

EMS—Medical

The implementation of fire-based EMS provides agencies cost savings in an economy of scale based on the 53-hour vs. 40-hour work week and the fact that the fire service is a multi-function agency where EMS is a single-function entity. Cross-trained, multi-role firefighters afford their communities the following advantages:

- Continuity of patient care.
- Continuity of administration.
- Continuity of training.
- Continuity of equipment.
- Continuity of Standard Operating Procedures.
- Continuity of Medical Direction.
- Unity of command.
- The ability to deliver medical care during specialized rescue.

According to Marlene Kostyrka with Winston-Salem Fire Department, “Departments must prepare to offer Community Risk Reduction in all areas fire, medical, rescue and haz-mat. While fire departments have routinely responded to medical calls, and have helped, it is at a cost. This has been at a cost of increase mileage and fuel costs for large apparatus with three to four personnel where two personnel could efficiently handle the incident in a smaller more cost-effective vehicle.”

Below is a breakdown of information and key points related to what LCFR will need to consider a QRV program:

Program Examples – The following agencies were contacted and provided information.

A. Dekalb County Georgia

1. Two units staffed with EMT or higher personnel
2. Reduced response load on Engine Companies by 14%.
3. Average response time and turnaround time improved 26%.
4. Cost was approximately \$200,000 per truck for the vehicle and equipment.

B. Ocala Fire Department

1. Started out with 4, increasing to 6
2. 1st out on all medical calls
3. Full ALS capability with extrication equipment
4. Primary search on structure fires.
5. Decreased department maintenance costs on engines.

C. West Columbia, South Carolina

1. 1st out on medicals