



Fire Service-Based EMS Electronic Tool Kit

Resources for Leaders

This Third Edition of the Fire Service-Based EMS Electronic Tool Kit provides fire service managers and fire fighter union officials with the latest information on fire service-based emergency medical services. It includes three separate sections: Section One provides information and tools related to fire service-based EMS in general; Section Two provides specific information and tools directly related to the impact of the federal Patient Protection and Affordable Care Act (PPACA) and Integrated Community Health Care Programs (ICHCP) on fire service-based EMS; and Section Three provides critical information related to policies and practices for responding to incidents involving violence.

This resource is provided as a cooperative effort between the International Association of Fire Chiefs (IAFC), the International Association of Fire Fighters (IAFF), the Metropolitan Fire Chiefs Association, the Congressional Fire Service Institute (CFSI), and the International Fire Service Training Association (IFSTA).

If your fire service-based EMS first response system or your ambulance transport operation is currently threatened or under open attack, the IAFF and the IAFC have additional strategic and tactical resources available to assist you. These resources are customizable for your situation and are not included in this Electronic Tool Kit. To access these resources, local union affiliate leaders can contact the IAFF Department of Fire/EMS Operations at 202-824-1547 or fire department administrators can contact the IAFC EMS Section through the contact information at their web site, www.iafcems.org.

This Electronic Tool Kit contains “Talking Points” and various electronic links to documents described within the kit. The kit also contains links to other resources, including web sites and videos. Users may access these links and download resources at any time.

SECTION ONE:

FIRE SERVICE-BASED EMS GENERAL INFORMATION

The information provided in this section of the Electronic Tool Kit covers many facets of fire service-based EMS. The “Talking Points” can be used when communicating inside and outside of fire departments, including presentations to

the public, the media, elected officials, public managers and others. The content of the links address issues such as fire service-based EMS historical information, deployment and service delivery models, interaction with the medical community, system elements including treatment, transportation, training and certification, billing and collection, issues related to private EMS providers, and other important areas of interest.

RESOURCE: TALKING POINTS

- The fire department is geographically deployed throughout the community to minimize response times. The most expensive parts of the EMS system — personnel, apparatus, and facilities — are already in place to respond to fire and other emergencies. That emergency response infrastructure works very well for EMS response.
- Response time is the absolute priority for medical emergencies. Fire fighters are in the best position to respond quickly and provide vital services on scene.
- EMS has historically been a part of the fire service — especially in metro jurisdictions. EMS is not a distraction from our mission - it is a core service provided by fire fighters and paramedics within the fire department’s mission.
- Pre-hospital 9-1-1 emergency response is one of the essential public safety functions provided by the United States fire service. Fire service-based EMS systems are strategically positioned to deliver time critical response, effective patient care and scene safety.
- Of the 200 most populated communities, 97 percent have the fire service delivering pre-hospital emergency medical service response. Additionally, fire departments provide critical Advanced Life Support (ALS) response and care in 90 percent of the 30 most populated United States cities and counties.
- EMS training is part of the basic training for all fire fighters. Different levels of EMS certification exist in each state.

- Personnel are the most expensive part of any emergency response system. Fire departments are essentially “standing armies” in their communities poised to respond to an emergency. Utilizing fire fighters to provide EMS gets more bang for the buck.
- Fire fighters can work more hours in a week before being paid overtime than can private sector EMS workers, according to Federal Fair Labor Standards Act (FLSA) regulations.
- The ride in the ambulance for the sick or injured person is only part of an EMS system. A comprehensive EMS system includes rapid response, intervention, stabilization, and then transportation to a definitive care facility, if needed. The direct delivery system is backed up by a continuous training and quality improvement process that seeks to improve the level of care.
- Fire service-based EMS brings the treatment to the patient — wherever they are. Treatment by fire fighters begins immediately, even if the patient is trapped in a building that’s on fire, pinned in a car crash, or in a collapsed structure.
- The provision of EMS response, treatment, and transportation by fire fighters is seamless. One agency (the fire department) is responsible for the continuity of patient care and provides EMS within an “all-hazards” response model.
- Fire departments have very low turnover rates. Therefore fire fighters are long-term workers in their communities and know about community needs including those related to emergency medical response.
- The fire service-based EMS deployment model is more robust than any private for-profit ambulance-based EMS model. Fire fighters are deployed and ready to respond to any type of emergency. Fire fighters don’t leave town during disasters or when the going gets tough.

