

Sabra Newby, Chair
City Manager
City of Reno

Neil Krutz
City Manager
City of Sparks

Kevin Dick
District Health Officer
Washoe County Health
District

Emergency Medical Services Advisory Board

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

David Solaro
Interim County Manager
Washoe County

Dr. Andrew Michelson
Emergency Room Physician
St. Mary's Regional Medical Center

Joe Macaluso
Director of Risk Management
Renown

MEETING NOTICE AND AGENDA

Date and Time of Meeting: Thursday, August 1, 2019, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

*NOTE: THE NOVEMBER 7, 2019 MEETING WILL BE HELD IN THE
WASHOE COUNTY COMMISSION CHAMBERS, BUILDING A*

- 1. *Roll Call and Determination of Quorum**
- 2. *Public Comment**
Limited to three (3) minutes per person. No action may be taken.
- 3. Consent Items (For Possible Action)**
Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.
 - A. Approval of Draft Minutes**
May 2, 2019
- 4. *Prehospital Medical Advisory Committee (PMAC) Update**
Dr. Andrew Michelson
- 5. *Program and Performance Data Updates**
Christina Conti
- 6. Presentation, discussion and publishing of the Washoe County EMS Oversight Program FY18 Annual Data Report.** (For possible action)
Heather Kerwin
- 7. Presentation and possible acceptance of an update of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For possible action)
Christina Conti
- 8. *Community Assessment for Public Health Preparedness (CASPER) Presentation**
Heather Kerwin
- 9. *Board Comment**
Limited to announcements or issues for future agendas. No action may be taken.
- 10. *Public Comment**

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

Adjournment

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of a later meeting; or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. An item listed with asterisk (*) next to it is an item for which no action will be taken.

The Emergency Medical Services Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services at the Washoe County Health District, PO Box 11130, Reno, NV 89520-0027, or by calling 775.326-6049, at least 24 hours prior to the meeting.

Time Limits: Public comments are welcome during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Emergency Medical Services Advisory Board can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The Open Meeting Law does not expressly prohibit responses to public comments by the Emergency Medical Services Advisory Board. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Emergency Medical Services Advisory Board will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Emergency Medical Services Advisory Board may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcements or Issues for future Agendas."

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the Emergency Medical Services Advisory Board, is the person designated by the Emergency Medical Services Advisory Board to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 326-6049 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

Sabra Newby, Chair
City Manager
City of Reno

Steve Driscoll, Vice Chair
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John Slaughter
County Manager
Washoe County

Dr. Andrew Michelson
Emergency Room Physician
St. Mary's Regional Medical Center

Joe Macaluso
Director of Risk Management
Renown

MEETING MINUTES

Date and Time of Meeting: Thursday, May 2, 2019, 9:00 a.m.
Place of Meeting: Washoe County Health District
1001 E. Ninth Street, Building B, South Auditorium
Reno, Nevada 89512

1. *Roll Call and Determination of Quorum

Chair Newby called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: Sabra Newby, Chair
Neil Krutz
John Slaughter
Kevin Dick
Dr. Andrew Michelson

Members absent: Joe Macaluso

Ms. Spinola verified a quorum was present.

Staff present: Leslie Admirand, Deputy District Attorney
Randall Todd, Division Director, EPHP
Christina Conti, Preparedness and EMS Program Manager
Brittany Dayton, EMS Coordinator
Heather Kerwin, EMS Statistician
Dawn Spinola, Administrative Secretary, Recording Secretary

2. *Public Comment

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

Chair Newby opened the public comment period. As there was no one wishing to speak, Chair Newby closed the public comment period.

3. Consent Items (For Possible Action)

Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

1001 East Ninth Street, Building B, Reno, Nevada 89512
EPHP Office: 775-326-6055 | Fax: 775-325-8130 | washoecounty.us/health
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February 7, 2019

Mr. Dick moved to approve the draft minutes. Dr. Michelson seconded the motion, which passed unanimously.

4. *Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson stated he did not have the minutes on hand from the last meeting, however, the two hot spots right now were fees, to keep the PMAC going, mostly for its insurance and its scholarship. He pointed out that PMAC does not source any income from it, but those typically have always been paid by the agencies that are cooperating with it, the members, and currently there is a little confusion about that. There has been a recent change, this last year with secretarial position, but they will figure that out and continue discussion.

Dr. Michelson went on to say that the Physician's Orders for Life-Sustaining Treatment form (POLST), is intended to someday be available in electronic format, and is an end of life form that helps medics as well as emergency rooms to know how much or how little to do for very sick people. PMAC was hoping that an electronic form of this would be cheap. It is not. However there is enough interest that they are going to continue to look into it and so that is tabled.

5. *Program and Performance Data Updates

Christina Conti

Ms. Conti introduced herself for the record, noting that she was available to answer questions on anything in the report and wanted to bring a few things to the Board's attention.

Ms. Conti noted there is a multi-day tabletop exercise that staff was planning for the region that will happen in May, in anticipation of the full-scale three-day FEMA-supported exercise that will be held statewide in November. Staff's intention is all the plans will be utilized, so that in November, when it is a spotlight item on the State, that they do the very best they can.

Ms. Conti reported the protocols task force continues to meet. She pointed out there had been some interest from out-of-County jurisdictions to possibly join in the protocols which would make them a little bit more than regional. The expectation would be if they did that, their medical directors would join PMAC and become part of the entire process, .

Ms. Conti introduced a web application called Right Dose, which determines the dosage of medications based on the patient's weight, thereby taking out the guesswork and potential mathematical mistakes. REMSA included that in their request to use penalty funds to buy that for the region, and the Health Officer has approved. The process moving forward is happening, so that is something that will be available to the region the future.

Ms. Conti explained that one of the reasons that Joe Macaluso was not at the meeting was that the Coalition, the healthcare partners, were doing an Alternate Care Site (ACS) exercise. She described the ACS, explaining if there was any kind of event where there was a surge of patients in their facilities and/or the facilities were not able to take patients, then they would take care of patients at an alternate location. So each of the three major hospitals had a tent set up, which was a 30-40 bed mobile facility, and they were running fictitious patients through it with the help of the Citizen's Emergency Response Team (CERT) and some of the Health District employees. Some colleagues in the healthcare system are running some operations out of there, figuring out the logistics, such as, if you are in an alternate care location how do you do lab work? How do

you get your prescription meds, because the pharmacy is not on site? She noted that if any of the Board members had an interest in going to see it to please let her know because they can coordinate a time when they could actually be toured through.

Ms. Conti provided a quick update on the data performance reports. The REMSA and Sparks Fire Department requests are now complete, so that shows everything, except for the heat map, as completed.

Ms. Conti explained the CASPER team was able to achieve 94% of the goal. Heather Kerwin had facilitated that project. Washoe County had the best completion rate in the State and they are proud of that fact. She expressed a huge congratulations to the team that worked on it, because it was a big feat.

6. Presentation, discussion, possible approval and recommendation to present the Washoe County EMS Strategic Plan 2019-2023, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight, to the District Board of Health. (For Possible Action)

Brittany Dayton

Ms. Dayton introduced herself for the record. She noted that at the last meeting, she had provided an update on the subcommittee's activities and the development of the Washoe County EMS Strategic Plan for 2019-2023. Since then, stakeholders have continued to meet monthly revising the plan, developing new goals, objectives and strategies. The final meeting was held on April 11 to review a complete draft which was attached to her staff report, along with two attachments. One reflected the request of Manager Driscoll at the last meeting to produce a redline of the goals so the Board members can see the progress and the work that was done by this committee, and then there was also the final draft for their review. She noted that Mr. Macaluso intended to review the plan, and if he has any input, Ms. Conti will be following up with the Board.

Ms. Dayton noted that as shown on Page 19, the process is going to be looking a little bit different starting in 2022 with the new strategic plan. Staff would be completely starting over, doing the SWOT analysis and rewriting the whole plan rather than revising the existing one.

Ms. Dayton said she would be happy to answer any questions, and noted that some of the subcommittee members are in the audience, so if the Board had any specific questions about objectives she might invite them up to speak.

Mr. Dick stated he had some things that he wanted to discuss, starting with Goal 3, but did not want to jump ahead if other people have things that they wanted to discuss. Chair Newby invited him to proceed. Mr. Dick read Goal 3, Chapter 3.1, which discussed enhancing radio communication systems within Washoe County by June 30, 2023. He pointed out the target date of Strategy 3.1.1 fell after 800 MHz Joint Operating Committee determination obtain clarification from the District Board of Health (DBOH) regarding Amended and Restated Franchise, Section 5.1, by December, 2020. He expressed that he has been troubled by this, as it was in the previous Strategic Plan and has not been done to date, and the franchise agreement Section 5.1 is language that was negotiated between REMSA and the DBOH. He invited Manager Slaughter to please weigh in if he disagreed with what Mr. Dick was saying, as they had both been part of those negotiations. The intent of that language was that REMSA improve the 800 MHz communications, and provide more of them, and Mr. Dick believed that they have done that. But it was not that they were compelled to go entirely to 800 MHz. The discussion that was around that was that, as technology progresses, the region should be engaged in discussions, and looking

at how to bring compatibility forward to increase compatibility as time progresses and when to make those investments.

Mr. Dick opined it seemed that process was captured under the following strategies, under Objective 3.1, and he did not know what benefit would come from trying to get clarification from the Board on the language that's agreed to between REMSA and the DBOH. He felt this way particularly because he thought the DBOH would rely on him and/or some input from other people that were there in those discussions, since they were not present themselves.

Ms. Dayton asked Mr. Dick if he would suggest removing that strategy from the strategic plan. He replied that he would suggest removing that and focusing on those discussions and the determination of how to move forward as technology progresses to enhance compatibility into the future.

Chair Newby asked if the Board would need to take a motion in order to edit the document prior to presentation to the DBOH. Deputy Admirand stated they would. Chair Newby suggested they proceed with discussion of any other edits and then incorporate them all at one time.

Mr. Dick noted he wished to discuss Objective 3.2, which established a CAD-to-CAD interface between the three Public Safety Answering Points (PSAPs) and REMSA with the REMSA dispatch center after the goal of December 20, 2022. He expressed concern with the delay in and the pushback on the timeline of that CAD-to-CAD connection.

Mr. Dick noted that as the negotiations were in progress with the REMSA franchise agreement and with the Interlocal agreement, there were two paths that they had to choose between. One was a consolidation of dispatch, and the other was a CAD-to-CAD connection of dispatch. The decision was made as a region to do the CAD-to-CAD connection. It was anticipated that this was something that could be accomplished, and in fact, with the previous strategic plan, the goal was to have the CAD-to-CAD in place with primary PSAP by December of 2017.

Mr. Dick stated he did not understand why the region was not farther along with this, because there are communities across the country that are using CAD-to-CAD systems to coordinate between dispatch centers. He opined it did not seem reasonable to be pushing this that far back. He noted that he was aware of a working group that was previously engaging a number of partners throughout the community on the CAD-to-CAD connection, and then the direction changed, looking at just Reno connecting with REMSA, and that seems to have stalled this out at this point. He wondered aloud what was holding this up, whether the region should go back to that previous approach of the partners working together to accomplish this. He stated he was seeking some input about what was holding things up at this point, and suggested that perhaps REMSA could provide an update from their perspective, and possibly other regional partners as well.

Ms. Dayton noted this was an item that had been discussed at length with the subcommittee. She was aware that there had been some challenges with the selected contractor, and would invite the other agencies up to provide additional details.

Adam Heinz, Director of Clinical Communications, REMSA, stated that they too were frustrated with the lack of progress. On the 25th of April REMSA received an email from the contractor that they recently had to redo the scope of work, so there was a misunderstanding not on REMSA's side, but the contractor had a misunderstanding of exactly what they were looking for. It was necessary to essentially start over. The contractor then provided the new scope of work. Regular meetings have been held, to include City of Reno staff, discussing all sides of the

issues. He had received an email two weeks previously suggesting that there will be a testing environment the first of August.

Mr. Heinz stated he was hopeful that they can remain on that track. He reiterated that there had been many documented conversations, about their frustration, and the expectation of the public, and he was hopeful that they can continue on that path for the first of August.

Rishma Khimji, City of Reno elaborated on what was mentioned by REMSA, stating there have been multiple documents and meetings between REMSA, Reno and the vendors that are a part of the project. Reno has gone through the scope of work the second time and have provided additional details that needed to be part of the CAD-to-CAD. On the business function side, staff believes they have it right. They know the workflows that they would like to implement in the CAD-to-CAD.

Ms. Khimji went on to explain that some of the issues with the CAD-to-CAD were not on the business side; they were on the technology side. Two disparate systems were being asking to talk in real time, using a mainframe architecture. That type of real-time communication between the two systems, along with the multiple dispatchers and call takers adding in data, flowing those back and forth, was the complicated technical side, which is why TriTech, Tiburon, Central Square, now that they are called, is having a third party called EDC come in and build an appliance that will allow that real-time transfer of data.

Ms. Khimji noted they also had to be leery of the fact that the data has to come to each side of the house in that real time, so they do not want that three-, ten-, fifteen-second lag that they sometimes see between applications when they speak to each other, because this has to be done in real time. If there is information being relayed about a patient or about an apparatus being sent to that location, what is the status of that apparatus, there is a lot of pieces of information that are transferring back and forth. Now having confirmation of the business workflows and all of the details that they need with that, and having that confirmed between Reno dispatch and REMSA, the technology part of it can begin to be developed in a much more real-time fashion. It was her anticipation that they will be testing in August. They had relayed to Central Square and the third party EDC that this is a high-profile project, not just for the region, but that it was on the radars of all of the County and City managers, mayors, councils, this is a public project that needs to be completed. As they get closer they will have touchpoints with the different vendors to make sure that they are able to hit that August first date. If not, Reno needs to know why, because there is a liability issue here as well. They want the CAD-to-CAD to work because they understand that it will enhance services. They will be having those continuous touchpoints just to make sure that they hit that August first deadline, and if they do not, what are the issues that are causing us not to hit that, and then hopefully at that time they evaluate what our other options are.

