



CITY OF NEWPORT BEACH

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August 23, 2022

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

Subject: Report of the Orange County Grand Jury – “Where’s the Fire?
Stop Sending Fire Trucks to Medical Calls”

Dear Presiding Judge Larsh,

The City of Newport Beach (City) appreciates the time and effort the Grand Jury spent on the development of their report, “Where’s the Fire? Stop Sending Fire Trucks to Medical Calls.

The City Council has reviewed the report and authorized the attached response to the findings and recommendations noted in the report. This response is submitted on behalf of the City of Newport Beach and the City of Newport Beach Fire Department. The City values the opportunity to respond to the report, share our perspective, and provide firsthand knowledge to each of the issues requested by the Grand Jury.

If the City of Newport Beach can provide additional information or clarification of our response, please do not hesitate to contact Fire Chief Jeff Boyles (jboyles@newportbeachca.gov).

Sincerely,



Kevin Muldoon, Mayor
City of Newport Beach

Enclosure: City of Newport Beach’s Response to Findings and
Recommendations

cc: Grace Leung, City Manager
City of Newport Beach Council Members
Fire Chief Jeff Boyles



NEWPORT BEACH FIRE DEPARTMENT

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JEFF BOYLES
Fire Chief

DATE: August 23, 2022

RE: Response to the 2021-2022 Orange County Grand Jury Report

FROM: City of Newport Beach

BACKGROUND

The Orange County Grand Jury Report (Report) was publicly released on May 16, 2022. It is important to note, since May 2020, a National Public Health Emergency Declaration, a Presidential National Emergency Declaration, and a California State of Emergency Declaration remain in effect relating to COVID-19. These extraordinary conditions are pertinent for providing context to the Grand Jury Findings and Recommendations, and our response to the observations and information requests. Namely, an unprecedented national emergency has severely stressed the hospital and 911 emergency medical response systems throughout the nation, including the County of Orange. This has resulted in EMS ambulance vehicle, EMS supply, and EMS personnel shortages throughout the country. However, Newport Beach Fire was able to maintain 911 service levels at pre-pandemic levels during this challenging time.

Thus, in many areas throughout the country, local 911 systems have collapsed due to hospital bed delays, a lack of emergency ambulance transport capability for EMS personnel or both. In contrast Orange County fire agencies, including the Newport Beach Fire Department, have effectively supplemented the existing private ambulance transport capability and personnel deficits to maintain and satisfy the public's expectation for an appropriate and timely 911 request for assistance.

The Report obligates the City of Newport Beach (City) to respond within 90 days. On June 13, Newport Beach Fire Chief Jeff Boyles submitted a request for an extension to August 29, 2022. In addition, on August 4, the City Manager, on behalf of the City of Newport Beach, requested an extension to August 29th, 2022. In compliance with the Report, the City and Fire Department are submitting its response to the following:

- Findings: F1, F3, F4, and F5
- Recommendations: R1, R4, and R5.

GRAND JURY REPORT FINDINGS

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 medical responses into their existing fire response models.

Response: The City of Newport Beach disagrees wholly with Finding F1 as it pertains to Newport Beach.

The Newport Beach Fire Department (NBFD) has integrated emergency medical services since its inception in 1911. For over 110 years, the primary mission of the department has been to preserve life and property. Because of Newport Beach's topography and coastal waters with high surf, the City of Newport Beach (City) has always needed to provide rescue and lifesaving services for its residents and visitors. The NBFD is comprised of firefighters and ocean lifeguards who have emergency medical technician (EMT) certifications and paramedics who are licensed emergency medical services (EMS) providers by the State of California and the County of Orange.

As reported in the City's 2011-2012 Grand Jury response, the NBFD was presented with its first mechanical resuscitation device that was used on one of the first fire apparatus in 1913. In September 1927, the department's first rescue squad was placed into service for the sole purpose of providing life-saving resuscitation in the case of drowning, smoke inhalation, or other medical emergencies. In 1937, the sign in front of the NBFD headquarters read "Fire and Life Saving Depts."¹

It was not until the late 1960s and the early 1970s that pre-hospital emergency medical services became more formalized. This was recognized in a document published by the National Academy of Sciences (NAS) in 1966 entitled, "Accidental Death and Disability: The Neglected Diseases of Modern Society." The NAS Report (1966) concluded that accidental injury was the "neglected epidemic of modern society" and "the nation's most important environmental health problem." Importantly, The NAS Report (1966), Recommendation #3, observed (*italics added*):²

Few are adequately trained in the advanced techniques of cardio-pulmonary resuscitation, childbirth, or other life-saving measures, yet every ambulance and *rescue squad attendant, policeman, firefighters, paramedical worker*, and worker in a high-risk industry should be trained.

