Emergency Medical Services Advisory Board

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

MEETING MINUTES

Date and Time of Meeting: Thursday, August 6, 2020, 9:00 a.m.

The meeting was held via Zoom.

1. *Roll Call and Determination of Quorum

Acting Chair Krutz called the meeting to order at 9:07 a.m.

The following members and staff were present:

Members present: Neil Krutz
Eric Brown
Kevin Dick
Joe Macaluso
Dr. Andrew Michelson

Members absent: None

Ms. Spinola verified a quorum was present.

Staff present: Dania Reid, Deputy District Attorney
Andrea Esp, EMS/PHP Program Manager, Acting EPHP Director
Vicky Olson, EMS Coordinator
Anastasia Gunawan, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

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2. *Public Comment

Limited to three (3) minutes per person. No action may be taken.

Acting Chair Krutz opened the public comment period.

Joe Kammann, Truckee Meadows Fire Protection District Division (TMFPD) Chief, expressed concern with the policy and procedure changes that REMSA had developed and he requested that the Advisory Board recommend a delay in implementation of the changes until TMFPD had an opportunity to fully vet the operational impacts that it was going to have on their operations.

Dennis Nolan, EMS Division Chief with the Reno Fire Department, stated that Chief Cochran had offered his apologies for not being able to be on the call, he had another meeting to attend. Mr. Nolan explained that he had been asked to read prepared statements (Exhibit A) into the record on behalf of the Reno Fire Department and a copy of the comments would be provided for

that purpose. The following is the verbatim text:

REMSA and its subcontractor RASI are the exclusive ambulance franchisee for Washoe County, as agreed to by the local governments of Washoe County, and the cities of Reno and Sparks in the Interlocal Agreement. To that end, REMSA is subservient to the municipalities, to which they are contracted to provide services to.

REMSA recently informed the Washoe County District Board of Health (DBOH), of its intentions to unilaterally, change its response and staffing model as well as an unspecified number of EMD dispatch determinants. It is the collective belief by the area's three major fire departments that this could have a significant impact on both patient care as well as on fire department resources. This is an unprecedented move by the franchisee as not only was there no attempt to communicate or cooperate with the other regional emergency medical service providers but, when asked to meet collectively with the fire departments representatives they emphatically refused the request. Only after the fire department persistence did they agree to meet individually with fire department representatives, which resulted in the same response, paraphrased: "thanks for your input but we are still doing what we want to do".

REMSA has in a letter provided to the DBOH, implied that they are doing this in conformity with the Governor's Declaration of Emergency #11 and federal Emergency Medical Services Crisis Standards of Care. In review of these directives, we believe that REMSA's actions, which they have already begun to initiate, do not meet the intent or thresholds therein required to implement such drastic modifications. In fact in the preamble/overview of the Crisis Standards of Care, the first item under General Considerations/Communications states" Changes to standards of care should be communicated to the public in a proactive, honest, transparent and accountable manner". In fact, the actions taken by the franchisee are contradictory to each of these tenants. These recommendations were brought to the members of the DBOH without any forewarning and opposition to them was limited to the Public Comment part of the meeting. In fact on face value, the proposed actions appear to violate both the Interlocal Agreement and the Franchise Agreement.

The Reno Fire Department implores the EMS Advisory Board to request of the District Board of Health to notify REMSA to cease and desist with its plans to unilaterally alter or modify its current response model and or changing any EMD dispatch determinants until such a time as;

- REMSA formally and collectively meets with all area Fire Departments to discuss their proposed changes and the impact they will have on patient care and fire department responses to medical emergencies.,
- Further, we would request that the DBOH provide the EMS Oversight Committee the resources it needs to competently accomplish its purpose of overseeing the franchise. This would include the ability to hire an independent auditor, if necessary, to review any assertion and or data provided by REMSA which otherwise implies the need to alter their response model or change any EMD determinant.
- Additionally, the Reno Fire Department would formally request the District Attorney review the proposals made by REMSA and determine whether they violate any part of the Franchise Agreement.

The RFD requests that this issue be prioritized as an agenda item before the DBOH at their next regularly scheduled meeting and that public testimony be permitted in an open and transparent forum.

Mr. Nolan stated they considered this to be of the utmost urgency. There have already been several serious delays and no ambulance responses, as well as several of what we consider to be misprioritizations, which, if not corrected, will very well lead to a catastrophic outcome for one of our patients.

Tom Dunn, VP of the Reno Firefighters Association and District Vice President of Professional Firefighters of Nevada, stated he would like to echo the comments from the two previous speakers. He added that, according to the Federal Health Care Response Task Force EMS Pre-Hospital Team, EMS agencies should clearly identify indicators that will signal a shift in the level of care that is able to be provided and that will trigger changes to standards of care. Triggers should be established in conjunction with local and state EMS and public health agencies. It is our opinion that those triggers were not established in conjunction with the Reno Fire Department and the other surrounding fire agencies.

Mr. Dunn went on to say that along with that, standards of care should be adjusted up or down to match the circumstances at a given time consistent with pre-identified indicators and triggers. It was his agency's opinion that REMSA's attempts to manipulate the franchise agreement also violates the interlocal agreement in that it was not openly discussed, in public, with the fire service agencies. He opined it was a violation of franchise agreement and the interlocal agreement and may call for a hearing before a public District Board of Health (DBOH) hearing. He noted that between 6:45 and 8:00 that morning there were at least four calls that REMSA was not available to provide ambulances for, that Reno Fire was on for extended periods of time. Reno Fire ended up transporting one patient under a mutual aid request from REMSA.

Chief Jim Reid, with the City of Sparks Fire Department, stated he was not against changing the way the region was going to do things if they can be more efficient, but the items that were altered were not discussed with any of the other agencies prior to implementation. He agreed with the previous two chiefs that they would like some discussion before they were moved upon.

Acting Chair Krutz closed the public comment period.

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3. Consent Items

A. **Approval of Draft Minutes**
February 6, 2020

Mr. Brown moved to approve the Consent agenda. Mr. Dick seconded the motion, which passed unanimously.

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4. *Prehospital Medical Advisory Committee (PMAC) Update
Dr. Andrew Michelson

Dr. Michelson said that only two major things had happened since January. The first was that PMAC had caught up on funding, and that funding comes from each of the facilities that receive emergency transports. The second was the opening of Northern Nevada's free-standing emergency department. PMAC members were asked to give their impressions on what type of patients should be transported to that facility. They agreed with Dr. Wilson, the Medical

Director of REMSA, to simply adopt the transport guidelines of those that are used in Las Vegas for some of their free-standing emergency departments (ED). There was some talk by Northern Nevada having a desire to take strokes. One main discussion point was that most of the agencies other than Northern felt that that it would be inappropriate to bring a potential TPA/stroke patient to a free-standing ED.

Dr. Michelson opined one thing that should be discussed is the development of Reno getting a free-standing ED, and the open discussion that each of the transport agencies want to have with the physician that is staffing the ED at the time via tele if that is desired by the staffing position. But as it was the first free-standing ED for our community, he opined the region should take each step one at a time and not be taking patients there that are just going to be put right back in an ambulance to be transported again because of their initial acuity. The ideal is that patients will be transported there and the vast majority of them would subsequently be discharged home. Therefore, the likelihood for admission after transport should be very low if they are going to go to the free-standing ED.

Mr. Macaluso asked if there had been any discussion or comment on whether this free-standing ED was subject to EMTALA.

Dr. Michelson explained that his understanding was that it was, if it is operating under the coding and billing structure of the associated facility, which, to his understanding it is. So yes, if a patient who has no coverage and no ability to pay was to walk in through their doors, then they would be responsible to see them.

