



CITY OF FOUNTAIN VALLEY

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August 23, 2022

The Honorable Erick L. Larsh
Presiding Judge
Orange County Superior Court
700 Civic Center Drive, West
Santa Ana, CA 92701

RE: Grand Jury Report: *WHERE'S THE FIRE? – Stop Sending Fire Trucks to Medical Calls*

Dear Presiding Judge Larsh:

The Fountain Valley City Council, City Manager's Office, and Fire Department have reviewed the May 16, 2022 Orange County Grand Jury report, *WHERE'S THE FIRE? – Stop Sending Fire Trucks to Medical Calls*. We thank the Grand Jury for its interest and consideration of the important public issues of Fire and Medical Services. The City of Fountain Valley is providing the following response, in accordance with California Penal Code Section 933.05 (a) and (b).

Finding # F1:

Despite fire departments throughout Orange County having evolved into emergency medical departments, most have not updated their emergency response protocols accordingly, but have simply absorbed emergency medicals into their existing fire response models.

Response: The FVFD disagrees wholly with this finding.

While it is true that the model for operating at the Fountain Valley Fire Department has not *radically* changed, that is because the model was purposefully designed to deliver all-risk emergency services from its inception in 1964. Apparatus, equipment, fire station locations and staffing were planned to enable the Fire Department to respond quickly throughout the City to deal with medical emergencies, rescue situations, hazardous situations, as well as fire suppression.

The Fire Department's initial first aid and inhalator services were the best level of care possible in the 1960's, but were rudimentary by today's standards. The California fire service led the effort in 1969 and 1970 to implement paramedic programs throughout the state. In 1970, the Wedworth-Townsend Paramedic Act was signed into law, establishing the parameters for implementing paramedic programs. The Orange County Fire Chiefs'

Association developed a master plan for paramedic services in Orange County¹ in 1974. This document served as the guide in the development of a planned, strategic and seamless countywide fire service based paramedic delivery system. This document also set-forth responsible entities for critical support of the paramedic system, including the County Health Department, County Communications Department, base hospitals, receiving hospitals and teaching institutions. In the "Forward" section of the document, it states, *"While it is agreed that the approach contained herein represents a complete demarcation from traditional service methodology, it is nonetheless valid to the task at hand and remains highly responsive to citizen demand for optimum service at reasonable levels of expenditure."* Fountain Valley's Fire Department was part of this countywide system, and the City's paramedic program was implemented in 1975. The emergency medical services system delivered by Fountain Valley Fire Department and other fire departments in Orange County did not "evolve," it was premeditated and thoughtfully designed to efficiently provide outstanding care to the sick and injured.

The Fountain Valley Fire Department has made calculated refinements to its emergency medical service delivery system over the last 47 years. Paramedic services were added to the advanced first aid services delivered by the Fire Department in 1975. Initially, the basic life-support medical services delivered by engine companies were backed-up by paramedic firefighters who responded in a small medic "squad" unit. All non-paramedic firefighters were trained beyond advanced first aid to become level-one emergency medical technicians.

In 1995, Fountain Valley's Fire Chief doubled the advanced life-support (ALS) coverage in the City by re-assigning paramedic firefighters from the medic squad to the engine companies. Both engine companies were designated as an ALS paramedic unit. This provided the public with a faster paramedic response and eliminated the costs of purchasing, operating and maintaining an additional fire department unit (the medic van). The Department's ladder truck company was upgraded to become a paramedic assessment unit in 2003, to better meet service demands.

The City of Fountain Valley has always contracted for ambulance transportation services with private ambulance companies. In 1998, the City improved the delivery of emergency medical services and secured a source of EMS financing through a public-private partnership with Care Ambulance Service.

On February 25, 2012, Fountain Valley Fire Department's ladder truck company was upgraded to deliver full ALS paramedic service along with the engine companies. This enhancement improved paramedic response times during peak call load periods and tripled paramedic service and coverage in the City. This model remains highly effective and supportive of the City needs, especially with increased call loads over the last decade. As late as December 2020, the Fountain Valley Fire Department was still making changes in its delivery system for the benefit of the public

¹ Master Plan Fire Protection Services Emergency Medical Services Element (Paramedics). Orig. 22 February 1974, Rev. 1 May 1976. Master Plan Committee, Orange County Fire Chiefs' Association.