Resource 1-1: Prehospital 9-1-1 Emergency Medical Response — The Role of the United States Fire Service in Delivery and Coordination

This [white paper](#) discusses the origins and history of emergency medicine in the United States and the evolution of the fire service role in these services. It further explains several of the models used by fire service organizations to provide EMS, explains the differences between emergency and non-emergency EMS, and explains the capabilities of multi-role fire fighters in EMS. The paper also clarifies that EMS is not just the ambulance ride; it’s a system that includes a number of components that leverage the strengths of the fire service.

Resource 1-2: Emergency Medical Services (EMS): A Guidebook for Fire Service-Based EMS Systems

This comprehensive guide provides fire service managers and fire fighter union officials with up-to-date information on fire service-based EMS. The goals of the guide are to provide background on EMS systems; to guide managers and union officials in analyzing their EMS systems; to provide direction for system evaluation; and to guide fire department leaders confronted with competitive procurement through developing and responding to requests for proposals.

The [EMS Guidebook](#) contains nine chapters and appendix materials. The chapters cover the principles and origins of fire service-based EMS, its impact on the community, quality and effectiveness measurement, response time, system costing and revenue, competitive procurement, EMS in Canada, the role of the medical director, and the future of EMS.

Resource 1-3: Addressing Myths Often Generated by Private EMS Providers

This [document](#) details the tactics used by private ambulance service providers in seeking to convince fire chiefs and local government officials to discontinue fire service-based EMS ambulance service and turn those responsibilities over to a private company. The five myths that are generally advanced by the private contractors in these situations are detailed and rebutted.

Resource 1-4: The Benefits of Having Fire Fighters Trained in All Hazards

This [brief summary](#) provides information on the benefits and capabilities of all hazard fire fighters over single role EMS workers.

Resource 1-5: Press coverage of Private EMS System Abandonment of Service

Private EMS and ambulance service providers have a history of shutting down operations with little or no prior warning to the fire department or the AHJ. This has happened in several states, including even in the city of New York, NY. In just one of the cases that has occurred, more than 70 communities were impacted due to the shutdown of one company. No warning is provided because of the company’s concern for avoiding a pre-emptive reaction from creditors and/or stockholders. But this lack of prior notice compromises public safety when it comes to the ability to deliver emergency services. This resource provides examples of these types of situations that have occurred in recent years in the United States.

[FDNY EMS Crews work non-stop since private ambulance company Transcare declared bankruptcy](#)

[FDNY prepared to pick up slack after private ambulance company files for bankruptcy](#)

[Private Ambulance Service Serving Six States Shuts Down, Leaving Thousands Stranded in Their Homes](#)

Resource 1-6: Fire Service-Based EMS Advocates Web Site

The [Fire Service-Based EMS Advocates web site](#) is a collaboration of the CFSI, IAFC, IAFF, National Fire Protection Association (NFPA), and the National Volunteer Fire Council (NVFC). This organization exists to inform and educate members of Congress and others of the vital role and importance of fire service-based EMS.

Resource 1-7: Report on EMS Field Experiments — Multi Phase Study on Fire Fighter Safety and Deployment of Resources

[This report](#) presents the results of more than 102 field experiments designed to quantify the effects of various fire service-based EMS deployment configurations for three different scenarios: 1) patient access and removal from the incident scene, 2) a victim of systemic trauma due to a long distance fall and 3) a patient with chest pain leading to a cardiac arrest.

Resource 1-8: Video — National Medical Report

[This video](#) explains the role of the fire service in EMS. It is suitable for viewing by the public to explain the basic concepts of fire service-based EMS.

