WELLS, MAINE
FIRE AND EMERGENCY MEDICAL SERVICES STUDY

MARCH 2022

Prepared by:

Municipal Resources Inc.
66 Main Street, Suite B
Plymouth, NH 03264
www.mrigov.com
Phone: 603-279-0352

TABLE OF CONTENTS

I. PROJECT OVERVIEW, PURPOSE, SCOPE, AND METHODOLGY 3

PROJECT OVERVIEW *..... 3*

SCOPE OF WORK *..... 4*

METHODOLOGY *..... 6*

II: TOWN DATA 9

III: COMMUNITY RISK ASSESMENT 11

INSURANCE SERVICES ORGANIZATION (ISO) RATING *..... 14*

FIRE AND FIRST RESPONSE S.W.O.T. PROFILE *..... 23*

IV: INCIDENT RESPONSE TYPES AND TIMES 29

SEVEN MOST SIGNIFICANT CHALLENGES FACING FIRE and EMS SERVICES *..... 45*

IMPLICATIONS OF NOT TAKING ACTION *..... 45*

VII: WELLS EMS 53

WEMS S.W.O.T. PROFILE *..... 56*

CRITCAL ISSUES *..... 58*

CONCERNS *..... 62*

IX: INTER-DEPARTMENT ISSUES AND CONCERNS 64

X: GRANTS 66

XI: MAPPING OUT THE FUTURE 68

XII: CONCLUSIONS AND IMPLEMENTING CHANGE 71

XIII: ADDENDUM 73

XIV: CONSOLIDATED RECCOMENDATIONS 92

XV: TEAM PROFILES 98

WELLS MAINE

FIRE AND EMERGENCY MEDICAL SERVICES STUDY

March 2022

I. PROJECT OVERVIEW, PURPOSE, SCOPE, AND METHODOLGY

PROJECT OVERVIEW

The Town of Wells contracted with Municipal Resources, Inc. (MRI) to provide an organizational assessment and review of the manner in which the fire department and Emergency Medical services are provided within the community. Using this as a basis, the MRI team reviewed the organization and delivery of fire and EMS services within the community, including conducting a target hazard analysis, review of response metrics, and a review of the current facility and apparatus set. Our project team has developed recommendations for improvements that take into consideration the current and future needs of the Town of Wells, and recommendations for appropriate modifications to the delivery systems to provide the desired level of services to the Town.

MRI has developed this document containing recommendations for improvements to organizational practices, recruitment and retention efforts, infrastructure, quick reaction, and on-call staffing. The project team has developed this document which outlines appropriate modifications to the Fire Department, Emergency Dispatch Center, and Emergency Medical Services systems to provide optimum service to the entire community. It has also evaluated the efficient use of resources, and whether the current organizational structure is appropriate or should be modified.

A key component of the basis of this report is that the Town of Wells is seeking to evaluate the current operations of the current EMS delivery system, to identify the present and future service needs of the community and to provide recommendations that will assist the community with decision making for resource allocation and operational planning.

The goal of the project is to review and analyze the current resources and staffing, forecast future demands for service, and make recommendations regarding the future need of current resources, staffing, and rank structure to fulfill the mission. Part of the objective is to conduct an analysis of the operation of the current EMS with an emphasis on defining the expected service level of the community and identifying the impact of current response participation levels, demographics and projected growth within the response area. The results of this study will be to inform the Town of Wells of realistic recommendations for providing an efficiently and effective EMS system for today and the future.

The task of the project was to conduct a study to determine the potential to achieve the following benefits:

- Increased efficiency
- Improved effectiveness
- Preservation of a level of service
- Enhanced or expanded services
- Reduced costs
- Cost avoidance
- Coordination of Regional planning
- Elimination of artificial boundaries
- Standardization of services and program
- Potential reduced ISO ratings
- Fire service accreditation
- Impact on future state and federal grant funding

SCOPE OF WORK

In order to develop a scope of work, the Town Manager asked the MRI team to conduct listening sessions with both the fire and EMS staff. Meetings were set up and conducted using a "Nominal Group Process" that resulted in each group outlining a list of items of improvements, concerns, and issues. The fire session developed a list of 16 items, the EMS session developed 8. The list was compared, and it was found that there were 5 items that are common between both groups. The common items are as follows:

1. *Is patient care the primary focus of all Public Safety staff*
2. *What does the future of Fire and EMS look like (model and planning)*
3. *Use of performance measures for departments*
4. *Improve working relationships between departments*
5. *Dispatch protocols, call processing and pre-alerting*

During the nominal group meetings, it was determined that there is a need to conduct one on one anonymous interviews of staff within both departments. This was done with the understanding that the individuals would remain anonymous.

