# CHALLENGES FACING FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICES

ADAPTING TO CURRENT TRENDS AND
CHALLENGES THAT AFFECT THE DELIVERY OF
SERVICES

VOLUNTEER — Staffing is typically provided by citizens and business members of the community with no financial renumeration. Operations supported thru fund raising, private contributions, user fees, etc. Members respond to direct to scene or to designated stations to place apparatus in service. Facility design varies from simple, vehicle storage (garages) to more complex building with components similar to 24-hour model.

PAID-ON-CALL — Personnel respond to incidents from their homes, businesses, and other activities upon notification from dispatch center. Compensation most commonly provided by municipality thru millages or municipal budgeting process.
 Commonly paid per call or paid an hourly rate. Members respond to direct to scene or to designated stations to place apparatus in service.

PAID/CAREER — Staffing is provided 24 hours every day.

Personnel are employed by the Municipality or Authority. Shift and duty schedules vary, commonly 12-hour or 24-hour basis. Traditional 8-hour and 10/14-hour work schedules are not uncommon. Facilities are typically designed for 24-hour operations including administration, training, living quarters, apparatus/vehicle storage, etc.

**COMBINATION** — Staffing is provided by a combination of full time employees and volunteer, part time, and/or Paid-On-Call members. Shift schedules may vary between full time staff and other members. Facilities are typically designed for 24-hour operations including administration, training, living quarters, apparatus/vehicle storage, etc.

PRIVATE SERVICES — Contracted services are provided by commercial/incorporated businesses that are not affiliated with municipal entities. Resources (facilities, equipment, vehicles) vary based on business model. Management is typically by corporate officials.

NOT-FOR-PROFIT SERVICES — Typically created as a community based Authority or affiliated with Medical Care Facilities. Operations commonly financially supported based on predetermined user fee schedule and management is by Board of Directors. Resources (facilities, equipment, vehicles) vary based on business model.

### DO YOU KNOW WHICH MODEL YOUR LOCAL COMMUNITY EMERGENCY SERVICE **OPERATION IS?**

VOLUNTEER PAID-ON-CALL PAID/CAREER COMBINATION PRIVATE NOT-FOR-PROFIT Currently, one of the greatest challenge facing a vast number of Fire Departments is recruitment and retention of qualified personnel.

In recent years there has been a significant impact on wages and benefits in many municipalities. Staffing reductions have not been uncommon as municipalities faced budget reductions while demands for service were increasing. There is some trending towards rebuilding the wage and benefit structure however, as with many municipal operations, government officials are being challenged to provide other services to constituents.

The focus on human and social services has shifted in many municipalities, creating the need for reassessment and/or reallocation of expenditures within the community. With some exceptions, the demand for public safety services has increased <u>dramatically</u> in the last 20+ years. Many Fire and Police Departments are operating with stagnant or less funding while operating costs have increased.

Due to a combination of several factors, the labor force in the United States has changed significantly. We can blame it on Covid, politics, the weather, social norms or a multitude of other creative reasons.

Identifying and recruiting of competent and/or qualified personnel is a daunting task for many emergency operations. Training and education requirements have increased along with the associated costs. Personal Protective Equipment (PPE) costs have skyrocketed, as have expenses for vehicles and other equipment. Available infrastructure funding has increased in many cases, helping the capital outlay budgets for communities.

In Southeastern Michigan, there is a wide variance in the services provided from community to community as it relates to Emergency Medical Services and Fire Protection.

WASHTENAW COUNTY
WAYNE COUNTY
LIVINGSTON COUNTY
OAKLAND COUNTY
MACOMB COUNTY

#### **CURRENT LOCAL SITUATIONS**

#### STAFF SHORTAGES

Advanced Life Support (Paramedic)

Basic Life Support (EMT)

Non-Emergent Transport

All levels are challenged to fill vacant positions

What impact does the staff shortage situation have on field operations for community ambulance services?

Availability of emergency response and transport ambulances

Delayed/prolonged response times

Availability of sufficient personnel to staff the needed number of rigs

Extended work hours for on duty or available personnel –

"Burnout"
Sleep deprivation

## SAFETY

### Impact on Fire Service Operations

Deployment of Fire Apparatus to Medical Emergencies

Increased scene times due to delayed response times of ALS and or transport units, which can compromise critical response times to fire emergencies.

Appropriate assignment of response apparatus

## WHAT EFFECT DOES THIS HAVE ON TRAFFIC OPERATIONS?

EXTENDED SCENE TIME

Longer lane closures
Rerouting of traffic
Increased potential for secondary accidents
Exposure of personnel and apparatus to moving traffic

## SAFETY

# Many Fire Departments are experiencing a shortage of applicants for entry level positions

Fire Fighter
Fire Fighter/EMT
Fire Fighter/Paramedic

Pre-service training opportunities –
Fire Academy
EMT/Paramedic

#### STARTING PAY – CAREER (Typical)

Fire Fighter \$35,000+

Fire Fighter Paramedic \$42,000 - \$54,000

#### FIVE YEARS OF SERVICE

Fire Fighter \$45,000

Fire Fighter Paramedic \$52,000 - \$70,000

Entry Level qualifications vary by department

Many local Paid-On-Call Fire Departments provide FF training and EMS training

PRE-SERVICE TRAINING available at Macomb, Oakland, Schoolcraft Colleges

### THANK YOU