Resource 1-9: US Fire Department Profile

A recent [NFPA profile](#) of the fire service in the United States showed that an estimated 13,665 fire departments provided EMS with basic life support, 4,635 departments provided EMS with ALS. [Read more.](#)

Resource 1-10: Fire Service-Based EMS — The Right Response Video

This video explains why prehospital 9-1-1 emergency response is one of the essential public safety functions provided by the United States fire service in support of community health, security and prosperity. Fire service-based emergency medical services (EMS) systems are strategically positioned to deliver time critical response and effective patient care. Fire service-based EMS provides this pivotal public safety service while also emphasizing responder safety, competent and compassionate workers, and cost-effective operations.

It is critical that policy makers understand the importance of having emergency medical services provided through the fire service. Fire service-based EMS is prehospital emergency 9-1-1 medical response provided by the nation's fire fighter EMTs and paramedics. Due to the training, expertise, and equipment of fire service-based EMS responders, they are capable of simultaneously securing a scene, mitigating the hazard, and triaging, extricating, treating, decontaminating (if necessary), and transporting the patients who have been injured to an appropriate medical facility. Time efficiency is a key component of the best designed EMS systems. There is no service more capable of rapid multi-faceted response than a fire-based EMS system.

As the federal, state, and local governments consider their strategic plans for an 'all hazards' emergency response system, EMS should be included in those considerations and decision makers should recognize that the U.S. fire service is the most ideal prehospital 9-1-1 emergency response agency.

“Fire-Based EMS: The Right Response” Video



SECTION TWO:

FIRE SERVICE INTEGRATED COMMUNITY HEALTHCARE PARTNERSHIPS

There are many challenges and opportunities facing fire service-based EMS Systems as Integrated Community Healthcare Partnerships continue to evolve. There is some urgency for leaders across the full spectrum of the fire service to engage potential healthcare partners at the local level to ensure that fire departments are not excluded from local partnership opportunities. Developing partnerships with local community healthcare providers will provide opportunities for fire service leaders to enhance fire service-based EMS delivery systems.

This section of the Electronic Tool Kit is dedicated to providing information about the opportunities that might present themselves to fire service leaders as they design and manage adjustments to their fire service-based EMS systems. New and enhanced partnerships by fire departments with various entities in the healthcare community and others are sure to be important as this new EMS paradigm is more clearly defined and fully implemented.

If your department is interested in more information on opportunities to deliver Community Paramedic (Community Health Care) Services, local union affiliate leaders can contact the IAFF Department of Fire/EMS Operations at (202)824-1547 or fire department administrators can contact the IAFC EMS section via the web at www.iafcems.org

Just as in Section One of the Tool Kit, there are “Talking Points” for use when communicating inside and outside of fire departments, including meetings with the medical community, as well as presentations to the public, the media, elected officials, public managers and others. There are also links to information to assist fire department managers and local union officials as they design their approach to taking advantage of opportunities presented when Fire Departments choose to initiate Integrated Community Healthcare Programs.

RESOURCE: TALKING POINTS

- The fire service is the predominant EMS provider in the United States.
- Fire stations are strategically located throughout the community, providing minimal response times and excellent locations for healthcare outreach and community educational/informational sessions.
- Fire fighter/ EMT’s and paramedics routinely work in the patient’s environment. Living conditions, social

deterrents, family support, socio-economic factors and other environmental factors of total healthcare management are easily assessed.

- Fire service-based EMT’s and paramedics are sworn to protect the community they serve, enjoying an excellent reputation and credibility within the community.
- Fire service-based EMT’s and paramedics should be seen as gatekeepers to the healthcare system. As the first contact for many patients, the only contact that does not require a waiting room, they are uniquely positioned and trained to connect patients to the most appropriate, cost effective healthcare resource.
- Historically, fire service-based EMS systems have not been conditioned to the traditional fee for service payment system. In fact, quality of care measures, such as patient outcomes, community save rates, event to balloon time, and low response times have been the leading measures of effectiveness for fire service-based EMS systems. Fire service-based EMS systems are service and outcome driven.
- Fire service-based EMT’s and paramedics work under protocols designed and approved by a licensed physician. This environment provides an increased compliance rate for the consistency of care for organizational and system-wide procedures.
- Fire service-based EMT’s and paramedics are the only healthcare workforce that can administer care in any hazardous situation.
- Fire fighter / Paramedics are uniquely equipped to provide preventative healthcare tips to community members and specific target audiences. Throughout the country, fire service-based EMT’s and paramedics provide public education on a daily basis on subjects like health and wellness education, prevention and other topics.
- Fire service-based EMT’s and paramedics provide



healthcare services in more diverse environments than any other healthcare workforce. In the same 24 hour period, a Fire fighter/Paramedic can deliver care in a home, an alley, a nursing home, a care home, a vehicle, a hospital, a jail and a city park. This diversity in work environments provides tremendous opportunity for the healthcare system to benefit from the unique perspectives Fire fighter/Paramedics can provide to the healthcare needs of a community.

