

# **Pleasant Grove Fire Department**



**EMERGENCY SERVICES**

Note: The following answers and comments are written to be conversational, but factual. It is my hope that I have painted a picture of the benefits of our current Fire Department resources and made plain the detrimental affects privatized ambulance services would have.

Questions: (from City Administrator Darrington)

*1. A resident said that Provo and St. George both use Gold Cross for their ambulance service. Can you verify both of those?*

*2. What would be the downside of using Gold Cross for our ambulance service? Would there be cost savings and would the level of service be lower than what we're providing now?*

Answer #1:

St. George City does utilize a private ambulance service for EMS. The fire department does respond on all emergency medical calls too, along with the private ambulance service, but they do not transport.

Provo Fire Department handles all of the City's Fire and EMS services. A private ambulance service does have a station in Provo, but they do only inter-facility transfers (hospital to hospital or hospital to nursing home).

The private ambulance service does not participate in Provo's emergency medical system. If Provo needs additional ambulances, over and above what they have on duty, they call for mutual aid from Orem or Springville Fire Departments.

Answer #2:

Typically, Gold Cross Ambulance has not provided primary emergency ambulance services. For example, for many years Gold Cross Ambulance has provided the transport services for Salt Lake Fire Department, but Salt Lake Fire Department has provided the primary paramedic care. However, in recent years, Gold Cross Ambulance has begun to provide primary emergency ambulance services for St. George City and Iron County. The fire departments in neither area provide EMS transport. St. George went with Gold Cross after moving away from a different private ambulance service and Iron County sold their EMS service to Gold Cross Ambulance after years of mismanagement and growing debt incurred from the County operated EMS. St. George is a little enigmatic in that the fire department participates in providing EMS response, but have chosen to not become the primary provider/transport agency, thereby forfeiting the transport revenues.

It should be noted, that in all but very few areas where private ambulance services are the primary transport agency, the fire departments are compelled to respond on most EMS calls because ambulance services only package and transport. They do not provide any rescue, extrication, nor any other services normally provided by the fire department. It is for this reason, that in the incipient stages of the paramedic system integration within the US, fire departments were chosen as a suitable and compatible organization to partner with as apposed to other service

providers like police departments. It was a good fit in the late 1960s and remains a great fit now.

Aside from these examples, Gold Cross provides narrow inter-facility transfer services in different areas. They are not licensed for emergency response in Utah except for the areas mentioned above where they are the primary EMS organization.

So, what would be the down side to privatizing our ambulance service?

First, our call volume may not support the level of private ambulance service necessary for our area. We have a high number of simultaneous calls - calls that come in during the same time period of a previous call, so a second or third unit must be dispatched to cover those calls. It is very likely that a private ambulance service could not support itself with three ambulances in city at all times. If ambulances had to be dispatched from another city, the response times would be detrimental and perhaps even fatal to our patients. Remember, private ambulance services are for-profit organizations.

Second, the fire department would still need to respond to every call. Why? Except for very minor calls, patient care requires more than two attendees. Case #1: a man in an upstairs bedroom with back pain needs multiple personnel just to move him out of the room and down the stairs and into the ambulance without causing further injury or pain. Case #2: a minor traffic accident. Removing the patient from the car requires multiple rescuers and any vehicle fluid spills require FD attention - not to mention the potential need for fire suppression. The point that I'm making is, the fire department will have to respond to most calls anyway, where is the cost savings in allowing a private ambulance service to load the patient and drive the patient to the hospital and retain the transport fees when the fire department personnel will be required to be on scene anyway.

A note on fire response: federal standards require four firefighters respond to an initial fire call. Once on scene, firefighters can not enter the fire structure without having an equal number of firefighters on the outside ready to make entry in case a firefighter were to "go down". It's called the two in two out rule. With an initial crew of four arriving at a fire on a fire apparatus, one is the commander (does not enter the building), one is the engineer (He must stay with the fire apparatus, he does not enter the fire structure), the remaining two firefighters can only enter after adequate back up arrives. (Remember, the private ambulance crew are not firefighters and would only respond to a fire if requested and then, only for EMS - they can't enter a fire structure for any reason, in fact they cannot participate in fire operations in any way.) The only exception to the rule would be if a rescue situation were to exist on arrival. Then the two firefighters could enter the building to make the rescue, but they would do so at the peril of the victim's and their own lives. Currently, we have six firefighters on duty 24/7. That manning allows us to man two ambulances and one fire apparatus (with a third ambulance at the ready when the admin staff is on duty). Based on our call history, this is the best configuration for our day to day operations. However, even with this configuration, it is not uncommon for us to have all of our units out on calls and have to request additional help, including ambulances, to respond into our city from Orem, Lone Peak or American Fork to handle additional calls.