This study required intensive involvement by many members of the community. This project included on site meetings with many members of the public safety departments. The study focused on an assessment to determine whether the existing organizational models, staffing, facilities, apparatus, and equipment of the town are in line with generally accepted standards and benchmarks, and commensurate with communities of like character. MRI reviewed the background information that impacts the organization and performed a comparative analysis of similar communities. Items that were considered as part of this evaluation included:

A. *Policies that determine staffing levels and types of staffing used*

B. *Community population and demographics*

C. *Response times and actions*

D. *Services provided*

E. *Special hazards and risks (i.e., nursing homes, assisted living facilities, lakes, rivers and waterfronts, industrial facilities, hotels, road network, and multi-story buildings)*

F. *Inter-department relationships*

The MRI project team analyzed the information listed below to evaluate the overall operations of the WFD and WEMS to identify what works and what does not work:

- *Analyzed resources and equipment;*
- *Reviewed budget and expenditures;*
- *Reviewed practices and policies of the Departments;*
- *Analyzed call volume against the availability of resources;*
- *Reviewed the hours of operation;*
- *Reviewed organizational structure for appropriateness;*
- *Assessed the Department's part-time staffing, and recruitment and retention efforts that exist within the community;*
- *Identified major issues and concerns of the community regarding the operations of the organization;*
- *Achieved an understanding and appreciation of the values and "personality" of the community and the local government;*
- *Identified potential areas of risk/liability and made recommendations to reduce those exposures;*

Much of this plan of service was completed during our field visit to the community. Considering the Covid-19 pandemic, research and interviews were also conducted virtually. The project team spent several hours of time on-site; making observations, inspecting facilities, equipment, and records, conducting interviews and touring the community to identify target hazards.

Much of the research and interviews for this report was completed through virtual meetings based upon the guidance provided by the State of Maine and the CDC pertaining to travel and meetings during the Covid-19 pandemic. These virtual meetings were complemented by in person interviews and on-site field visits when possible. Much of the data received required in depth analysis to allow for proper comparison and calculations to be conducted.

METHODOLOGY

To provide an appropriate evaluation of these issues, we employed sixteen methods which are listed below:

- Conducted Industry based research on the issues presented
- Met with the Town Manager
- Met with the Director of EMS
- Toured the Town of Wells
- Evaluated information relative to service demand and response times
- Reviewed current operational policies
- Reviewed quality of service issues and interagency communication
- Reviewed EMS capital equipment
- Interviewed Fire Chief
- Interviewed Police Chief
- Interviewed Police Captain (Dispatch Supervisor)
- Interviewed members of Wells EMS
- Interviewed members of Wells Fire
- Conducted a Nominal Group Process with Fire
- Conducted a Nominal Group Process with Wells EMS
- Reviewed multiple documents provided (contract, agreements, etc.)

In addition, the project team also considered how current and future needs will impact the location and/or expansion of physical facilities and impact the need for equipment. This report also identifies whether the current fire and rescue staffing is appropriate or should be modified.

Specific items addressed, included but were not limited to, the following:

A. Identified service needs, based on the characteristics of the community, statutory and regulatory requirements for response and delivery, and comparison with current ability to fulfill the needs and expectations.

B. Identified the public safety risks and prioritize the level of risk that must be covered based on the data and operations of the fire and first response EMS operations. The type, frequency, distribution, response times, mutual aid and/or contractor provided services, staffing policies, reporting of emergency and routine responses to all services was included.

C. Assessed the current staffing plan for deploying the required number of staff, officers, and supervisors, along with vehicles and apparatus used and recommended cost-effective alternatives based on the type of incident. Evaluated whether there were recommended changes to improve efficiency and delivery of service.

D. Evaluated the response of personnel, including appropriate operational staffing, supervisors, management, and support staff, starting with the initial call for routine or emergency services.

E. Identified the required staffing levels that meet the needs of the community in the most cost-effective and complete manner including operating costs, personnel impact, and impact on the delivery of service and workload.

During the development of this document, the focus was placed on enhancing current fire and EMS service operations by augmenting and supporting existing departments as well as looking to merge the departments in the future. The recommendations contained within this document should be utilized to promote regional discussion and collaboration. The proposed plan and timetable have been developed to allow for flexibility while still moving forward.

To accomplish the goals and objectives, this document has been divided into the following seventeen sections:

I:	Project Overview, Purpose, Scope and Methodology
II:	Town Data
III:	Community Risk Assessment
IV:	Incident Response and Times
V:	Fire and EMS Staffing
VI:	Automatic Mutual Aid Practices
VII:	Wells EMS
VIII:	Wells Public Safety Dispatch
IX:	Inter-department issues and concerns
X:	Grants
XI:	Mapping out the Future
XII:	Conclusions and Implementing Change
XIII:	Consolidated Recommendations
XIV:	Addendum
XV:	Project Team Profiles

Figure 1
Wells Public Safety Building

II: TOWN DATA

Wells is the third oldest town in the State of Maine and was incorporated in 1653 in York County with a total of 73.61 square miles including 57.55 square miles of land and 16.06 square miles of water. Wells is located on the Southern Coast of Maine and is surrounded by Kennebunk to the Northeast, Sanford to the Northwest, North Berwick to the West, South Berwick to the Southwest and Ogunquit to the South. The community has Interstate 95 (Maine Turnpike) U.S. Route 1, Maine State route 9, 9a, and 109 running through it as well as an active railway.