Mr. Dick stated that he appreciated that they are communicating the importance of this to the vendor. He had heard last time that there was a scope of work problem and now they were on the second scope of work revision, so he is hopeful that they are finally there. He emphasized that when those discussions had occurred five years ago that there was a very large sense of urgency around the need to get the CAD-to-CAD established, and he would like to, five years later, have a more of an enhanced sense of urgency of the need for that. He expected to have reports on progress at the quarterly meetings, and encouraged the group to try to surpass the timeline that was in the strategic plan, to have this operational as soon as possible, but recognizing that it has to function properly before completely committing to the launch.

Ms. Khimji stated that was correct, and opined that was the goal of this second round of the business process review and the scope of work. There were some lessons learned from the first

part, as REMSA mentioned, there was a miscommunication of needs and what that functionality looked like. The contractor provided a product, Reno did a demo and a test of it, and they found where the missing pieces were. This second round has allowed them to look at what were those gaps, what were the lessons learned, apply the right logic to that so that they can then have a workflow that works for both agencies. This second scope of work, although it has made the timeline longer, has allowed them to really drill down to the specific workflows that were not present or provided for, or communicated the first time around. There may be multiple iterations, but that is sometimes the only way to get it right when there are two different systems in place with multiple workflows.

Mr. Dick stated he appreciated that and that his other recommendation would be to ensure that as they were working through this phase between the City of Reno and REMSA that they make sure that they are engaging with the other partners in that process as well, so that they can see how this works and how it is being approached and be engaged so that they are in a better position once the first step is set up with the primary PSAP to be able to expand out into the region effectively. Ms. Khimji said that was noted and absolutely will do so.

Dr. Michelson brought up Strategy 4.1.1, stating that certainly PMAC can look at unified protocols and how all of the medical directors maybe have comments or not on that to maybe bring back for our next quarterly. He wondered if the language might be changed to also include the Board to evaluate or for those medical directors to evaluate once CAD-to-CAD is working. On that same note, if there are specifics other than the protocols that the Board may have interest for PMAC to review prior to the next EMSAB, he invited that feedback.

Chair Newby asked Dr. Michelson if he had any particular language that he would like suggest for 4.1.1. Dr. Michelson suggested it be more of a continuous re-evaluation on an annual basis until the Board feels that the strategic plan has been met.

Mr. Dick commented on Goal 5, stating he felt this was an important goal to identify some of the recurrent callers that are straining the systems. He was aware of some work that was done with the innovation grant, the other agencies had done work, and he felt this one is a way of figuring out how to share that information on what those callers are. He noted another project that was going on, and it was tied in with the WCHD Community Health Improvement Plan, that has to do with better coordinating care through different organization and case managers, etc., that are available within the community, and the Health District is looking to move forward with a free software called Good Grid that allows for sharing information, warm handoffs, that sort of stuff, through this internet-based platform. He suggested there was an opportunity as EMS moves forward under this goal, to connect with other partners in the community and work through that to connect these people with other sources of care and case management that might be able to help keep them out of the system more effectively.

Ms. Dayton thanked him for presenting that information. She explained that was one of the things they wanted to look at, is what work is currently being done to address some of these issues, and try to solidify getting individuals the help they actually need, rather than just using the 9-1-1 system.

Ms. Dayton followed up on Dr. Michelson's comment, noting that at a previous PMAC meeting, Objective 4.1 was discussed through the regional CQI process, and that was the process that PMAC approved moving forward.

Chair Newby requested a motion, perhaps incorporating the change in 3.1.1, which is deletion and then moving up all of the other strategies in the numbering system, and then a change on Strategy 4.1.1 to reflect continual re-evaluation until the strategic plan has been met.

Mr. Dick moved to accept the strategic plan with those changes noted, and also, as part of that motion, inviting the EMS Oversight Group to bring back any revisions on the timeline under Objective 3.2 if those are able to be accomplished to expedite that during future meetings. Mr. Slaughter seconded the motion which passed unanimously.

7. Presentation and possible acceptance of the mid-year EMS data report. (For Possible Action)

Heather Kerwin

Heather Kerwin, EMS Oversight Program Statistician, noted there were a few things that she wanted to call to their attention. It had been a year since they have seen the mid-year glance, however, staff has received all of Reno Fire's data and she and the team are working to get that data matched, aligned and analyzed. She pointed out that if the Board members compared the 2018 mid-year report to the 2019 mid-year report, they would notice that there is a decrease, when they are looking at the jurisdictional performance measures, across almost every jurisdiction and every category, in terms of the proportion of calls that are meeting that set standard. It appears as though there are actually fewer calls being analyzed, particularly in one jurisdiction. Because of the calls that they limit within those performance metric standards, they're limiting to Priority 1 or Priority 1 and 2 calls only. She opined that when they want to look at the true impact to the EMS system it was important to evaluate all call priorities because they see a decline in those times when there are units out on the street responding to other, lower acuity calls, but those are not necessarily being reflected within this data report.

Ms. Kerwin stated that one of the things she would like to bring to the Board's attention is that she did know that there are two fire partners that are going through some major projects and examining the finer details station by station, and the entire performance across their agencies. Once those studies or projects have come to completion, in late summer or late fall, she would request to connect with agencies and do what has been done in the past and form a group to brainstorm about ideas of how to present the data in a more meaningful way, and then bring back a draft template to the Board for approval, hopefully within the next meeting or two.

Mr. Dick asked if the Board needed to provide that direction, and Chair Newby they were only agendaized for a presentation and acceptance of the report.

Dr. Michelson noted it was interesting that the Nurse Health Line had a sharp decline in calls returned to 9-1-1 in the flu season of the winter. He wondered if that had been looked at at all as it would be expected to be the high time. Obviously though overall at 26.4% it was clearly working, he wondered if there was any comment by REMSA personnel or someone to the effect of the 1.4% in December.

Mr. Heinz noted that was something that REMSA was looking at, and that their data person believed that there was a little bit of an anomaly. When they look at the vast majority of people that get returned to 9-1-1, it was not because of acuity, it was because they are requesting an ambulance. The process now is they are identifying through an EMD process whether they are calling because they have the flu or a rash, or their leg hurts, and identifying them as low acuity, 9-1-1 will send them to the nurse, and the nurse will begin interrogation. Right now the caller has the ability to opt out, so they can say no, I want an ambulance. A high percentage of the patients being repatriated back to 9-1-1 are patients that are specifically requesting an ambulance, and it has nothing to do with their clinical acuity. Referring back to his comment about the anomaly, he clarified that he believes that the 1%, compared to earlier, is actually low. He opined it would probably be more likely it is around 40%, because they do not only quantitative review, but also a

qualitative review, and when they listen to all of those patients that are going back to 9-1-1, they state I just want an ambulance, that's why I called 9-1-1.

Mr. Heinz explained they have been discussing, internally, the public awareness campaign that was recently put out that said utilize 9-1-1 appropriately. He suggested it was important to continue to push those efforts, not only through the jurisdictional partners but also the healthcare partners. Then as a region, determine if the system wants to get to the point where they say, and there are some places that do this, you are not getting an ambulance. They will provide logistics and transportation via a cab or Uber or a bus token, but for the low-acuity complaints we have really got to reserve those assets for emergencies. He offered, if it would be to the Board's pleasure, REMSA could potentially drill down and maybe agendize a presentation that looks at that. He remembered they had done that a couple years ago, looking specifically at where some of these people are falling as far as going back to 9-1-1 and the utilization, and some of those challenges.

Dr. Michelson said if he understood what was being said correctly, then more of interest might be July, as to why so many want an ambulance. Mr. Heinz agreed. Dr. Michelson went on to suggest that to address that, he felt October, November and December were low, so looking at October, he thought that is when they began to introduce Alpha determinants, so they had a set number of Omega determinants, the lowest level of, essentially acuity, they are almost called no acuity, calls. In October more determinants that were eligible were added to go over to the nurse, and he believed that that section, in that quarter, was under reported as the number of people that were repatriated to 9-1-1. He suggested that if they reviewed similarly to April '18 and then come back to February, that was probably more likened to what is baseline or normal. He felt there was an anomaly in those months. He opined they could drill down to that and they could either provide an additional presentation on it or they can look at some of those things. In addition, the number of these calls are low, so any call is going to affect it. Sometimes there were 35 calls in 13, so it is not really significant, at times.

Mr. Krutz moved to approve the report. Mr. Slaughter seconded the motion which was approved unanimously.

8. Presentation, discussion and possible acceptance of an update on EMS mutual aid agreements (MAAs), an objective of the Washoe County EMS 5-Year Strategic Plan.

(For Possible Action)

Brittany Dayton

Ms. Dayton started with a discussion of Goal 2 of the current Washoe County EMS Strategic Plan, which is for years 2017-2021, which is to improve pre-hospital EMS performance. One of the items of this goal is to review Mutual Aid agreements that include EMS services in Washoe County. She noted that a chart of all of the agreements that were submitted to the program was attached to her staff report. The program found that the majority of the agreements were recently updated. However, as noted in her previous review, staff continues to recommend that agencies establish an internal process to review these agreements when a new fire chief or CEO retires, or to set up some regular internal review. She pointed out that on the chart there were a few select agreements that had not been reviewed for quite a long time.

Mr. Dick moved to accept the report. Mr. Slaughter seconded the motion which was approved unanimously.

9. Board Requests:

A. ***Update on Washoe County planning permit trends and potential impacts on the EMS System.**

Heather Kerwin

Ms. Kerwin noted the item was requested a couple meetings ago, but Truckee Meadows Regional Planning Agency (TMRPA) staff are not able to make this meeting and the EMS Oversight Program staff did not want to hold up this item any longer, so they wanted to bring to the Board's attention the resources that are available within the community.

Ms. Kerwin provided a recap, stating that on October 2018, staff provided a presentation from the program about the permit reviews that they do and the five line items that the EMS Oversight Program does provide input on, and those would be limited to the responding fire agency. Among those five are the jurisdiction that you fall into, the time requirements per the REMSA franchise, the nearest hospital, so we provided some mileage and the location, some general information regarding other healthcare resources, and then some recommendations for address marking so it is clear to first responders when they do arrive on scene. Per legal counsel provided during the October meeting, we were also reminded that under NRS Chapter 278, it states that the review for the Health Department is for sewer and water, and that does not necessarily have an EMS component to it, so it is the Community Services department that asks the EMS Program to provide those additional review categories from an EMS oversight standpoint. Our understanding of the request to our program from the EMSAB was to research where the developments are going on, because we know we have a lot of rapid development happening in our region across the jurisdictions, size, location and the timing of them, and then what can be done in order to make that information sharing more equitable and more impactful for our multiple partner agencies.

Ms. Kerwin explained staff reached out to the TMRPA and they do have a map that is publicly available. It shows planned unit developments in alignment with the tentative map boundaries. She noted she would be showing them the map shortly. It shows the number of units, multiple layers crossing over that indicate the number of units that are approved for those planned unit developments within those tentative map boundaries, and those numbers of units are set and approved by planning commissions and/or city councils or the Board of County Commissioners. That is where that information is from, it is formed from parcel-level data, but the individual parcels are not shown on the map itself. Staff did also reach out to County planning staff, and have explored all options that are publicly available.

Ms. Kerwin displayed the TMRPA map, and explained the links are available in the presentation as well. Hovering over any link in the map shows what that planned unit development name is, how many units are allowed within that, and how many are built to date. The explanation she received from TMRPA is that an area might have permissions for certain units of housing, but it could sit open for five, ten, fifteen years without any units being built on it, or an area could be approved and then within a matter of months, units could start being built.

Ms. Kerwin went on to explain it was not necessarily a map that would be directly helpful for planning response within the next two to five years. The City of Reno has a similar option. These are the plans and projects under review and/or development. It has a bit different application, but clicking on any of the projects can provide more detail and the document from developers or third-party agencies that outline what the project is and give some more detail to it.

Ms. Kerwin reminded the Board that the publicly available heat map that the program produces has not yet been updated, but is on the to-do list. That does show what the real call data look like. Staff conducts the annual hot spot review to see where those new areas might be producing a higher call volume. Those are the two processes that they take on annually to try and figure out if the region does have adequate resources and where those calls might land.

Ms. Kerwin explained to the Board that staff believes that there are some tools in the region that can be utilized across the jurisdictions and by planners, and that the two processes that are undertaken, being the heat map and the hot spot review, done in conjunction with that franchise map, would help to serve what staff currently thinks might help the EMS partners.

10.*Board Comment

Limited to announcements or issues for future agendas. No action may be taken.

Chair Newby stated she wanted to take a moment because this is the last EMSAB for a couple of the folks. She suggested Mr. Slaughter thought that he was probably going to get away and asked Ms. Conti to present to Mr. Slaughter.

Ms. Conti stated Manager Slaughter have been a part of this committee since the very beginning, he was part of the group that created the brain child for our program and this committee, and then were the first Chair for several years, help mentoring what this looked like. We wanted to say thank you for everything that you have done in your service on the committee, and have provided you with a frame that says thank you for your years of service, because we really appreciate you. We can take a picture of us and put it in, if you want, but we really appreciate all you have done.

Mr. Slaughter stated he just wanted to say thank you to everyone. Five years ago he didn't believe we really knew what we were creating. We started a point of, a lot of contention, we just didn't know where we were going to be at this point in time. He thinks that we can all say that this has been very successful. Have we completed everything? No, but we are on a very good path. So he would like to say to his fellow Board members, thank you for your dedication to the Board, to the EMS system, he thinks we are making a difference, so thank you for that. And he would say to our fire chiefs, and to Mr. Dow, thank you for your leadership. If you think about the people assembled in this room, this is the pinnacle of leadership of EMS in our region, and us coming together to make a difference is extremely important for our community. And finally to Ms. Kerwin, Ms. Dayton, Ms. Conti, thank you for your dedication. You are doing this every day. He talks about it all the time, the option that we have to make an impact every day, and you guys certainly are an example of that, so thank you for your work.

