments. Although their mandated responsibilities are clear, there is a mutual reluctance to acknowledge their respective spheres of authority, in particular the critical role of OCEMS as an independent regulatory body.

BACKGROUND

The Evolution of Fire Departments Providing Medical Services

Over 100 years ago, organized firefighting in America was established primarily to guard against loss of property. Prior to the 1970s, emergency medical calls were transferred to either private ambulance companies or hospital ambulance companies. By the 1970s, the number of calls for

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fire service declined due to the development and enforcement of stringent building codes and fire prevention systems. As a result, the role of local fire department has changed substantially.

In conjunction with the development of the 911 emergency call system, fire departments broadened their service models and capabilities, creating an all-hazards approach to emergency services delivery. The strategic location of firehouses throughout their service area made them a logical choice to respond to time critical calls. Fire departments now respond to any number of emergencies, including but not limited to traffic collisions, hazardous spills, cat rescues, and natural disasters as well as fires. However, 80 percent of all calls are for medical assistance.

An Explanation of Acronyms

This report looks at the ways in which fire departments respond to and provide emergency medical services (EMS). There are two levels of support systems in any kind of medical emergency: Basic Life Support and Advanced Life Support.

Basic Life Support (BLS) generally refers to the type of care that first-responders, healthcare providers, and public safety professionals provide to anyone who is experiencing a non-life-threatening medical event. BLS treatment is noninvasive and is usually performed by an Emergency Medical Technician (EMT).¹

Advanced Life Support (ALS) is a response to critical care patients who may require invasive procedures such as injections, intubation, or the administration of medication. Due to the more severe nature of the patient's condition, ALS calls require a response from a crew that includes ALS-certified responders, specifically paramedics. All paramedics, including firefighter paramedics, are required to undergo a higher level of training than EMTs. Paramedics are trained to administer drugs, intubate patients, and insert IVs. EMTs are not certified to perform these procedures.

California's EMS Act authorizes each county to develop an EMS program and to designate a local Licensed Emergency Medical Services Agency (LEMSA) that oversees the delivery of EMS within that geographic area. This level of governance allows for local control of emergency medical services. In Orange County, the LEMSAs are the Orange County Office of Emergency Medical Services (OCEMS) which operates under the Orange County Health Care Agency. OCEMS is responsible for the oversight of licensing all BLS and ALS responders, the management and inspection of privately owned ambulances, and the creation of response protocols including mass casualty incident response plans.

¹ California Emergency Medical Services "Scope of Practice," (November 2017).

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Stop Sending Fire Trucks to Medical Calls

A Paramedic Assessment Unit (PAU) provides initial field paramedic assessment and interventions utilizing a minimum of one qualified paramedic and an EMT. A PAU may escort, monitor, and treat patients during transport to a hospital in accordance with that paramedic's provider agency policy.²

REASON FOR THE STUDY

Previous studies within Orange County and elsewhere have come to the same conclusion: there is an over-deployment of equipment and personnel for non-life-threatening emergency medical calls. For example, in 2014, the OCFA commissioned Emergency Services Consulting International to conduct a study on OCFA deployment. One of their recommendations is as follows:

To improve the overall response performance of the OCFA delivery system the number of units sent to most emergency medical incidents must be reduced. Criteria-based dispatch (CBD) protocols could be implemented allowing a single unit response to most emergency medical incidents.³

Furthermore, as part of the Anaheim Fire & Rescue 2015-2020 Strategic Plan, at page 25, it was recommended that a Community Care Response Unit be established as “an alternative and innovative response model that will deploy a single vehicle utilizing a nurse practitioner and paramedic to respond to non-urgent call requests in place of a standard paramedic engine/truck and ambulance unit response.”

Grand Juries in Orange County (2011-12) and Santa Clara County (2010-11) both delivered the same message in their reports: re-evaluate your response model to enable an appropriate EMS response, thereby reducing costs and equipment wear and tear.

Despite all these recommendations, the response deployment for medical calls remains substantially unchanged. This Grand Jury will revisit concerns about the expensive deployment of fire equipment and personnel for routine medical calls.

² OCEMS Agency Policy #330.70

³ Emergency Services Consulting International, *OCFA Standards of Coverage and Deployment Plan*, p. 147 (2014).

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Stop Sending Fire Trucks to Medical Calls

METHOD OF STUDY

To understand the structure, staffing, and response models for various fire departments within California, as well as the relationship among the fire agencies and OCEMS, the Orange County Grand Jury engaged in the following:

- Reviewed statutes, articles, ordinances, reports, OCFA Memorandum of Understanding (MOU), and commissioned studies.
- Interviewed OCFA leadership, Fire Chiefs inside and outside of Orange County, City Managers, personnel from OCEMS, private ambulance company executives, and firefighter union leadership.
- Reviewed a large volume of material from various relevant websites.
- Reviewed OCFA Board of Directors and various City Council meeting minutes, agendas, and staff reports related to fire and medical services.
- Toured OCFA Headquarters and Training facility.
- Reviewed multiple written communications, deployment protocols, annual reports, and financial reports.

INVESTIGATION AND ANALYSIS

The Vast Majority of 911 Emergency Calls Routed to Fire Stations Are Medical in Nature

OCEMS data, as well as most fire department representatives interviewed, agree that of all 911 calls routed to a fire department for response, at least 80 percent are for EMS; the lowest figure provided was an estimated 75 percent. In areas with older demographics, the EMS percentage of medical calls as opposed to other emergencies is even higher. At least one fire department reported that nearly 90 percent of its calls are purely medical in nature. Furthermore, it has been estimated that up to 80 percent of those EMS calls can be classified as BLS.⁴

In an OCFA-commissioned comprehensive study, it was reported in 2018 that OCFA responded to 139,287 incidents of which 77.39 percent were EMS. Only 1.47 percent of the 911 calls routed to OCFA stations were dispatched as fire calls.⁵ The remaining 21.14 percent were classified as “other,” which included calls for persons in distress, smoke, odor problems, hazardous conditions, electrical wiring arcing, false alarms, children or pets locked in cars, and calls that

⁴ Emergency Consulting Services International, *OCFA Standards of Coverage and Deployment Plan*, p. 146 (2014); interviews with OCEMS staff and several Fire Chiefs.

⁵ Citygate, Associates, Inc., *Standards of Coverage Service Level Assessment OCFA*, p. 53 (June 30, 2020).

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were resolved prior to OCFA arrival. Consistent with this report, the OCFA Comprehensive Annual Financial Report for fiscal year ending June 30, 2021, provided statistics showing that out of the 152,289 emergency calls directed to OCFA, close to 75 percent were classified as EMS, while only 1.7 percent were considered fire calls.