Veteran medical experts returning from the Korean and Vietnam wars felt their chances of survival on the battlefield were far better than on America's streets. The reduction in the death rates of war casualties was directly attributed to how quickly medical care was initiated after injury.³ Congress reacted by charging the Department of Transportation (DOT) with establishing federal funding and standards for regions willing to develop emergency medical services (EMS) systems between 1966 and 1973. The DOT went on to create national standards for the training of emergency medical technicians and paramedics as well as defining the required components of an EMS system.

Recognizing the value of resources already in existence, such as strategically located fire stations and response vehicles, as well as fire personnel already trained to respond to emergencies, the California

¹ Michael J. Novak, *Images of America: Newport Beach Fire Department*, (Charleston SC, Chicago IL, Portsmouth NH, San Francisco CA: Arcadia Publisher, 2008), 16, 29, 95.

² A.E. Kuehl. Prehospital systems and medical oversight, 3rd Edition, p. 5, National Association of EMS Physicians, Kendal/Hunt Publishing (2002), citing *Accidental death and disability: the neglected disease of modern society*, National Academy of Sciences, Washington, D.C., National Academy Press (1966).

³ Prepared by Committee on Trauma, Committee on Shock, Division of Medical Sciences, National Academy of Sciences, and National Research Council, *Accidental Death and Disability: The neglected Diseases of Modern Society*, (Washington D.C., Sept. 1966).

Legislature passed several important statutes. In response to the NAS Report (1966), the Legislature enacted California Health and Safety Code 219⁴ in 1967, which mandated minimum first aid and training standards for all public safety personnel.

The Nbfd complied with the mandate and all fire personnel became certified in advanced first aid while all captains became qualified first aid instructors. Also, during this time, three physicians in Los Angeles County launched a pilot program that trained firefighters as “Mobile Intensive Care Paramedics” (Paramedics) to provide advanced life support to the critically ill and injured.

The success of the program led to the California Legislature passing the Wedworth-Townsend Paramedic Act (WTPA) in 1970. The Legislature enacts the WTPA (1970) as an “urgency statute,” and actively encourages California’s local governments to voluntarily participate in the new “pilot programs.”⁵ On May 23, 1973, again as an “urgency statute,” the Legislature amends the former WTPA (1970) to allow “public employees” to be trained as paramedics at a reduced cost.⁶

The May 1973 WTPA (1970) amendment allowed the County of Orange to establish a Mobile Intensive Care Paramedic Pilot Program in January 1973. The Orange County Board of Supervisors (OCBOS) designated an Emergency Medical Care Committee (EMCC), through which all aspects of planning were to be presented and coordinated. At the direction of their governing boards and councils, the Orange County Fire Service took on a leadership role while working in collaboration with the EMCC to develop a master plan for paramedic services. This document served as a guide for the implementation of a fire based, EMS delivery system utilizing paramedics.⁷ Each fire department funded their paramedic program costs with local dollars. On May 30, 1974, the City of Newport Beach approved the implementation of a Paramedic Program, which began with eight firefighters certified as paramedics on September 26, 1975.⁸ ⁹ The Nbfd’s first paramedic ambulance was placed into service on October 8, 1975. The OCBOS eventually adopted the Master Plan as policy in 1976.

Since the implementation of the paramedic program, the Nbfd has steadily increased the number of paramedics from the original eight to 42. The current operating EMS model deploys ambulances staffed with two firefighter paramedics to provide emergency medical treatment and transport across the city’s 24-square miles of land. In 2021, the Nbfd completed a transition to place a licensed firefighter paramedic as a member of every fire engine crew throughout the city. This enhancement expedites the department’s ability to provide advanced life support services to every community member in need of medical services.