Chair Newby thanked Mr. Slaughter, for his leadership and all of his work in pioneering this effort, and asked Mr. Krutz to announce the next short-timer.

Mr. Krutz explained that, in Sparks, they are about to lose the Fire Chief to retirement. Chris Maples' last day is going to be Friday, June 7. And in the years that he has worked alongside Chris, he has enjoyed his passion for the service that he provides the city in doing the best he can with the resources at his disposal to take care of our citizens, our visitors, our businesses, and will miss working with him.

Ms. Conti stated Chief, we have appreciated working with you on all of the regional projects and the direction that you have given and the input that you have provided. We have really

enjoyed your editing skills, and it has become part of our life's mission to receive something back with no edits. So we wanted to tell you to please enjoy your next chapter, whatever key this might hold we will leave to you. Chief Maples replied thank you very much. He has enjoyed my time here. He thinks that the work that we are trying to do is very worthwhile and he encourages all of us to continue that, because the ultimate goal here is to improve the level of EMS service that we provide to the citizens of our community. So with that, thank you very much.

Chair Newby noted Steve Driscoll was still listed on the agenda as the Vice Chair, and pointed out he was no longer with the City of Sparks. She was unsure about how to address that, but suggested that be added to the next agenda.

11. *Public Comment

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

Chair Newby opened the public comment period. As there was no one wishing to speak, Chair Newby closed the public comment period.

Adjournment

Chair Newby adjourned the meeting at 9:54 a.m.

STAFF REPORT
EMERGENCY MEDICAL SERVICES ADVISORY BOARD
MEETING DATE: August 1, 2019

TO: EMS Advisory Board
FROM: Christina Conti, EMS Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Program and Performance Data Updates

Meetings with Partner Agencies:

The Inter-Hospital Coordinating Council conducted a community-wide alternate care exercise (ACS) April 25-May 3. The exercise started with a tabletop exercise, testing the ACS evaluation committee, followed by the activation of a Joint Information Center. This led into four days of training and setup of the mobile medical facility, concluding with a full-scale exercise on May 2. The EMS Coordinator assumed the role of Public Information Officer for the exercise and worked with healthcare PIOs to post media advisories and press releases on WebEOC, as well as, conducted a mock press conference at the Regional Emergency Operations Center.

On April 26, EMS staff had an opportunity to observe a REMSA, Reno Police Department and Reno Fire Department joint active assailant training. The training involved first responders arriving at an active scene on the Nevada Army National Guard base. Rescue task force teams entered the scene to eliminate the threat, set up treatment areas and care for patients involved in the incident.

The National Transportation Safety Board (NTSB) requested the EMS Program Manager to participate in a roundtable discussion on mass fatality planning guidelines. The meeting was held on May 16 and was comprised of NTSB, airline and selected local personnel. The document being discuss was released to regional stakeholders on July 19.

A three day tabletop exercise was held on May 21-23 and was attended by many regional EMS partners. The exercise was designed to provide the region with an opportunity to take a scenario from “steady state” through the incident and back to “steady state.” The scenario attempted to utilize the same emergency response plans that will be exercised during the statewide FEMA sponsored exercise in November 2019.

EMS Program staff attended a Complex Coordinated Terror Attack (CCTA) training on May 30 and 31. The two-day FEMA sponsored training focused on the first 30-minutes of a coordinated attack and how law enforcement, fire and EMS may need to strategically respond to multiple incidents at once. There were several lessons-learned that will be incorporated into Alpha Multi-Casualty Incident Plan during the upcoming revision cycle.

EMS Program staff met with Washoe County Sheriff Office (WCSO) personnel on June 4 to discuss the jail as an identified “hot spot.” A lengthy discussion was held regarding current changes within the jail system and the services provided. In addition, WCSO personnel explained the criteria employed to exclude a citizen from being admitted. The outcome of the meeting was the EMS Program Statistician will annual send jail personnel data for review and the jail can provide data on the number of admits seen monthly, to ensure a denominator is available.

CHEMPACK dispatching procedures are being developed and a meeting with the regional dispatch centers and EMS was held on June 6. The triad-team is going to be approached to approve regional dispatching protocols, as the CHEMPACK activation would coincide with a haz-mat incident. The goal is to have this protocol and dispatching process finalized before the next EMS Protocols update.

The EMS Coordinator participated in the Reno Tahoe Airport Authority (RTAA) Annual Part 139 Tabletop exercise on June 12. The scenario involved an airplane crash with 80 souls onboard due to a bird striking the plane and causing heavy damage to the engines. The discussion focused on the initial response, establishing communications and victim/family support.

On June 27 EMS staff worked with REMSA to host training on the command and alpha kits that have been distributed to fire, EMS, law enforcement and healthcare agencies throughout the community. This training was designed to provide basics on the medical materials in the kits and the purpose for deploying the kits in the region. There are now 13 alpha kits strategically placed throughout the county.

The EMS Protocols Task Force identified a few updates to the regional protocols. EMS staff worked with diligently over the last several weeks to make all necessary revisions. Examples of updates include a new community resource section and the creation of a hemorrhagic shock protocol using a new medication, tranexamic acid. The EMS protocol revisions were implemented July 1, 2019 for the agencies. Storrey County Fire Protection District has joined the protocols task force and has implemented the regional protocols within their jurisdiction.

The EMS Coordinator attended the annual Great Reno Balloon Races tabletop exercise on July 17. The scenario included a balloon that experienced a fuel issue and made an emergency landing that caused a fire in the park. All attendees walked-through the process of response and recovery to the incident.

Over the last year community partners, from EMS to healthcare agencies, had an important role in providing valuable input and suggestions on the Mutual Aid Evacuation Agreement (MAEA) revisions. The MAEA was approved at the June 2019 District Board of Health meeting. The EMS Coordinator and REMSA Emergency Manager facilitated training on the revised plan on July 18 to more than 30 nurses, facilities managers, preparedness personnel and healthcare leaders.

Data Performance Reports:

Requestor	Summary of request	Date of request	Request completed
Washoe County Sheriff's Office	Hot spot location deep dive	5/7/2019	Yes; 5/14/2019
TMFPD	REMSA priority by station	5/8/2019	Yes; 5/15/2019
Contractor for RFD	Arrival on scene variations	5/22/2019	Yes; 5/23/2019
Contractor for RFD	Additional-arrival on scene variations	5/26/2019	Yes; 5/26/2019
Internal	Transport destination review	6/4/2019	Yes; 6/4/2019
Contractor for RFD	Additional-arrival on scene variations	6/6/2019	Yes; 6/20/2019
TMFPD	Arrival on scene variation	7/11/2019	Yes; 7/16/2019

Mass Gathering Applications or Events:

Multiple county departments are working together to make the permitting process more effective for both staff members and the event organizers. Below are some upcoming events:

- De La Luz Horse Races: select weekends from May 4–September 28
- Incline Village Farmers Market: Thursdays from May 23–August 29
- Barracuda Championship: July 22-28
- Incline Village Fine Arts Festival: August 9–11
- Children's Cabinet Fundraiser: August 2019

CAD to CAD Update:

City of Reno and REMSA provided this quote from Central Square for the CAD update:

“Our original August 1 date for internal testing between Inform, EDC and Total Command systems has been impacted by several factors, foremost the move of the Central Square engineering VMs from San Diego to North Carolina. The build out of the VM environment we need to effectively test this CAD to CAD is still being prepared. Yaacov and I have been having discussions over the last week on how to firm up a date as to when the VMs will be ready for us and how we can maximize our internal testing to keep the delivery timeline as short as possible. This included escalation to CST Ops and engineering management.

At present, we feel we can present the dates below with confidence but as I noted, the environment Yaacov and I need is not completely available to us yet.

- Internal testing within the Central Square VM environment start Oct 1, 2019
- Deployment of the interface to the REMSA and Reno environments Dec 2, 2019
- Transaction testing start Dec 8, 2019
- Acceptance testing Jan 13, 2020

Subject: Program and Performance Data Updates

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- Training review, EDC hub administration overview Jan 13, 2020
- Go Live Jan 27, 2020”

Other Items of Note:

The EMS Coordinator presented to the Rotary Club of Reno Centennial Sunset on May 28 about Washoe County preparedness, with a specific focus on Health District planning efforts. The group was very interested in the preparations done by Health District staff, and thankful the Health District is actively working on responses to variety of possible public health incidents.

The EMS Coordinator went on a ride along with the Sparks Fire Department on June 3 and had the opportunity to observe a well-developed wildland fire training to prepare the crew for the upcoming fire season.

Washoe County Health District was received a NACCHO (National Association of County and City Health Officials) award in the category of “Building Regional Disaster Health Response Capabilities.” The award submission highlighted the work of the region over the last 33 years with regards to pre-hospital emergency response. The Inter Hospital Coordinating Council was formed out of the Galaxy plane crash tragedy with four agencies: Renown Regional Medical Center (Washoe Medical Center), REMSA, Saint Mary’s Regional Medical Center, and WCHD.

The EMS Oversight Program Manager has been requested to become a member of the State Resilience Commission. The purpose of the Commission is to streamline emergency planning initiatives across the state.

STAFF REPORT
BOARD MEETING DATE: August 1, 2019

TO: Regional Emergency Medical Services Advisory Board
FROM: Heather Kerwin, EMS Statistician
hkerwin@washoecounty.us
SUBJECT: Presentation, discussion and publishing of the Washoe County EMS Oversight Program FY18 Annual Data Report.

SUMMARY

The purpose of this agenda item is to present for discussion and possible direction on publishing the EMS Oversight Program's FY18 Annual Data Report. The FY18 Annual Data Report serves as an educational and informational resource highlighting the work performed and achievements of the entire region as it relates to Emergency Medical Services (EMS). The FY18 Annual Data Report is designed to ensure understanding of how the EMS system is designed to work in our community.

PREVIOUS ACTION

The previous EMS Program Annual Data Report for FY17 was approved on October 5, 2017 and utilized all calls matched and used in the quarterly report analyses for FY16.

During the February 7, 2019 meeting, the EMS Advisory Board reviewed a draft annual report and moved to wait on publishing the report until all data was received and all regional tables were updated.

BACKGROUND

The Interlocal Agreement for Emergency Medical Services Oversight outlines duties of the EMS Oversight Program stating "the Program shall provide oversight of all Emergency Medical Services provided by RENO (City of Reno), SPARKS (City of Sparks), WASHOE (Washoe County), FIRE (Truckee Meadows Fire Protection District) and REMSA and shall ... Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA covering the preceding fiscal year, containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency..."

The FY18 Annual Data Report is being presented and highlights regional achievements utilizing the template agreed upon by the data workgroup representatives during winter of 2016. This template was approved by the EMSAB in the January 2017 meeting.

During the February 7, 2019 EMSAB meeting, EMS Oversight Program staff brought the FY18 Annual Data Report to the Board for discussion regarding the lack of EMS data which impacted three county-wide analyses that were not able to be completed. The Board decided to wait to publish the FY18 Annual Data Report until after all the data were received.

The outstanding EMS data were obtained April 15, 2019 and EMS Oversight Program staff worked to catch up on the matching of calls for the 11 months of backlogged data. The FY18 Annual Data Report is now complete.

The FY18 Annual Data Report is intended to be utilized as an educational and informational resource for our community to discuss EMS system performance more effectively. It serves as a document for the EMS Advisory Board on the status of the EMS system, the achievements from all the partner agencies and meets the obligations of the Interlocal Agreement.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board approve the presentation and publish the Washoe County EMS Oversight Program FY18 Annual Data Report.

RECOMMENDATION

Staff recommends the Board approve the presentation and publish the Washoe County EMS Oversight Program FY18 Annual Data Report.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the presentation and publish the Washoe County EMS Oversight Program FY18 Annual Data report [with changes discussed by the Board]."

Attachments:

Draft FY18 Annual Data Report

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY18 Annual Report

August 2019



Public Health
Prevent. Promote. Protect.

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Washoe County EMS Oversight Program

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Preparedness and EMS Program Manager

Brittany Dayton, MPA
EMS Coordinator

Heather Kerwin, MPH, CPH
EMS Statistician

Jackie Lawson
Preparedness and EMS Program Administrative Support

Dawn Spinola
Preparedness and EMS Program Administrative Support

When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime that just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

When NOT to call 9-1-1

- ✗ Medical emergencies that do NOT require emergency department care.
- ✗ For information or directions.
- ✗ Earthquakes or power outages.
- ✗ Crimes when you have NO suspect information.
- ✗ Crimes that occurred hours or days before.
- ✗ Noise disturbances or parties.
- ✗ Lost or injured pets.
- ✗ Complaints against neighbors or businesses.

All

BUT **NOT** AN EMERGENCY

Don't let non-emergencies
compete with real ones.

**KNOW THE
DIFFERENCE**

**THINK
BEFORE YOU
DIAL⁹¹¹**

Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2017 through June 30, 2018 (FY18). The report contains seven major sections highlighting the EMS system within Washoe County, these sections include how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY19.