- Unlike many healthcare settings and offices, Fire service-based emergency medical service is available 24/7/365.
- Fire service-based EMS services are supported through 24 hour Public Safety Answering Points (PSAP) and dispatch centers; centers that offer opportunities for partnerships to coordinate community-wide healthcare triage and follow-up services.
- A fire service-based EMS system is an essential resource in achieving the Triple Aim of the Patient Protection Affordable Care Act (PPACA): reducing cost, improving the health of a population, and improving the quality of care.
- Fire service-based Fire fighter/Paramedics should not be overlooked as a resource to help hospitals reduce readmission rates by implementing an out-of-hospital patient follow-up program.
- A fire service-based EMS system acts as a safety net for the healthcare needs of an entire community. Leveraging the inherent strengths of such a system with community-wide healthcare partners will provide stakeholders with the opportunity to improve the quality of care at a reduced cost.
- A Fire Service-Based EMS System introduces programs that provide alternative care options to streamline services — and should include a cost recovery plan.

Resource 2-1: Opportunities are Changing Fire Service-Based EMS Systems

This [document](#) provides advice for local union officials and fire chiefs to prepare them to better assess, and potentially implement, significant changes that are affecting the structure and provision of emergency medical services (EMS).

Resource 2-2: Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care

This [Journal of the American Medical Association \(JAMA\) article](#) concludes that current payment models for emergency medical care may be a disincentive for EMS

providers to avoid unnecessary emergency room visits for customers that they contact in the field. This situation limits the role of first responders in the overall health care system. The report also recommends changes to these payment models to improve care and reduce expense.

Resource 2-3: The Expanded Role for EMS under Health Care Reform

[This paper](#) explores the role of fire-based EMS providers in the health care system with the implementation of the PPACA and the possible impacts on local fire departments.

Resource 2-4: National Consensus Conference on Community Paramedic

[This report](#) purports to be a National Consensus Report though it lacks any fire department-based representation. However, there are helpful insights on reimbursement section that are useful in the mobile integrated healthcare arena.

Resource 2-5: What is the Medical Community Looking for from EMS?

[This EMS Insider article](#) discusses changes to the emergency medical system that will occur upon the implementation of PPACA. The author discusses the concept of “mobile healthcare” and changes to the healthcare payment system that are also part of the PPACA. The article also includes a number of examples of cost-saving innovations.

Resource 2-6: Fire Service-Based EMS Community Healthcare Provider Programs

[This PowerPoint presentation](#) provides information about the new environment in which fire service-based EMS will be provided. The program includes information on incentives and disincentives for emergency medical services providers, hospitals, and other health care providers. The development of partnerships between the fire service-based EMS provider and other components of the health care system is encouraged.

Resource 2-7: IAFF Fire Service-Based EMS Community Health Care Position Statement

The official [IAFF position statement](#) on the use of fire fighters, EMT's and paramedics in the larger community health care system — also known as “community paramedics”. The statement advocates services such as on-scene response, “frequent caller” programs, in-home evaluation of high-risk patients, and enrollment assistance for those without healthcare insurance.

Resource 2-8: A Brave New World - Opportunities Abound for Fire Service-Based EMS

[This article](#) from Fire Chief Magazine details ten opportunities that may be presented to fire service-based EMS organizations related to the implementation of the PPACA. The article concludes with advice to fire chiefs and local union officials - continually demonstrate innovation to our stakeholders; collaborate with local healthcare systems and with each other; and advocate for those they protect and serve.