On the following pages, I have outlined what a “Fire” related incident is and what a “Fire EMS” related incident is. These incident types are defined by the National Fire Incident Reporting System as maintained by the United States Fire Administration. As you will see, the Fire and EMS duties within the various incidents listed below are tightly intertwined and the benefit of having fire personnel trained as paramedics and vice versa is of tremendous value.

Following that information is data on call volumes. There is matrix indicating the calls in Pleasant Grove and a comparison of call volumes from other cities within the county. None of the cities in that list operate with private ambulance services. I also listed public relations data as this is integral to our services too.

### **Areas Utilizing Private Ambulance Companies for Primary EMS Response in Utah**

St George, UT - Gold Cross Ambulance

Iron County, UT - Sold County EMS contract to Gold Cross Ambulance - \$1.5 Million  
*(Iron County had a \$2 million deficit from EMS)*

North Tooele County, UT - Mountain West Ambulance

*Cities/Towns: Stansbury Park, Lake Point, Pine Canyon, Erda*

*(The North Tooele Fire District is currently applying to take over the EMS from Mountain West Ambulance in hopes of realizing an increase of funding through ambulance fees.)*

Wendover, UT - Wendover Ambulance

Salt Lake City, UT - Gold Cross

*Note: Salt Lake City utilizes a private ambulance company for EMS, but the fire department remains the primary EMS responder with the ambulance company providing patient transports (stretcher jockeys). When the condition of the patient demands, the fire department paramedic continues care in the back of the ambulance during transport to the hospital and the fire apparatus follows the unit to the hospital to pick up the paramedic.*

## **Fire Service Types/Categories**

Structure Fires - Any home, apartment, business or connecting building, pier, quays, tunnel, bridge, trestles, power or utility vaults, fences or tents. Or, any fire within a building from cooking appliances, fuel fired devices, trash or other flammables within a structure. Any mobile home structure, camper, RV, or mobile structures used for business.

Vehicle fires - cars, truck, tractor trailers, construction heavy equipment, trains, boats, ships, RV, off-road vehicles, or farm equipment.

Outside Fires - trash; dumpsters - trash, construction; landfill; commercial/industrial equipment, including recyclable materials. Gas explosions. Mail boxes and drop off boxes. Cultivated crop fires, orchards, nursery stock, Christmas trees, natural vegetation, wildland, forests, grass lands. Illegal burning.

## **Other Fire Related Emergencies**

Explosions, pipeline leak, container leak - not Haz Mat. Munition or bomb explosions, fireworks. Lightning strikes. Haz mat spills. Potential spills (tanker truck rollover), refrigeration leak, CO incidents, other toxic chemical releases. Radiation releases. Electrical wiring emergencies - power line down, arcing equipment, transformer failures.

Bio Hazards.

Building collapse, vehicle accident clean up, Lock-out (home or vehicle), ring or jewelry removal, open hydrant, water leak or over run, water removal - basement flooding. Smoke removal, forcible entry, assist PD, any other public assist.

Fire alarms, false alarms, smoke alarms, CO alarms, bomb scares. Sprinkler system leaks and breaks. Trouble alarms. Other fire alarms or extinguishing agent discharges

Earthquakes, floods, wind storms, lightning strikes, severe weather, natural disasters.

Citizen complaints - smoke investigations, reckless burning, etc.

Mutual aid - any category.

## **Fire Department Emergency Medical Services**

Patient assistance, moving patients, CPR, airway control, injury treatments, medical treatments.

Rescue - vehicle extrication, rope rescue, water rescue, ice rescue, river (swift water) rescue, confined space rescue, high angle rescue, machine entrapment extrication, trench rescue, collapse rescue, farm and industrial extrication and rescue, elevator rescue, crush rescue.

Power pole/tower rescue, electrocution rescue.

Crash rescue (aircraft).

## **Public Relations - 2014**

Station Tours, CPR Classes, 1<sup>st</sup> Aid Classes - total contacts - 580

Large group presentations and station tours (groups over 99 persons) - total contacts - 4400

Ride-A-Longs, Student Interns, etc - total contacts - 12

Emergency Service Calls in PG by Type and Month - June 2014 to April 2015

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Totals
<b>Fire</b>	28	35	19	25	16	32	25	22	20	26	38	286
<b>Stacked</b>	1	1	4	9	5	5	2	5	2	6	8	48
<b>EMS</b>	82	77	79	85	75	74	99	79	75	95	75	895
<b>Stacked</b>	13	7	10	14	6	12	0	10	13	13	10	108
<b>Totals</b>	124	120	112	133	102	123	126	116	110	140	131	1337

A stacked call is a simultaneous call - two or more calls at one time.

Comparison of 2014 Calls by Department

American Fork	2089	Provo	10951
Eagle Mountain	567	Saratoga Springs	644
Lehi	1774	Spanish Fork	1354
Lone Peak	778	Springville	2100
Payson	1308	Orem	5327
Pleasant Grove	1262		