The historical timeline outlined above illustrates how the delivery of life saving services, now more commonly referred to as EMS, was a primary responsibility of the Nbfd since its inception. The evolution

⁴ Now California Health & Safety Code § 1797.182 (lifeguards & firefighters), 1797.184 (CH 1246, 1983) (police officers).

⁵ Former Chapter 421, SECTION 2, as added by “Statutes of 1970,” p.p. 832-834, SECS. 1-2, “July 15, 1970” (CH 421, 1970).

⁶ Former H&SC § 1481.3 (1973); as amended by “Statutes of 1973,” p.p. 103-104, SECS. 1-2, “May 23, 1973” (CH 61, 1973).

⁷ Office of the City Manager, *Paramedic Services Report*, (City of Newport Beach, CA, May 1974).

⁸ Newport Beach, CA, Regular City Council Meeting Minutes, May 28, 1974.

⁹ Orange County Medical Center, Graduation Program Class 1-75 (#6), (Orange County Mobile Intensive Care Program Paramedic Training Division, Sept. 26, 1975).

of EMS as a formalized system was a direct result of innovative planning over the decades. The NBFD has long been at the forefront of collaborating with the state, county and other local agencies in advancing EMS services and protocols. Therefore, we disagree wholly that fire departments have not evolved or updated their emergency response protocols in response to community needs and best practices in response to medical aids.

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 City of Newport Beach disagrees partially with the Finding F3 as it pertains to Newport Beach.

Within the fire service, ambulances respond to medical calls, fire rescues, and traffic collisions, and, if needed, transportation of patients to a hospital. The City partially agrees with the portion of Finding F3 stating, “ambulances ... are often the most appropriate response to medical calls.” First, embedded in this finding is the implicit recognition that ambulances and fire agency emergency response vehicles are *appropriate* resources to be deployed when a 911 request for medical assistance is received. This response capability is achieved by careful consideration, assessment, and planning that ensures that fire engines are strategically placed throughout the jurisdictional area, thereby safeguarding that the engine typically arrives on scene first. The geographical area which a fire station primarily serves is known as its “first-in.” Moreover, because fire department officers and personnel are very familiar with their first-in areas (e.g., the local traffic patterns, street configurations, and other factors that impede a timely response), a fire engine captain knows the fastest way to reach an emergency incident location regardless of whether it is a house fire or call for medical assistance. This first-in response of the engine’s three crew members allows them to initiate *prompt* medical aid to the patient when indicated. If there is a critical patient or patient requiring additional stabilizing measures, fire engine crew members will accompany the patient in the ambulance to the hospital. This level of response ensures that the quality of immediate medical care is not compromised.

When experiencing a medical emergency, the patient’s immediate care is a top priority for all involved from those at the scene, to the dispatcher, to the responding agency and its personnel. Even with the existing tiered dispatching through Metro Net, there are incidents that need to be upgraded for additional support of personnel and/or equipment. The unpredictability of a dynamic emergency scene and the unknown level of care a patient may require, warrants more than the response of two personnel in an ambulance or squad vehicle.

The Grand Jury Report states, “OCEMS has established a minimum requirement that one paramedic and one EMT respond to EMS calls.”¹⁰ However, per OCEMS Agency Policy/Procedure, “a prospective EMT-P service provider agency shall” commit “to provide ALS service meeting OCEMS staffing requirements for each unit. (2 EMT-Ps per ALS unit; 1 EMT-P per paramedic assessment unit.)”¹¹ Further, the OCEMS Policy/Procedures defines an ALS unit as, “an emergency vehicle, such as a van, engine, company, truck company, squad, helicopter or other emergency vehicle specially equipped and staffed.”¹² The assumption of responding to calls with a “minimum” requirement put forth by OCEMS should not be

¹⁰ 2021-2022 Orange County Grand Jury, “Where’s the Fire?”, page 6.

¹¹ Orange County EMS Agency Policy/Procedure, Policy #700 EMT-P Service Provider Criteria, Section III, B, 5.