Orange County Fire Departments and Personnel

Orange County cities are either part of the Orange County Fire Authority or have their own independent fire departments. Founded in 1995, the OCFA is a regional fire service agency that currently serves 25 cities in Orange County and all its unincorporated areas. The OCFA protects nearly two million residents with 77 fire stations located throughout Orange County. The nine Orange County cities that are not OCFA members each have a separate fire department and collectively protect approximately 1,187,000 residents. These independent cities include Anaheim, Brea/Fullerton, Costa Mesa, Fountain Valley, Huntington Beach, Laguna Beach, Newport Beach, Orange, and Placentia.

OCEMS has established a minimum requirement that one paramedic and one EMT respond to EMS calls. It is left up to the individual fire departments to determine how to deploy personnel and whether to exceed these minimum staff requirements. According to several OCEMS employees and its written protocols, one paramedic and one EMT are sufficient to provide appropriate care in response to an EMS call.

In its June 4, 2019 presentation “Consideration of Placentia Fire and Emergency Service,” the City of Placentia reported that out of 43 fire departments surveyed in Los Angeles, Orange, and Riverside Counties, 27 departments (67 percent) utilize a three-person engine crew. This was the most common standard among the three counties. San Bernardino County and several Orange County cities (including La Habra, Laguna Beach, and Huntington Beach) also allow three-person engine companies. OCFA and several other independent fire departments within Orange County staff their engines and trucks with four-person crews.

Different Areas, Different Needs

Based on local demographics, geographic features (for example: beaches vs. forest areas), and other community differences, the needs of various individual communities are radically different. Fire Station 22, located in Laguna Woods, serves a median resident age over 78 years old which results in a very high number of medical responses. Fire Station 2, located in Los Alamitos, operates within a very different demographic and a service territory that includes beaches, a large military installation, as well as a large retirement community. And Station 18 in Trabuco Canyon provides services to a wildland area as well as a ‘suburban’ area with a much lower age demographic than Fire Station 22. Different equipment and staff deployment models are

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warranted for each environment. The OCFA approach appears to be to add 'engines and trucks' to provide service, rather than taking a much more tailored approach. The trend within OCFA has been to remove Paramedic Squad units and replace them with Engines and Trucks.

Anatomy of a Medical Call: Dispatch to Response.

The goal of any emergency responder is to arrive on site quickly with the appropriate equipment and personnel needed to handle the emergency. The goal of a tiered dispatch system is to match the emergency with the appropriate level of response in terms of urgency, personnel, and equipment.

The most well-known of the tiered dispatch systems is the Clawson system of priority dispatch. Emergency medical dispatchers use call screening to determine what level of response is required by determining what Clawson refers to as the four commandments of medical dispatch: 1) chief complaint, 2) approximate age, 3) status of consciousness, and 4) status of breathing.

Several of the independent city departments are members of Metro Cities Fire Authority, also known as Metro Net Fire Dispatch or Metro Net, a joint powers agency that provides professional dispatch services for fire and emergency medical services. Metro Net uses a modified version of the Clawson model software to triage medical calls. Once it has been established that the call is for medical services, the dispatchers use a software package to walk through triage questions.

OCFA uses a severity model based loosely on the Clawson system for assessing medical emergency calls. Dispatch employees make a preliminary determination as to the nature and severity of the medical emergency through a series of carefully designed questions and computer applications. However, regardless of the preliminary assessment, a full ALS response is dispatched. This means that an engine or truck staffed with four personnel, often in partial or full firefighter turnout, is dispatched, at least two of whom are paramedic/firefighters. A transport ambulance with two EMT trained attendants is also dispatched, regardless of the classification of the medical emergency.

Firefighter Fatigue

Overworked and fatigued firefighters have been the topic of several articles and commentaries in counties throughout the State, and Orange County is no exception. There are staff shortages due to retirements. Firefighters have been forced to take extra shifts when voluntary coverage is not available. This can occur when firefighters are out ill, injured, on workers' compensation, or

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absent for personal reasons. Absences have been exacerbated by the COVID pandemic and the increased prevalence of wildfires. According to the OCFA, “The volume of vacant shifts is substantially exceeding the overtime our firefighters wish to work.”⁶ As publicly explained by OCFA Fire Chief Brian Fennessy, “Workplace burnout is an occupational phenomenon marked by exhaustion, negativity to one’s job, and reduced professional efficacy.”⁷

Compulsory overtime work, often referred to as “forced hiring,” is not new. While an increase in wildfires as well as the various reasons described above contribute to the firefighter shortage, routinely and unnecessarily sending out fire engines and trucks with the fire personnel required to staff that equipment is also a contributing factor. Using ambulances and other similar paramedic assessment units (PAUs) or paramedic squad units that are more efficient, nimble, and less personnel-intensive would substantially reduce the demand on firefighters leading to a reduction in work time and stress for on-duty firefighters. This is especially important when they are working compulsory overtime.

The Different Approaches to EMS Response in Orange County

Independent City Fire Departments

Several long-established cities in Orange County have independent fire departments. Examples include Anaheim Fire and Rescue, Huntington Beach Fire Department, Fullerton Fire Department, and Laguna Beach Fire Department. Most of these departments utilize Metro Net (described above) as their dispatcher. Even though medical priorities are evaluated by the Metro Net dispatcher, in most cases an engine or truck with firefighter/paramedics is dispatched to the incident, along with an EMT ambulance, regardless of the severity of the medical call. OCFA and Metro Net communicate when necessary.

To avoid competition and to ensure quality of service, OCEMS is also responsible for contracting qualified ambulance companies to service a particular geographic area, known as Exclusive Operating Areas (EOA) for patient transport to hospitals. However, some cities can own and operate ambulances that are not subject to the EOA ambulance agreements provided by OCEMS. Under California law, only cities that had their own ambulance services prior to 1980 (including cities served by OCFA) have the option of purchasing or contracting for their own ambulances. Those cities may also contract with private ambulance companies independently of OCEMS.

⁶ OC Register, Saavedra, T. and Licas, E., “OCFA Firefighters Burned Out By Overtime” (Oct. 29, 2021).

⁷ *Ibid.*

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Huntington Beach and Anaheim are two examples of this. Both cities deploy city-owned and operated ambulances which are based in fire stations; however, not all fire stations have ambulances. Where available, the ambulance rolls concurrently with the fire apparatus and typically arrives at the same time. The consensus among those interviewed indicated that this is a far better scenario in terms of overall response than relying on contracted private ambulances. There are also significant economic and long-term staffing advantages associated with this model. One example is that having EMTs working within the fire department serves as a pipeline for developing qualified firefighter paramedics. A disadvantage, however, is that city-owned ambulances are not subject to required inspection and approval by OCEMS, which the Orange County Grand Jury finds problematic.