According to the 2020 United States Census Bureau data there are 11,314 living in Wells indicating an 18% increase from the 2010 Census. The town has a long history of being a significant summer tourist destination with an estimated summertime population that exceeds 40,000. The population indicates 26.7% being over 65 and 17.1% being under 18, 6.7% being under the age of five and 51.6% of the population being female. The population density is 150 people per square mile. Statistics indicate that there were 4004 households in 2000 and today this is increased to 4,593 indicating a total increase of 13%. The Town Comprehensive plan projects this to increase to 5,409 by 2028, 5,474 by 2033 and 6,036 by 2038. These are significant numbers to be considered when looking at Public Safety Response projections and equipment and staffing needs. The Town's plan indicates there are 5,106 single family homes that occupy 11,207 acres or about 1/3 of the towns land. In addition, there are also 442 multi-family units occupying an additional 1619 acres.

In addition to the housing units as a tourist community, lodging and seasonal units must also be considered. According to the Towns updated Comprehensive plan draft 2021 the following table indicates the types and numbers of units:

Lodging Type	2004 Units	2020 Units	Change	% Change
Hotel/Motel Rooms	1,529	1,195	-334	-22%
Bed & Breakfast	67	48	-19	-28%
Condos	0	672		
Cottages	450	658	208	+46%
Campground spaces	2,822	2,546	-276	-10%
Motel Cottages		344	344	
Total	4,868	5,463	595	+12%

Figure 2
Housing Chart

Wells is truly a tourist destination with seven miles of ocean beaches consisting of Drakes Island Beach, East Shore Beach, Wells Beach and Moody Beach. There are many restaurants, antique shops, and attractions within the community. The Town has a slogan that has carried over from the 350th anniversary in 2003.

"Proud of our Past, Ready for our Future"

This report and the recommendations that are within this document follow this foundational value. The Town has a lot to be proud of and has come a long way even since 2003. The Town is ready for a slow incremental change in fire and EMS, and with proper planning and guidance, will be ready for the future.

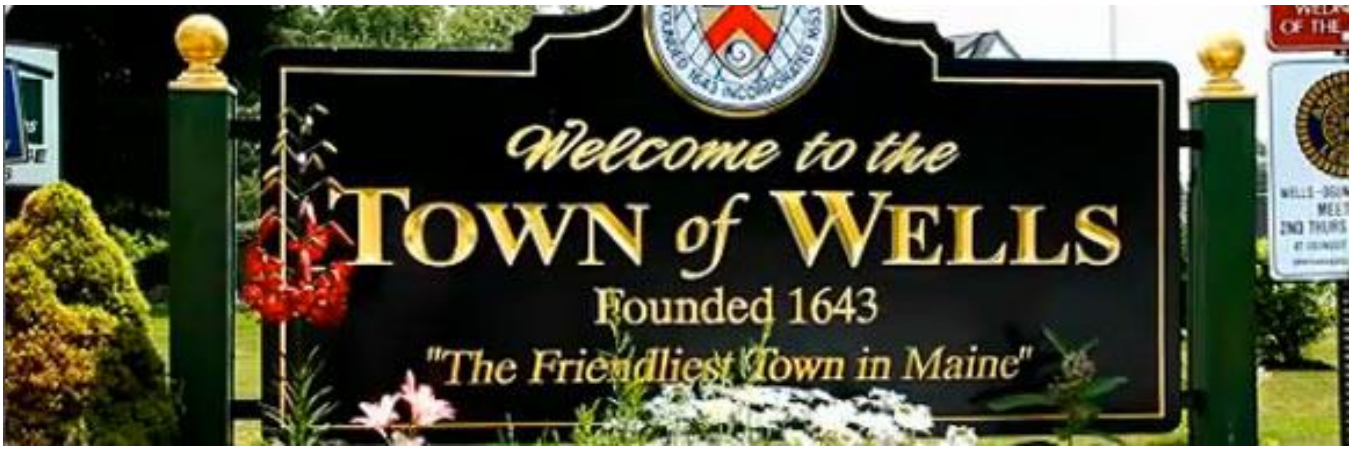


Figure 3
Town Line Sign

III: COMMUNITY RISK ASSESMENT

Fire, rescue, and EMS services generally have a common overall mission; the protection of life and property, but different community profiles in which they operate. These dissimilarities create very different fire and rescue service operational needs based on a unique community risk profile, service demands, and stakeholder expectations.

A community risk assessment is a comprehensive process to identify the hazards, risks, fire, and life safety problems, and the demographic characteristics of those at risk in a community. In each community, there are numerous hazards and risks to consider. For each hazard, there are many possible scenarios and potential incidents that could be encountered depending on timing, magnitude, and location of the hazard or incident. A thorough risk analysis provides insight into the worst fire and life safety problems and the people who are affected. The analysis results create the foundation for developing risk-reduction and community education programs.