Dr. Michelson brought up another important talking point, which was psychiatric-based patients. There was some hesitation about receiving psychiatric-based patients via medical transport, because indeed many of them are held for days, until they are either cleared or properly assessed or reach a sober state to be assessed. But in his reviews of national examples and state documentation, if he was understanding the billing structure appropriately, they are responsible to operate under EMTALA and cannot refuse a transport unless the acuity of the transport is out of the guidelines for a free-standing ED. And so indeed, there is several vital signs that must be met within a normal, stable condition to be in line with a patient who is unlikely to be an admission. Based on that he commented to them, that it is unlikely for them to be overwhelmed by psychiatric illness because so many of them are very tachycardic due to intoxication or distress on their initial presentation. But if they fall within the accepted guidelines and stable condition of assessment in the pre-hospital assessment, then they should not be able to refuse them.

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5. *Program and Performance Data Updates
Andrea Esp

Ms. Esp noted her report had been submitted with the packet. She explained to the Board that staff has been extremely busy in helping the Health District in responding to COVID-19, spending a significant amount of time helping with response, disease investigation, and testing functions. During all that staff has continued working on EMS activities, such as maintaining and keeping up on the Strategic Plan, update of the MCI and its annexes, and continuing to produce data reports. Ms. Esp offered to answer any questions.

Acting Chair Krutz stated to Ms. Esp that the Board was certainly appreciative of all the work that she and her staff were doing to help support the COVID response.

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6. Presentation and possible approval of the EMS Oversight Program FY19 Mid-Year Data Report (For possible action)
Anastasia Gunawan

Ms. Gunawan thanked the Board for reviewing the FY2020 mid-year data report and asked if anyone had questions for her.

Mr. Brown moved to approve the EMS Oversight Program FY19 Mid-Year Data Report and Dr. Michelson seconded. The motion passed unanimously.

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7. *Presentation of the Washoe County Regional Communications Interoperability Working Group
Adam Heinz

Mr. Heinz, Executive Director, Integrated Health for REMSA, introduced himself to the Board and began by opening a PowerPoint presentation (Exhibit B). He explained that REMSA had solicited the local regional partners to come together to talk about interoperability and communications, topics that everyone is aware has opportunity to view and be done differently. On the fourth of June, REMSA hosted an event to open dialog on possible opportunities and where the partners would like to see those changes. REMSA appreciated the attendance of executive leadership from the Washoe County Health District, Washoe County Sheriff's Office, Reno-Tahoe International Airport fire/rescue, Sparks Fire Department, North Lake Tahoe Fire Department and Truckee Meadows Fire and Rescue. The meeting lasted about two hours and centered around the CAD-to-CAD (C2C) project which they hope to see implemented within weeks, and Ms. Khimji would be providing an update on that later in the meeting.

Mr. Heinz went on to explain that the ideal solution would be for the regional partners to look at some sort of unified platform that can provide seamless, timely transmission of communications. Out of that they developed a draft goal that was sent back to the group, that essentially has the objectives of seeking regional partnerships among all emergency response agencies, guide local leadership towards regional CAD concept, seek funding opportunities, improve real-time information sharing, achieve regional resource location and availability, improve integration of management applications and decrease call transfer and call process times. He opined everyone was a champion of those initiatives. They hope that the individual stakeholders go back to their respective organizations and identify the right key players to begin to get momentum to work towards that. With any luck they may begin to see some of the fruit of that work by the next EMSAB meeting.

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8. *Regional Emergency Medical Services Authority Updates
Adam Heinz

Mr. Heinz explained that he would be providing the Board with highlights of some of the system enhancements and some of the efforts REMSA has been working on since February, while not overshadowing any of the regional partners. He was aware that every jurisdiction has been busy trying to work through different challenges during that time.

Mr. Heinz reminded the Board that REMSA has a position in the Regional Incident Management Team, and has some history, starting with H1N1, with logistics and planning. Because of that, REMSA was in the position of being able to donate many different items of PPE to some local fire, police and health care agencies. In addition, they have increased access to

their Nurse Health Line, after seeing an increase in calls of almost 300% at the beginning of the pandemic. The Health Line provided access to people who did not know what to do, they did not have emergencies and did not need to call 9-1-1, but obviously they needed guidance. The nurses were key, and REMSA was able to recruit and get that up and running.

Mr. Heinz noted REMSA had partnered with Washoe County to stand up a 24-hour Community Triage Line, which citizens from the community can call and go through a risk assessment, and be guided to either access a community resource, have them have speak to someone at the Nurse Health Line should their complaint need additional assessment, or even get them over to 9-1-1. At times patients were calling, they did not know who to call, and they were gasping for air and the call staff were able to get them over to our medically trained dispatchers to get an ambulance out. It was a successful partnership. Since March REMSA has taken over 21,000 calls.

Mr. Heinz went on to explain that REMSA is staffing and working with the Health District on having their EMTs collect nasopharyngeal swabs to test homebound citizens. They have also worked directly with the Resort Association. REMSA's medically-trained dispatchers conduct influenza-like screenings on all calls and communicate that information to the responders and response partners so that they are armed with that information when they arrive on scene with somebody that is suspected of a disease that potentially could be transmitted to them.

Mr. Heinz noted that REMSA had continued with its education activities, keeping the future of EMS in mind. When the pandemic started, they had two options, put what they were doing on hold or work through different ways of being able to provide it. Very quickly their educators went to a distance learning platform. Since then approved mechanisms have been put into place to ensure student health and safety so that they can come back on campus. He was proud to report that they had just graduated nine new paramedics into the system and 100% of them passed their national exam on the first try. He opined it was something that REMSA was proud of, the students should be proud of and the community should be proud of, considering first-pass success rates are usually at 78%.

Mr. Heinz pointed out that making sure that the employees are healthy, and fit for duty every day by deploying a virtual Vivify app. If they are not it alerts management and then they take the appropriate measures. One of those measures included revamping the employee uniform procedure. One of the concerns brought forward by staff included concerns about bringing the virus home to their families. A uniform practice was implemented very quickly that allows for them to change on the premises, lockers were built, and REMSA partnered with a professional laundering service so that those chances could be eliminated, or at least minimized.

Mr. Heinz stated that another aspect of that concern is that management has to ensure that their employees are safe and healthy and are being taking care of so that they can continue to take care of our community. Since the beginning of this, they have had 134 employees go out because of an exposure or symptom. Some of those on-duty, some of them off-duty. Only four of them came back positive with COVID-19. He thanked the Health District for working with them to ensure they get the quickest turnaround times at the Nevada State Lab so that they can get that information and act on it as necessary. He credited the low infection numbers to the efficacy of training and PPE.

Mr. Heinz stated he was excited to talk about some of their system enhancements, starting with the drivers for them. He acknowledged previous comments made on the topic. He also acknowledged that the ideal situation for change was for the region to get groups together, sit down, and have the conversations. REMSA is aware that responsible businesses and

organizations are vested in taking care of the community and patients. But he pointed out that REMSA needed to remain nimble and flexible and be ready to adapt at a moment's notice. They have a history of providing innovative solutions to navigating patients, one example being the Nurse Health Line. The Nurse Health Line, which has been in this community for over five years, started as an Innovation grant. That was new to the United States. It was being used outside the United States for decades, but inside the United States it was something new. They continue to progress and grow it. And it is extremely safe.

Mr. Heinz went on to say that no one more than REMSA, it is their business, to ensure the safety and provide compassionate, clinically excellent, competent care to the community. He assured that everything that is proposed, some of which are in practice now, some of which are not, is with that in mind. He began by pointing out that some of those drivers include the new norm. He felt everyone was waiting for COVID to get over and everything getting back to normalcy. The reality is that is not going to happen anytime foreseeably soon. We can obviously take different measures to try and reduce the impact, but it really is up to us to ensure that we are ready. And REMSA is always ready. And what we have seen, is that in April and March REMSA and healthcare in general saw record low call volumes. Many people, for different reasons, were not calling 9-1-1. They were not presenting to the emergency department (ED). Some of it was fear that they might get COVID, some of it was that people were out of jobs so they did not have insurance so they were not calling, whatever the reason was, they saw record-low volume, similar to almost a decade ago. Shortly after, they began to see a change and shift, with more and more people calling. Some of those they surmise because businesses reopened, so people are engaging in going out and not sheltering in place anymore. REMSA always sees a seasonality, typically surrounding special events, but warm weather draws people to get out, be active, and so they see more injuries.