Resource 2-9: Fire Service-Based Integrated Community Healthcare Partnership Programs — Success Stories

Many fire service-based EMS systems have developed and implemented innovative and successful integrated community healthcare partnership programs. This resource provides current examples that have strengthened EMS service delivery models in various ways.

A. Community Health Service Delivery Model — Chandler, Arizona

[This paper](#) introduces the Chandler, AZ, Fire Department's Community Health Service Delivery Model. This model details the expansion of service provision, leveraging existing resources to meet the changing health care needs of the community. The model also includes partnering with existing community providers to meet the tenants of the PPACA.

B. Mesa Fire and Medical Department Transitional Response

The Mesa Fire Department aims to be on the cutting edge in delivering service to its citizens. So the department has developed a new service model to increase efficiency and live within budgetary constraints.

[Mesa Fire Department Implements Transitional Response Vehicles Program](#)

[Mesa's PA unit eases load for 1st responders](#)

C. Dallas, Texas

The mobile integrated health program is meant to make the "Rescue" side of Dallas Fire-Rescue more proactive, rather than just reactive. Currently, a team of five paramedics are making scheduled house calls to people who call 911 frequently.

[Dallas Fire-Rescue program helps reduce 911 calls by frequent EMS users](#)

[Dallas Fire-Rescue: Paramedic 'house calls' pilot program showing early signs of success](#)



D. Buckeye, Arizona CHCPP

Success of Buckeye's [Pilot Community Paramedicine Program](#) Demonstrates Positive Impact on Patients' Recovery.

E. Kent, Washington

[FD CARES](#) was established in 2010 by a team of fire fighters, healthcare providers, and technology professionals at the Kent Fire Department Regional Fire Authority in Washington State. The work of FD CARES is made possible by strategic partnerships with the International Association of Fire Fighters, Washington State Council of Fire fighters, Washington State Nurses Association, King County EMS, Tri-Med Ambulance, Premera, Multicare, and UW Valley Medical Center.

F. Milwaukee, Wisconsin

A [new concept](#) for the Milwaukee Fire Department (MFD) — paramedics treating patients before they call 911.

SECTION THREE:

RESPONSE TO INCIDENTS INVOLVING VIOLENCE

Fire fighters are often exposed to the potential of becoming victims of violence in the performance of their duties. This hazard seems to be greatest when fire department units respond to EMS incidents. The ratio of EMS incidents to other types of emergency responses is typically much higher, making the hazard even greater. These high risk incidents often involve domestic violence, assault, mental health issues, active shooters, and acts of terrorism.

Section Three of this Tool Kit is intended to bring special attention to these hazards and provide information and resources that might be helpful in preventing violence-related fire fighter injuries and deaths. All

emergency response personnel are at risk in these situations. Responders, and dispatch personnel alike, must be especially vigilant when identifying and dealing with any incident that has the potential of resulting in violence towards the responders. Interagency cooperation and communications are a must for effective joint response, and all related systems should be in place well before an incident occurs.

Resource 3-1: IAFF Policies

The IAFF has established multiple policies related to response to violence particularly in the area of responding to an active shooter event.

- **Member Response to Active Shooter**

- [Active Shooter Position Statement](#)

- **Active Shooter**

- [Active Shooter Resolution](#)

- **Rescue Task Force**

- [IAFF Rescue Task Force Position Statement](#)

- **Tactical EMS**

- [SWAT Medic Position Statement](#)

Resource 3-2: First Responder Guide for Improving Survivability in Improvised Explosive Device and / or Active Shooter Incidents- DHS

Recent improvised explosive device (IED) and active shooter incidents reveal that some traditional practices of first responders need to be realigned and enhanced to improve survivability of victims and the safety of first responders caring for them. This Federal, multi-disciplinary first responder guidance translates evidence-based response strategies from the U.S. military's vast experience in responding to and managing casualties from IED and/or active shooter incidents and from its significant investment in combat casualty care research into the civilian first responder environment.

- **[First Responder Guide for Improving Survivability](#)**

Resource 3-3: Urban Fire Forum (UFF) Position Statement — Active Shooters

Today's fire service faces greater challenges than ever before and responds to a broader spectrum of emergency and catastrophic events. These papers are critical resources for departments to assess community risk and establish best practices for usual and extraordinary circumstances.