Conducting a community risk analysis is the first step toward deciding which fire or injury problem needs to be addressed. Risk analysis is a planned process that must be ongoing, as communities and people are constantly changing. Too often, an objective and systematic community risk analysis is a step that is overlooked in the community education process. Many emergency service organizations address risks based on a perceived need for service that isn't there. This approach can be costly (i.e., misdirected resources, continued property loss, injuries, or deaths). In short, a good community risk assessment will produce a picture of what the hazards and potentials for incidents are, identify who is at risk, and attempt to quantify the expected impacts.

Understanding the definition of hazards and risks is critical to the risk assessment process. Hazards are physical sources of danger that can create emergency events. Hazards can be items such as buildings, roadways, weather events, fires, etc. Risk relates to the probability of a loss due to exposure to a hazard. People and property can be at risk. Consequences to the community are also factors to consider. Each of these factors is assessed during the community risk process (Figure 4).

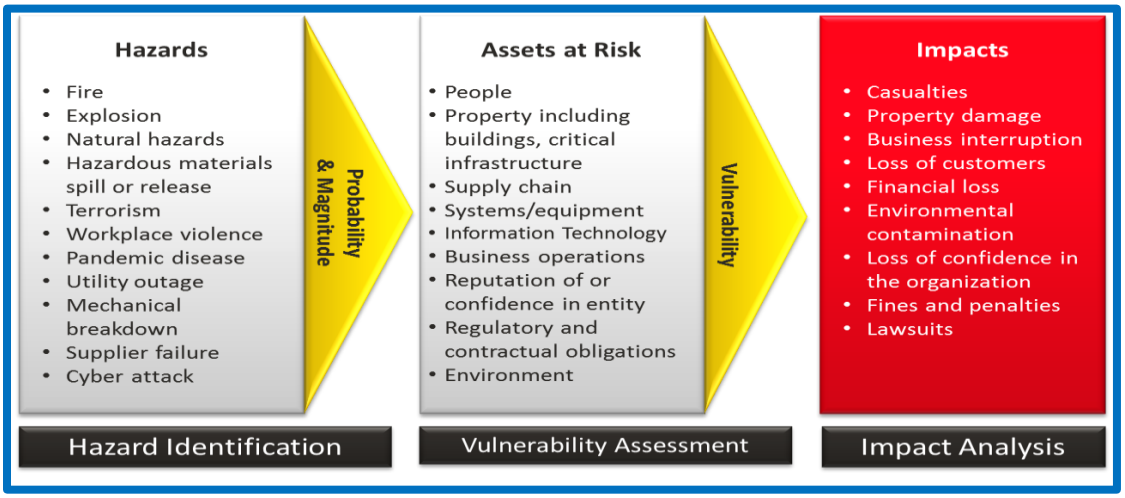


Figure 4
Risk Assessment Process
Image Credit: www.ready.gov/risk-assessment

A more focused fire risk assessment is performed by assessing such factors as the needed fire flow, probability of an incident, consequences of an incident, and occupancy risk. The "score" established is then utilized to categorize the area, or even individual properties, as one of low, moderate, or high/maximum risk. This categorization can assist the fire department in establishing fire risk/demand areas or zones.

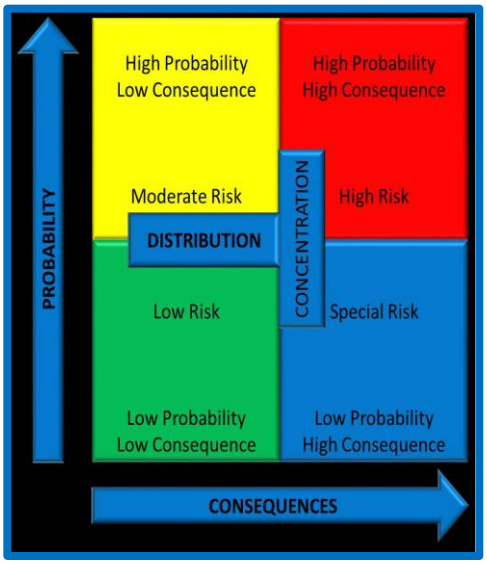


Figure 5
Fire Probability and Consequences Matrix
Credit: Commission on Fire Accreditation

Having this information readily available provides the community and the fire department with a better understanding of how fire stations, response run cards, and staffing patterns can be used to provide a higher concentration of resources for higher risk scenarios or, conversely, fewer resources for lower levels of risk.[1]

The community fire risk assessment may also include determining and defining the differences in fire risk between a detached single-family dwelling, a multi-family dwelling, an industrial building, and a high-rise building by placing each in a separate category.

[1] Fire and Emergency Service Self-Assessment Manual, Eighth Edition, (Commission on Fire Accreditation International, 2009), p. 49.

