

III. Incident Readiness & Response



Adopted
June 11, 2019

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Goal:

Provide customer service consistent with our Target Levels of Service.

Values:

Key values that drive planning for facilities and deployment include:

- Our priority is to provide consistent & professional emergency response throughout the District. We are committed to deploy our resources to ensure a response that meets our Target Levels of Service regardless of the incident location within our District.
- We will provide a consistent level of leadership and support for all of our members. Our commitment is to maintain and provide round-the-clock direction and mentorship. We will provide management and other resources as necessary to ensure the success consistent with our Mission, Vision and Values.
- We will identify, evaluate and offer appropriate proactive risk management programs to mitigate anticipated community hazards.

Scope:

The District’s Incident Readiness and Response (“IR&R”) program is focused on operational standards and practices used to achieve its Target Levels of Service. This section does not specifically define staffing levels, deployment models, training requirements, or apparatus and equipment needs. Instead, it establishes expectations for emergency services we will provide, the operational standards we will follow, and how we will work with other agencies in accomplishing our goal. This provides direction for planning in these areas. IR&R planning is organized based on the District’s two primary areas of customer service: *traditional fire-related incidents* and *pre-hospital basic medical care*.

Historical perspective:

Both North Olympia FD7 and South Bay FD8 followed remarkably similar paths in the development of their IR&R programs. From the start, it was primarily volunteer based staffing for fire suppression on a very limited number of calls in the rural community. In the mid-1970s’ emergency medical services (EMS) emerged as a valued service to all communities, including Thurston County. In 1974, the county-wide Medic One program was created. This program, coupled with a newly implemented 9-1-1 system, changed the local (and nation-wide) fire service forever.

Call volume, scope-of-service, competency requirements and costs for services have expanded ever since. While the District consists almost entirely of a rural or semi-rural character, it is immediately adjacent to the county’s urban core and increasingly subject to the impacts and effects of an urban center and its risks.

Current situation & trends:

Growing risk of local wildland and wildland-urban-interface fire will be a primary driver of District IR&R strategic change.

Fire:

- While the share of total Fire calls per year is diminishing compared to Medical, they are still increasing at an average of 2.1% per year.
- Since 2008, there are an average of 230 fires, public service or false alarm calls per year (23.1%).
- Even with relatively low numbers, “fire” is still our primary mission
- There is increasing reliance on joint operations at fire incidents due to changes in the staffing model (i.e. less “surge force” or on-call responders).
- The District’s fire insurance public protection classification is not a primary goal, however, the grading criteria serve as an objective benchmark for measuring the effectiveness of IR&R fire operations
- We shouldn’t expect revolutionary changes for fire suppression within planning horizon, but the potential for disruptive technological change exists. It is likely artificial intelligence and robotics will raise service expectations (and cost) as supplemental tactical solutions to more traditional fire suppression strategies.
- Growing risk of local wildland and wildland-urban-interface fire will be a primary driver of District IR&R strategic change.

Medical:

- Expectation that historical trends (location & demographic) will continue for the foreseeable future
- Long history of growth in number of calls and percent of calls year to year (*currently averages an increase of 2.9 % per year*).
- Since 2008, there are an average of 764 emergency medical calls per year (76.9% of all calls), growing at an average rate of 3.9% per year.
- Operational control by Washington State Department of Health (through the Medical Program Director) for training, testing, certification and practice.
- Increasing skills & training expectations: time commitments for initial and ongoing skills maintenance.
- Additional pre-hospital basic medical skills (e.g. blood glucose analysis, electrical cardiac defibrillation, potential airway management, etc.) lead to additional knowledge and skill requirement and responsibility.
- Demographic trends: an aging and fragile population more reliant on pre-hospital medical services (acute or non-acute). This presents a situation that is not necessarily the original intent or primary mission of the “emergency” medical services (“EMS”).
- Increasing demand for EMS resources for chronic social challenges are exemplified by growing homeless population and persons with un-treated behavioral (not necessarily health) issues.
- There will be a continued demand to establish pro-active community-based programs for chronic medical problems related to poverty and homelessness. EMS agencies, regardless if they are appropriate for the mission, will be considered as resources.
- Thurston County Medic One will continue to set standards for medical services. Basic Life Support (“BLS”) service will expand faster than Advanced Life Support (“ALS”) as program costs increase, Medic One’s BLS financial support to responder agencies will increase, but likely not in proportion to total cost increases. The District has a long history of involvement at the chief and board level in operational planning and governance.

An aging and fragile population more reliant on pre-hospital medical services (acute or non-acute) present a situation that is not necessarily the original intent, or, the primary mission of EMS.