Mr. Heinz went on to explain that, in addition, they are currently seeing a shift in the insured and payer mix. The primary reason why some of that drives why they would see more people is the lack of access to entry-level care, such as a primary physician. This may cause patients to wait longer to get help, causing acuity changes. They have seen this increase in the number of patients that are accessing 9-1-1 over the last few weeks. Specifically, over the last 12 weeks, they have hit something we call system overload, or seeing a surge. This would be typically be an hour of the day, and there is no predictability. Occasionally they will see two times the standard deviation of their normal call pattern. He was pleased to report they have mechanisms in place to ensure that that patient gets first response.

Mr. Heinz noted that one public comment referenced their request for mutual aid. He pointed out that mutual aid is something that REMSA uses when somebody is experiencing a life-threatening emergency, like a big fire, where fire agencies would call in additional resources from their surrounding area to help. REMSA does that without hesitation to ensure the patient gets care right away. that does happen and they are very thankful for the partners in supporting that initiative. But year over year, it is a 40% increase in the number of times that that happens. They are aware that throughout the year there are times where there are surges, and there are built in mechanisms to handle them. But what they have seen recently is 20 times, in the last 12 weeks, that has happened, whereas, during the nine weeks before that, it only happened three times. There is an unpredictable pattern of volume. And many of these patients are subacute. They are calling with complaints like sore throat or complaints of a behavioral emergency that has no complications. The fire-first response partners have rightfully and appropriately said they were not going to respond to these calls, they were going to save their trained personnel and apparatus to respond to life-threatening emergencies.

Mr. Heinz stated that part of the premise of moving forward with some of these initiatives is rooted in trying to match the right level of care for the right patient, which they feel they can do very safely. In addition, members of the workforce are getting ill or may have contact with an infected person and must be put out on quarantine until their test results come back. The way in which they manage patients today is in constant evolution. The model of responding an ambulance with the highest level of credentialed person, a paramedic, lights and sirens across town, is a 30-year-old model. Another driver of change is the safety of crews and the public. Some of these decisions are sensible, sensical decisions, and rooted in safety. Going lights and sirens to a call to stage in the area for 20 or 30 minutes, is in nobody's interest. Every time they turn on those lights, and every time they ask for the privilege of going through a light, and asking the citizens to pull to the right, they had better make sure that they are doing that with the intention that somebody is experiencing a life-threatening emergency on the other end. And that is part of the premise of some of these changes.

Mr. Heinz displayed a picture of a diagram or Rubric, created by the International Academy of Emergency Dispatch, which calls out non-linear response levels. It is an internationally accepted, industry-standard way of trying to appropriate resources. It is used by thousands and thousands of agencies across the world to determine what level of service should be going to what calls. It goes without saying that it is based on the information received from the caller. If the caller calls stating they have a sore throat but no chest pain, they are not short of breath or bleeding, it gets assigned either an Alpha, Bravo, Charlie, Delta, Echo determinant, utilizing the Rubric. It provides high, high specificity and sensitivity and is evidence based, having been used on thousands and thousands of calls. It analyzes the continuity of care to see what the predictor of the clinical outcome of these individuals is and what should they safely do in an urban, suburban or rural environment, to be able to associate an appropriate response. REMSA has reviewed their internal data and evidence that is available to the world. The Rubric was developed based on industry practices to guide responders how to make the decisions that these patients can safely be handled by an intermediate life support ambulance without going lights and sirens. This model shows them where that selection comes from.

Mr. Heinz went on to discuss some of the enhancements, only a few of which currently exist. They anticipate that they will be moving forward with most of them in August and over the next eight weeks. The first will be the introduction of BLS units. BLS units are staffed by an EMT, there is no paramedic, and will be primarily focusing on transporting patients from hospital to hospital. One of the bottlenecks of our system is our hospital partners are extremely busy and part of the continuity of transitioning of patients is to ensure that we get that patient that may be up in the medical floor to the skilled nursing facility or the patient waiting to go to the behavioral health hospital out of the emergency room so our crews can offload a patient from the 9-1-1 system and reduce transfer delays. So that is key, and not really thought of.

Mr. Heinz stated another change would expand the utilization of intermediate life support. So some of the targeted determinants, some of which are being handled by our Nurse Health Line, in addition to some other identified determinants that our medical directors and medical leadership have gone through, many of those are patients that are complaining of subacute complaints such as the sore throat, the cough, the fever from the pandemic protocol, patients that are experiencing behavioral health emergencies, and assaults. Interestingly, when we look at the number of times we go out on an assault and battery, it is almost a cancellation rate of about 70% of the time our ambulances respond, many times lights and sirens, we stage in the area awaiting our law enforcement partners to clear that scene to make sure it is safe, and we render first aid to that person and clear. These are the type of calls we are talking about. We are not talking about

supplementing an ALS advanced-practice skilled provider for those patients that make a difference, like a chest pain patient maybe having a stroke. That is a cardiac arrest. Those resources now, instead of being on a call providing basic first aid, will be more available to respond to those calls where we can make a difference. That is the premise of this, that is a driver.

Mr. Heinz explained another change would be to update the 9-1-1 ALS units' staffing configurability. This currently is within the confines of the franchise, but historically they have always had EMT intermediates or advanced EMTs. That just allows for more people to be on their bench when they have employees that are out sick or because of quarantine. REMSA also faces a recruiting challenge because most surrounding states do not recognize advanced EMTs. That is unique to Nevada. The purpose of an advanced EMT is for frontier areas that do not have paramedics to be able to provide a member that can gap between a skilled paramedic and an EMT.

Mr. Heinz stated that REMSA has started utilizing Telehealth and they have observed great success with the number of patients that have been referred to a provider and be able to be treated in the comfort of their home. A secondary benefit is freeing up an ambulance to be available for a life-threatening emergency or taking patients to alternative destinations, again freeing up the hospitals for those emergencies. Along with that, they have begun suspending emergent responses to stand by in the area. This was a similar practice many of the fire partners currently do, is, is once there is a notification that there is a standby in the area, depending upon the distance in which they are traveling and a lot of the call information, they will continue to respond, just not going to respond lights and sirens and risk the public's safety as well as their employees' safety. The goal is to reduce the number of lights and sirens responses with high cancellation rates. For example, if they respond and are cancelled 70% of the time, yet they have responded through intersections lights and sirens, they are reviewing how they can reduce that risk and match it safely for patients.

Mr. Heinz said he was excited to launch was the introduction of Advance Practice paramedics. These men and women are going to have additional training from REMSA's medical directors, physicians, and clinical team to begin to provide industry-leading, cutting edge treatment out in the field for calls that they believe are considered "hot" calls. Examples include acute calls, such as patients in cardiac arrest, pediatric drownings, where staff needs additional help. Having an advanced care provider there is going to make a difference. In addition, having them respond to calls may mean an ambulance is not needed to transport that patient, freeing it up for critical emergencies. He provided an example of a victim of a car fire who was not injured but needed a cool resting place while he waited for a ride from a friend. REMSA used a quick response vehicle instead of an ambulance for that. He reiterated that these changes were, in REMSA's opinion, very sensible, and would increase availability of ALS units, strategically adding additional capacity in the community, not taking anything away.