¹² Orange County EMS Agency Policy/Procedure, #090, Definitions.

misconstrued to represent the actual dynamic needs of providing the most appropriate and quality medical care to the public

The National Fire Protection Association (NFPA), the agency that provides standards for emergency response and fire protection, recommends a minimum response of four personnel to provide for patient care and safety and the safety of first responders.¹³ An incident runs efficiently and effectively when an appropriate number of personnel are on scene, functioning as a high-performance team, to help assess, treat, and move the patient toward definitive care. While on scene, even with four to five personnel to assist, there can be untold obstacles for a patient that is injured, immobile, trapped, or in distress. Having adequate personnel and equipment as part of the initial response prevents unnecessary delays in patient treatment and transport. Additionally, safety is a factor for patients and responders particularly when “entering an unknown situation that could be unpredictable and EMTs are taught priorities in a specific order: 1) personal safety, 2) safety of their partners or colleagues, and 3) care of the patient. Any threat to one prevents moving forward to the next.”¹⁴ Thus, responses to busy highways, drinking establishments, and even private residences can suddenly turn dangerous.

As noted above in the Response to Finding F1, fire departments have a long history of responding to medical emergencies because they have strategically placed fire stations with highly trained personnel, they are equipped to manage a multitude of assignments, and can provide the most comprehensive service. Many agencies currently implement fire-based ambulances to assess, treat, and transport patients from emergency scenes to hospitals while maintaining the ability to respond to numerous other types of incidents. Removing fire engines and trucks from EMS-related responses could potentially create an environment that has the potential to double current staffing and equipment needs while reducing service levels to the community and delay in responding and compromise quality patient care.

The Grand Jury Report further states that sending a fire engine to medical calls is creating “unnecessary wear and tear on the streets” and that replacing an engine with “paramedic squad vehicles would save the expense of wear and tear, maintenance, equipment, and operating costs.” As to wear and tear on streets, the Grand Jury Report focused on the 5,000 average annual EMS and fire calls in the city of Laguna Woods. The assumption that this volume of trips by fire apparatus is tearing up roadway infrastructure is unfounded. According to the Laguna Woods General Plan,¹⁵ the highest average daily traffic (ADT) is 45,000 on Moulton Parkway with the lowest ADT of nearly 6,000 on Santa Maria Avenue. Of the streets listed in the General Plan the average ADTs is 37,140, which equates to an average annual traffic volume of 13,556,100 in Laguna Woods. Thus, the 5,000 annual trips by fire apparatus are only 0.037 of the annual traffic volume on the streets of Laguna Woods.

While it is true that the cost to purchase a new fire engine is more than an ambulance, they serve different purposes, and one could not replace the other. For the Nbfd, the wear and tear and maintenance needs of ambulances far exceed that of a fire engine. Because of weight, high usage/mileage and more, ambulances have a shorter life expectancy and are replaced more frequently than an engine. Per the Newport Beach City Council Policy Manual,¹⁶ ambulances are scheduled for replacement every eight years

¹³ National Fire Protection Association, Codes & Standards, NFPA 1710, 2020.

¹⁴ National Library of Medicine, EMS Scene Safety, Klein and Tadi, May 8, 2022.

¹⁵ City of Laguna Woods, Laguna Woods General Plan, Circulation Element, 2002.

¹⁶ City of Newport Beach, City Council Policy Manual, F-9 City Vehicle Replacement Guidelines, 2016.

and fire engines are replaced every 13 years. Thus, 1.6 ambulances are purchased for every engine. The Grand Jury's hypothesis of cost savings is unsubstantiated.

The Newport Beach Fire Department continually reviews the changing needs of the community, and new technology and equipment that becomes available. Fire agencies within Orange County, and across the country, continually work to innovate response models focused on serving the evolving needs of communities while not compromising fire protection or life-saving abilities. Adjustments for responding to these changes are ongoing; however, fire engines will continue to be a part of the response. Therefore, while we agree that ambulances are often the most appropriate response to medical calls, eliminating the additional response of an engine (staffed with a paramedic and 2 EMT's) or truck (staffed with EMT's) will compromise the quality of medical care, efficiency, and safety

Finding F4: There has been a breakdown of communication and trust between OCEMS and Orange County Fire Chiefs.

Response: The City of Newport Beach partially agrees with Finding F4 as it pertains to Newport Beach.