Increasing demand from the public for cost effective, timely and competently staffed service. All agencies, regardless of size, will be expected to meet the same service

As the risk for local wildland and wildland-urban-interface fire is growing, the District should take specific steps to address mitigation measures, education-preparedness opportunities and response readiness.

Summary/General:

- The District will undergo stable/modest population growth due to the lack of buildable land (zoning); portions of it will also be subject to annexation by Lacey and Olympia.
- No predicted major change in service demand or risks; continue modest growth based on existing pattern.
- Increased expectation of professionalization¹ for all responders: increased requirements for competencies, training, background investigation, health & safety monitoring, etc.
- Long-term volunteers are increasingly rare -- most volunteers now use their service as an entree into a career. Long-term volunteer leaders are vital, but increasingly difficult to retain.
- Increasing demand from the public for cost effective, timely and competently staffed service. All agencies, regardless of size, will be expected to meet the same service expectations.

Future Strategies:

- 1) Because decisions of Thurston County Medic One will have a driving impact on service expectations and funding for pre-hospital basic medical care, the District should take an assertive role in the operational planning and governance to assure that its needs are being met in service standards, training, and financial support.
- 2) As joint operations for fires and other major incidents become the norm, the District should take a leadership role in developing systems with its neighbors and county-wide to support planning, implementation of procedures and training for safe and effective joint operations.
- 3) As the risk for local wildland and wildland-urban-interface fire is growing, the District should take specific steps to address mitigation measures, education-preparedness opportunities and response readiness.

To be effective, this will require coordination at multiple levels:

- a) District-wide, Thurston County, Washington State, and possibly Federal assets (e.g. USDA, USFS, etc.) for training and suppression resources;
 - b) Leveraging opportunities for media exposure to promote public awareness; the District can cooperate and promote this approach but leadership needs to be taken on at a higher (at least county-wide) level.
 - c) In the meantime, the District can focus on developing internal capabilities and outreach.
- 4) As the need for joint operations and the career-orientation of volunteers both increase, actively consider opportunities for cooperative joint operations programs with neighboring agencies. Such programs should be evaluated for potential positive impacts on factors such as recruitment & retention of volunteers, effectiveness of IR&R service delivery, and positively supplementing each partners' strengths and weaknesses. Cost-effectiveness and long-term impact on the viability of each partner's capabilities must be considered.

¹ PROFESSIONALISM in the context of qualification of responders (e.g. training, certifications, licensure, etc.)

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Objectives:

- 1) By 30 June 2019, the Fire Chief shall consolidate the IR&R Integrated Decision Making Team (IDMT) and the Training & Education IDMT into a new team called the "Operations Team". The Team shall be chaired by the Assistant Fire Chief and shall include all Battalion Chiefs and the Chief EMS Officer.
- 2) By 30 June 2019, the Operations Team will review current District training and education efforts and evaluate the effectiveness of such training, and provide a recommended Fourth Quarter 2019 and First Quarter 2020 District Training Plan to the Fire Chief for approval. The Assistant Fire Chief shall incorporate resulting program changes into the long-term District Training & Education Plan. Such Plan shall be reviewed and any changes recommended to the Fire Chief on no less a semi-annual basis; the first report to the Fire Chief from the Operations Committee shall be no later than 30 September 2019.
- 3) By [date], the Operations Team will a) determine the community risk to wildfire, b) establish reasonable measure for preparedness, c) prepare for appropriate deployment scenarios and d) identify related budgetary impacts on the District; the Fire Chief will work to obtain needed resources to attain such approved direction/objective(s).
- 4) By [date], the Fire Chief will empower and direct the District Chief EMS Officer to create, manage and communicate (with the Fire Chief and the Operations Team) a prioritized list of District priorities, interests and issues regarding Thurston County EMS and Thurston County Medic One. The initial list shall be presented to the Operations Team by [date]. The Chief EMS Officer will be liaison between the District and Thurston County Medic One in advocating such items and monitoring progress.
- 5) By [date], the Operations Team will develop and present a plan to the Fire Chief that promotes joint opportunities with neighboring agencies to train and operate via multiple fire, EMS and rescue operational media and venues. The Operations Team should also consider potential opportunities for further integration and interoperability in procedures, protocols, training, equipment and apparatus. The Fire Chief shall review and adopt such plan and shall ensure such coordination and communication with neighboring agencies.
- 6) By [date], the Fire Chief will provide recommendations to the Board on key measures that can be taken to help influence local, regional, state and national governance decision making that affects fire, EMS and rescue services (*related to Objective 5 above*).
- 7) By [date], the Operations Team will develop (and present to the Fire chief for approval) a plan to work with the District's community and residents to provide service delivery feedback and ascertain the need for public education. This information will be provided to and coordinated with the District community risk reduction efforts (*refer to Planning Phase III Community Risk Reduction*).