Other benefits to cities able to operate their own ambulances are potential economic and service advantages for residents. In those cases, fees for ambulance services are payable to the city either by individuals or through medical insurance. Those fees typically offset the costs and, in some cases, provide marginal revenue. That excess revenue can be then provided to the overall city Fire/EMS department budgets to enhance services.

Most of the independent city fire agencies within Orange County offer a paramedic subscription service for residents and local businesses. An annual fee (around \$60 per household) provides “free” paramedic services to subscribers. Otherwise, there is a per-call fee charged which is not typically covered by health insurance companies. Huntington Beach, Fountain Valley, and Anaheim are examples of cities with subscription paramedic services. The fees cover many of the fire department costs for paramedic services within the jurisdiction.

San Bernardino County Fire Protection District

For comparison, San Bernardino County uses a staffing model like many other counties in the state. Engines are staffed with a crew of three: a captain, an engineer, an ALS paramedic/firefighter. The captain and engineer are BLS certified. Each engine is considered an ALS response unit. In some areas, depending on budget, there may be an additional paramedic squad unit staffed by an ALS certified paramedic/firefighter and a BLS certified firefighter. These units can participate in rescue activities and carry appropriate rescue equipment. Contract EMS ambulances are provided in parts of the service territory by a private provider while the other areas are covered by the San Bernardino County Fire Protection District Ambulance Operator Program which staffs ambulances with a single function paramedic as well as an EMT.

Dispatch is staffed by Emergency Medical Dispatch (EMD) certified personnel. Each medical call is screened to determine its category and severity. Based on that screening, appropriate response units are dispatched. Typically for a critical situation an engine and an ambulance will

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be dispatched Code 3 (lights and sirens). In situations that are deemed to be less critical, the response can be a single unit or a transfer to a nurse's hotline. Their current MOU allows for single paramedics on engines, squads, or aerial ladder trucks.

Placentia Model for EMS – A New Approach

Due to severe economic pressures, in 2019 the City of Placentia notified OCFA that they would be withdrawing from OCFA and forming their own fire department. To save money and become more efficient, Placentia separated the paramedic EMS response team from its Fire Department personnel and contracted with a private ambulance company to deliver EMS paramedic services.

Placentia also decided to keep dispatching responsibilities within its Police Department which receives all 911 calls. The police dispatcher determines whether the police, the Fire Department, a private ambulance EMS unit, or some combination thereof (as in the case of a serious traffic accident) should be dispatched to respond. Based on preliminary reports, the system is efficient and results in faster EMS responses, especially for coronary and stroke cases.⁸ This is attributed in large part to the fact that “turnout time” for fire equipment and firefighter personnel (listed at over three minutes and 30 seconds for OCFA) is essentially eliminated with this model. Preliminary statistics show that not only have City costs have gone down, the time taken to appear on site for an EMS call also has been reduced by four minutes, from 9.5 to 5.5.⁹

Despite the positive results and cost savings, Placentia has withstood considerable criticism as well as a lack of cooperation from OCFA and its union.¹⁰ The cost savings could be partially attributed to several factors: its very small geographical area; fewer wildland fires to contend with; no fast-water rescue requirements; and the City's firefighters do not earn the same salary or benefits that OCFA firefighters enjoy. From a cost perspective, why should they be charged by OCFA for services they do not require? Placentia should receive credit for attempting (and in many ways delivering) a new and better approach to EMS.

⁸ City of Placentia Fire and Life Safety Department Inaugural Report FY 2020-21, pps. 8-9.

⁹ *Ibid.*

¹⁰ See, e.g., OCFA Board Meeting, May 26, 2020, comments by Craig Green; Fullerton Observer, *Council and Fire Dept. Clash Over Agreement with Placentia* (June 24, 2020); California Policy Center, Ring, E. *Firefighting in Orange County, Part 3 - Placentia's War for Independence* (July 1, 2020); OC Register, Robinson, A., *Placentia Alleges Retaliation, 'Unprofessional Behavior' After Vote to Quit OCFA* (June 28, 2019); Correspondence between OCFA, OCEMS and Placentia Fire Dept.; Interviews.

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Orange County Fire Authority

As noted above, OCFA makes an initial determination as to the nature and severity of the medical emergency. Regardless of the preliminary assessment, a full ALS response is dispatched. This means that an engine or truck company, staffed with at least two paramedic/firefighters, two EMT trained firefighters, and a transport ambulance with two EMT trained attendants is sent to the scene. While this approach means less time is spent with the caller before the dispatch for services occurs, it also results in a minimum of six people and two vehicles being dispatched for all EMS calls, even for minor medical events. The OCFA MOU with the firefighter's union specifies a minimum of two paramedic/firefighters on each ALS unit.

OCEMS agrees that a single PAU unit staffed with a paramedic and EMT provides the service needed for most types of emergency medical calls if the requests for service are properly triaged and dispatched based on medical priority.¹¹

In a 2014 OCFA-commissioned report,¹² recommendations included the following:

Formally establish "criteria based" dispatch protocols to allow a single unit response to those incidents triaged as non-life threatening. Staff the majority of fire engines with three personnel, one of whom is a paramedic; in areas considered hard to cover, or those lacking an effective response force coverage (for example areas covered by stations 40 and 53), staff fire engines with four persons, two being paramedics. Response to a life-threatening incident would be two units.

For nonlife-threatening incidents, any response unit can be dispatched. If for example, a squad and engine are both available and the same distance from the incident the squad can be dispatched preserving the engine in the event of a fire incident.

Because over 75 percent of all fire dispatch calls are for medical emergencies, dispatching an ALS response with a truck or engine to every emergency medical call does not make sense and results in a consistent over-deployment of equipment and personnel.

Avoiding the dispatch of fire engines and trucks offers an additional advantage. If one (or both) of the responding firefighter/paramedics must accompany the patient in the ambulance to the hospital, then their engine typically follows the ambulance to the hospital. The fire engine and its crew must wait until the hospital staff takes charge of the patient and releases the paramedic to

¹¹ OCEMS Policy #330.70

¹² Emergency Services Consulting, *OCFA Standards of Coverage and Deployment Plan*, pp. 146-47 (2014).

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rejoin their unit. The time the engine or truck is out of service waiting for the firefighter paramedic to be released is referred to as “wall time.” COVID-19 has made wall time longer as many emergency rooms have not been able to deal with the high volumes of patients, resulting in much longer wait times and potential degradation of service.