The Orange County Fire Chiefs Association (OCFCA) and Nbfd seek collaboration with our Regulatory EMS partners in providing optimal EMS services to our community. At the request of OCFCA, an EMS advisory committee was formed over 2 years ago to facilitate communications and collaboration with Orange County EMS (OCEMS). One of the goals of the advisory committee is collaborating on the implementation of policies to ensure OCEMS intent is clearly understood, and policies are written clearly, with no ambiguity, prior to being carried out by personnel. Frustrations understandably arose when the advisory group was not utilized by OCEMS for the purposes with which it was created for. OCFCA has had a decades long effective and strong partnership with OCEMS in putting policies, related to the delivery of optimal medical services, into practice in the field, however those relationships have been strained the last 4 years or so. This relationship, when based on mutual trust, respect, open communication, collaboration and with reasonable expectations, results in straightforward implementation of OCEMS medical protocols, as it had been done consistently over the past decades. Despite our sometimes-conflicting viewpoints, the Nbfd and OCFCA remains willing and engaged to continually improve the partnership with OCEMS through collaboration and open communication to ensure optimal provision of EMS services in Orange County.

Finding F5: Over-deployment of firefighters for medical calls contributes to the current climate of forced hiring and firefighter fatigue.

Response: The City of Newport Beach disagrees wholly with Finding F5 as it pertains to Newport Beach.

The Nbfd's staffing model ensures the right-sized, highly trained, and prepared personnel respond to each unique call for medical aid. This staffing model ensures that enough fire personnel, consisting of a minimum of two paramedics and three EMT's, and the necessary equipment are deployed and available. Fire personnel are trained to respond effectively, efficiently, and promptly, to a myriad of high risk, all hazard conditions. Having multi-function personnel on scene allows for the safe management of scene

hazards, bystanders, victims, and personnel. Often, patients are non-ambulatory, and care may involve rescue, extrication, or complicated maneuvering that requires assistance from all responding personnel.

Providing the optimum level of service to the community, regardless of the nature or the circumstances surrounding the emergency call for service has always been the goal of fire agencies. Firefighter EMT's and firefighter paramedics are not "over deployed" on medical calls, and it is not a factor of forced hiring or firefighter fatigue.

Force hiring is a mechanism to ensure minimum daily staffing levels are met. Daily staffing levels are critical in providing a 24/7/365 timely response capability within the Newport Beach community as well as providing mutual aid throughout the county and state. Force hiring occurs when a vacant position is not filled voluntarily. Vacancies can occur when personnel are on approved leave, get sick or injured, are deployed on an incident strike team or overhead assignment, or when there are open positions waiting for the recruitment and hiring process to be completed. Force hiring does not occur because of deployments to medical aids.

The current climate of forced hiring and fatigue is largely due to multiple contributing factors. The Pandemic Emergency is still in effect and is continuing to affect first responders and healthcare personnel. The surge periods significantly impacted firefighter personnel over the last two years, while also responding to and fighting some of the largest wildfires on record for California.

Additionally, the demand for emergency services is increasing. Some contributing factors include increased population, over-utilization of the 911 system, emergency departments being used in place of a primary care doctor visits, decrease in preventative care strategies, delay in seeking care until a health issue becomes an emergency, and increases in trauma-related incidents, mental health and substance use disorders, as well as COVID-19 related health emergencies.

During these times of system stress, force hires were required to maintain daily operational capabilities, with staffing levels at pre-pandemic levels, and services within our community, as well as the needs of the public throughout the County and the State.

Conversely, during this period, many private ambulance companies faced challenges in maintaining daily service levels, experiencing significant decreases in staffing due to challenges related to the pandemic. These staffing challenges resulted in extended response times by private ambulance companies.

The Nbfd manages its EMS response system to ensure, within the scope of our available resources, that when a member of the public calls 911, they will receive rapid, optimal care from professionals. Therefore, we disagree wholly on the Grand Jury's hypothesis that forced hiring and firefighter fatigue are due to a perceived over-deployment of firefighters due to our EMS delivery model.

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 City of Newport Beach partially agrees with Finding F9 as it pertains to Newport Beach.

The Grand Jury correctly observes that public ambulances are not automatically subject to certain regulatory inspections by OCEMS. However, this circumstance results not from the Nbfd's actions, but from a legislative determination that public safety agencies are exempt from certain regulatory requirements applicable to private, commercial transportation companies. Thus, OCEMS has comprehensive private ambulance provider oversight, including policies on licensing, ambulance design, retention of state and county licensing records, and so forth.