Mr. Heinz displayed a graph downloaded from an independent system, their analytics software, that displayed a crosswalk on the side illustrating the magnitude of the number of complaints that are coming in, 36 being their pandemic protocol. When somebody calls and they feel they may have COVID-19, with a sore throat, cough, fever, that is the protocol dispatch is going on. For the last five months that has been the predominant protocol and complaint for in Washoe County. If the person has other complaints such as chest pain, shortness of breath, or are unconscious or are altered, they are handled differently, they are handled by the advanced level providers, our ALS units.

Mr. Heinz noted that falls were another area that they were targeting, along with psychiatric and behavioral emergencies, assault and sexual assault. These are low-acuity, non-emergent calls and are limited to a geographic area. He reiterated that currently, any available type of ambulance was responding to any kind of call. These are very specific and purposefully targeted determinants that we know, based on retrospective data, the intervention rate is extremely low. REMSA's intention, their purpose, is to begin to start this within the McCarran loop. I share this because, again, our intent is to continue to provide and contribute to the health of the communities we serve every day through compassionate, innovative and patient-centered care. That is really one of the things that has helped us through the years, continuing to be nimble, and continuing to be agile, and during an unprecedented global pandemic, we must think outside the box. He opined that these are things that REMSA can do locally that are safe for patients and make sense.

Mr. Macaluso noted the slide that showed the Rubric for the non-linear response level evidence-based tool used to determine the appropriateness of the response. The way he viewed it was the cornerstone of this whole work, because if you can, through evidence, determine that this, or these calls deserve or need this kind of response, then you can start to parse out the kind of services that you are providing. He asked to what degree, and what is their method, by which they are assuring that the dispatcher is using it appropriately so that there is some integrated reliability and consistency, and they can be certain that, over time, the process will not devolve to where the evidence-based tool is still being utilized but it is not being followed through an evidence-based process.

Mr. Heinz acknowledged that one of Mr. Macaluso's experiences is in quality assurance. All REMSA's emergency medical dispatchers have medical training, so either they are EMTs or paramedics. Some of them work in the field, some of them do not, and some of them have that history. This is a very algorithmic process, so it does not allow for a lot of subjectivity, and they receive training on that. In addition, they have an Emergency Medical Dispatcher Quality Assurance Officer that is assigned to specifically dispatch. Receiving training using a standardized review process through the International Academy, they use a system called ProQA which is the online software version that puts it into a software for review. These calls are selected at a random percent, based on the call volume. Compliance is reported to the International Academy. There are different ranges of things in which the person is provided feedback, that could be something that would not have changed the determinant, so they may have asked a question incorrectly but they still answered it, so it's identical. It is not correct to ask "do you have shortness of breath" if the system requires the question to be phrased as "are you not breathing normally." The question must be answered exactly. But if it did not change the determinant level then it may be inconsequential. They report that to the International Academy every month. REMSA is an accredited Center of Excellence, and part of that is requiring a very robust quality assurance process. It is followed every other month through their medical dispatch committee, their medical director Dr. Jenny Wilson is the physician over that. She is very vested, and when she came on to REMSA she did not have, physicians in general do not have a lot of experience with medical dispatch protocols. She went to the National Association of Emergency Medical Physicians. Part of that medical director boot camp was exactly this. This Rubric came up, and this was pointed to as this industry standard to ensure that we are doing what we say we are doing, we are doing it safe for patients, and then our quality assurance team ensures that they are doing what they say they are doing. That is REMSA's process.

Mr. Heinz added that they are also subject to external audits. Every time they reapply for

accreditation, they are required to send large, random samples of the calls they have queued, to perform quality assurance audits. During the last two accreditation cycles in which he served as the executive in charge of that division they have received exemplary marks, and they have been asked to be a mentor site for many agencies.

Dr. Michelson commented, regarding everything that had been said, he felt that nothing but appropriate concerns, actions and reactions, both by the initial public comment and by Mr. Heinz and REMSA had been shared. He opined that by definition, anything that is a system is dynamic, and has to be. However, something like an agreement would suggest something that is more static, and an agreement, in turn, has requirements that must be adhered to, and part of that is certainly communication. The pandemic has asked a lot of the EMS system. If suddenly there was new building material that was more flammable that was released into the building market, the fire system would experience a drastic, sudden change. In that same regard though, as the fire system has, in recent years, both asked for and chosen more responsibility for EMS transport, all parties need to continue with communication, awareness and accountability and the actions and changes need to be monitored. He reiterated that both the public comment and REMSA's presentation were on par for what the community is experiencing, and all parties should continue to be diligent and ask for clarity and transparency from each other.

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9. Board Requests:

A. *Briefing on operational administrative analysis of the Reno Fire Department conducted by the Center for Public Safety Management
TBD

Ms. Esp noted that Chief Cochran was originally going present on this item, requested by the Board at the last meeting. He did ask if the Board would still like to hear a presentation at this meeting and if they would like it to be more EMS-focused and be presented in November instead of today.

Mr. Dick clarified he had requested the briefing on the assessment and analysis that was done regarding the EMS recommendations from the report. He opined that it was unfortunate that the Board was not getting that at this time as requested, because the report becomes more dated as more time elapses. He still felt it was appropriate to get a briefing on this report.

Acting Chair Krutz concurred and stated the item would be continued effectively onto the next meeting agenda.

B. ***City of Reno and REMSA CAD-to-CAD Implementation Project Update**
Rishma Khimji

Ms. Khimji indicated the summary would be brief, as movement with the vendors and their partner team at REMSA came to a little bit of a stall earlier this year due to some code changes that were required to ensure that they all had the accurate functionality available. They were anticipating engaging with some testing in the next three weeks or so. Reno's understanding was that they were waiting for the REMSA team to do some code updates on their side. As soon as those pieces are in place, they will resume Round 3 of testing again with REMSA, and after that, if the testing this time successfully passes, then they can start looking at when the system can be implemented into production.

Mr. Krutz opined it was safe to assume that this item would also be on the next meeting agenda as well, and they hoped to hear some good results.

10.*Board Comment

Dr. Michelson requested they come back in three months in regard to the changes in priority of calls and the effect of those, whether that be not only from REMSA but also from the other components of the ILA that may be affected. He acknowledged they had only commented on four calls, but had transported one of them, which translated into 25 percent. He opined the Board should continue to receive information on the actions and reactions that are being made to make sure that if someone changes their position it does not affect others in the ILA. In line with the concerns of the public comment earlier, the response and changes by REMSA, as they are the region's primary EMS transport, he felt they were somewhat due to make changes on their own, but again, they should be clear and accountable to the effect of those changes.

Acting Chair Krutz opined that made a lot of sense and also that he would like to see the agenda fashioned so each fire service agency has the opportunity to present on its own so that the meeting can move from the public comment forum that we are in today to a more balanced discussion.

Mr. Macaluso stated, to Dr. Michelson's point, he felt the more the region should drive those conversations through data and analytics rather that anecdotal information, although that is important, he opined it was equally important, if not more so, that they have the data to demonstrate the efficacy of those changes, so when we have these conversations going forward, we have some evidence to demonstrate that it is working the way we intend, or it is not. He requested that that be considered as part of those conversations going forward.

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11. *Public Comment

Mr. Dunn stated he had submitted comments via email for Item 9a, which had evidently been postponed until November, our public response to the City of Reno CPSM study (Exhibit C). He requested that they be added for the public record for the next meeting. Regarding Item 9b, C2C and some other issues have been addressed in the Tri-Data report from 2012. It was now 2020 and they would very much like to see C2C and some other technologies added to help the region have a more functional EMS system moving forward for the future.