Within OCFA’s jurisdiction, there are at least two geographic areas with even higher medical emergency call volumes. One such area is Laguna Woods which is served by OCFA Station 22. Laguna Woods comprises 3.1 square miles and is home to approximately 16,000 residents with a median age of over 78. Notwithstanding its size, Laguna Woods has the same number of calls as the City of Tustin, which consists of a service territory of 11.1 square miles and a population of approximately 80,000. The table below depicts the high volume of calls and the proportion of medical calls between the two areas with the overall same number of calls.¹³

CITY	POPULATION	SIZE (Sq Miles)	# EMS CALLS	# FIRE CALLS	# TOTAL CALLS
Laguna Woods	16,000	3.31	4,876	24	5,000
Tustin	80,000	11.14	4,062	95	5,395

CITY	% EMS CALLS/TOTAL	CALL/POP	EMS CALLS/POP	% FIRE CALLS/POP	% EMS CALLS/SIZE
Laguna Woods	97.52%	31.25%	30.48%	0.48%	2.07%
Tustin	75.29%	6.74%	5.08%	1.76%	1.39%

While averaging just two fire calls each month, Laguna Woods is equipped with two Type 1 Engines and one aerial truck. Given the size and weight of these large fire vehicles, there is unnecessary wear and tear on the streets of Laguna Woods when Station 22 equipment is sent out on such a high volume of simple medical calls. Replacement of one of the two Type 1 Engines assigned to Station 22 with two paramedic squad vehicles would save the expense of wear and tear, maintenance, equipment, and operating costs. It would also result in faster response times since the time it takes for fire personnel to gear up and get the larger trucks to move out is at

¹³ OCFA Comprehensive Annual Financial Report, FY ending June 30, 2021, pp. 135, 142-43.

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least two minutes longer than for the smaller vehicles to roll out.¹⁴ Although that approach adds a fourth paramedic unit to the service area, causing a shift in assignments, additional staffing would not be necessary. Additionally, the cost of two fully equipped paramedic squad vehicles is less than the cost of a single Type 1 Engine. The typical cost for a fully equipped Type 1 engine is between \$750,000 and \$1,000,000 as opposed to the typical cost for a fully equipped Paramedic Squad vehicle (based on a Ford F-350 Super Duty Diesel chassis) which is under \$200,000.¹⁵

Friction Between OCEMS and OCFA

Fractures between OCEMS, the OCFA, and independent city Fire Chiefs are apparent. This is exemplified in a letter written to OCEMS from the Fire Chiefs that pointed to OCEMS's "offensive" action in implementing policy changes without prior notice or collaboration. This complaint was made despite the Fire Chiefs' specific acknowledgment in the same letter that a joint advisory committee had been formed and had been discussing the issues.¹⁶

Despite the OC Fire Chiefs' complaint about OCEMS overstepping its authority, the only example provided to the Orange County Grand Jury was the emergency action taken by OCEMS in 2021 when hospitals were backed up. This caused long wait-times for first responders who transported patients to the emergency room and kept them unavailable to respond to other emergencies. In response, OCEMS introduced an emergency measure which allowed EMT and paramedic transporters to leave patients in the hands of the hospital on a portable cot provided by the ambulance squad.¹⁷ Although the change addressed the fire departments' problem of extended "wall time" for fire paramedics, it resulted in a strong rebuke from Fire Chiefs for failing to provide adequate notice to them or provide an opportunity to collaborate. Although OCEMS could possibly have provided better notice to OCFA and the independent Fire Chiefs, the OCEMS appeared to be working in the best interest of all parties involved. This was a fact that was, at best, only begrudgingly acknowledged by a few OCFA union representatives and other fire agency personnel.

Tensions have been further exacerbated by COVID and the demand placed on ambulances that, reportedly, have failed to respond to calls in a timely manner. The extent of the problem is debatable. However, the OCFA Fire Chief took the problem into his own hands. In December 2021, the OCFA Chief directed that all EMS responses be classified as Code 3 to speed up ambulance response times. A

¹⁴ Citygate Associates, Inc., *Standards of Coverage Service Level Assessment* OCFA, p. 8 (June 2020).

¹⁵ OCFA Comprehensive Annual Financial Report, FY ending June 30, 2021, p. 148.

¹⁶ Letter from OC Fire Chiefs Association to OCEMS, November 8, 2021.

¹⁷ OCEMS Temporary Suspension of Diversion and Actions to Reduce APOTs, December 29, 2021.

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Code 3 response requires lights and sirens.¹⁸ Code 3 responses have been shown to pose a significantly greater danger to the public and emergency personnel.¹⁹ The Orange County Grand Jury is concerned that this OCFA directive and the power struggles existing between the Fire Chiefs Association and OCEMS may be viewed as self-serving rather than serving the best interests of the public.

Similar acrimony was evident when OCEMS received pointed criticism for taking a position on 2021 proposed legislation that was pending in Sacramento that directly affected OCEMS without conferring with the OCFA or independent Fire Chiefs. While Orange County fire leadership is free to disagree with the position taken by OCEMS, OCEMS had no obligation to consult with them prior to advocating for itself in Sacramento.

There is consensus from both sides that the problems between these entities have escalated over the past year; however, there have been some recent signs of better collaboration and communication.

COMMENDATIONS

- Fire department personnel for their professional service and steadfast concern for public safety.
- All Emergency Medical Services personnel for their tireless efforts on behalf of Orange County residents.
- Interviewees for their cooperation and time spent with the Orange County Grand Jury to explore these issues.
- Special commendation to the City of Placentia for innovation in the face of concerted opposition.

FINDINGS

F1 Despite fire departments throughout Orange County having evolved into emergency medical departments, most have not updated their emergency response protocols accordingly, but have simply absorbed emergency medical responses into their existing fire response models.

¹⁸ Correspondence from OCFA to OC Public Health, cc: County Executive Officer, January 25, 2022.

¹⁹ Joint Statement on Lights & Siren Vehicle Operations on Emergency Medical Services (EMS) Responses February 14, 2022.

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- F2 Despite use of a tiered dispatch system, OCFA's deployment of resources for medical responses are the same for nearly all calls, resulting in unnecessary wear and tear on expensive fire-fighting equipment and public infrastructure.
- F3 ALS staffed ambulances or smaller squad vehicles are often the most appropriate response to medical calls and do not compromise the quality of medical care.
- F4 There has been a breakdown of communication and trust between OCEMS and Orange County Fire Chiefs.
- F5 Over-deployment of firefighters for medical calls contributes to the current climate of forced hiring and firefighter fatigue.
- F6 Code 3 response is over utilized by OCFA, unnecessarily putting the responders and public at risk.
- F7 Since the outbreak of the COVID pandemic, there has been an emergency medical personnel shortage. The pandemic also has contributed to longer wait times at hospitals resulting in firefighter personnel being out of service for longer periods.
- F8 There are specific areas within Orange County, such as Laguna Woods and Seal Beach, that have an extremely high percentage of medical calls which, under the current model, results in the stations servicing those communities to require two engines.
- F9 OCEMS has the authority and responsibility to inspect all for-profit ambulances operating in Orange County; however, publicly owned ambulances are not automatically subject to OCEMS oversight.
- F10 Placentia's changes to the emergency medical response protocols after leaving OCFA have resulted in improved medical call response times.