Washoe County's 9-1-1 and EMS System

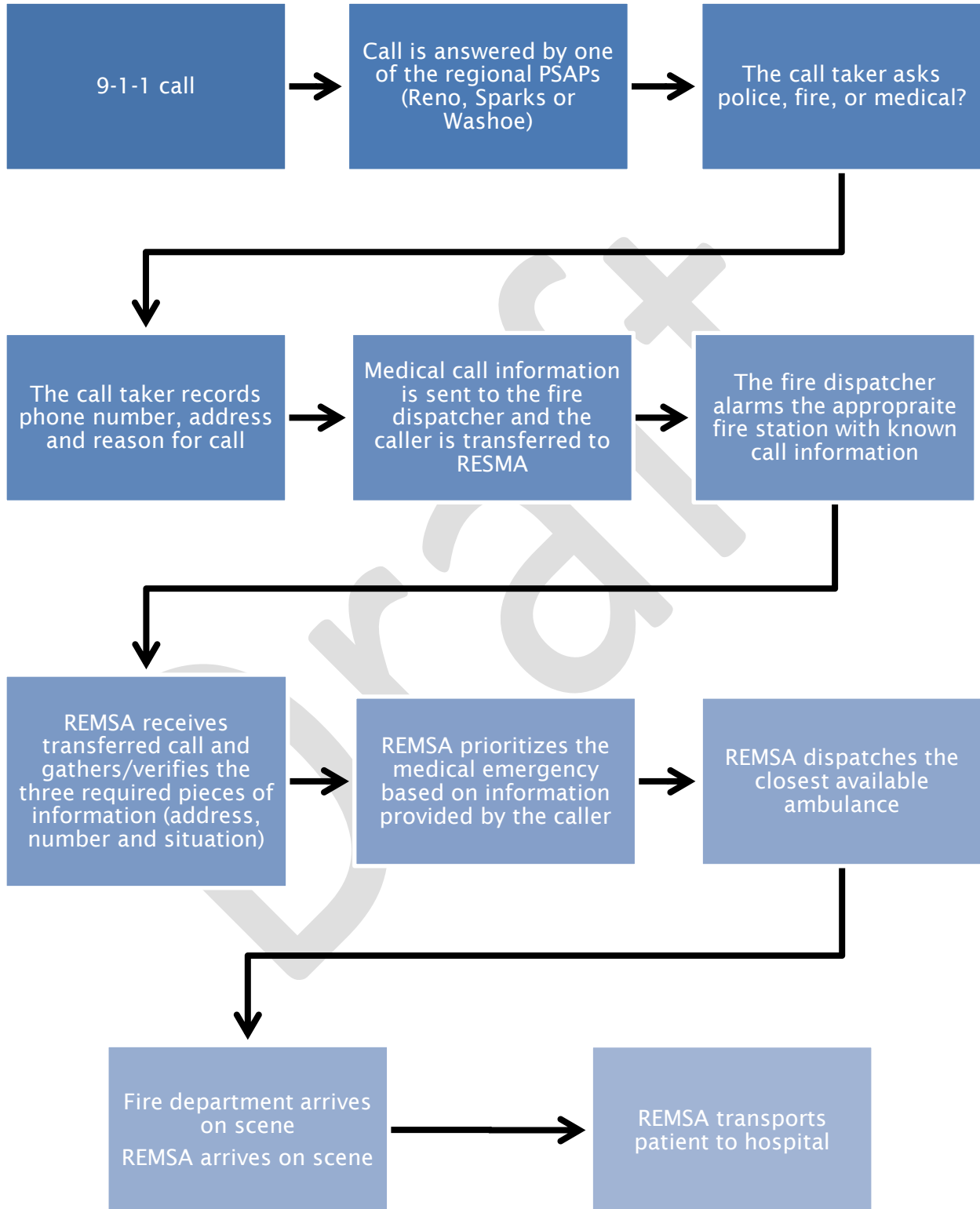
Washoe County has a two-tiered response system to emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP), to determine if a caller is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to REMSA dispatch for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the region. While fire is being dispatched, the caller is questioned by REMSA through a structured EMD process to determine the call priority and dispatch the closest ambulance. The performance of the EMS system within Washoe County is dependent on all parties working together.

Figure 1 illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and REMSA transporting the patient to a hospital.



Figure 1: 9-1-1 Call Routing in REMSA Franchise Area*



*See REMSA Franchise area map on page 11

Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the EMS needs of the community are met. The EMS partner agencies include:

- City of Reno¹
- City of Reno Fire Department
- Reno Public Safety Dispatch
- City of Sparks¹
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District¹
- Washoe County¹
- Washoe County Health District¹
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. Pyramid Lake Fire Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

¹ Signatory of the ILA for EMS Oversight.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary is covered by Gerlach Volunteer Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3). The most up-to-date Franchise map was approved in October of 2017 without changes.

Draft

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District

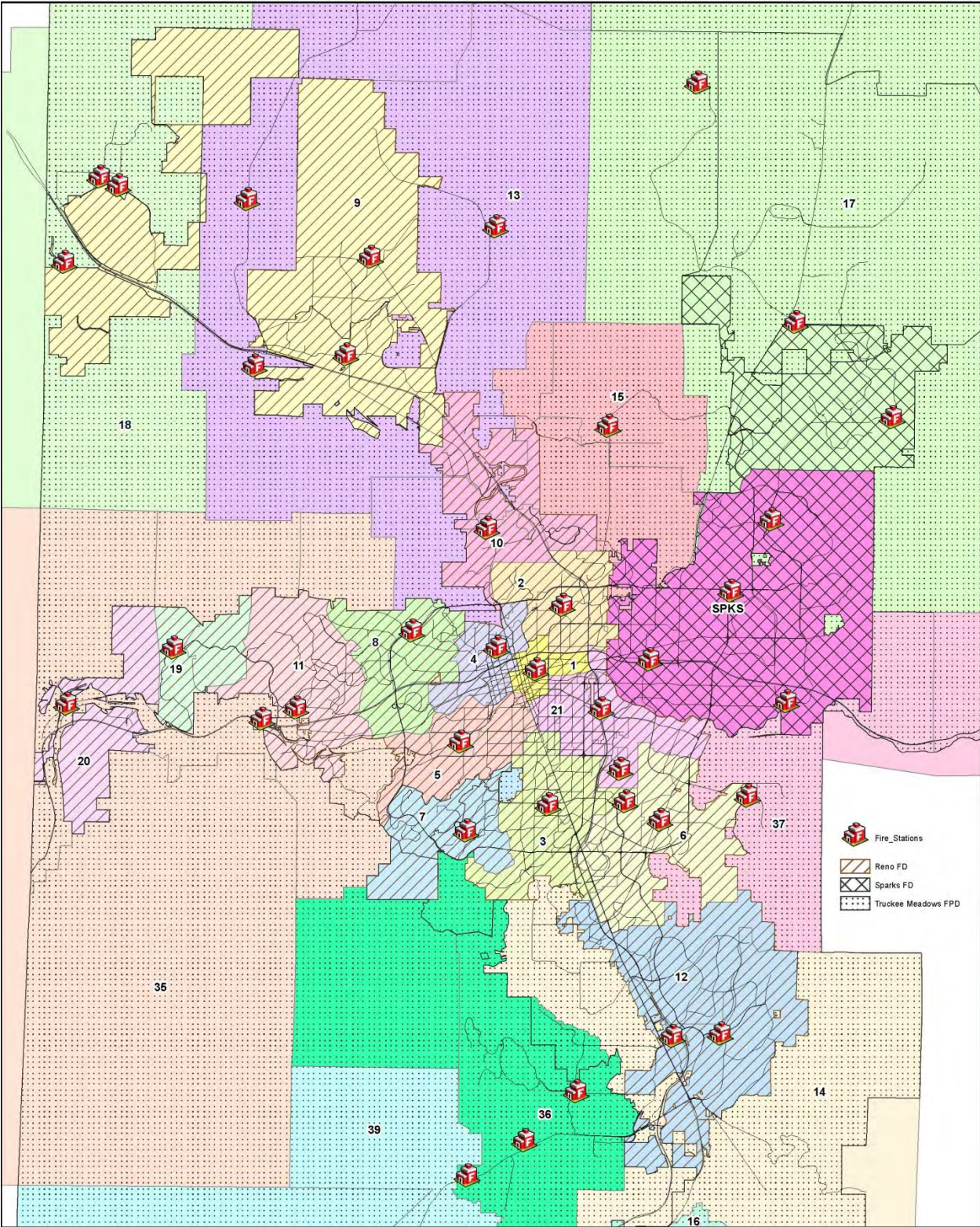
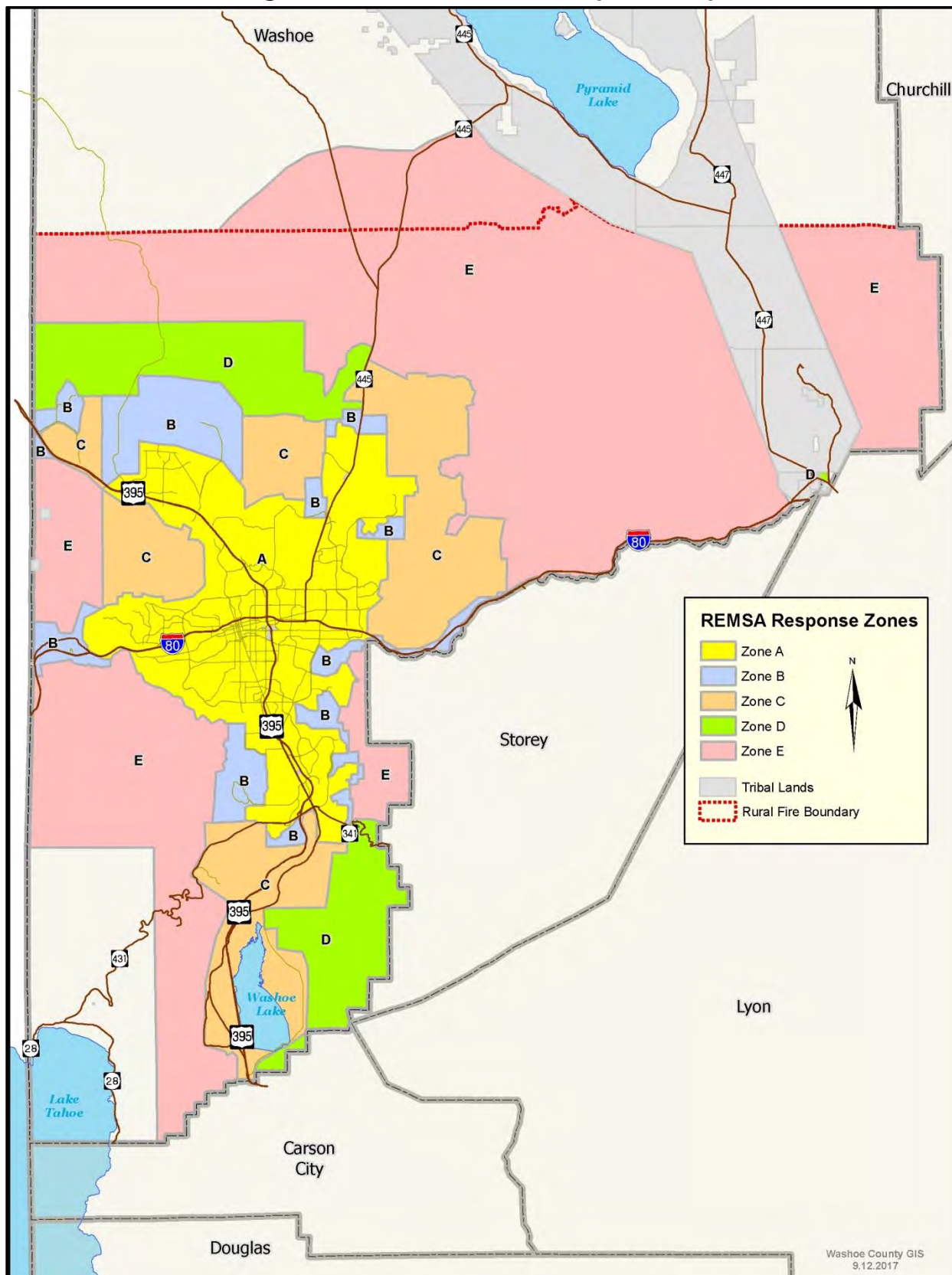


Figure 3: REMSA Franchise Response Map



Washoe County GIS
9.12.2017

Partner Agency EMS Highlights & Accomplishments FY18

Partner agencies provided their EMS related highlights for FY18, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Sparks Fire Department Highlights for FY18

Paramedic Level Services

FY18 was the first full year that Sparks Fire Department (SFD) provided paramedic level services to residents and visitors of the City of Sparks. These services were available from Fire Stations 4 and 5 in the northern portion of the city. On May 6, 2018, paramedic services were expanded to include Engine 21 at Station 2. To date, patient care opportunities and feedback have been very positive.

New Hires

SFD filled two vacant positions with firefighter/paramedics, bringing the total number of paramedics in the department to 21. These paramedics are in addition to the 52 advanced EMTs currently in the department.

Trainings

Training and education of the department's EMS providers continues to be facilitated by the SFD Training Division through in-service skills training, online and classroom education, and by attending paramedic refreshers hosted by either the North Lake Tahoe Fire Protection District or REMSA. Additional training was achieved through multi-agency scenario-based training with REMSA.

SFD personnel also trained with members of the Sparks Police Department to staff Rescue Task Forces (RTFs) as a preparedness measure for a hostile medical event.

Implemented Washoe County's first Regional EMS Protocols

SFD participated in the development of regional EMS protocols. Ultimately, these new protocols, which were implemented by SFD in March, allow our employees to administer additional medications and utilize advanced procedures to improve patient outcomes.

Supplies and Equipment

With the expansion of paramedic level care at SFD and the introduction of the new protocols, additional equipment and supplies were needed. This included the procurement of four Zoll X-Series Cardiac Monitors/Defibrillators through an Assistance to Firefighters Grant. With common cardiac monitors being used by

regional partners, SFD is also participating in the sharing of cardiac data to provide for a better continuum of patient care.

During FY18, SFD also implemented a new electronic patient care reporting (ePCR) system. This system improved patient care documentation and resulted in a more consistent and constructive QA/QI process. As the ePCR program continues to be refined, we anticipate our ability to collect and better analyze patient data will continue to enhance SFD's EMS program.

SFD providers deployed on many wildland fire incidents throughout the west as Medical Unit Leaders.

Lastly, SFD has attended/participated in several regional committees including:

- Inter-Hospital Coordinating Council
- Low Acuity Work Group
- Emergency Department Consortium
- Regional Protocol Committee
- Northern Nevada EMS Chiefs Group
- Nevada State EMS Committee
- Washoe County MCI Plan Review and Update

In summary, the SFD continues to increase the level of EMS care provided to the citizens and visitors to the city while working collaboratively with our regional partners.