Nevertheless, the Nbfd agrees that OCEMS should conduct inspections of ambulances to confirm that such units have the proper medications, supplies, and equipment as prescribed by OCEMSA Policies #325.00 Advanced Life Support (ALS) provider Minimum Inventory and #720.30, Section V-Ambulance Equipment. However, for public agencies, these medically related inspections are not for licensure or permitting purposes as they are for private companies, but for medical quality assurance purposes. Lastly, any associated Inspection related fees, if any, should be cost based.

According to the OCEMS Agency Policy/Procedure, "OCEMS may inspect any ambulance vehicle operating in Orange County." Further, the "policy sets minimum acceptable standards, any exemptions for public providers allowed by law."¹⁷ The Nbfd is a public provider of emergency services, prehospital medical care, and emergency transport. The Nbfd follows the requirements placed on public agencies by OCEMS and the State of California, which has more stringent requirements.

The Nbfd agrees that OCEMS does not currently automatically inspect all publicly owned ambulances.

GRAND JURY REPORT RECOMMENDATIONS

Recommendation 1: As recommended in the 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-life-threatening (BLS). F1, F2, F5.

Response: The Grand Jury's Recommendation #1 has not yet been implemented as it pertains to Newport Beach as discussed below.

The Newport Beach Fire Department has been using criteria-based dispatch protocols for over 20 years. The department's priority is to efficiently provide community members with the highest level of customer service and medical care possible. The Grand Jury's recommendation to send a single unit response to all non-life-threatening calls could be detrimental to the public. Recommendation #1 can be read to mean a single ambulance or single first response unit. For the purposes of the City's response, we will assume the Grand Jury desires a *single ambulance* vehicle response for a "non-life threatening (BLS)" request for emergency medical assistance.

In Newport Beach, all 911 calls are screened through an Emergency Medical Dispatch protocol that has been approved, and is continually reviewed and updated, by a team that includes the Nbfd Medical Director, the Nbfd EMS Division Chief, the Nbfd Operations Chief, a dispatch supervisor, and the dispatch

¹⁷ Orange County EMS Agency Policy/Procedure, #720.50 Ambulance Rules and Regulations, Section IV.C.

manager. Thus, the Nbfd is already implementing this portion of Recommendation R1. Nevertheless, we offer additional observations related to criteria-based dispatch protocol discussion.

First, the Grand Jury's Recommendation #1 appears to assume that a "non-life threatening (BLS)" emergency is synonymous with an emergency that does not require additional human resources and/or equipment. In each incident, a patient must be placed on a gurney and the gurney must be placed into the ambulance. In areas where gurneys do not fit (e.g., a typical bedroom, hallway, etc.) and/or a patient cannot walk unassisted, it takes human resources to get the patient safely onto the gurney and the gurney into the ambulance. In some circumstances, regardless of patient acuity, it takes a lot of human resources to *safely* and efficiently move patients into the ambulance, regardless of "BLS" status.

For example, if a person has an unstable fracture that must be manually stabilized, a single paramedic in the back of an ambulance would find it difficult to do anything else, even though this is a "non-life threatening (BLS)" incident. Accordingly, one or more persons from the fire engine may also accompany the patient to the hospital in the interest of good patient care. When confronted with a "life threatening" emergency, having the ability to place additional fire personnel into the ambulance, who are already on scene, can be essential to providing quality patient care and in a timely manner. Additional personnel can be highly trained firefighter EMT's and/or paramedics as ALS patients can also require EMT level skills on-scene and during transport.

Second, in both "non-emergency" and "emergency" dispatched incidents, if the patient needs BLS (e.g., CPR, AED use) or ALS emergency care, this care is made promptly available. Although not routine, crews have been dispatched for a BLS level call only to arrive on scene and discover the patient needs ALS level care. This circumstance can result because the EMD dispatcher can only react to the information the caller requesting assistance provides. In these situations, patient care may be significantly compromised if additional resources need to be dispatched. Providing proper patient care within the first 10 minutes is critical to their outcome. Time is of the essence, as is having the proper equipment and personnel on scene.