Finding #F3:

ALS staffed ambulances or smaller squad vehicles are often the most appropriate response to medical calls and do not compromise the quality of medical care

Response: The FVFD wholly disagrees with this finding.

Having the proper distribution and concentration of emergency response resources is essential to meeting the needs of the community. Emergency response resources must be located in the most advantageous locations and staffed with an adequate quantity of personnel regardless of whether crews are responding to a medical emergency or a structure fire. As previously mentioned, after 1995, the Fountain Valley Fire Department reorganized its operational deployment model by removing the "paramedic van" from service and splitting paramedics normally staffing the van onto the two fire engines, eliminating the need for, and cost of, the paramedic van. As such, the fire engines were upgraded to ALS and staffed with four (4) personnel. The following five critical operational objectives were achieved with this reorganization: 1. The ALS resources within the City were doubled, and later tripled with the addition of an ALS truck company 2. ALS response times within the City were decreased by providing ALS coverage from both fire stations, 3. Four-person staffing on the engines and truck expedited fire suppression capabilities, 4. With multiple ALS units and four-person staffing, redundancy was built into the response model for both ALS and all-risk emergency responses, and 5. The reorganization was completed without adding any additional staff and provided emergency "All-Risk" response that can handle any emergency call; not just medical calls.

Finding #F4:

There has been a breakdown of communication and trust between OCEMS and Orange County Fire Chiefs.

Response: The FVFD partially disagrees with this finding.

The Orange County Fire Chiefs have remained steadfast in making every effort to create and foster strong relationships with the current LEMSA (OCEMS); however, the willingness to communicate, collaborate, and allow the OC Fire Chiefs to participate in important discussions, prior to establishing policy, has been challenging. As an example, the OC Fire Chiefs requested the creation of an advisory group to discuss LEMSA matters in policy and the field prior to implementation. An advisory group that is not permitted to provide advice is very frustrating and is a wasted cause if improvement does not take place. Not surprising, frustration leads to a loss of trust in LEMSA policies being placed into practice prior to discussing them, understanding who the stakeholders are who will be carrying out those policies. For decades, the OC LEMSA was trusted because of strong communication, reasonable expectations, and continual collaboration with the OC Fire Chiefs; these characteristics require a handshake. The OC Fire Chiefs have consistently asked for opportunities to communicate, discuss reasonable expectations, and foster continued collaboration with the OC LEMSA. The breakdown in communication that the Grand Jury speaks of in F4, most certainly is not from a lack of effort on the part of the OC Fire Chiefs; moreover, there has been a loss of trust in the LEMSA, by the OC Fire Chief's, and not the

inverse. The OCFCA remains willing and capable of embracing this essential relationship with the leaders of the OCEMS.

Finding #F5:

Over-deployment of firefighters for medical calls contributes to the current climate of forced hiring and firefighter fatigue.

Response: The FVFD wholly disagrees with this finding.

There are many factors to consider when determining adequate fire department staffing such as, but not limited to: 1. NPFA 1710 – adequate staffing for the fire service, 2. Call load, and 3. Specific community target hazards. Once appropriate staffing is determined, the fire chief develops a deployment model that best utilizes the number of firefighters on duty. Quite often, Fountain Valley's two fire stations are among the busiest stations within the Metro Net cities. Therefore, providing an adequate number of firefighters, on duty daily, is critical to ensuring there is response redundancy beyond automatic and mutual aid agreements. There are many times throughout the day when multiple calls occur at once. The peak call load events are managed with assistance from automatic and mutual aid agreements with surrounding cities; however, it is important that automatic and mutual aid not be utilized to fill gaps within an understaffed community. Whether in a robust season of service retirements or busy wildland season, it is clear that these are temporary occurrences. These types of events do not play a regular daily role of burden on fire based EMS and are simply transient periods of time. The FVFD deployment does not utilize force hiring to backfill firefighters for medical calls.