Mr. Nolan stated they certainly appreciated the presentation by Adam and REMSA. He had reported more information in the presentation than the one presented to the Board of Health for their deliberation. It was still unclear if they had approved or did not need to approve the actions by REMSA. He reiterated they had collectively heard from the leadership of each of the area fire departments that this was impacting them. And although Mr. Dunn provided you with information regarding four calls, they have been experiencing several aberrancies in the call dispatching and our responses since REMSA's implementation of the changes. He requested the Board to collectively ask the Board of Health to ask REMSA to cease and desist. If that did not occur, he asked if the Board would request that the agencies have a meeting, collectively with the fire departments and REMSA, to review what they are doing, which is a unilateral decision which we still do not know the full implications of. He emphasized they had a right, a need and an obligation, on behalf of the citizens that each of these departments serve, to be able to know what their response mode was going to be, as it was impacting them right now. He acknowledged there was a limitation on what the Board

can do and what its function is, but your ability to communicate with the Board of Health on this issue and relaying the fire department's sense of urgency with this would be very much appreciated.

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12. Adjournment

Acting Chair Krutz adjourned the meeting at 10:11 a.m.

RFD'S PUBLIC COMMENT AT THE 8/6/2020 EMSAB MEETING

This is Dennis Nolan, EMS Division Chief with the Reno Fire Department.

I have been asked to read these statements into the record on behalf of the Reno Fire Department and a copy of the comments will be provided for that purpose.

REMSA and its subcontractor RASI are the exclusive ambulance franchisee for Washoe County, as agreed to by the local governments of Washoe County, and the cities of Reno and Sparks in the Interlocal Agreement. To that end, REMSA is subservient to the municipalities, to which they are contracted to provide services to.

REMSA recently informed the Washoe County District Board of Health (DBOH), of its intentions to unilaterally, change its response and staffing model as well as an unspecified number of EMD dispatch determinants. It is the collective belief by the area's three major fire departments that this could have a significant impact on both patient care as well as on fire department resources. This is an unprecedented move by the franchisee as not only was there no attempt to communicate or cooperate with the other regional emergency medical service providers but, when asked to meet collectively with the fire departments representatives they emphatically refused the request. Only after the fire department persistence did they agree to meet individually with fire department representatives, which resulted in the same response, paraphrased: "thanks for your input but we are still doing what we want to do".

REMSA has in a letter provided to the DBOH, implied that they are doing this in conformity with the Governor's Declaration of Emergency #11 and federal Emergency Medical Services Crisis Standards of Care. In review of these directives, we believe that REMSAs actions, which they have already begun to initiate, do not meet the intent or thresholds therein required to implement such drastic modifications. In fact in the preamble/overview of the Crisis Standards of Care, the first item under General Considerations/Communications states" Changes to standards of care should be communicated to the public in a proactive, honest, transparent and accountable manner". In fact, the actions taken by the franchisee are contradictory to each of these tenants. These recommendations were brought to the members of the DBOH without any forewarning and opposition to them was limited to the Public Comment part of the meeting. In fact on face value, the proposed actions appear to violate both the Interlocal Agreement and the Franchise Agreement.

The Reno Fire Department implores the EMS Advisory Board to request of the District Board of Health to notify REMSA to cease and desist with its plans to unilaterally alter or modify its current response model and or changing any EMD dispatch determinants until such a time as;

- **REMSA formally and collectively meets with all area Fire Departments to discuss their proposed changes and the impact they will have on patient care and fire department responses to medical emergencies.,**
- **Further, we would request that the DBOH provide the EMS Oversight Committee the resources it needs to competently accomplish its purpose of overseeing the franchise. This would include the ability to hire an independent auditors, if necessary, to review any assertion and or data provided by REMSA which otherwise implies the need to alter their response model or change any EMD determinant.**
- **Additionally, the Reno Fire Department would formally request the District Attorney review the proposals made by REMSA and determine whether they violate any part of the Franchise Agreement.**

The RFD requests that this issue be prioritized as an agenda item before the DBOH at their next regularly scheduled meeting and that public testimony be permitted in an open and transparent forum.

REMSA
Pandemic System Enhancement Updates

Dean Dow, President / CEO
Adam Heinz, Executive Director of Integrated Health

Our Efforts

Commitment to our Community, our Response Partners & our Employees

REMSA

Always Ready

REMSA Health Pandemic Response Efforts

- Regional Incident Management Team
- Logistics Planning
  - 2,000 N-95 Masks to Long-term care facilities, fire & police departments
- Expanded Access to our Nurse Health Line
  - 300% increase in the number of calls
- Washoe County / REMSA Community Triage Line
  - Over 21,000 calls since March

REMSA Health Pandemic Response Efforts

- EMTs staffing Washoe County Collection Site
- Health District & Nevada Resort Association to Develop an Emerging Infectious Disease Plan
- REMSA's medically trained dispatchers have performed over 4,000 ILI screenings
- REMSA Education launched distance learning & in person safety measures

REMSA Health Pandemic Response Efforts

- Deployed virtual employee health screening through Vivify
- Revamped our employee uniform procedure
- 134 employees out due to exposure or symptoms
  - Only 4 diagnosed with COVID-19

REMSA
EMS System Enhancements

REMSA

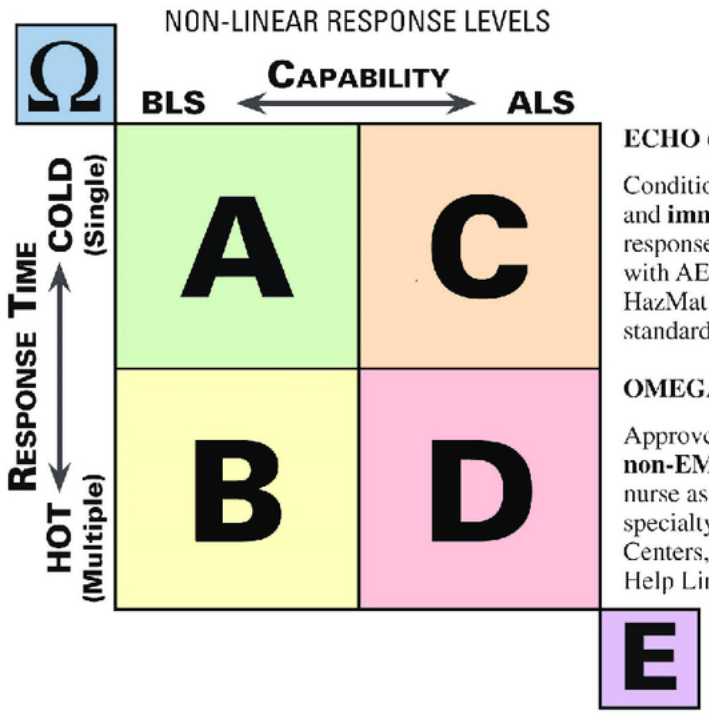
Always Ready

System Enhancement Drivers

- Organizations are working to adapt to the ”new norm.”
  - Businesses Opening
  - Warm Weather
  - Shift in insured & access to primary care
- System Call Surges (System Overload)
  - 40% increase same time last year
  - 20 times in past 12 weeks
- Workforce Illness & Quarantine
- The way we manage patient access to health care continues to evolve
- Safety of our crews & the public

*Safely Matching the **Right** Level of Care for the **Right** Patient*

System Enhancement Drivers



ECHO (E) definition:

Conditions requiring **very early recognition** and **immediate dispatch** of the absolute closest response of **any trained crew** such as police with AEDs, fire ladder or snorkel crews, HazMat units, or other specialty teams not in the standard medical response matrix.