[Active Shooter and Mass Casualty Terrorist Events Position Paper](#)

[Fire Service Deployment: Assessing Community](#)

[Vulnerability](#)

Resource 3-4: Possible Indicators of Mental Illness

[This list](#) was developed by the Georgia Association of Chiefs of Police Mental Health Ad Hoc Committee to Address Mental Health Issues in Law Enforcement, Mental Health and Law Enforcement Encounters: A Review of Current Problem and Recommendations.

Resource 3-5: USFA / FEMA Active Shooter Guide

This paper was developed as a fire and Emergency Medical Services (EMS) resource that can be used to support planning and preparation for active shooter and mass casualty incidents (AS/MCIs). These complex and demanding incidents may be well beyond the traditional training and experience of the majority of fire fighters and emergency medical technicians.

- **[U.S. Fire Administration](#)**

Resource 3-6: Active Shooter Incident Management Checklist

The Active Shooter Incident Management Checklist is designed for basic complexity through moderate complexity Active Shooter Events in a generic approach suitable for most communities. However, the Checklist will not be suitable for ALL communities. Each agency must evaluate if this Active Shooter Checklist is appropriate for their community, their staffing, and their risk.

- **[Active Shooter Incident Management Checklist](#)**





[This JEMS article](#) provides information about the importance of interagency cooperation and specialized training for fire service-based EMS providers who might encounter IED's. It is intended to help departments with issues relating to readiness and response. Preplanning, situational awareness, and a strong emphasis on fire fighter safety are critical to these incidents, just as they are to other high hazard situations. With IED's — caution is the word of the day!

Resource 3-10: Responding to Civil Unrest: Miami Protocol (NFPA)

When the Fire Chief of the City of Miami Department of Fire-Rescue declares that any condition in the City has attained, or threatens to attain the proportions of a [civil disturbance](#), response protocols are implemented.

Resource 3-11: Responding to Domestic Violence

This PowerPoint presentation was adapted from the curriculum created by the New Hampshire Bureau of EMS, the National Health Initiative on [Domestic Violence](#), and the Family Violence Prevention Fund.

Resource 3-12: Three Ways Fire fighters can Mitigate Violence

Fire fighters and medics are attacked with increasing frequency, follow [these steps](#) to shift the survival odds.

CONCLUSION

The purpose of this Fire Service-Based EMS Electronic Tool Kit is to better inform leaders in their decision-making and the design of service delivery models. It provides background information and resources to assist in dealing with a variety of issues regarding fire service-based EMS in general, and opportunities that may exist for fire departments within integrated community healthcare partnership programs. This latest edition also provides resources to assist fire departments in addressing the growing concern of incidents involving violence towards fire fighters and other responders. The information contained in this Tool Kit covers many facets of fire service-based EMS. As the range of service delivery challenges and opportunities become more varied and complex, fire department leaders must be well informed so that they can best decide what information best suits their specific situation and needs. The creators of this document hope it helps decision-makers do just that. ■

Resource 3-7: IAFC Policy: Active Shooter and Mass Casualty Terrorist Events

Given the recent spate of what has become known as “active shooter” scenarios unfolding across the nation, fire and police departments, regardless of size or capacity, must find ways to marshal appropriate and effective responses to these events. Therefore, local jurisdictions should build sufficient public safety resources to deal with active shooter scenarios.

■ [Active Shooter and Mass Casualty Terrorist Events](#)

Resource 3-8: Philadelphia FD RAMS

The traditional EMS response to active shooter incidents has been to stage at a safe distance until the scene has been secured by law enforcement. Such an approach may lead to unnecessary delays in medical care and needless loss of life. To address this issue locally, the Philadelphia Fire Department and the Police Department collaborated to develop the Rapid Assessment Medical Support (RAMS) program.

■ [Rapid Assessment Medical Support \(RAMS\) for Active Shooter Incidents](#)

Resource 3-9: Response to Incidents Involving IED's

Fire departments are called upon to respond to many challenges, including suspicious packages, bomb threats, and more recently — Improvised Explosive Devices (IED's).