Finding #F9:

OCEMS has the authority and responsibility to inspect all for-profit ambulances operating in Orange County; however, publicly owned ambulances are not automatically subject to OCEMS oversight.

Response: The FVFD partially disagrees with this finding.

According to Section 1797.201 of the California Health & Safety Code (Division 2.5, Chapter 4, Article 1), unless a city or fire district knowingly and intentionally waives its rights by signing an agreement with a county that includes specific language expressly waiving its rights, then the city retains all rights, remedies, and privileges regarding the provision, administration, and operational control of all prehospital emergency medical services within its jurisdiction including, but not limited to: 1) the continued receipt and processing of "requests for emergency medical assistance," including all 9-1-1 calls by a "live-caller," the dispatching of prehospital emergency ambulances, apparatus, and personnel, and all functions related to operating a Public Safety Answering Point including Emergency Medical Dispatch; 2) the continued provision of "prehospital transport services," including emergency ambulance response and patient transport services; 3) the continued provision of "prehospital non-transport services," including Advanced Life Support provided by Firefighter/Paramedics, Basic Life Support provided by Firefighter Emergency Medical Technicians. The county EMS agency, in contrast, determines the medical or patient care

aspects of the EMS system, such as what procedures are medically appropriate, the dosage of drugs, etc., but all administrative and operational decisions are the sole purview of the individual cities.

The legislative intent of Section 1797.201 is to keep control of EMS at the most localized level, rather than at the county level, so that it is more responsive to the needs of the citizens. There are also financial implications involved, which is why counties throughout the state are attempting to subvert the 1797.201 rights of cities. It is important to note that once a city gives up its 1797.201 rights to county government, it loses annual cost recovery revenue that would have otherwise been put back into the city for the benefit of the citizens, who will also forever forfeit their ability to decide how their EMS is provided, and who provides it, having those decisions instead made by county government instead of local policy makers.

The FVFD respects the authority and responsibility that is held by OCEMS to inspect for-profit ambulances in Orange County. Fountain Valley leases its ambulances from a private for-profit ambulance company; however, FVFD does support such inspections and recommendations as a quality control element to the overall EMS emergency transport system.

Recommendation R1:

As recommended in 2012 and 2014 OCFA Standards of Coverage and Deployment Plans, as well as other studies, the Grand Jury recommends that, by 2024, all Orange County fire agencies utilize criteria-based dispatch protocols and send a single unit response to those incidents triaged as non-live-threatening (BLS).

Response: FVFD wholly disagrees with this recommendation, as it is unwarranted and unreasonable.

Criteria based dispatch has been in place for Orange County Fire Departments for over 20 years. All calls that come in through 911 are screened and put through an Emergency Medical Dispatch protocol approved by the LEMSA Medical Director and reviewed yearly. Criteria Based Dispatch guidelines are based on the level of care required for the patient, the urgency for the care to be given, and specific medical criteria for determining response.

The FVFD regularly sends a single unit response, with an ambulance, to most medical calls. Calls that have been identified as needing additional support, such as major automobile accidents or multi-casualty incidents are provided additional units; otherwise, the closest and most appropriate single "all-risk" unit is dispatched to medical calls. Responding units are updated while responding to the call; however, the unit has already been enroute since moments after the 9-1-1 call was received. If the call is determined to be non-life threatening, the unit's response is "downgraded." Many times, units already enroute to a medical call are "upgraded" for reasons such as a cardiac arrest, stroke, or extreme allergic reaction where a single minute may determine the difference from saving a life or not. Allowing units to remain in quarters and holding dispatch, can be the difference between life and death of a patient. Additionally, fire engines and smaller response units are bound by the same travel speeds and DOT regulations. A smaller vehicle does not arrive any

sooner than a fire engine to medical aids as regulated by speed limit laws and that even while driving with lights and sirens (code 3) emergency units are “requesting right of way” and therefore, must travel at the same speeds and negotiate traffic in precisely the same manner.