RECOMMENDATIONS

- R1 As recommended in the 2012 and 2014 OCFA Standards of Coverage and Deployment Plans, as well as other studies, the Grand Jury recommends that, by 2024, all Orange County fire agencies utilize criteria-based dispatch protocols and send a single unit response to those incidents triaged as non-life-threatening (BLS). F1, F2, F5
- R2 By 2024, OCFA should station a paramedic squad vehicle, which is more nimble and less costly to operate, in place of a second engine in stations with high volumes of medical calls. F8
- R3 OCFA should immediately stop the practice of requesting Code 3 responses on all non-life threatening (BLS) calls. F6
- R4 While OCEMS should recognize how certain policy changes may pose operational challenges to emergency responders in the field, fire leadership should recognize and respect the independent oversight authority and expertise of OCEMS. F4

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- R5 Departments with publicly owned ambulances should allow OCEMS to inspect their ambulances for compliance with State EMS guidelines and adopt OCEMS recommendations. F9

RESPONSES

California Penal Code Section 933 requires the governing body of any public agency which the Grand Jury has reviewed, and about which it has issued a final report, to comment to the Presiding Judge of the Superior Court on the findings and recommendations pertaining to matters under the control of the governing body. Such comment shall be made *no later than 90 days* after the Grand Jury publishes its report (filed with the Clerk of the Court). Additionally, in the case of a report containing findings and recommendations pertaining to a department or agency headed by an elected County official (e.g. District Attorney, Sheriff, etc.), such elected County official shall comment on the findings and recommendations pertaining to the matters under that elected official's control *within 60 days* to the Presiding Judge with an information copy sent to the Board of Supervisors.

Furthermore, California Penal Code Section 933.05 specifies the manner in which such comment(s) are to be made as follows:

(a) As to each Grand Jury finding, the responding person or entity shall indicate one of the following:

- (1) The respondent agrees with the finding.
- (2) The respondent disagrees wholly or partially with the finding; in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

(b) As to each Grand Jury recommendation, the responding person or entity shall report one of the following actions:

- (1) The recommendation has been implemented, with a summary regarding the implemented action.
- (2) The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.
- (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for

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discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.

- (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.

(c) If a finding or recommendation of the Grand Jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the Board of Supervisors shall respond if requested by the Grand Jury, but the response of the Board of Supervisors shall address only those budgetary /or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

Responses Required

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code §933.05 are required from:

90 Day Response Required	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
OCFA Board of Directors	X	X	X	X	X	X		X	X	

90 Day Response Required	R1	R2	R3	R4	R5
OCFA Board of Directors	X	X	X	X	X

90 Day Response Required	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
County of Orange Board of Supervisors			X	X					X	

90 Day Response Required	R1	R2	R3	R4	R5
County of Orange Board of Supervisors					X

90 Day Response Required	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
City Councils of Cities of Anaheim, Costa Mesa, Fountain Valley, Fullerton, Huntington Beach, Laguna Beach, Newport Beach, and Orange	X		X	X	X				X	

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90 Day Response Required	R1	R2	R3	R4	R5
City Councils of Cities of Anaheim, Costa Mesa, Fountain Valley, Fullerton, Huntington Beach, Laguna Beach, Newport Beach, and Orange	X			X	X

90 Day Response Required	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
City of Placentia City Council	X		X	X	X				X	X

90 Day Response Required	R1	R2	R3	R4	R5
City of Placentia City Council	X			X	X

Responses Requested

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code §933.05 are requested from:

60 Day Response Requested	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
Fire Chiefs for Cities of Anaheim, Costa Mesa, Fountain Valley, Fullerton, Huntington Beach, Laguna Beach, Newport Beach, and Orange	X		X	X	X				X	

60 Day Response Requested	R1	R2	R3	R4	R5
Fire Chiefs for Cities of Anaheim, Costa Mesa, Fountain Valley, Fullerton, Huntington Beach, Laguna Beach, Newport Beach, and Orange	X			X	X

60 Day Response Requested	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
City of Placentia Fire Chief	X		X	X	X				X	X

60 Day Response Requested	R1	R2	R3	R4	R5
City of Placentia Fire Chief	X			X	X

60 Day Response Requested	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
OCEMS Director			X	X					X	

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60 Day Response Requested	R1	R2	R3	R4	R5
OCEMS Director					X

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GLOSSARY

ALS	Advanced Life Support
ALL HAZARD	Emergencies, including but not limited to traffic collisions, hazardous spills, cat rescues, natural disasters, house and car fires
BLS	Basic Life Support
CBD	Criteria-based dispatch
CODE 3	The use of sirens and lights on emergency vehicles
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EOA	Exclusive Operation Area
LEMSA	Local Emergency Services Agency – California's EMS Act authorizes each county to develop an EMS program and to designate a local EMS agency (LEMSA) for local control of emergency medical services
METRO NET	Joint Powers Authority agency that provides professional dispatch services for fire and medical services
MOU	Memorandum of Understanding
OCEMS	Orange County Emergency Service-Certifies Ambulances, Paramedics and EMTs

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OCFA	Orange County Fire Authority
OCGJ	Orange County Grand Jury
PAU	Paramedic Assessment Unit
PM	Paramedic
SEVERITY MODEL	A ranking, either alpha or numerical, on how critical the medical emergency.
TIERED	Calls are categorized by severity
TURNOUT TIME	The time from the dispatch call and change their status to responding
TURNOUT GEAR	Fire Fighters personal protective gear
TYPE 1 ENGINE	Designed for structural firefighting. It will typically include a pump that operates at 1000 gpm, a 400 gal/tank, 1200 ft. 2 1/2" hose, 400 ft. 1 1/2" hose, 200 ft. 1" hose, 20 + feet of ladder, a 500 gpm Master Stream, and minimum staffing of four firefighters. Some cities utilize Type 1 fire engines with only three firefighters due to budget or other staffing issues.
WALL TIME	The time the Paramedic or fire fighter spends at the hospital after delivering a patient



ORANGE COUNTY FIRE AUTHORITY

P.O. Box 57115, Irvine, CA 92619-7115 • 1 Fire Authority Road, Irvine, CA 92602

Brian Fennessy, Fire Chief

(714) 573-6000

www.ocfa.org

June 9, 2022

The Honorable Erick L. Larsh
Presiding Judge of the Superior Court
Orange County Grand Jury
700 Civic Center Dr. W.
Santa Ana, California 92701

Subject: Request for Extension of Deadline for OCFA to Respond to Grand Jury Report
Entitled "Where's the Fire? Stop Sending Fire Trucks To Medical Calls"

Dear Judge Larsh:

We are respectfully requesting an extension of the deadline for the Orange County Fire Authority's (OCFA's) response to the Grand Jury report entitled "Where's The Fire? Stop Sending Fire Trucks to Medical Calls" to August 29, 2022.