According to the *NFPA Fire Protection Handbook*, these hazards are defined as:

> **High-hazard occupancies:** Schools, hospitals, nursing homes, high-rise buildings, and other high life-hazard or large fire-potential occupancies.
>
> **Medium-hazard occupancies:** Apartments, offices, mercantile, and industrial occupancies not normally requiring extensive rescue by firefighting forces.
>
> **Low-hazard occupancies:** One-, two-, or three-family dwellings and scattered small business and industrial occupancies[2].

The NFPA also identifies a key element of assessing community vulnerability as fire department operational performance which is a comprised of three elements: resource availability/ reliability, department capability, and operational effectiveness[3].

> **Resource availability/reliability:** The degree to which the resources are ready and available to respond.
>
> **Department capability:** The ability of the resources deployed to manage an incident.
>
> **Operational effectiveness:** The product of availability and capability. It is the outcome achieved by the deployed resources or a measure of the ability to match resources deployed to the risk level to which they are responding.[4]

The implementation of successful community risk reduction strategies after completion of a community risk assessment are linked directly to prevention of civilian and firefighter line of duty deaths and injuries. In fact, they directly address goals found in firefighter Life Safety Initiatives 14 and 15. Virtually every risk reduction program in the fire and emergency services will have elements of what are called **"The 5 Es of Prevention".** These include:

Education ▪ Enforcement ▪ Engineering
Economic Incentives ▪ Emergency Response

Understanding and addressing only one element will not lead to a successful program. All five "Es" must be integrated into every program for it to be effective[5] (Figure 6). Strong fire prevention codes have been shown to be an extremely effective means to reduce risk in a community. Fire alarm and sprinkler systems mandates, for not only commercial buildings but

[2] Cote, Grant, Hall & Solomon, eds., Fire Protection Handbook (Quincy, MA: National Fire Protection Association, 2008), p. 12.
[3] http://www.nfpa.org/assets/files/pdf/urbanfirevulnerability.pdf.
[4] National Fire Service Data Summit Proceedings, U.S. Department of Commerce, NIST Tech Note 1698, May 2011.
[5] http://www.beaherosaveahero.org/2013/10/community-risk-reduction-crr-overview/ February 5, 2016

all occupancies, including single family dwellings, dramatically reduces fire risk and increases life safety. Code implementation that doesn't require these creates an increased risk. Strong code provisions and enforcement have demonstrated a greater ability to decrease fire problems than continuing to acquire more traditional fire department resources.

Figure 6
Five Es of prevention in a community risk reduction program.
Image credit: www.beaherosaveahero.org

INSURANCE SERVICES ORGANIZATION (ISO) *RATING*

ISO is an independent risk company that services insurance companies, communities, fire departments, insurance regulators, and others by providing information about the risk. ISO's expert staff collects information about municipal fire suppression efforts in communities throughout the United States. In each of those communities, ISO analyzes the relevant data and assigns a Public Protection Classification – a number from 1 to 10. This Class rating places the community in the middle of having a commendable fire suppression program for its size. A Class 1 community represents an exemplary fire suppression program, and Class 10 indicates that the area's fire suppression program does not meet ISO's minimum criteria.

The Public Protection Classification (PPC) program provides objective countrywide criteria that may prove helpful in connection with fire departments and communities planning and budgeting for facilities, equipment, and training. When companies have fewer or lower claims to pay, the premiums they collect can be lower. Therefore, by recognizing the potential effect of improved fire suppression on fire insurance losses, in that respect, the PPC program can often serve as an objective mechanism that can help recognize communities that choose to maintain and improve their firefighting services.

PPC can also be an important factor in overall community resilience and provides a consistent measurement tool that can help in these efforts, from the structural fire response perspective. Given the potential effect on fire insurance rates, the PPC could also be a factor considered by some businesses and developers to determine where to make investments.

While ISO's primary focus is to measure the effectiveness of a community's ability to respond to structure fires for insurance purposes, there are many derivative benefits. These include providing a statistically proven method of measuring performance; a methodology that can help as part of planning, budgeting for and making improvements; a tool that can be used to further the concept of community resilience; and a metric that can help encourage investment in a community. The ISO rating for Wells is a **4/4Y** that is a good rating but with some minimal changes could be a lower rating. Throughout the remainder of this document where applicable, the ISO report will be addressed.