Truckee Meadows Fire Protection District Highlights for FY18

Implemented Washoe County's first Regional EMS Protocols

The TMFPD has worked diligently with all of the region's prehospital responders and the Washoe County Health District staff for over a year to design and implement joint Advanced Life Support EMS Protocols. This project will result in a higher level of medical care being provided to the citizens of Washoe County, as well as ensure consistency amongst providers until arrival at the hospital.

New Hires

The District has filled 14 new positions with State Certified Firefighter/Paramedics. All of these new recruits have completed the regional Fire Academy and made it to the line as part of our new training and development program.

82 Certified Paramedics now on staff

In a continual process of providing the most highly trained employees possible to the citizens of the Truckee Meadows Fire Protection District, the current count of State of Nevada certified Paramedics has increased to 82 personnel in various ranks throughout the district. The ability to have paramedics serving in

multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

Deputy Chief positions filled

The TMFPD has increased its Administrative Staff with the additions of Scott Gorgon as Deputy Chief of Operations, and Lisa Beaver as Deputy Chief of Prevention.

Construction of new Fire Station

The district has completed construction of Station 33, at 470 Foothill Road. This Station houses the TMFPD Hazardous Response equipment, as well as a Battalion Chief to manage the South Battalion. The personnel assigned staff an Advanced Life Support Type-1 engine and a Type-3 brush engine for complete all-risk response capabilities.

Implemented a Fireline Paramedic Program

To expand our high level EMS service to the wildland firefighting realm, TMFPD has developed 19 Fireline Paramedics to provide Advanced Life Support medical care on the front lines of wildfires across the country, as well as here in Washoe County.

Increased Active Shooter / Hostile Threat Response Training

To prepare for the unfortunate increase in hostile events across the country, the TMFPD has trained its Firefighter/Paramedics in Tactical Emergency Casualty Care (TECC). This training has helped streamline the treatment of those suffering from life threatening injuries that would normally die on scene before responders could treat them. The addition of specially trained personnel coupled with the ballistic equipment and rapid trauma kits on every engine will give allow TMFPD to provide the most efficient care in these dangerous situations.

REMSA & Care Flight Highlights for FY18

REMSA Ground Operations

Field Ops

In early 2018, REMSA invested more than \$1 million in new Zoll X series monitors which are lighter weight and feature the latest technology such as continuous, See Thru CPR. In May, an additional capital investment of \$830,000 was made to outfit all ground ambulances with new Stryker gurneys which feature an enhanced cot locking mechanism and multi-point safety belts. The organization hired 31 paramedics, 33 AEMTs, promoted a paramedic to the role of a full-time supervisor and promoted two logistics technicians to the roles of Logistics Supervisors.

TEMS

In May, Tactical Emergency Medical Services Paramedics, Avery Baldwin and Cody Clifford placed fourth at the National Tactical Medic Competition in Charlotte, NC. Throughout the year, the TEMS team responded to 60 callouts/requests for services, participated in 127 SWAT trainings and added three medics to the team.

Wildland Fire

In early June 2018, REMSA launched a Wildland Fire Team. Ten Paramedics and AEMTs were trained and are considered fire line qualified to assist on fires across the country. Five requests for service for a total of 38 days on assignment.

Search and Rescue

Throughout the year, the Search and Rescue team responded to 125 callouts and participated in 102 trainings. In addition, they added two medics to the team.

Special Events

REMSA provides cost-effective medical and emergency coverage for special events of all sizes. Throughout the year, REMSA crews covered more than 650 events across the region, including major attractions such as Hot August Nights, Reno Rodeo, National Championship Air Races, Great Reno Balloon Races, Street Vibrations and the Nugget Rib Cook-off. In addition to these hallmark events, the special events team attends community walks and races, sporting events at the University of Nevada, Reno, safety expos and K-12 school events.

Emergency Management

REMSA remains an active participant in regional emergency preparedness. REMSA has a representative who serves on the following groups, coalitions and subcommittees: Local Emergency Planning Committee (plus the finance subcommittee), the Traffic Incident Management Coalition (plus the steering committee), the Inter Hospital Coordinating Council (finance subcommittee member and chair). Throughout the year, REMSA was involved in 16 table top exercises, two healthcare trainings and two full scale drills. Additionally, REMSA submitted for and was awarded a \$103,000 grant from the State of Nevada Department of Behavioral and Public Health to refurbish and update the Disaster Medical Facility tents that we store and maintain.

Safety

Safety remains a key cornerstone of REMSA's values; several efficiencies and updates were made to the safety program this year. Upon hire, new employees will participate in the full Emergency Vehicle Operations Course (EVOC); current employees will participate in an annual refresher regarding subject matter relevant to current trends. Six EVOC instructors were trained. The following plans were written, formalized, presented for training and made available to all employees on the organization's Intranet: Respiratory Protection, Emergency Action, Fire Prevention, Spill Prevention/Control/Countermeasures for a Tier 1 qualified agency. Safety Data Sheets were moved to an electronic repository and

can be accessed by all employees 24/7 via a link on the Intranet or by scanning a QR code from their smartphone. Regular facility safety inspections were implemented and conducted. Seventeen Business Office employees were trained on the revised Emergency Action Plan and fire extinguisher operation. Finally, a Health and Safety page was created on Google Sites. Forms for reporting vehicle accidents, and root cause analysis of accidents, injuries, and other concerns are accessible by supervisors. This will enable us to gather data to see where we need to make improvements to decrease accidents and injuries.

Fleet

REMSA welcomed seven new or refurbished ambulances and one new supervisor vehicle into its fleet.

Community Health

Nurse Health Line

One full time registered nurse and one full time call taker were hired and more than 27,200 calls were managed through the NHL. In addition, the Business Development department executed contracts with five rural hospital communities including (Tonopah, Eureka County, South Lyon Medical Center, Mount Grant General Hospital and Humboldt General Hospital), as well as with Community Health Alliance to offer the Nurse Health Line to pediatric patients/callers in Washoe County

Ace Re-Accreditation

In March 2018, the REMSA Nurse Health Line was the first ECNS Accredited Center of Excellence to receive re-accreditation, valid through 2021. ACE Accreditation demonstrates REMSA's commitment to evidence-based protocols and a standard of clinical excellence. REMSA remains the first in the world to have an ACE accredited EMS and Nurse Health Line co-located communications center.

Jeff Pierce, RN Selected as ECN of the Year

Jeff Pierce, RN joined REMSA's Nurse Health Line team in 2016. His vast clinical experience, professionalism, collaboration, and commitment to recommending a safe and appropriate level of care to callers using the Nurse Health Line, earned him a nomination from his colleague, Debra Aschenbrenner. Debra had this to say in Jeff's nomination form: "Jeff always shows concern for the caller. He conducts calls in a consistent, calm and supportive manner. Jeff is a leader on our team, demonstrates a commitment to the standards of our program and represents the Nurse Health Line to our callers in the best possible manner. Jeff shows, every day, his compassion for the caller in need." Jeff was honored at the 2018 Navigator conference with the Bill Boehly Award for Emergency Communication Nurse of the Year.

Community Paramedics

Throughout the year, 206 patients were enrolled and a total of 807 patient visits were completed. An additional 64 Workplace Medical Solutions visits were made (contracted partner). Nine Community Paramedics graduated from the class in

March. One of the program's long-time paramedics was awarded the One Team Award during EMS Week. One new contract was executed.

Care Flight

In early calendar year 2018, Care Flight transitioned its aviation vendor from Air Methods to Med-Trans Corporation and took delivery of its first helicopter under the Med-Trans contract - the new helicopter had an updated blue and silver paint scheme. New cardiac monitors were purchased for all bases including four rotor wing, one fixed wing, one ground critical care unit and two rapid response vehicles. In addition, Care Flight hired four flight nurses, three flight paramedics and two critical care transport technicians. The team conducted 14 safety landing zone training classes to public safety agencies across the region.

Care Flight Ground - Plumas, CA

Care Flight Ground continues to expand including the coverage for two wildland fires, the purchase of a new ambulance to cover out-of-town transports, the negotiation of a contract for emergency room staffing at Plumas District Hospital, the acquisition of three Zoll Series X monitors and upgraded ambulance stretchers. In addition, community involvement continues to be a cornerstone of this program's strengths including conducting 205 home wellness visits, providing CPR certification to 134 individuals, the development of a sentimental journey program for terminal patients' last wishes, the completion of a grant project on disaster management for the county's Public Health department, the donation of seven AEDs to Quincy - four to the sheriff's department, two to private businesses and one to a charter school.

Education/Outreach

New Staff/ Personnel Changes

REMSA Education hired an Education Support Specialist to provide administrative support across the department. The department's EMT/AEMT coordinator attended and successfully completed paramedic school while maintaining his full time position.

EMS Programs

Throughout the year, REMSA Education graduated 15 paramedic program students, 24 AEMT students, 17 EMT students and 38 EMR students. In addition, 28 EMT/AEMTs completed the EMT refresher and 33 Paramedics completed the paramedic refresher.

Bleeding Control Courses

More than 160 community members were trained in Bleeding Control and 200 bleeding control kits were provided across the community.

CPR/Community Classes

REMSA's Education department remains committed to training a CPR-ready community. This year's figures include: 1,212 CPR full course students, 1,460 CPR recertification students, 303 Heartsaver CPR AED students, 705 Heartsaver CPR & First Aid Students, 10 Hands-Only CPR education events and a full

calendar of community activities during CPR Week in June. In addition, the Community Classes taught 135 Kid Care students.

Classes for Medical Professionals

In addition to educating community members, REMSA offers a full curriculum for healthcare professionals as well. Full course and recertifications this year included: 390 ACLS Full Course Students, 528 ACLS Recert Students, 40 ITLS Full Course Students, 33 ITLS Recert Students, 219 PALS Full Course Students, 258 PALS Recert Students, 15 PHTLS Full Course Students, 22 PHTLS Recert Students.

Cribs For Kids

This grant-funded outreach program which focuses on safe sleep, participated in 18 community events, held 15 train-the-trainer classes with a total of 172 people in attendance and distributed more than 605 cribs.

Point of impact

This grant-funded outreach program which focuses on car seat installation safety held two Child Passenger Safety Technician classes with 15 students taught, attended 12 education and outreach events, conducted 13 community-wide checkpoints and inspected 464 seats.

Pedestrian Safety

This grand-funded outreach program launched this year as part of a coalition. Tactical efforts included attending seven events where related education items were distributed including Pedestrian Safety Tip sheets, *Clifford the Big Red Dog Takes a Walk* books and reflective stickers.

Center for Clinical Communications

PulsePoint Respond App

REMSA launched PulsePoint Respond - a smartphone app which alerts CPR-certified or hands-only CPR trained citizens that someone within a quarter mile, in a public place, is having a cardiac emergency and may require CPR. REMSA's launch of the app allows for all of Washoe County - including Reno, Sparks and the unincorporated areas to be covered. The PulsePoint app works through the REMSA Clinical Communications Center. While the app is notifying citizens of the cardiac emergency, REMSA paramedics are simultaneously dispatched to the medical emergency. The app also directs citizen rescuers to the exact location of the closest publicly accessible AED.

CAD-to-CAD Project

Efforts between Reno and REMSA continue to move toward having an integrated Computer Aided Dispatching technology that will allow for seamless and near real-time sharing of information between agencies. This project will also create efficient communication between agencies and share response information with the fire service and REMSA field providers.

Omega / Alpha / Low Acuity / Non-Urgent Task Force

REMSA and its regional partners continue to collaborate to reduce full responses to no or low acuity medical calls for service. This approach provides innovative

pathways for community members to access health care through REMSA's Nurse Health Line. An additional set of Omega and Alpha determinants have been approved to be safely routed to a registered nurse for alternative care options, including access to transportation.

Mobile Dispatching

REMSA Clinical Communications deployed its mobile dispatching infrastructure to different events, including New Years Eve, Santa Pub Crawl, University of Nevada Football games, Hot August Nights and Rib Cook Off. Having a mobile presence allows dispatchers to be stationed at or near the event, and dedicate resources to supporting the units in the field. In addition, this model provides an intimate understanding of the dynamics and challenges units in the field, covering the venue, may encounter. This allows for tailored dispatching services.

Hospice Registry

Infinity Hospice and REMSA Emergency Medical Dispatch (EMD) partnered to bring 911 EMD Registry to Hospice Patients (Washoe County only).

Community Relations

Digital Media

Throughout 2017-2018, REMSA committed resources to strengthening and amplifying its digital presence including launching a YouTube channel, claiming its Yelp and Google My Business pages for REMSA and Care Flight, optimizing its REMSA and Care Flight LinkedIn pages and creating more robust content for the website through safety, health and wellness articles and videos. Additionally, the website is now viewable in more than 100 different languages.

Media Relations

REMSA continues to build and maintain strong, balanced relationships with the local media. Throughout the year, key coverage included: ongoing interest in REMSA's partnership with flu precautions, winter wellness (frostbite, hypothermia, etc.), opioid epidemic, CPR awareness and education, bleeding control, summer safety (hot cars, water safety, first aid), back to school, career and technical education and training, NPR's Next Gen radio program ridealong, ride-sharing versus ambulance transport and air quality health guidelines during wildland fire season.

Partnerships

WCHD for "Not An Emergency Campaign"

REMSA and the Washoe County Health District partnered to curb the misuse of the 9-1-1 system. The campaign rolled out locally and included a Facebook campaign, TV spots on KRNV and RTC bus interior and tail ads. The advertisements directed the public to visit a webpage with educational information about when to use 9-1-1 and when to seek alternative services.

Flirtey - Delivering AEDs via Drone

In October, REMSA and Flirtey, partnered to launch the first drone delivery program in the United States. When REMSA's 9-1-1 communications center

receives a cardiac arrest call, in addition to dispatching an ambulance, a Flirtey drone, carrying an AED will also be dispatched to the scene of the emergency.