OMEGA (Ω) definition:

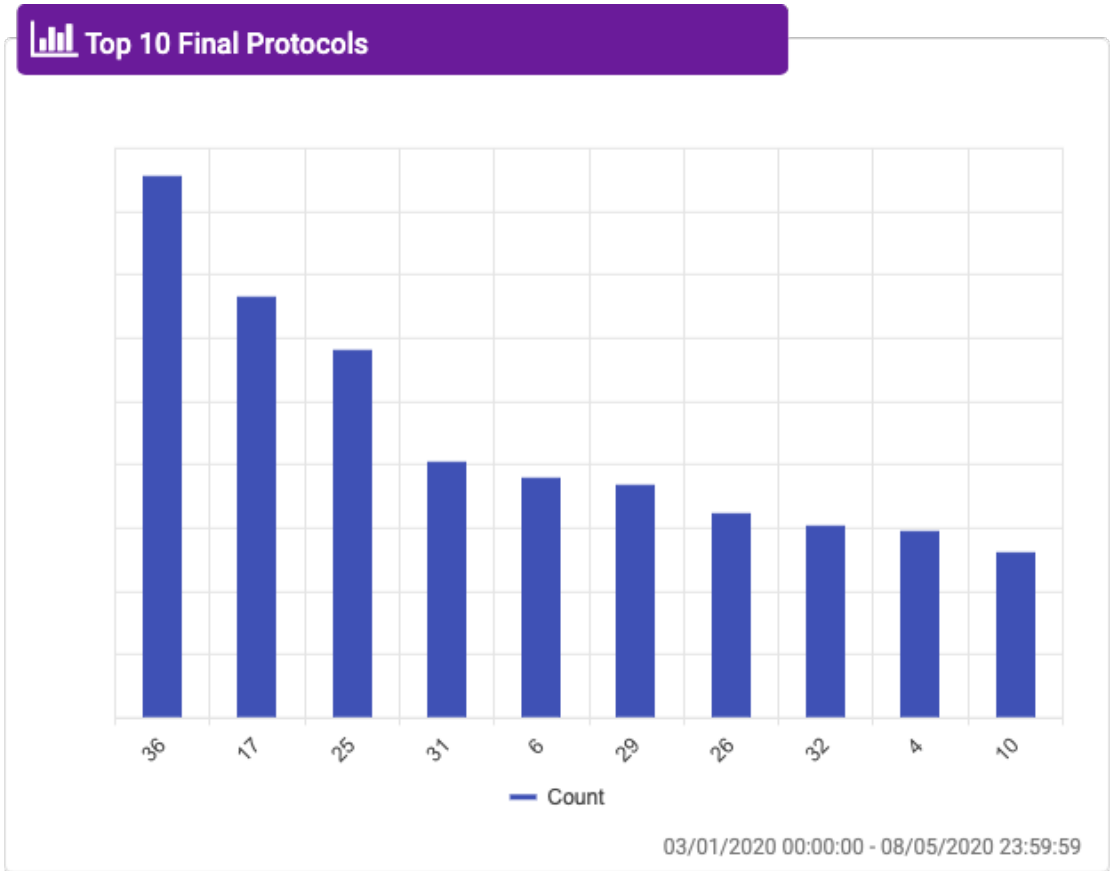
Approved low acuity conditions qualifying for **non-EMS response referrals** to quality-assured nurse assessment systems, and other external specialty agencies such as Poison Control Centers, Rape Crisis Lines, Suicide and Mental Help Lines, social services, and clinics.

BLS: Basic Life Support.
Ω: MPDS OMEGA determinant level.
A: MPDS ALPHA determinant level.
B: MPDS BRAVO determinant level.
ALS: Advance Life Support.
C: MPDS CHARLIE determinant level.
D: MPDS DELTA determinant level.
E: MPDS ECHO determinant level.

EMS System Enhancements

- Introduction of Basic Life Support Units (BLS)
- Expand the utilization of Intermediate Life Support Units (ILS)
- Update 911 ALS unit staffing configuration to include EMTs with Paramedics
- Introduction of Telehealth and promote Alternative Destinations for appropriate, low acuity patients.
- Suspend emergent ambulance responses to “standby in the area” calls for assaults, batteries and behavioral health emergencies until law enforcement has an officer enroute.
- Reduce the number of lights and siren responses to calls for service with high cancellation rates. (e.g. Assaults, Behavioral Health)
- Introduce Advanced Practice Paramedics on Quick Response Vehicles

Strategically Adding Additional Capacity into our Community

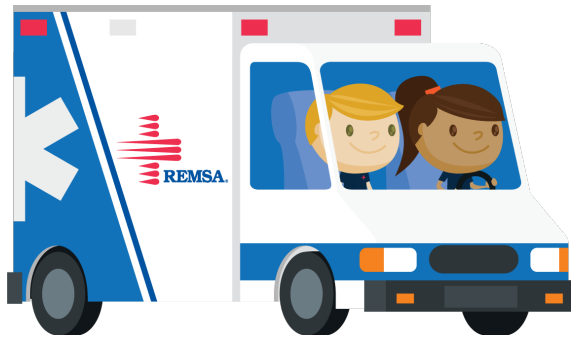


36 –Pandemic

17- Falls

25- Psychiatric / Behavioral

4- Assault / Sexual Assault



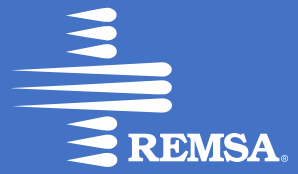
- Low Acuity, Non-Emergent
- Limited Geographic Area

OUR MISSION

- Contribute to the health of the communities we serve every day through compassion, innovation and patient-centered care.

OUR VISION

- Be a leader in healthcare by supporting quality care, improved overall health, and affordable access in our communities.



www.remsahealth.com

LOCAL NO. 731
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

RENO FIRE FIGHTERS' ASSOCIATION, INC.
390 KIRMAN AVENUE • RENO, NEVADA 89502
TELEPHONE (775) 355-9010 • FAX (775) 358-7212

February 7, 2020

Mayor Schieve and members of the Reno City Council;

The Reno Firefighters Association, IAFF Local 731, again appreciates the time and resources that have been put into this CPSM study and recommendations. Local 731 has the following comments and revision.

1. Reno should implement a policy that limits the number of consecutive hours an employee can work.

Local 731 recommends the city use a staffing factor to account for the average leave a firefighter uses throughout the year and provide the actual number of firefighters needed to staff one position for an entire year. This will provide the department with an additional daily capacity to control the cost of overtime and prevent firefighter burnout and fatigue which could ultimately contribute to injury and loss time. The city should be cognizant of the firefighter's work/life balance and the need for an individual to recover both physically and mentally from normal shift work.

2. RFD should consider the expansion of program management duties to field personnel and utilize these assignments to enhance career development and subsequently consider successful fulfillment of these duties as a factor in the promotional process.

It is Local 731's recommendation that personnel who perform program management duties should not be taken away from the fire stations and daily staffing of apparatus, and should receive additional compensation while they are functioning in an out-of-class position. Additionally, "enhancing career development" should come with educational opportunities provided by the department in addition to experience gained and or time earned.

3. The RFD should institute an internet-based video conferencing system to facilitate regular meeting forums (daily/weekly/monthly), to discuss departmental initiatives and new directives, and enable remote training delivery sessions by chief officers and support personnel.

Local 731 supports technological advancements that will enhance training and communications throughout the department.

4. RFD should expand the training requirements, certifications, and college education prerequisites for the Fire Equipment Operator, Captain, and Battalion Chief promotional processes.

This is a contractual issue. Local 731 and the Reno Fire Department currently has a joint Acting Captains Steering committee working in the labor/management forum and interest has been expressed by both parties to use the same process for Acting Battalion Chief. Local 731 is also working with Civil Service to improve the promotional process.

5. The City should undertake a comprehensive fire station capital improvements program that provides the necessary repairs, renovations, and reconstruction of this critical capital resource.