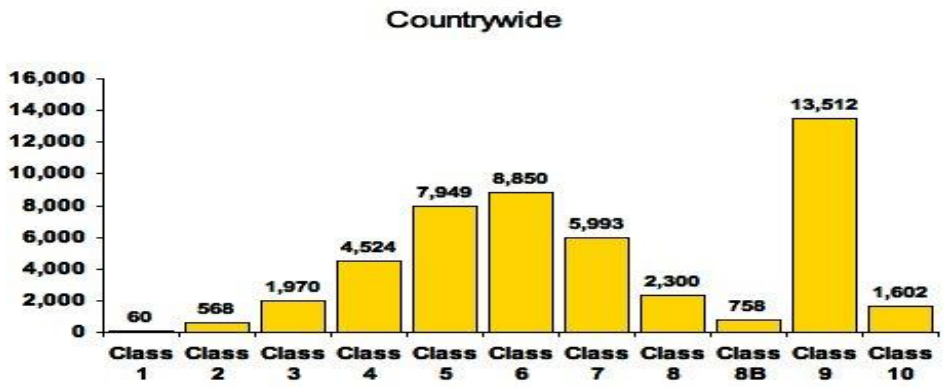


Figure 7
ISO Grading Chart USA
2019

One of the goals of this initiative should be to move the departments from the current class to a lower class over five years, and ultimately, an even lower class within ten years as ISO bands residential insurance rates. It would be fiscally advantageous for the community to move to a lower class. MRI believes that this grade reduction could be accomplished through at least focusing on training and water supply inspection and flow testing. The greatest fire safety concern throughout the area is the potential life loss in fires that occur in non-sprinklered, single and multi-family residential dwellings during sleeping hours, which is consistent with national trends. These fires are fueled by new "lightweight" construction and more flammable home contents. The time to escape a house fire has dwindled from about seventeen minutes, 20 years ago, to three to five minutes today. This poses a severe risk not only to occupants but also to firefighters as they now have less time to do their job and save residents' lives and property.

Although currently not prominent in most of the area, buildings more than three stories in height pose a special risk in an emergency. Fire on higher floors may require the use of ladder trucks to provide an exterior standpipe to be able to deliver water into a building that does not have a system in place. For victims trapped on higher floors, a ladder truck may be their only option for escape. Buildings six or more floors in height present even more challenges to the Fire Department. Aerial ladder trucks often cannot reach beyond the sixth to the eighth floor (and never higher than the 10th floor) depending upon setbacks, obstructions to placement, etc. Thus, rescue and firefighting activities must be conducted strictly from the interior stairwells. This requires additional personnel to transport equipment up to higher floors. Large area buildings sometimes referred to as horizontal high-rises, such as warehouses, malls, and large "big box" stores often require greater volumes of water for firefighting and require more firefighters to advance hose lines long distances into the building. They also present challenges for ventilation and smoke removal.

Although it is not clear how many commercial and residential sprinkler systems there are in Wells, it is known that automatic sprinklers are highly effective elements of total system designs for fire protection in buildings. They save lives and property, producing large reductions in the number of deaths per thousand fires, and average direct property damage per fire, especially in the likelihood of a fire with large loss of life or large property loss. They do so, much quicker, and often more effectively and with less damage than firefighting operations. No fire safety improvement strategy has as much documented life safety effectiveness as fire sprinklers because they extinguish the fire, or, at a minimum holds it in check and prevents flashover, until the arrival of the Fire Department.