Donor Network West - Donate Life Month Kick-Off Event

In April, REMSA and Donor Network West partnered to kick-off National Donate Life month in recognition of organ and tissue donation. Part of the celebration included recognizing Kyle Cobb, AEMT, for his work on a call in 2011. The patient, a three-day-old infant, became the state's youngest organ donor. The patient's mother met Kyle for the first time since the day of the call. The event received coverage in the Reno Gazette-Journal and on all three local television stations.

Tours

Throughout the year, REMSA welcomes various Girl Scout troops, as well as members of the FAA and other AED drone delivery project partners, political candidates and leaders from other high performance EMS systems and air ambulance providers across the country.

Employee Initiatives

EMS Week

REMSA hosted EMS Week celebrations across its organization recognizing the hard work of EMS providers and staff throughout the year. In addition to emotional and physical health and wellness events offered throughout the week, REMSA hosted an awards event that drew elected officials, community influencers and members of the District Board of Health. REMSA also coordinated a video series that was featured on social media which highlighted departments across the organization. Finally, an editorial submission to the Reno Gazette-Journal, co-authored by its CEO and the chiefs of the three other Washoe County fire agencies celebrating the contributions of first responders and prehospital providers across the region.

Conducted Annual Employee Engagement Survey

In August, REMSA launched an employee survey. It ran for two weeks and evaluated categories including communications, retention, value and leadership. More than 80% of the full time workforce participated.

Gerlach Volunteer Fire & EMS Department Highlights for FY18

The Gerlach Combination Fire Department (GFD) is a unique fire station operated by Washoe County. The fire department serves the areas north of Township 22, generally from Pyramid Lake to the Oregon border covering an area nearly 5,400 square miles. GFD is charged with providing fire and emergency medical services 24/7 to the surrounding areas, and is primarily focused on the Empire and Gerlach communities. The GFD has four fire trucks and two ambulances.

Two fire protection officers (FPO), who hold advanced emergency medical technician certificates, staff the station full time and provide oversight to six part-time

firefighters, and seven volunteer firefighters. The part-time and volunteer personnel, with administrative oversight from Truckee Meadows Fire Protection District, are trained for emergency medical services (EMS), and structure and wildland fires. While the station exists to serve Washoe County, the department is busy during the Burning Man season, as burners and visitors make their way in out and out of the County. In addition to fire suppression, the GFD fire and rescue crews respond to automobile accidents and other life safety emergencies and can transport patients. The Bureau of Land Management has a seasonal station close by, and both work together during the summer fire season.

One volunteer and two intermittent employees completed the Pyramid Lake Advanced EMT class and are awaiting their NREMT testing completion.

Draft

EMS Performance Analyses

EMS-related calls are reported by REMSA and three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County). Gerlach Volunteer Fire and EMS Department data are provided through Truckee Meadows Fire Protection District’s data reporting. The EMS-related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. This allows EMS partners to better assess opportunities for improvement.

The regional analyses presented in this section utilize the EMS calls for service, reported in SFD’s, RFD’s, or TMFPD’s jurisdictions from July 1, 2017 through June 30, 2018. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun. However, either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

Table 1 - Total number and percent of fire calls matched to REMSA calls by REMSA priority.

REMSA Priority	Fire Agency							
	RFD		SFD		TMFPD		Total	
0	256	1%	60	1%	46	1%	362	1%
1	17,515	51%	5,057	49%	3,313	44%	25,885	50%
2	12,175	36%	3,450	33%	2,684	36%	18,309	35%
3	4,102	12%	1,717	17%	1,333	18%	7,152	14%
9	220	1%	100	1%	89	1%	409	1%
Total	34,268	100%	10,384	100%	7,465	100%	52,117	100%

Table 2 - Travel time for fire (time from when fire goes en route to fire arrives on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Table 2: Fire Travel Time: Enroute to Arrival		
Median	Mean	90th Percentile
04:19	05:03	07:51
Used N = 37,046		

Table 3 - Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Table 3: REMSA Travel Time: Enroute to Arrival		
Median	Mean	90th Percentile
05:52	06:56	11:29
Used N = 51,796		

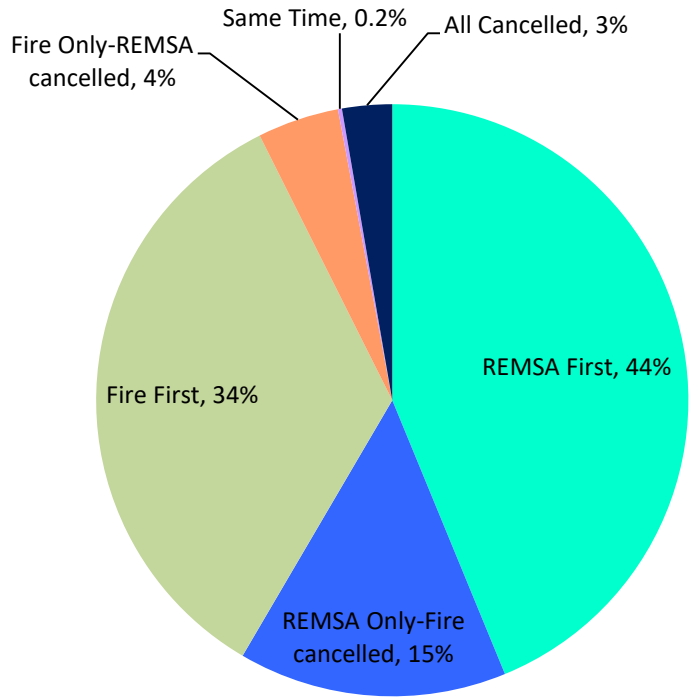
Table 4 - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

Table 4: Patient perspective from time call answered to first arriving agency	
REMSA Priority	Patient Perspective
	Median Time
0	06:26
1	05:52
2	06:25
3	07:13
9	07:51
All	06:14
N = 50,680	

Table 5 - Arrival on scene depicts the various possible combinations for the arrival of first responders to an EMS call. This analysis included all REMSA call priorities for all calls matched to Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District.

Arrival On Scene	REMSA Priority										Total	
	0		1		2		3		9			
	#	%	#	%	#	%	#	%	#	%	#	%
REMSA First	10	3%	13,183	51%	7,553	41%	1,994	28%	79	19%	22,819	44%
REMSA Only-Fire cancelled	10	3%	3401	13%	2,662	15%	1,469	21%	93	23%	7,635	15%
Fire First	9	2%	8543	33%	6,264	34%	2,840	40%	155	38%	17,811	34%
Fire Only-REMSA cancelled	173	48%	370	1%	949	5%	780	11%	49	12%	2,321	4%
Same Time	0	0%	73	0%	33	0%	5	0%	1	0%	112	0.2%
All Cancelled	160	44%	315	1%	848	5%	64	1%	32	8%	1,419	3%
Total	362	100%	25,885	100%	18,309	100%	7,152	100%	409	100%	52117	100%

Figure 4: Arrival on Scene, All Matched Calls, FY18



DR 10

Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Program is tasked with “Monitoring the response and performance of each agency providing EMS in the region.”

The Washoe County EMS Five-Year Strategic Plan includes Objective 2.4 “Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements, by March 31, 2017.” In accordance with this objective, each fire jurisdiction has defined standards to measure performance. Those performance metrics are presented within this section.

Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the following jurisdictional response and travel time standards were identified accordingly.

Table 6 – Time intervals for PSAP to dispatch, dispatch to enroute, and enroute to arrival were measured and performance is illustrated below.

Table 6: Gerlach Volunteer Ambulance and Fire Department Performance, FY18						
Variables	Standard	Expected	Calls Used	Met Standard		Median Time
		%	#	#	%	
PSAP to Fire Dispatch	60 seconds or less	80%	83	49	59%	0:00:54
PSAP to Fire Dispatch	106 seconds or less	95%	83	69	83%	0:00:54
TURNOUT TIMES						
Fire Dispatch to Enroute, All Calls	2 minutes day/5 minutes night	90%	67	56	84%	01:16
Fire Dispatch to Enroute, Day Calls	2 minutes or less	90%	34	28	82%	00:46
Fire Dispatch to Enroute, Night Calls	5 minutes or less	90%	33	28	85%	01:36
RESPONSE & TRAVEL TIMES						
Gerlach/Empire, All Calls	~	90%	58	55	95%	3:06
Gerlach/Empire, Day Calls	~	90%	29	28	97%	1:39
Gerlach/Empire, Night Calls	~	90%	29	27	93%	5:46
Gerlach Proper, All Calls	10 minutes day/15 minutes night	90%	50	47	94%	2:32
Gerlach Proper, Day Calls	10 minutes or less	90%	24	23	96%	1:31
Gerlach Proper, Night Calls	15 minutes or less	90%	26	24	92%	5:36
Empire Proper, All Calls	20 minutes day/25 minutes night	90%	8	8	100%	6:55
Empire Proper, Day Calls	20 minutes or less	90%	5	5	100%	6:31
Empire Proper, Night Calls	25 minutes or less	90%	3	3	100%	8:44
Outside of Gerlach/Empire	~	~	9	~	~	0:36:44

Figure 5 illustrates the proportion of EMS calls that met call transfer and turnout times, while Figure 6 illustrates the proportion of EMS calls that met the travel time standards, and delineates calls by day and night.

Figure 5: Percent of Calls Meeting Call Transfer and Turnout Time Standards, Gerlach Fire, FY17 & FY18

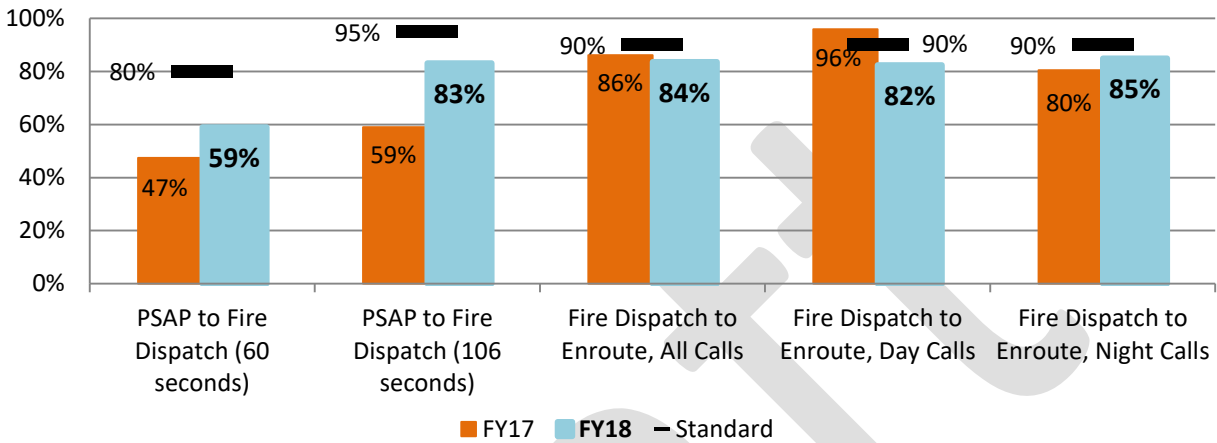
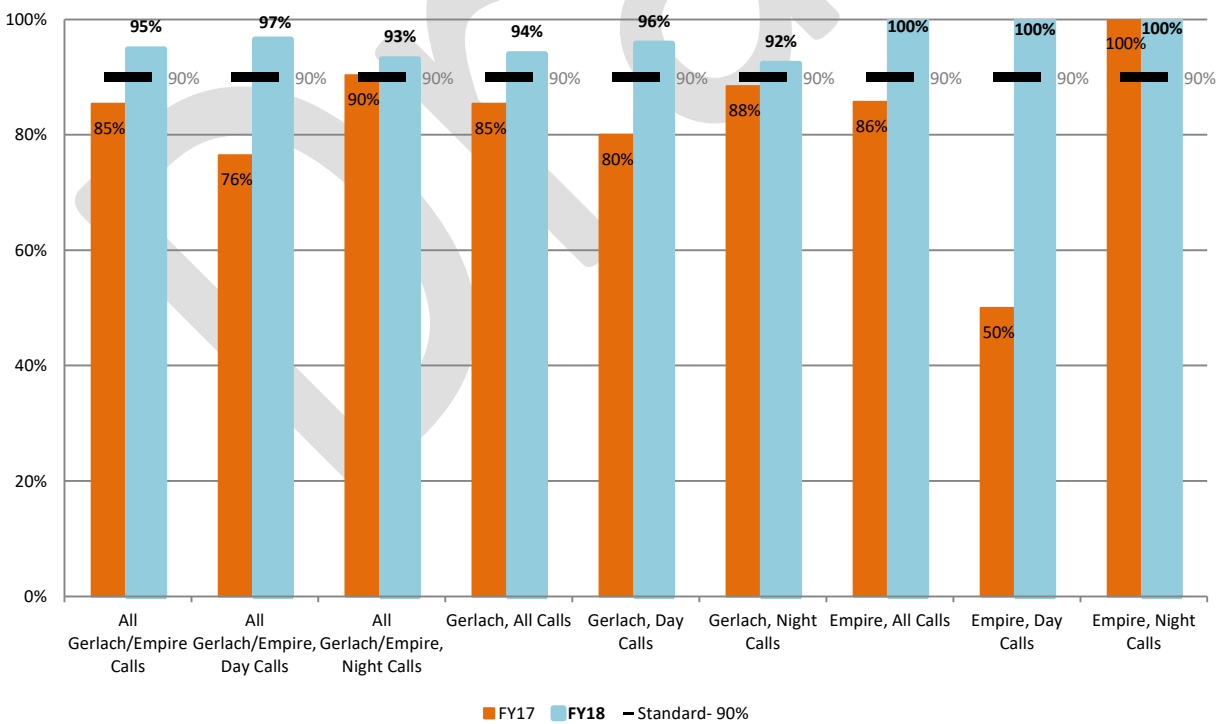


Figure 6: Percent of Calls Meeting Travel Time Standard All Calls by Day and Night, Gerlach and Empire, FY17 & FY18



Reno Fire Department

The City of Reno's Master Plan, approved December 13, 2017, provides definitions that can be utilized to assess performance relative to the identified measures, although the document states these are not performance standards.