Recommendation R4:

While OCEMS should recognize how certain policy changes may pose operational challenges to emergency responders in the field, fire leadership should recognize and respect the independent oversight authority and expertise of OCEMS.

Response: FVFD partially disagrees with this recommendation (reference F4 response).

The legislative intent of Section 1797.201 is to keep control of EMS at the most local level, rather than at the county level, so that it is more responsive to the needs of the citizens. There are also huge financial implications involved, which is why counties throughout the state are attempting to subvert the 1797.201 rights of cities. It is important to note that once a city gives up its 1797.201 rights to county government, it forever forfeits its ability to decide how their EMS is provided, and who the provider will be.

Orange County Fire Departments provide an all-hazard response infrastructure meeting the routine and catastrophic emergency needs of all communities regardless of the nature of the emergency. This is accomplished by each Orange County City strategically deploying fire apparatus based on geographic and community needs. The evolution of a fire based EMS service model has revolutionized stroke centers, cardiac centers, and trauma centers. Time is a critical component to a successful EMS system. The service most capable of rapid multi-faceted response, rapid identification and triage to the appropriate facility is a fire service-based EMS system and requires strong collaboration between fire leadership and EMS authority.

The Fountain Valley Fire Department recognizes and respects the oversight authority and expertise of the OCEMS as it relates to policy. It is equally important that OCEMS recognize all components of Advanced Life Support provider missions within the county as it relates to policy, service response, field experience, ALS unit availability and time on task. The FVFD views Recommendation 4 as a statement that should be mutually embraced and understood by both fire leadership and OCEMS. The FVFD feels this recommendation has been implemented by fire leadership and remains hopeful that OCEMS will work to do the same.

Response R5:

Departments with publicly owned ambulances should allow OCEMS to inspect their ambulances for compliance with State EMS guidelines and adopt OCEMS recommendations.

Response: The FVFD partially disagrees with this finding (F9).

According to Section 1797.201 of the California Health & Safety Code (Division 2.5, Chapter 4, Article 1), unless a city or fire district knowingly and intentionally waives its rights by signing an agreement with a county that includes specific language expressly waiving its rights, then the city retains all rights, remedies, and privileges regarding the provision, administration, and operational control of all prehospital emergency medical services within its jurisdiction including, but not limited to: 1) the continued receipt and processing of "requests for emergency medical assistance," including all 9-1-1 calls by a "live-caller," the dispatching of prehospital emergency ambulances, apparatus, and personnel, and all functions related to operating a Public Safety Answering Point including Emergency Medical Dispatch; 2) the continued provision of "prehospital transport services," including emergency ambulance response and patient transport services; 3) the continued provision of "prehospital non-transport services," including Advanced Life Support provided by Firefighter Mobile Intensive Care Paramedics, Basic Life Support provided by Firefighter Emergency Medical Technicians.

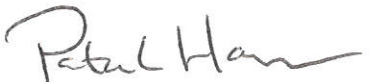
The county EMS agency, in contrast, determines the medical or patient care, aspects of the EMS system, such as what procedures are medically appropriate, the dosage of drugs, etc., but all administrative and operational decisions are the sole purview of the individual cities. .201 places the inspection rights of ambulances with city and not the county. The City of Fountain Valley is a .201 city; however, it does not own any ambulances, and therefore, has not collaborated with OCEMS for ambulance inspections or recommendations.

The FVFD respects the authority and responsibility that is held by OCEMS to inspect for-profit ambulances in Orange County and supports "recommendations" for its leased ambulances, that are privately owned, to be inspected. However, since FVFD ambulances are contractually leased, the city is not the responsible party to arrange ambulance inspections with OCEMS, either publically or privately, as it does not own any of the ambulances.

As noted previously, the City does continuously evaluate all of its service delivery methods and will continue this practice.

Thank you for providing the City of Fountain Valley the opportunity to respond and offer additional facts regarding the provision of emergency medical services in our City.

Sincerely,



Patrick Harper, Mayor

8-23-2022

Date