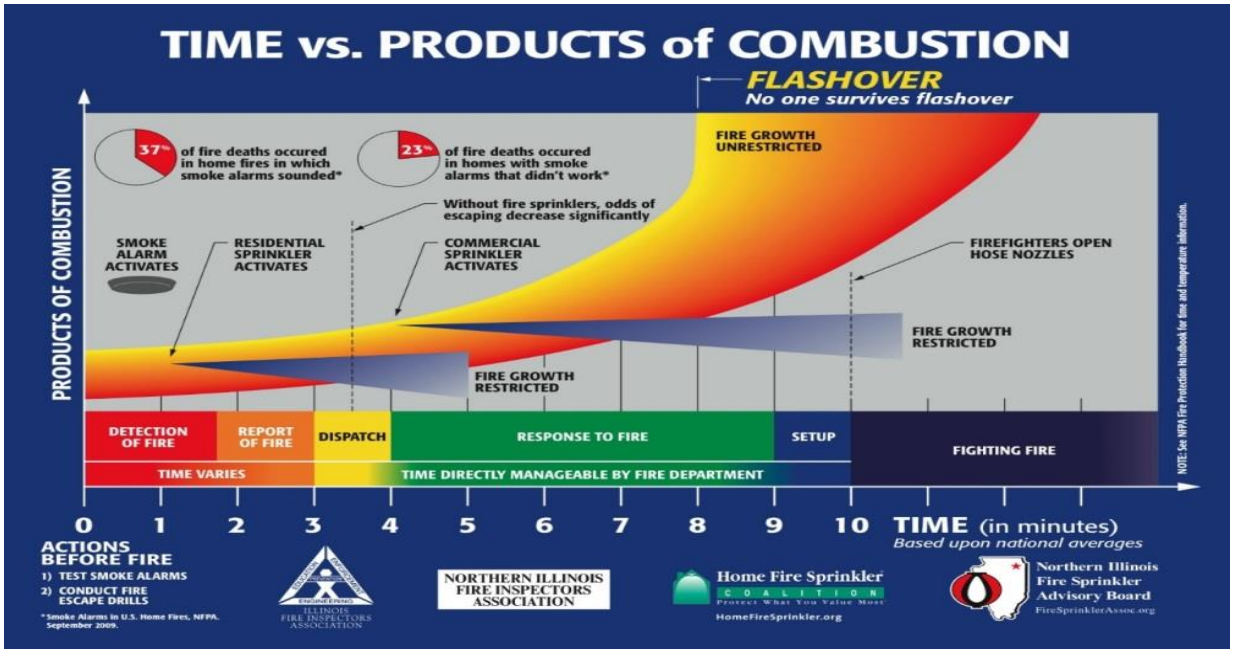


Figure 8

Time versus products of combustion curve showing activation times and effectiveness of residential sprinklers (approximately 1 minute), commercial sprinklers (4 minutes), flashover (8 to 10 minutes) and firefighters applying first water to the fire after notification, dispatch, response and set up (10 minutes) http://firesprinklerassoc.org/images/newflashoverchart.jpg

Studies from 2007 to 2011 of fires in all types of structures show, when sprinklers were present in the area of a fire that was large enough to activate the sprinklers in a building not under construction, sprinklers operated 91% of the time[6]. When they operated, they were effective 96% of the time, resulting in a combined performance of operating effectively in 87% of reported fires where sprinklers were present in the fire area and the fire was large enough to activate sprinklers[7]. **In homes (including apartments), wet-pipe sprinklers operated effectively 92% of the time. When wet-pipe sprinklers were present in the fire area in homes that were not under construction, the fire death rate of 1,000 reported structure fires was lower by 83%, and the rate of property damage per reported home structure fire was lower by 68%.**

Like most communities, Wells has various types of housing that is older, although still well maintained. Most of these older residential occupancies are wood frame houses. The fire service further assesses the relative risk of properties based on several factors. Properties with high fire and life risk often require greater numbers of personnel and apparatus to effectively mitigate a fire emergency. Staffing and deployment decisions should be made with consideration of the level of risk within each area of a community.

[6] U. S. Experience with Sprinklers. John R. Hall, Jr. National Fire Protection Association, June 2013.
[7] U. S. Experience with Sprinklers. John R. Hall, Jr. National Fire Protection Association, June 2013.

Low Risk: Minor incidents involving small fires (fire flow less than 250 gallons per minute), single patient non-life-threatening medical incidents, minor rescues, small fuel spills, and small brush or outside fires.

Moderate Risk: Moderate risk incidents involving fires in single-family dwellings and equivalently sized commercial office properties (needed fire flow generally between 250 gallons per minute to 1,000 gallons per minute), life threatening medical emergencies, hazardous materials emergencies requiring specialized skills and equipment, technical rescues involving specialized skills and equipment, and larger brush and outside fires particularly if structures are exposed.

High Risk: High risk incidents involving fires in larger commercial properties with sustained attack (fire flows more than 1,000 gallons per minute), multiple patient medical incidents, major releases of hazardous materials, and high-risk technical rescues.

The potential emergency risks present in the towns are not limited to just residential or commercial structural fire incidents. Weather, Transportation, Hazardous Materials, and man-made disasters all add to the overall risk in the community.

It is the project team's assessment that the level of risk differs based on the specific infrastructure and demographics of each community. The level of risk faced by each community and the region overall, can be established based on the information presented within Figure 9.

OCCUPANCY DESCRIPTION	*RISK*
Single Family Residential (unsprinkled)	*Moderate*
Multi-Family Residential (sprinkled)	*Moderate*
Multi-Family Residential (unsprinkled)	*High*
Institutional-Educational	*Low*
Commercial (Retail and Office) (sprinkled)	*Moderate*
Commercial (Retail and Office) (unsprinkled)	*High*
Industrial	*Moderate/High*
Open Space	*Low*
Transportation Incident	*High*

Figure 9
Community Risk Assessment Hazard index

The weather a community experiences can impact the Fire and EMS ability to respond. Snow, ice, and other conditions can slow response. Major storms can create emergency situations that can overwhelm local emergency response forces. The regional area enjoys a moderate climate typical of the New England region. Thunderstorms, strong windstorms, and significant rain events happen several times in an average year. Tropical storms and hurricanes also occasionally impact the area. Snowfall is experienced annually, and occasionally in amounts that paralyzes the region.

The above information is intended to provide a "snapshot" of the area. It is not intended to be all-inclusive or comprehensive. For the fire department and first responders it serves to put the town, and its associated hazards and risks, into some context as the fire department works to carry out the recommendations of this study. A moderate to high-risk designation should not infer that the risks are eminent safety concerns. The risk designations present themselves based on several factors including what is the potential risk to people, based on the factors specific to the target hazard in question.