The first definition is identified as a performance measure to gauge and measure progress toward the guiding principles and goals of the Master plan². The identified definition is to maintain or decrease the fire service average response time of 6 minutes 0 seconds.

Travel Time: Fire Enroute → Fire Arrival

There were 24,077 completed calls reported by the Reno Fire Department where at least one responding unit arrived on scene, resulting in an average call response time of 4 minutes 45 seconds.

Additionally, the concurrency management system ensures new development does not decrease existing levels of service targets. Specific to the Reno Fire Department, it states that fire stations should be distributed throughout the city and its sphere of influence (SOI) to provide adequate fire protection for the entire city and to provide any one area of the city with an adequate response time. While these are not performance measurement standards, the City of Reno strives for response times as follows³:

Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.

Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.

Unable to perform due to lack of the designation "urban" or "suburban" in data received.

Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following SFD analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

City of Sparks has not conducted a Standards of Cover study and uses the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and

² REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

³ REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

maintains private copyrighted standards and codes for usage and adoption by local governments.

Per NFPA 1710 4.1.2.1 (2016 Edition) *A fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident” for 90 percent of incidents.*⁴

Table 7 – SFD travel time performance per NFPA Standards. Travel time is the time the responding unit leaves the station, or is enroute to the incident, to the time of arrival on scene. **Only SFD Priority 1 calls were used for this analysis.**

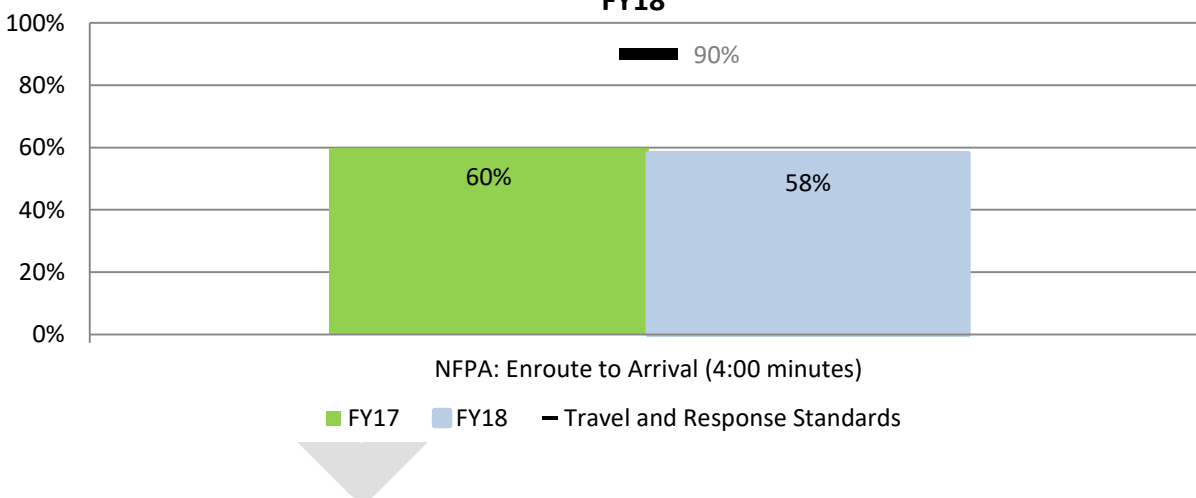
Table 7: Sparks Fire Department Travel Time Performance, SFD Priority 1 Calls, FY18

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
NFPA: Fire Enroute to Arrival	240 seconds or less (4:00 minutes)	90%	5,437	3,148	58%	3:44	4:17

Only Sparks Fire Department Priority 1 EMS related calls were used in the above analyses

Figure 7 illustrates the same information as Table 6 and compares FY17 performance to FY18 in graph form.

Figure 7: Travel Time Performance Relative to NFPA Standards, FY17 & FY18



⁴ 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. 2016 Edition, page 6. Quincy, MA.

Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

Regional Standards of Cover Response Time Recommendations⁵

Turnout Time: Fire Dispatch → Fire Enroute

For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.

Travel Time: PSAP Created → Fire Arrival on Scene

First-Due Service Tier One

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.

Table 8 – TMFPD performance per Regional Standards of Cover Tier One. Only REMSA priority 0, 1, and 2 calls were used for this analysis.

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	5,574	4,086	73%	1:02	1:07
URBAN: Call Received to Arrival	8:00 minutes or less	85%	849	568	67%	6:43	9:14
SUBURBAN: Call Received to Arrival	10:00 minutes or less	85%	4,135	3,213	78%	7:30	9:06
RURAL: Call Received to Arrival	20:00 minutes or less	85%	627	548	87%	11:46	13:12
ALL: Call Received to Arrival	depends on density	85%	5,611	4,329	77%	4:43	9:38

* All calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All" row

⁵ Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

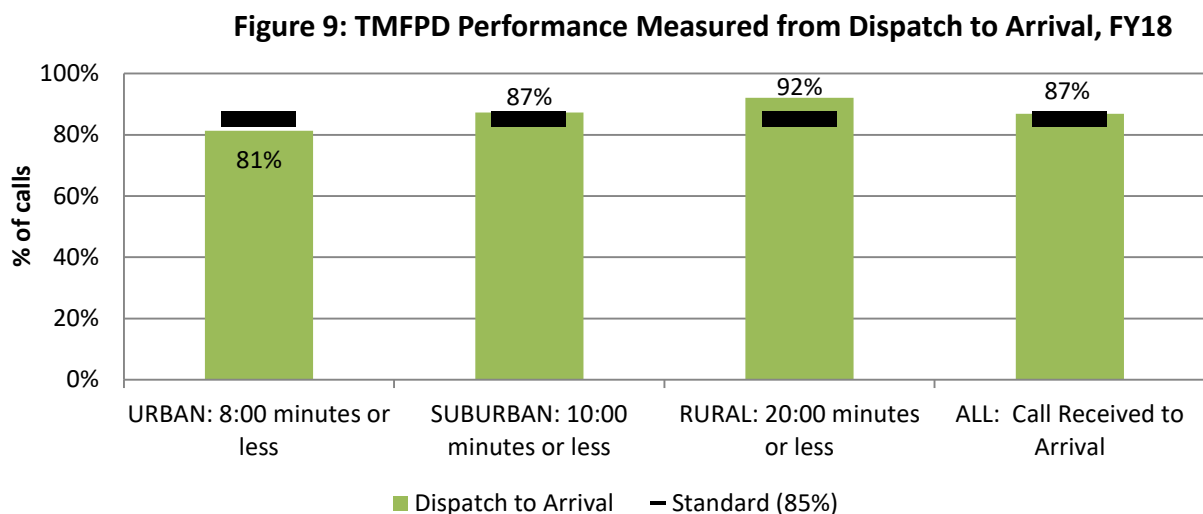
Additionally, Truckee Meadows Fire Protection District evaluates response times in close alignment with NFPA standards, measuring response time from time of dispatch to the time of arrival. This allows for independent measuring of the call processing time, which is handled by fire dispatchers.

Table 9 - Number and percentage of TMFPD EMS calls for service during FY18 that meet performance measures as measured from time of dispatch to time of arrival. These are only inclusive of calls that matched to REMSA and were categorized as a Priority 1 or Priority 2 through REMSA’s EMD process.

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	5,574	4,086	73%	1:02	1:07
URBAN: Dispatch to Arrival	8:00 minutes or less	85%	828	673	81%	5:22	6:02
SUBURBAN: Dispatch to Arrival	10:00 minutes or less	85%	4,047	3,530	87%	6:12	6:46
RURAL: Dispatch to Arrival	20:00 minutes or less	85%	610	562	92%	10:04	11:18
ALL: Dispatch to Arrival	Depends on density	85%	5,485	4,765	87%	6:23	7:13

*All calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All" row

Figure 9 illustrates the proportion of TMFPD EMS calls that met the performance standard when measured from dispatch to arrival on scene.



Special Area of Interest - Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580, just north of Carson City. There are 13 total addresses located within the defined area of interest. Duck Hill homes are within an 8-minute drive to the nearest hospital, Carson Tahoe Regional Medical Center. In the event of a medical emergency, phone towers connect a 911 call from that location to the Washoe County Sherriff's Office dispatch center where the call would be answered by the dispatchers for Truckee Meadows Fire Protection District (TMFPD).

Table 10 - provides a summary of the number of calls each agency has responded to each year. Only EMS calls were included in the table below, there were too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times.

Table 10: Number of EMS Calls for Service, Carson City Fire District, Truckee Meadows Fire Protection District, and REMSA, 2010-2017

Location	'10	'11	'12	'13	'14	'15	'16	'17	January- June 30, 2018	Total calls for service	Total calls arrived
CCFD Station 51	~	~	~	~	~	~	~	2	0	2	Unknown
CCFD Station 52	0	0	0	0	1	0	0	2	0	3	3
TMFPD Station 30	~	~	~	0	0	0	1	1	0	2	2
TMFPD Station 16	~	~	~	2	0	0	1	2	0	5	5
REMSA	1	2	0	2	2	1	1	1	2	12	7
~calls not available											

About the Washoe County EMS Oversight Program

On August 26, 2014 an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, Washoe County Health District, and Truckee Meadows Board of Fire Commissioners. The ILA created the EMS Oversight Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA, are provided on the following page.

The Program is tasked with the following:

1. Monitoring the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommending regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaboration with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identification on sub-regions to be analyzed and evaluated for recommendations regarding EMS response
7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

The signatory partners are tasked with the following:

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS

3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface⁶
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submitting recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)⁷
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)²

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

⁶ CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

⁷ DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

EMS Oversight Program Accomplishments FY18

EMS Strategic Plan Objectives

Objective 1.2 Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls.

Beginning in July 2017, a subcommittee began working on processes to determine service levels to low acuity Priority 3 calls. Calls reviewed included Omega determinants, Skilled Nursing and Urgent Care Facilities and Alpha determinants. Additional Omega determinants were activated in February 2018. An alternate response process will be implemented for Skilled Nursing/Urgent Care facilities on July 1, 2018.

Objective 2.4 Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements.

By the January 2018 EMS Advisory Board meeting, all agencies affiliated with the Inter-Local Agreement had identified response measurements.

Objective 5.1 Develop a regional set of protocols for the delivery of prehospital patient care.

In January 2018, the Washoe County EMS Protocols went into effect. This was the culmination of over a year of work with EMS partners, in reviewing all agencies' protocols already in place and creating one set for eight agencies to use. The first review of the protocols began in April 2018 and the revisions were approved by the Medical Directors in June 2018 with an effective date of July 1, 2018. The protocol committee will continue to meet on a quarterly basis to discuss possible revisions based on field crew experiences, data/trends and/or national studies.

Objective 5.2 Establish a regional process that continuously examines performance of the EMS system by December 31, 2018.

A Washoe County EMS Continuous Quality Improvement process has been drafted and was submitted to PMAC on June 13, 2018 for recommendations and approval. The mission of the Quality Improvement process is to assure the safety and health of Washoe County residents and visitors by setting and reviewing standards, recommending training, outreach, and education; fostering regional partnerships; and encouraging continuous quality improvement in EMS

care. The intent is to review and improve the process for first responders when an unusual circumstance occurs.

Additional Accomplishments

Re-establishment of the Emergency Department Consortium

The EMS Program made a concerted effort during the fiscal year to re-establish the Emergency Department (ED) Consortium. The ED Consortium has achieved active membership from Fire, EMS, acute care hospitals, mental/behavioral health hospitals, Naphcare and law enforcement agencies. The purpose of the ED Consortium is to discuss any topic that relates to the emergency departments within Washoe County.

The goal is to have the ED Consortium act as a venue for new procedures/policies and provide the environment for improvement planning with the ED as the focal point, but recognizing that all partners are impacted.

Statewide Training Developed for First Responders

Through a grant from the Nevada Governor's Council of Developmental Disabilities (NGCDD), the EMS Program worked in conjunction with the following partners to develop two training videos that include information for first responders about individuals with intellectual and/or developmental disabilities (I/DD):

- Nevada Center for Excellence in Disabilities
- Northern Nevada Center for Independent Living
- JUSTin Hope Foundation
- Nevada Aging and Disability Services Division
- CASAT at the University of Nevada, Reno
- REMSA Education and Training
- NGCDD Councilmembers

The videos provide basic information about a variety of disabilities, and strategies to use when responding to calls involving individuals with I/DD. One video is 11-minutes and designed for shift change trainings, while the second video is 30-minutes and includes a continuing education unit (CEU) for Fire/EMS personnel.

PSA for 911 Education

The EMS Program continued these efforts with a targeted marketing campaign to re-educate residents and visitors on the appropriate times to dial 911. The campaign included marketing images with the tag line “certainly a problem, but not an emergency” and a call to action to visit thinkbeforeyoudial.com for non-emergency numbers. The campaign images were posted in English and Spanish on social media, RTC interior and exterior advertisement space, and Channel 4 5-second commercials. REMSA provided in-kind support for the project by assisting with the media purchasing process through their vendor. The Program hopes to continue the messaging through the next fiscal year.

Table 11 - Illustrates the campaign evaluation measures for ad viewership and impressions.

Table 11: Facebook Campaign Data Snapshot, May 14-June 8, 2018				
Campaign	Ad Sets/Groups	Impressions	Link Clicks	CTR
Facebook (May 14-June 8, 2018)	All	211,934	2,608	1.37%
WCHD BNAE Traffic	Ad in Spanish	77,335	562	0.73%
WCHD BNAE Traffic	Ad in English	87,513	995	1.14%
WCHD BNAE Traffic	Video	47,086	1,051	2.23%

Figure 10 - Page Views for ThinkBeforeYouDial.com



thinkbeforeyoudial.com

**KNOW THE
DIFFERENCE**



Inclusion of Additional Facilities in the Mutual Aid Evacuation Annex (MAEA)

For multiple years, the EMS and Public Health Preparedness Programs have worked together to introduce the MAEA to skilled nursing, memory care and long term care facilities in Washoe County. At the end of FY18, ten of these facilities in Washoe County are members of the MAEA and are now more active members in emergency planning and preparedness. By these facilities becoming MAEA members, Washoe County has a more robust and inclusive response plan should a healthcare facility need to evacuate patients during a qualified disaster.