Although the OCFA has not received the Grand Jury's transmittal letter that would identify the date on which the Report was mailed to OCFA, we understand the date the report was posted online to have been May 20, 2022. Assuming that was the date the Grand Jury submitted its final report, then the OCFA's current deadline to respond to the report is currently August 18, 2022.

The OCFA's governing body is its 25-member Board of Directors, and the Board's only scheduled meeting in August is in the evening of August 25th. If the requested extension of time is approved, my staff plans to submit the proposed responses for the Board's approval during that meeting, and to submit the Board-approved responses to Your Honor the following Monday, August 29th.

Thank you for your consideration. Please let me know if you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "B. Fennessy".

Brian Fennessy
Fire Chief

cc FY 2021/22 Orange County Grand Jury Foreman

Serving the Cities of: Aliso Viejo • Buena Park • Cypress • Dana Point • Garden Grove • Irvine • Laguna Hills • Laguna Niguel • Laguna Woods
Lake Forest • La Palma • Los Alamitos • Mission Viejo • Rancho Santa Margarita • San Clemente • San Juan Capistrano • Santa Ana
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Brian Fennessy Fire Chief

(714) 573-6000

www.ocfa.org

Attachment 3

August 11, 2022

The Honorable Erick L. Larsh
Presiding Judge
Orange County Superior Court
700 Civic Center Drive West
Santa Ana, CA 92701

Honorable Erick L. Larsh,

The Orange County Fire Authority Board of Directors has reviewed the Grand Jury report titled "Where's the Fire? Stop Sending Fire Trucks to Medical Calls" during a Special Meeting held on August 11, 2022. The Board has reviewed and authorized this formal response from our agency.

As an emergency response system provider, and also as stewards of taxpayers' dollars, the Orange County Fire Authority (OCFA) continuously reviews the programs it provides to the communities served, and the methods for service delivery. We appreciate the time and effort the Grand Jury has dedicated to the citizens of Orange County in the pursuit of fair governance.

If I may be of service in the clarification of this response, please let me know.
Sincerely,

Brian Fennessy
Fire Chief

Cc: Orange County Grand Jury

Page Reserved for Board Minutes Reflecting Formal Action

Background and History of EMS and Paramedicine

The evolution of present-day Emergency Medical Services (EMS) began in the early 1960's. Experiments in Belfast, Ireland and Toronto, Canada highlighted the benefits of providing advanced medical care to cardiac patients in the field environment. To accomplish this, ambulance personnel and medical interns were utilized. The benefits of "medical care in the field" were further underscored in a published 1966 report entitled, *Accidental Death and Disability: The Neglected Disease of Modern Society*, which revealed a disturbing but illuminating paradox: Seriously injured American soldiers on the battlefields of Vietnam actually had a better survival rate than seriously injured motor vehicle accident victims on California highways.

These studies revealed a number of important factors leading to enhanced survival rates among the soldiers versus auto accident victims: comprehensive trauma care, rapid transport to designated trauma centers, and a new type of trained technicians — an Emergency Medical Technician (EMT) Paramedic. Medics for short, these personnel were trained in and adept at performing advanced life support (ALS) skills in the field such as fluid replacement, advanced airway control, medications, and other life-saving techniques.

With this groundbreaking information in hand, California became ground zero in the development of the Emergency Medical Services System in the 1970s. Medical experts recognized and embraced the delivery of EMS as a component of public safety, and the fire service was selected by medical experts to lead the EMS charge for a variety of reasons: The fire service had the most experience in delivering, planning, and managing public safety challenges; the fire service was uniquely positioned to provide the delivery of EMS services due to already-established and strategically-located personnel, facilities, and equipment needed to render those services quickly and efficiently.

At the dawn of the decade — July 14, 1970 — California Governor Ronald Reagan signed into law the Wedsworth-Townsend Act, creating legislative authority to establish the paramedic program in California. This led to similar programs across the nation, making California an innovator of, and authority in, best practices in the EMS arena. Many of these best practices began with the then-Orange County Fire Department (OCFD) and other local city fire departments that had both the required infrastructure and personnel in place to take the lead. Accordingly, on January 8, 1973, the County of Orange established its first paramedic training class through a cooperative agreement with the University of California, Irvine Medical Center. The OCFD had five personnel in that first class, which graduated on July 13, 1973¹.

On August 2, 1973, the first OCFD paramedic unit was placed into service at Fire Station #22 in Laguna Hills. Through 1975, twenty-two additional OCFD personnel were trained as paramedics. In 1975, three additional OCFD paramedic units were placed into service in Cypress, Tustin, and Placentia. As the OCFD implemented the paramedic program throughout the decade, the private ambulance industry was also evolving. As a critical component of the pre-hospital care delivery system, the emergency transportation network grew from a small cottage industry to the present-day integrated component of the EMS delivery system.

The fire-based paramedic program expanded through the decade, and by 1977, six additional paramedic units were put into service within OCFD jurisdiction, serving the cities of Irvine, Villa Park, San Juan

¹ For simplicity, we refer to the fire service provider throughout this historical background as the “Orange County Fire Department;” however, these fire services in Orange County were fulfilled by contract with the State Department of Forestry until 1980, when the provision of fire service was formally transferred to the County, establishing the Orange County Fire Department. As such, some of the contract city transition dates are noted as 1980, even though those cities began contracting for county-service prior to 1980 via the State Department of Forestry’s contract with the County.

Capistrano, Mission Viejo, and South Laguna. This brought the number of OCFD paramedic units to a total of 10.

The evolution of emergency medical services by the OCFD continued in the 1980s, including the establishment of both the countywide 9-1-1 system and Emergency Medical Technician (EMT-Basic) training for all OCFD first responders. Concurrently, an emergency medical dispatch program was created to train dispatchers to provide valuable lifesaving instructions over the phone as part of the chain-of-survival system focus. Acknowledging the importance of both EMS quality assurance and support of the EMS mission, the OCFD established the Emergency Medical Services Section in 1987.