Third, emergency response crews do not simply show up on large or major emergency incidents and seamlessly work to together. Working well together on complex or dynamic incidents such as an "active shooter" incident, comes from working with each other on daily and routine incidents. The Grand Jury's recommendation, if it implies a single ambulance only response to a "non-life threatening (BLS)" incident, may be inconsistent with current practices which promote first responder cohesion on emergency incidents. While we recognize that using the principles of the Incident Command System (ICS) to manage routine medical aid calls is not necessarily essential, such principles and practices become vitally important when managing incidents involving fire, medical and law enforcement. Numerous and recent "after action" reports on major incidents undisputedly make this point.¹⁸

Fourth, for medically related incidents on the streets and roadways, the fire engine serves as critical "blocking" role for all EMS and law enforcement personnel on-scene. Simply put, large fire apparatus are carefully positioned on roadways, highways, and/or freeways to minimize injury to EMS personnel (public

¹⁸ Active Shooter Incident and Resulting Airport Disruption, A Review of Response Operations, Los Angeles World Airports, March 18, 2014; Robb Elementary School Attack Response Assessment and Recommendations, ALERT, Texas State University, p. 19, July 6, 2022; Texas House of Representatives, Investigative Committee on the Robb Elementary Shooting, p.p. 77-78, July 17, 2022.

and private) and bystanders should an errant driver intrude into the emergency scene. This “errant driver” hazard is not hypothetical, but unfortunately occurs due to driver distraction which is the cause of many vehicle accidents in the first instance. Moreover, this life safety hazard exists on every roadway response, regardless of severity.

Finally, there is safety in numbers. A “non-life threatening (BLS)” response is not necessarily an appropriate response as far as personnel safety is concerned. There are numerous reports documenting this. For example, patients with mental health related issue or under the influence of a substance, may become combative and require restraints to prevent harm to themselves and others. Having the capability to immediately implement any medically appropriate protective measures requires the immediate availability of additional human resources.

In sum, although the decision on what resources to send on a request for emergency medical assistance is affected by medical and operationally related factors, other non-medically related factors may also come into play. The City will continue to assess and evaluate our deployment policies, including number of responding personnel and units, for appropriate response levels, while maintaining a priority of safety and providing the highest level of service to our community

Recommendation #4: 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. F4.

Response: The recommendation has been implemented as it pertains to Newport Beach.

The City does not challenge the independent medical control and regulatory authority of the OCEMS nor its regulatory expertise in this area. Rather, the City’s concerns arise when medical control authority is used to unduly usurp the City’s administrative control over the NBFDD operations. OCEMS is not a first response organization with expertise in executing day-to-day emergency response operations within their sphere of influence.

A similar comparison can be made to the Orange County Health Care Agency’s regulatory inspections of restaurants. Inspections are conducted to ensure a standard of cleanliness to operate but does not include advising the restaurant owner on how to operate their business. Using this comparison, OCEMS regulates medical control but should not advise EMS providers on how to best provide services to their communities.

Further, the NBFDD agrees with statement in Recommendation #4 that the OCEMS processes for the implementation of medical policies can pose operational challenges in the field. However, thru effective collaboration and communication, those operational challenges can be mitigated.

Recommendation #5: Departments with publicly owned ambulances should allow OCEMS to inspect their ambulances for compliance with State EMS guidelines and adopt OCEMS recommendations. F9.

Response: NBFDD partially agrees with the Grand Jury’s Recommendation #5 as it pertains to Newport Beach.

The Nbfd partially agrees and as such, looks forward to developing a workable and cost-effective ambulance inspection plan with OCEMS. Refer to comments in Finding F9 regarding licensure and permitting purposes by OCEMS for public providers.

The Nbfd is a public agency providing 24/7/365 response to fire, rescue, ALS and BLS medical care, and emergency transportation services. All fire apparatus follows the State of California's strict regulations to ensure compliance with safety and service. The City of Newport Beach employs trained professionals to service the apparatus and performs annual preventative maintenance, and as needed repairs, installations, and upgrades.

Private, for-profit ambulance providers have contractual "agreements with the County of Orange to provide for the County of Orange to license and regulate ambulance services operating in" the listed contracted cities.¹⁹ OCEMS is the regulating authority with the responsibility of providing permits to operate, annual inspections, and all oversight of these private, for-profit ALS and BLS service and patient transport providers. OCEMS is not the regulatory authority over publicly owned ambulances for licensing and permitting purposes.

¹⁹ Orange County EMS Policy/Procedure, section #720, Appendix II. Ambulance Contract Cities.