Multi-Causality Incident Plan (MCIP) and the Alpha MCIP

During any declared multi-casualty incident (MCI) in Washoe County, the MCIP is activated and followed by first responders and healthcare facilities. The fiscal year 2017-2018 revision process focused on refining plan details and enhancing specific plan sections to be more robust. Some revisions include the establishment of MCI levels, a change to the MCI declaration trigger and the addition of a section focused on patient considerations (burn patients, pediatrics and individuals with access and functional needs).

In addition, the EMS Program facilitated the development of a new plan for large-scale multi-location MCIs, called the Alpha MCIP. In 2016, EMS Program staff attended the EMS Today conference and heard a presentation on the Paris terror attacks that occurred in November 2015. The presenter described their "Alpha/Red Plan" which was specifically for multi-location incidents and included alternate response strategies and strategically placed medical equipment throughout the city. After the conference, the Program worked with Fire, EMS, law enforcement and hospitals to create a specific plan for large-scale MCIs or incidents that occur in multiple locations in the county. The plan allows for additional resources to activate in an emergency of this size, which is defined as 100 or more patients, or an MCI involving multiple locations.

EMS Oversight Program Goals for FY19

The EMS Oversight Program is aiming to work with regional partners to achieve the following goals within the next fiscal year.

1. Improve the continuity of care processes relating to information flow.
2. Continue the development of quality assurance program.
3. Revise the 5-year EMS Strategic Plan.
4. Continue the Public Service Announcement for appropriate uses of 9-1-1.

Draft

STAFF REPORT

EMS ADVISORY BOARD MEETING DATE: August 1, 2019

TO: EMS Advisory Board
FROM: Christina Conti
775-326-6042, cconti@washoecounty.us
SUBJECT: **Presentation and possible acceptance of an update on the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**

SUMMARY

The purpose of this item is to discuss the implementation of projects within the Washoe County EMS Strategic Plan (2019-2023), as required in the Inter Local Agreement for Emergency Medical Services Oversight.

PREVIOUS ACTION

During the EMS Advisory Board on October 6, 2016, the Board approved the presentation and recommended staff present the five-year strategic plan to the District Board of Health.

During the District Board of Health meeting on October 27, 2016, the Board moved to accept the presentation and the five-year Strategic Plan to the District Board of Health.

During the EMS Advisory Board on May 2, 2019, the Board approved the presentation and recommended staff present the 2019-2023 five-year strategic plan to the District Board of Health.

During the District Board of Health meeting on May 23, 2019, the Board moved to accept 2019-2023 five-year Strategic Plan.

BACKGROUND

The EMS Oversight Program was created through an Interlocal Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties outlined for the EMS Oversight Program.

The ILA tasks the EMS Oversight Program to “maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

Beginning in August 2018, the EMS Coordinator worked with regional partners to revise the existing EMS strategic plan. The review process began with an assessment of the remaining objectives and strategies and discussions on future ideas for improving the EMS system. The stakeholders met monthly to revise the plan and develop new strategic plan elements.

The final draft plan was presented to the EMS Advisory Board on May 2 and it was recommended to present the draft plan to the District Board of Health for approval.

Below is a list of objectives and strategies to be completed during 2019, with an update on status, if applicable, and the EMS Program staff person leading or tracking the project.

- **Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response.** (Objective 1.1, Strategy 1.1.1-Strategy 1.1.4)
Christina Conti
 - The region has determined the standard operating procedures to address responses to low acuity calls, as well as determined the data elements for process verification. Beginning July 1, 2019 the region will begin meeting annually to review the existing list of determinants and identify any additional call types to receive an alternate response.
- **Verify and revise the regional assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching closest EMS responder.** (Objective 2.1, Strategy 2.1.1) *Brittany Dayton*
- **Monitor national trends and plan for response, specifically active assailant.** (Objective 2.3) *Regional Partners/Jacqueline Lawson*
- **Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs.** (Objective 3.1, Strategy 3.1.2) *Regional Partners/Brittany Dayton*
- **As technology allows, City of Reno to implement configuration process regarding data exchange for CAD-to-CAD.** (Objective 3.2, Strategy 3.2.2) *Regional Partners/Christina Conti*
 - City of Reno and REMSA continue to discuss testing and endpoint delivery with the vendor, Central Square. Current timelines are:

- Internal testing within the Central Square VM environment start Oct 1, 2019
 - Deployment of the interface to the REMSA and Reno environments Dec 2, 2019
 - Transaction testing start Dec 8, 2019
 - Acceptance testing Jan 13, 2020
 - Training review, EDC hub administration overview Jan 13, 2020
 - Go Live Jan 27, 2020
- **In accordance with the Pre-hospital Medical Advisory Committee (PMAC) approved CQI processes create a regional team, which would work to improve the system through examination of system performance by June 30, 2019.** (Objective 4.1, Strategy 4.1.1) *Christina Conti*
 - Regional partners have been asked to identify a team member. The first meeting would be to identify and brainstorm solutions for concerns with the CQI process, as approved by the PMAC. Chief Mike Brown has been consulted on this project to assist in ensuring value to the community.
 - **Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients.** (Objective 4.2, Strategy 4.2.1) *Heather Kerwin*
 - **Develop a process to identify and report the recurrent callers in the community.** (Objective 5.1) *Regional Partners/Heather Kerwin*
 - WCHD, through the Office of the District Health Officer, is working with community partners to connect citizens in the community in need of social service programs through the use of Good Grid.
 - Heather will set up a Good Grid demonstration for the regional partners to determine if this system can help achieve the objective.

Completed “One Time” Objectives:

- **Obtain information regarding social, health and other community services that are available for recurrent callers.** (Objective 5.1, Strategy 5.2.1) *Brittany Dayton*
 - Completed and a community resources section has been added to the EMS Protocols.
- **Create a Gantt chart for the regional partners with the details of the goals.** (Objective 6.1, Strategy 6.1.2) *Brittany Dayton*
 - Completed and distributed to the EMS team, available to regional partners.

Quarterly/Annual Items Include:

- **Increase depth of resources able to respond to EMS calls for service in Washoe County.** (Objective 2.2) *Brittany Dayton*

- **Coordinate and report on strategic planning objectives quarterly.** (Objective 6.1)
 - EMS Oversight Program will continue to provide updates at each EMS Advisory Board meeting.

- **Promote the EMS Oversight Program through regional education of the EMS Strategic Plan goals and initiative.** (Objective 6.2, Strategy 6.2.1) *Christina Conti*
 - Scheduled for Council meetings during August and September 2019.

FISCAL IMPACT

There is no fiscal impact to the Board on this agenda item.

RECOMMENDATION

Staff recommends the Board approve the update on the EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be:

“Move to approve the update on the EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.”

Washoe County Health District 2019 CASPER

An Overview of Findings & Recommendations

Heather Kerwin, MPH, CPH
August 1, 2019

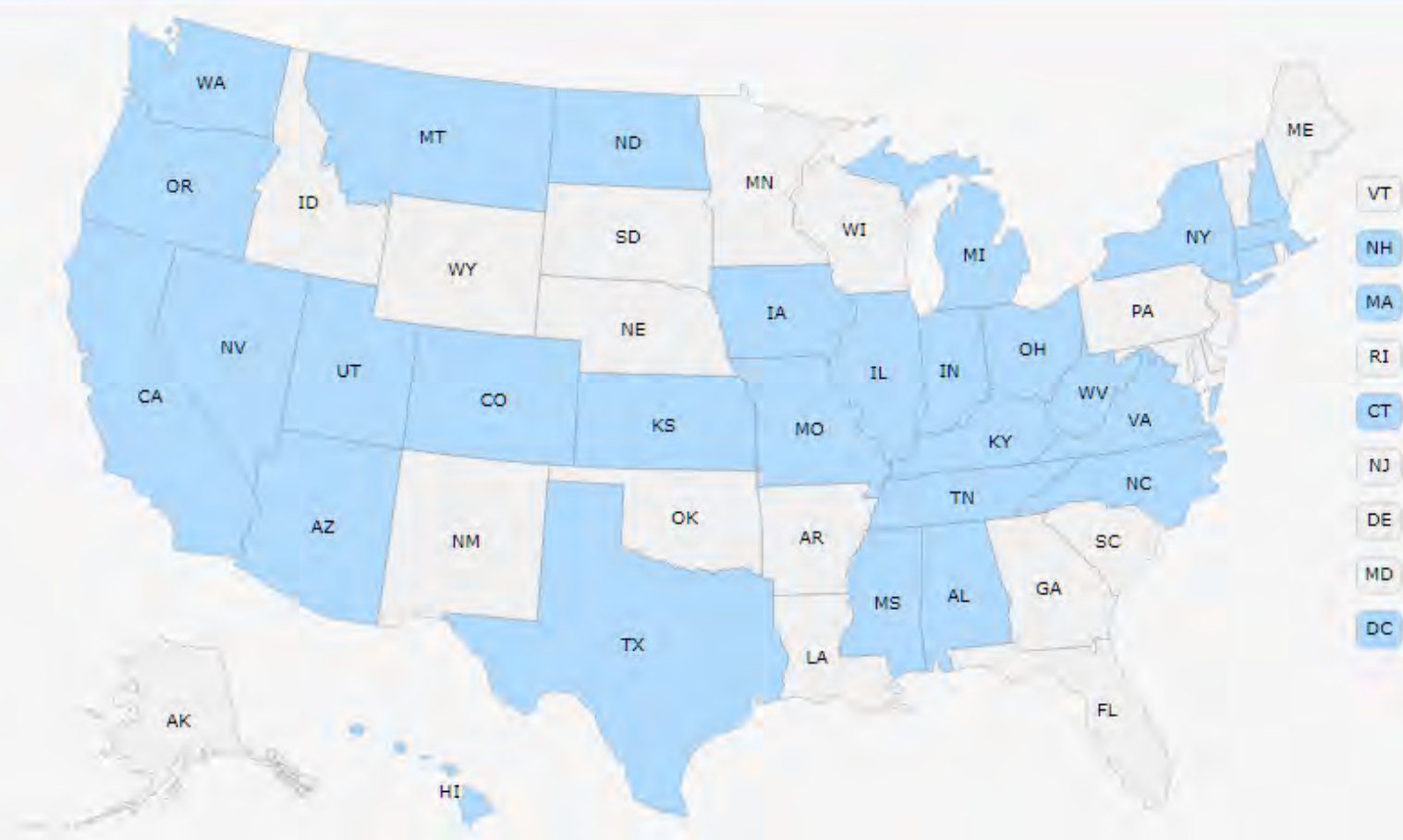
WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



Introduction to CASPER

- **Community Assessment for Public Health Emergency Response (CASPER)**
- Door-to-door survey uses validated sampling method to collect household information before, during, or after disasters
 - Health status
 - Basic needs
 - Housing/property damage
- Historically conducted during an event, assess relief efforts, and/or damages
- More recently conducted during “preparedness phase”, to inform and prevent, or to gather statistically validated and generalizable data for Community Health Assessments

Interactive Map of CASPERs



American Samoa
Virgin Islands

Puerto Rico

Alabama ▼ Go

Local and State CASPER

- WCHD CASPER purposes
 - Access and functional needs
 - Population movement to seek shelter
 - Shelter considerations
- Nevada CASPERs
 - Carson City
 - Clark County
 - Douglas County
 - Mineral County
 - Future CASPERs Lyon, Storey, Elko, Churchill
 - 4 statewide questions

Preparation for CASPER

- Statewide working group
- CASPER planning committee met for 9 months
 - Survey development, logistics, materials preparation, scheduling, training, mapping, and operations in the field



Operations in the Field

- WCHD conducted CASPER March 2019
 - 6 shifts over 4 days
 - Shifts alternated between morning to mid day, early evening to 8 PM, and a very long Saturday
- Incident Command Structure (ICS) employed during operational periods
- 3 to 5 people in Incident Command
- 4 to 9 teams in the field
- 224 out of 238 survey completed (94%)



Census Block	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
✓ CID 1	R										R	R	R									
✓ CID 2	R										R	R	R									
✓ CID 3	R										R	R	R									
✓ CID 4	R										R	R	R									
✓ CID 5	R										R	R	R									
✓ CID 6	R										R	R	R									
✓ CID 7	R										R	R	R									
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✓ CID 13	R										R	R	R									
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✓ CID 30	R										R	R	R									
✓ CID 31	R										R	R	R									
✓ CID 32	R										R	R	R									
✓ CID 33	R										R	R	R									
✓ CID 34	R										R	R	R									

✓ No answer
 R - Response (not to public health survey)
 X - 3rd visit no ans was
 H - have back later
 - - - - - no more available respondents

Select Overview of Findings

- Nearly one in three (28%) households' main source of information during an emergency is television.
- The primary method of communication during an emergency is via phone call (74%).
- Only 26% of households feel they are “well prepared” in the event of an emergency, 25% of households have a meeting place within their neighborhood, while 23% have meeting places outside their neighborhood.
- Less than half (38%) of households were aware of the emergency notification system, CodeRED.

Overview of Evacuation-related Findings

- The majority (85%) of households intend to evacuate in the event of voluntary evacuation.
- 94% of households reported they believe they could evacuate within an hour without assistance.
- About 15% of households are concerned about leaving pets.
- Nearly two in three (62%) households reported they have at least one pet and the majority (93%) indicated they would bring their pet with them if they had to evacuate.
- Most households (55%) indicating they would initially evacuate to friends or family members houses or a second home.

Recommendations

1. Provide both English and Spanish written and verbal information when possible
2. Increase community awareness about the importance of planning and redundant forms of communication
3. Increase community awareness of CodeRED
4. Shelter considerations
5. Collaborate with neighboring counties on messaging, plan development and preparedness exercises



Acknowledgements

CASPER Planning Committee

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