As the need for emergency medical services grew in Orange County, so did the OCFD. The recognition of the many benefits of a regional-based provider of fire and emergency medical services led to many Orange County cities seeking out the system to reduce their costs and increase operational efficiencies. Soon, new OCFD partnerships within the cities of Placentia (1980), Tustin (1980), Seal Beach (1982), Stanton (1987), Buena Park (1994), San Clemente (1994), Westminster (1995), Santa Ana (2012), and Garden Grove (2019) were formed.

Today, the now-Orange County Fire Authority (OCFA) serves a population of 1.9 million residents in 23 cities and the unincorporated areas of Orange County, a service area that encompasses 587 square miles across 77 fire stations and staffing 57 paramedic units (with 2 paramedics and 2 basic life support [BLS] firefighters on each unit), 4 paramedic assessment units (1 paramedic), and 14 BLS units (with at least 3 emergency medical technicians per unit). Utilizing dual-function, cross-trained firefighter paramedics versus single-function paramedics maximizes efficiency and cost effectiveness while maintaining required fire protection service level standards. This is regarded by many experts throughout the state as one of the premier (and only) systems for delivering not one, but two paramedics (exceeding the county-wide requirement of 1) to the side of the patient in the shortest time possible.

The importance of two paramedics cannot be overstated, particularly on the many life-threatening ALS emergencies we tend to. To be clear, when four OCFA firefighters arrive on a paramedic unit for any medical call, all are incredibly busy performing various tasks – but none more important than the work of the two paramedics on an ALS call. With an already-ingrained synergy established from working the same unit, these two medical professionals perform in tandem, accomplishing life-saving tactics that cannot be performed simultaneously by one medic. For example, as one intubates the patient, the other administers medications, saving priceless minutes and countless lives.

Responses to Grand Jury Findings & Recommendations:

F1. Despite fire departments throughout Orange County having evolved into emergency medical departments, most have not updated their emergency response protocols accordingly, but have simply absorbed emergency medical responses into their existing fire response models.

OCFA respectfully disagrees with the finding. The delivery model of EMS within Orange County and throughout the State of California has continued to change and evolve to keep pace with an ever-growing population, advances in technology, and increasing community expectations. The deployment of EMS resources has specifically changed numerous times over the last decade, including a variety of technological advances such as LUCAS device Chest Compression System, EPCR-IPAD patient-charting system, and cardiac monitors that now take vital signs on demand.

Another powerful example of the evolution of OCFA’s EMS response protocols is the configuration of our Paramedic service delivery model. Going back to 2000, OCFA had a total of 24 Paramedic Units out

of our fleet of 77 Units (Engines, Trucks, and Vans). Today, we have reconfigured that model with a total of 74 Paramedic Units out of our fleet of 82 total Units, which is a 171% increase in paramedic units. This dramatic evolution has created greater efficiency in our service delivery model, and today, OCFA is arguably one of the fastest agencies in the state to put two paramedics to the side of a patient.

F2. Despite use of a tiered dispatch system, OCFA’s deployment of resources for medical response are the same for nearly all calls, resulting in unnecessary wear and tear on expensive firefighting equipment and public infrastructure.

OCFA partially disagrees with the finding. To provide the best possible patient care and outcome, the OCFA deploys best practice EMS service delivery by dispatching the “closest and most appropriate” emergency resource response services to all medical aids. During the 911 call triage process, dispatchers are continuously evaluating the accuracy and efficacy of the information being received. If patient acuity is not clear, best practice for pre-hospital caregivers is to dispatch an ALS response. Empirical data has over the course of many years demonstrates this to be in the best interest of patient care and resource management.

The OCFA has no documented experience or examples of excessive wear and tear on firefighting equipment or public infrastructure.

F3. ALS staffed ambulances or smaller squad vehicles are often the most appropriate response to medical calls and do not compromise the quality of medical care.

OCFA disagrees with the finding. No empirical data or studies exist that demonstrate ALS-staffed ambulances or smaller squad vehicles are the most appropriate response to medical calls. Industry best practice is to respond as rapidly as possible, delivering two trained and ALS certified paramedics to the side of a patient(s), with additional trained and BLS-certified EMT’s and ALS/BLS equipment to appropriately manage patient acuity level. OCFA is arguably one of the fastest agencies in the state (among both private and fire-based ALS service providers) to put two paramedics to the side of a patient.

ALS-staffed vans and squads are smaller but must abide by the same driving laws governing emergency response as larger first responder units. No data or studies exist that demonstrate the smaller the size of a unit results in a “faster” response. ALS and BLS service delivery in Orange County is not being compromised because of fire apparatus response.

F4 There has been a breakdown of communication and trust between OCEMS and Orange County Fire Chiefs.

OCFA partially agrees with the finding. The OCFA Fire Chief, who is also a member of the Orange County Fire Chiefs Association (OCFCA), acknowledges and respects the regulatory authority of OCEMS. However, it is the moral obligation of the OCFA Fire Chief to communicate directly and candidly with OCEMS if the data indicates that their policy direction may adversely compromise patient care and outcome.

The OCFA Fire Chief has shared with the County of Orange and OCEMS leadership that OCEMS is not, nor has ever been, considered an “emergency response” organization. As a result, OCEMS management and staff lack the subject matter expertise and experience required to manage the day-to-day operation, in real-time, of a patient transportation system. Of course, OCEMS management and staff do possess the subject matter expertise to appropriately manage and address regulatory matters, an area in which we defer to their advice and authority.

Communication and trust between two individual OCEMS managers and the OCFA members have degraded over the past 3-4 years. The OCFA members have been open about their perspective on many issues and have offered these two OCEMS managers means in which communication and trust could be restored. While there is still trust-building work to be done, overall communications remain intact as evidenced by the many regulatory policies being discussed and agreed to by the County’s fire-based ALS service providers. It is, however, the view of the OCFA Fire Chief that open dialogue and collaboration between the two agencies can be improved further, and OCFA remains committed to working collaboratively with OCEMS to manifest that progress.

The OCFA Fire Chief has forwarded a recommendation to the County CEO, the OC Health Care Agency (OCHCA) Director and OCEMS management to consider allowing the OCFA to partner with them by way of empowering the OCFA to manage the day-to-day patient transportation operational system in real-time. The OCEMS would continue to perform their statutory required regulatory responsibilities and obligations. As an emergency response system provider, the OCFA would provide the operational system level of expertise that does not currently exist within the four Exclusive Operational Areas (EOAs) that OCEMS is contractually responsible. In concept, the OCEMS would continue to manage the contracts with the BLS private ambulance service providers while OCFA would manage the day-to-day operations of the EMS system within the four EOAs.