Local 731 recommends that the city and department establish a strategic planning committee, that will include labor representation, to build a capital improvement plan and secure the necessary funding to refurbish/replace/rebuild fire stations in order to support the functionality of the department in coming years. Firefighters are currently working out of two "temporary" fire stations and planned growth will have an impact on future fire service delivery. While we understand that any CIP program will have a budgetary impact, opportunities for success may be identified working in a collaborative effort.

6. The City should adopt a fire apparatus replacement schedule that includes an evaluation process that takes into account vehicle age, miles/hours of usage, maintenance records, and historical repair costs.

Local 731 and the RFD currently has a designated apparatus committee that is using the National Fire Protection Association (NFPA) 1901, Standard for Automotive Fire Apparatus and NFPA 1912, Standard for Fire Apparatus Refurbishing, as accepted references and standards. Recently the RFD has transitioned from the Extrafleet program to Operative IQ for tracking of all fire department resources. Operative IQ has a fleet/maintenance module that will facilitate this item.

7. The City should adopt a fire apparatus replacement fund that is supported through the annual budgetary process to address both the short-term and long-term apparatus replacement needs.

This item is currently in progress. Local 731 would like to thank the Reno City Council and City staff for their hard work over the last year getting the replacement program and financing moving forward.

8. The City should work REMSA, area EMS Advisory Boards, and the Washoe County Health District to implement a common radio frequency that is utilized by ambulance and fire first responders on all EMS calls.

Local 731 supports radio interoperability to enhance communications and increase safety for all public safety agencies and responders. Recommendation #31 suggests the City of Reno and REMSA evaluate options for consolidating the REMSA dispatch operations into Reno Public Safety Dispatch. Placing all communications under Reno Public Safety Dispatch will improve communications and safety for all responders; while minimizing call-intake, dispatch, and response times and allowing radio interoperability between all responding agencies.

9. The Reno Fire Department should conduct a formal fire risk analysis that concentrates on the City's downtown, strip commercial establishments, big-box occupancies, high-rise structures, industrial, processing, and institutional properties.

• On page 34, bottom paragraph, the consultant references the 2014 edition of NFPA 1710. This is problematic for the following reasons:

- There is not a 2014 edition of NFPA 1710. If one were to visit the NFPA 1710 webpage under the Current and Prior editions tab (https://www.nfpa.org/codesand-standards/all-codes-and-standards/list-of-codes-andstandards/detail?code=1710), a drop down box would reveal that the standard editions are as follows: 2001, 2004, 2010, 2016, 2020.
- The most recent version of NFPA 1710 is the 2020 edition, it was approved by the Standards Council April 28, 2019 with an effective date of May 18, 2019. As such, and depending on when the consultant performed the analysis, the study should reference either the 2016 or the 2020 report.

• On page 34, bottom paragraph, and figure 5-2 on page 35. This is problematic for the following reasons:

- The paragraph on page 34 correctly identifies the standard requiring 14 firefighters if an aerial is not used. However, in the figure 5-2 on page 35 the consultant only reflects 12 firefighters. This is problematic as decision makers may be under the impression NFPA 1710 was used in the analysis AND if they are only skimming the material.
- The figure 5-2 is titled "Moderate Risk Structure Fire-12 Firefighters." Again, this classification title seems similar to "moderate- or medium-hazard," which in the industry is modeled to be a strip mall or a garden apartment, and is misleading.

Over the past year the RFD has had several injuries to firefighters conducting suppression operations on residential fires. Local 731 believes that the current initial assignment staffing for residential structure fires is a best practice and in the best interest of firefighter and public safety based on our values at risk as well as the geographic and weather challenges our community has. Reducing the number of firefighters may have a negative impact on department staffing and the workers comp process. Manpower determines the outcome of fires.

14. The City should re-evaluate its current practice of offering compensatory time off in lieu of actual pay for both holiday accruals and out-of-area wildland assignments.

This is a contractual issue and would have an impact on work/life balance.

15. The RFD should consider the hiring of seasonal fuel crews who provide fuel management and wildfire mitigation efforts in the community.

Local 731 is not opposed to this item but has questions on implementing a new program due to the current budget and staffing of the department.

16. RFD should develop an integrated risk management plan that focuses on structure fires in areas of the community that demonstrate the highest risk of occurrence.

The RFD is an all-hazard fire department that responds to a variety of incidents. This recommendation excludes other fire types such as wildland/WUI, water/technical rescues, and other incident types such as hazmat and extrications. This recommendation appears to minimize the history of fires within our

community, the demand placed on the department, the values at risk within our community, geographic and weather challenges, and the variety of work that goes on to meet that demand and reduce risk in our community. Frankly, the RFD responds to more than structure fires and ignoring other factors of demand creates a limited view on the needs of the department and the members. The department should be assessed based on all services provided and response to all incidents.

17. RFD, REMSA, and the Health District should move to a centralized quality assurance and quality review process for all medical care procedures and protocol adherence among first response agencies and the ambulance transport provider.

This is a policy discussion issue that would have to be discussed between the three local government entities and the District Board of Health. The Tri-Data study from 2012 should be used for reference, and challenges to information sharing between the local government entities and REMSA still exist. This item may have a positive impact on patient care within our community.

18. RFD should re-evaluate its efforts to expand the number of ALS first response units that are operational in the City.

The RFD provides EMS service as part of a two tier system. Local 731 is opposed to reducing suppression resources to meet EMS demand and conversely reducing EMS resources to meet suppression demand. If the City of Reno desires to better meet EMS demand it should do so by adding units that are staffed as an edition to our existing engine and truck companies. Local 731 is *not* opposed to labor and management collaboratively determining the type of resources that are purchased and deployed to meet demand and serve the public good, so long as the resources are adequately staffed to nationally recognized standards, appropriate training is provided, clear directives are developed and implemented, and the principles of safe operations are adhered to. This item may also be affected by the REMSA Franchise Agreement.

Additionally, the RFD has implemented the Mobile Outreach Safety Team on a trial basis to address those calls that are having an impact on the 911 system.

19. RFD should move to a cross-staffing model that utilizes personnel currently assigned to the City's two ladder trucks to deploy on alternative response vehicles (squad units) when the call type and service needs merit this type of response.

Local 731 is opposed to this item. For a historical perspective, from 2001 to 2008 the RFD staffed four ladder trucks, and as the recession hit decreased that number to as few as a single truck company between 2010 and 2014 based on daily staffing. Truck companies are a critical resource that provide multiple capabilities depending on the type of call such as structure fires or vehicle extrications, and are essential to successful ventilation and search and rescue during working fires.

Local 731 is opposed to reducing suppression resources to meet EMS demand and conversely reducing EMS resources to meet suppression demand. Cross-staffing of frontline apparatus and vehicles deployed to address "routine" and probable demand results in reduced firefighter and public safety, increased liability and delays in response and mitigation.

Cross-staffing is the practice where firefighters select the apparatus they will respond on based on the request received. This style of staffing leads to delays in response since firefighters must switch between

apparatus before responding. These delays can be extended if firefighters are out of the station in one apparatus and must return to the station to trade apparatus. The overriding drawback to cross-staffing is that the deployment of secondary apparatus (such as squad units) requires personnel to be re-assigned from front-line apparatus, thereby reducing the number of fire fighters available to engage in direct fire attack or respond to other calls for service. This practice could result in conditions that significantly impact the overall emergency response system.

1. Removes frontline fire or EMS apparatus from active duty until crews return to station, thus leaving the district unprotected for fire, EMS, or other emergency responses for an extended period of time.

2. Creates response delays by crews having to move gear from one vehicle to another.

3. Creates response delays by crews needing to return to station to board different apparatus.

4. Possible inability to establish 2 In/2 Out within acceptable time frame to begin interior firefighting operations and mitigate event successfully.

5. Could jeopardize life safety by causing significant delays in response either within the district or other units responding from outside the district.

6. Causes delays in response and operations when apparatus respond from other districts to cover the unprotected area, thus creating a domino effect throughout the entire emergency response system.