Such a partnership would not only improve upon the communication and collaboration between our agencies, but also empower us to leverage our respective subject matter expertise to better serve our communities.

F5. Over-deployment of firefighters for medical calls contributes to the current climate of forced hiring and firefighter fatigue.

OCFA disagrees with the finding. The OCFA does not “over-deploy” firefighters for medical calls. Further, the OCFA deployment model does not in any way contribute to force hiring practices. Force hiring is utilized to maintain minimum staffing due to vacant positions, special assignments, and employees on approved leave. The OCFA does not utilize force hiring to over-staff behind firefighters on medical calls.

F6. Code 3 response is over utilized by OCFA, unnecessarily putting the responders and public at risk.

OCFA partially agrees with the finding. In advance of the Grand Jury Report being released, OCFA EMS & Training had already developed a pilot program implementing “no-code” lights & siren response for medical aids that, in the view of the 911 dispatchers, leave no doubt that patient acuity level is low and that lack of a “code” lights & siren response will not compromise patient care or outcome.

The OCFA Fire Apparatus Engineer Academy includes a comprehensive driver training course and examination. Further, all OCFA that may be required to drive OCFA apparatus are licensed by the State of California. As professionally trained and experienced fire apparatus driver/operators, the OCFA does not consider its first responders or the public at risk when responding apparatus “code” or “no-code” to emergency and non-emergency incidents.

F8. There are specific areas within Orange County, such as Laguna Woods and Seal Beach, that have an extremely high percentage of medical calls which, under the current model, results in the stations servicing those communities to require two engines.

OCFA agrees with the finding. There are specific areas within Orange County that OCFA serves, such as Laguna Woods and Seal Beach, that because of being located in or around high density retired and/or assisted living care communities, represent a higher-than-average percentage of medical calls within OCFA’s jurisdiction.

F9. OCEMS has the authority and responsibility to inspect all for-profit ambulances operating in Orange County; however, publicly-owned ambulances are not automatically subject to OCEMS oversight.

Not applicable to OCFA. The OCFA does not provide patient transportation services in Orange County.

R1. As recommended in the 2012 and 2014 OCFA Standards of Coverage and Deployment Plans, as well as other studies, the Grand Jury recommends that by 2024, all fire agencies utilize criteria-base dispatch protocols and send a single unit response to those incidents triaged as non-life-threatening (BLS). F1, F2, F5

This recommendation will not be implemented because it is not warranted, reasonable, or applicable due to the fact that it is already consistent with current OCFA practice. Criteria-based dispatch has been in place in the OCFA for over 20 years. All calls that come in through 911 are screened and put through an Emergency Medical Dispatch protocol that has been approved by the Medical Director of OCFA and is in constant review by a team that includes the Medical Director, a nurse, a dispatch supervisor, and the dispatch manager. This also includes the review of numerous data points. OCFA continues to send the closest, most appropriate resources to emergency responses on every call. The majority of emergency medical responses within OCFA receive a single OCFA unit response and a private ambulance for transport of the patient. One example of an exception would be traffic collisions with injury(s) where extrication of a patient(s) could be required.

In the 2011-2012 Orange County Grand Jury Report (Emergency Medical Response) it was recommended that the “*current emergency response models should be re-evaluated by independent outside consultants.*” Further, “*this re-evaluation should consider the strengths, weaknesses, opportunities, and threats to the economics and operations of both the OCFA and city fire department’s emergency response models.*” Based on experience then and now, the OCFA believes continued EMS system improvement is an obligation of both government and private EMS service providers. The residents and visitors of Orange County and all EMS service providers and stakeholders expect and deserve to be provided the highest level of EMS pre-hospital care.

R2. By 2024, OCFA should station a paramedic squad vehicle, which is more nimble and less costly to operate, in place of a second engine in stations with high volumes of medical calls. F8

This recommendation will not be implemented because it is not warranted or reasonable. This recommendation represents a firefighter safety concern. Specifically, it compromises National Fire Protection Agency (NFPA) 1710 response time and safe fire ground staffing standards. The recommended deployment model is not consistent with fire-based EMS best practices.

No data, studies, or experience exist that demonstrate a “*more nimble*” or “*less costly*” paramedic squad vehicle results in improved patient care and outcome.

R3 – OCFA should immediately stop the practice of requesting Code 3 responses on all non-life threatening (BLS) calls. F6.

This recommendation will not be implemented because it is not warranted or reasonable. The practice of OCFA requesting BLS ambulances to respond Code 3 to all non-life threatening BLS calls began shortly after identifying ambulance response time performance having significantly declined. 911 private ambulance service providers had been grossly under-performing in terms of not meeting their OCEMS contract emergency response time performance requirements. As a result, OCFA ALS units were spending significantly more time unavailable at scene of a BLS incident thus causing ALS delivery service delays within the OCFA service area.

The intent was for the practice to be short term and only until more 911 private contract ambulances were made available every day by one of the EOA contract private ambulance service providers. It was hoped that improved private contract BLS ambulance arrival at scene would allow OCFA ALS response units to return to service more rapidly. The longer an OCFA ALS unit remains unavailable at scene of a BLS medical aid waiting for a contract ambulance to arrive, the longer the ALS unit is unable to respond to genuine ALS emergencies where a delayed response could result in a delay in pain management care, further injury and/or death.

This practice was discontinued when 911 private contract ambulance response time performance improved to a point where other transportation modalities (transport by paramedics in patient vehicles, fire apparatus, etc.), were no longer being considered. When comparing before and after the short-term policy was implemented, it was determined that ambulance response time performance marginally improved. This represented another reason the practice of requesting BLS ambulances to respond Code 3 to all medical aids was discontinued.

While there has been improvement in 911 ambulance response time performance within three of the four County EOA’s, OCEMS 911 contract ambulance response time performance compliance is still not being met.

R4. While OCEMS should recognize how certain policy changes may pose operational challenges to emergency response in the field, fire leadership should recognize and respect the independent oversight authority and expertise of OCEMS. F4

This recommendation has been implemented. The OCFA does recognize how certain policy changes may pose operational challenges to emergency response in the field and OCFA fire leadership further recognizes and respects the independent oversight authority and expertise of OCEMS. However, as one of Orange County’s Advanced Life Support (ALS) service providers, the OCFA has a professional obligation to challenge changes in policy that represent a decreased level of ALS service delivery within its service areas.

R5. Departments with publicly-owned ambulances should allow OCEMS to inspect their ambulances for compliance with State EMS guidelines and adopt OCEMS recommendations. F9

This recommendation will not be implemented because it is not applicable. The OCFA does not provide patient transportation services in Orange County.