7. May lead to further dependence on mutual/automatic aid.

8. Could make adhering to a training schedule difficult.

9. National Fire Protection Association (NFPA®) Standard 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments, which recommends a minimum of four firefighters to be assigned to engine and ladder companies.[1]

20. RFD and REMSA should develop a process in which the call-screening process and call priority determinants established by the REMSA dispatch center are communicated directly to responding RFD units.

Local 731 is in support of this item. The Tri-Data study from 2012 should be used as a reference and Emergency Medical Dispatch (EMD) implemented by the City of Reno would benefit the public and fire department efficiency.

21. RFD should reestablish a full and unrestricted automatic response arrangement with the Truckee Meadows FPD.

Local 731 understands that this is a continuing policy issue that resulted from the termination of the Interlocal Agreement with the TMFPD. We have attended numerous city council, Board of Fire Commissioners/County Commission, and joint city/county meetings on this issue. On several occasions

[1] NFPA 1710 Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments, 2020 Edition, § 5.2.3.1.1 and 5.2.3.2.1

we identified the issues of a lack of joint training and joint policies as a firefighter safety issue and these still need to be addressed. The use of mutual or automatic aid should not be used to meet "typical" demand as discussed in NFPA's Fire Protection Handbook. However, both the Handbook and NFPA 1710 address the use of mutual and automatic aid. Specifically, jurisdictions that will support each other for aid should have written agreements in place and jointly train. Fire departments should plan for the worst-case scenario of multiple concurrent escalating emergencies, both large and small, that require additional resources and then determine how to address and immediately summon additional capacity. Section 5.2.4.5.2 (2016 edition) and 5.2.4.6.2 (2020 edition) of the standard states, "The fire department shall have the capability to deploy additional alarm assignments that can provide for additional command staff, members, and additional services, including the application of water to the fire; engagement in search and rescue, forcible entry, ventilation, and preservation of property; safety and accountability for personnel; and provision of support activities that are beyond the capability of the initial full alarm."

22. RFD should implement a series of performance measures that enable ongoing review of service outcomes. The process of developing these measures should utilize input from RFD members, the fire union, the community, the City Council, and City Administration.

The creation of performance benchmarks is consistent with the CPSE accreditation process. These benchmarks should be established through a well-rounded and continuing evaluation process (standards of cover). Per the recommendation of both the consultant and CPSE, the "fire union" should participate in the development of the measures. Ideally performance measures are used to identify where improvement is needed and strengths exist, to improve process and service delivery.

23. RFD should consider participating in ESO Solutions for the purpose of reviewing its EMS performance and the comparisons made in this clinical and EMS operational database.

Local 731 is not opposed to this item or program that analyzes data, sets performance benchmarks, and determines if those benchmarks are being met. However, if recommendation #17 is put into effect, the CQI program should evaluate the data to ensure quality of care is being met. Any CQI program must be part of a "Just Culture" and overall "Culture of Safety" adopted by the department.

24. RFD should work with the City of Reno Building Department, the Planning Department, the County Tax Appraiser, the Finance Department, and other local officials in creating a master file of inspectable properties within the City of Reno.

Building this database is good for several reasons, it will identify sources of revenue for the department to collect through fire prevention fees and could assist in performing a more accurate community risk assessment and municipal financial analysis.

25. The City of Reno should revise its residential fire sprinkler requirements so that automatic fire sprinklers are required in all new residential home construction.

This is a policy decision. The success of a sprinkler is predicated on its ability to function. Poorly maintained or obstructed sprinkler heads will not work effectively to reduce fire spread. Hidden or obstructed fires, fires above the level of the sprinkler head, or fires that begin on the exterior of a structure and then involve the structure will not be affected by the output of the sprinkler.

Additionally, residential sprinklers do not alter the NFPA 1710 Standard of 240 seconds or less travel time for the arrival of the first engine company at a fire suppression incident nor do they alter the recommended effective firefighting force of 17 firefighters for low-hazard incidents.[2]

26. The Reno Fire Department should institute an in-service fire company inspection program that promotes responder familiarization, code enforcement, and fire prevention efforts.

This program was attempted in the past decade and was not successful. Any increase in the workload of in-service crews will need to have an increase in professional education and training for this item. Local 731 supports inspections be initiated and maintained under the existing professional Fire Prevention staff.

27. RFD should discontinue the use of a firefighter recruit academy and instead require attainment of Firefighter I & II and EMT certifications as employment prerequisites for all new firefighters.

Local 731 questions how the consultant was able to conclude that a four-week orientation for new firefighters was satisfactory. Any orientation or training program should be designed after evaluating the needs of the organization, clearly identifying core knowledge and practical skills, and then developing a course with an evaluation mechanism. The RFD is the largest fire department in Northern Nevada and has a proven and reproduceable recruit academy program that has directly led to long term employees and minimal turnover. Firefighter recruitment is also a continuing topic of discussion between Local 731 and Civil Service. Adding an additional hiring requirement of Firefighter certifications without a reliable source for those requirements may create limitations on diversifying the workforce by restricting an individual's ability to enter the workforce without previous training and/or means to pay for such training, and limit recruitment and diversity from our local community. Local 731 takes pride in the successes of hiring from our community.

28. The Reno Fire Department should establish a training steering committee composed of Battalion Chiefs, Captains, Driver Operators, Firefighters, union representatives, and EMS staff. This committee should conduct a training needs assessment, develop priorities, and provide direction regarding the training efforts of the department.

Local 731 supports the concept of labor management collaboration and participates on several joint committees to include Acting Captains Steering, Strategy and Tactics, Safety, EMS and others.

29. The Reno Fire Department should institute written and practical skills testing as part of the department's comprehensive fire training program.

While this recommendation appears to build on recommendation #28, if implemented Local 731 must be a participant in the development of any such program based on contractual issues.

30. RFD should institute an annual physical fitness evaluation process for all emergency response personnel, including chief officers.

Although Local 731 supports the concept of being fit for duty, measuring a firefighter's physical capabilities and fitness should be evaluated using health and safety standards and not through the use

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[2] NFPA 1710 Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments, 2020 Edition, § 5.2.3.1.1 and 5.2.3.2.1

of a modified test that is intended to measure the physical aptitude of entry-level firefighters. If this recommendation is implemented, in conjunction with NFPA 1500, Standard of Fire Department Occupational Safety, Health, and Wellness Program, NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, and NFPA 1583, Standard on Health-Related Fitness Programs for Fire Department Members, Local 731 must be a participant in developing the program referencing these standards due to contractual issues.

31. The City of Reno and REMSA should evaluate options for consolidating the REMSA dispatch operations into Reno Public Safety Dispatch.

It is the recommendation of Local 731 to not only merge the dispatch centers but the City of Reno to be the dispatching entity and implement EMD. This will allow the department to have access to the dispatch data as well as provide for more effective and efficient communications and response to our community.

32. Reno Public Safety Dispatch and the REMSA Dispatch Center should move as quickly as possible to establish a CAD-to-CAD interface between their two centers.

This item was identified in the Tri-Data study of 2012 and has not been implemented to date. This recommendation would be an immediate fix to improve communications, emergency response, and firefighter and public safety.

In closing, there have been several studies completed within the past decade to include the Diamante Study of 2009, the ESCI Standards of Cover from 2010, and the Tri-Data study from 2012 that should be used for reference and historical documentation. Some of the recommendations in the CPSM study of 2019 have been previously identified in the other studies above.

The one issue that has been identified in all four studies is the issue of communications, EMS and dispatch. Local 731 is in support of recommendations 8/20/31/32 and fixing this continuing issue if they are the only recommendations accepted from this report.

Local 731 is always available to further discuss this study and recommendations.

Respectfully,

Dan Tapia
President
Reno Firefighters Association