Ultimately, a comprehensive risk assessment should:

- Clearly identify and classify the town's current risks
- Place the risks in context with the Fire Department's current operational capabilities and procedures
- Reflect what the Budget Committee and Board of Selectmen feels is an acceptable level of risk for the town

Looking ahead, the area will continue to experience a slow to moderate growth increase in growth and development, although probably not high levels. While this development will have a definitive impact on the town's emergency services, the exact amount is difficult to quantitatively and accurately predict. Increased commercial development of any type will mean an increase in the number of people living, working, and traveling within the area. Each of these will reasonably be expected to result in an increased number of requests for services from the fire services in the region. They can also impact response times through increased traffic and congestion.

It is likely that the most significant increase in requests for emergency services will be EMS related. More people simply increase the number of medical emergencies that occur. It would not be unreasonable to expect that the increase in EMS incidents would be proportional to the increase in population; however, that is not always the case. Although several factors can ultimately impact the requests for service, such as ages or socio-economic status of new residents, or an aging population, it could reasonably be anticipated that an increase in population, along with potential increases in employment from any significant commercial development, would translate into an increase in emergency medical incidents.

The fire service further assesses the relative risk of properties based on several factors. Properties with high fire and life risk often require greater numbers of personnel and apparatus to effectively mitigate a fire emergency. Staffing and deployment decisions should be made with consideration of the level of risk within each area of the community. The assessment of each factor and hazard as listed below took into consideration the likelihood of the event, the impact on the Community itself, and the impact on Community's fire and first response EMS providers ability to deliver emergency services, which includes automatic aid capabilities as well. The list is not all inclusive but includes categories most common or that may be present in the Community as a whole.

Low Risk:

- *Automatic Fire/False Alarms*
- *Single patient/non-life threatening BLS EMS Incidents*
- *Minor Flooding with thunderstorms*
- *Good Intent/Hazard/Public Service*
- *Minor fire incidents (fire flow less than 250 gallons per minute) with no life safety exposure*
- *Minor rescues*
- *Outside fires such as grass, rubbish, dumpster, vehicle with no structural/life safety exposure*
- *Small fuel spill*

Moderate Risk:

- *Fires in single-family dwellings and equivalently sized commercial office properties (needed fire flow generally between 250 gallons per minute to 1,000 gallons per minute) where fire and/or smoke is visible indicating a working fire.*
- *Life threatening ALS medical emergencies*
- *Motor Vehicle Accident (MVA)*
- *MVA with entrapment of passengers*
- *Hazardous materials emergencies requiring specialized skills and equipment but not involving a life hazard*
- *Technical rescues involving specialized skills and equipment (such as low angle rescue involving ropes and rope rescue equipment and resources*
- *Larger brush and outside fires, particularly if structures are exposed*
- *Suspicious Substance Investigation involving multiple fire companies and law enforcement agencies*
- *Surface Water Rescue*

- *Good Intent/Hazard/Public Service fire incidents with life safety exposure*

<u>High Risk</u>:

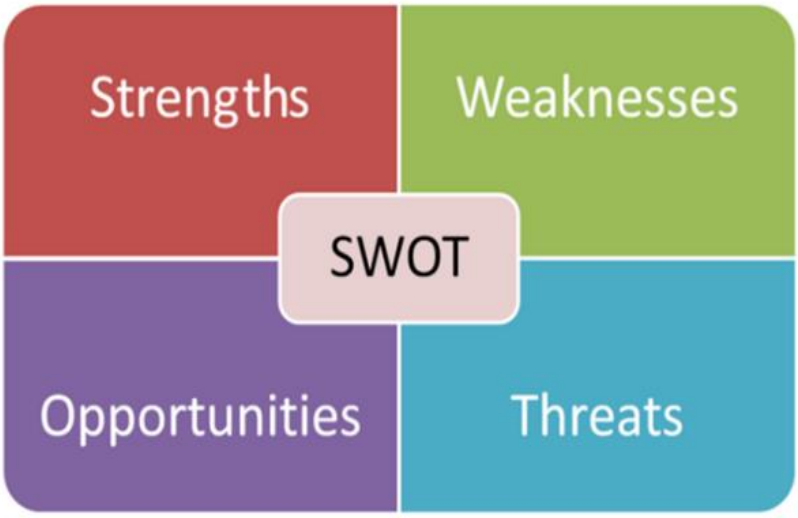
- *Fires in larger commercial properties and target hazards with a sustained attack (fire flows more than 1,000 gallons per minute)*
- *Cardiac/respiratory arrest*
- *Multiple patient medical/mass casualty incidents with more than 10 but less than 25 patients*
- *Major releases of hazardous materials that causes exposure to persons or threatens life safety*
    - *Confined Space Rescue*
    - *Structural Collapse involving life safety exposure*
    - *High Angle Rescue involving ropes and rope rescue equipment*
    - *Trench Rescue*
    - *Explosion in a building that causes exposure to persons or Threatens life safety or outside of a building*
- *Suspicious Substance incident with injuries*
- *Weather event that creates widespread flooding, building damage, and/or life safety exposure*

<u>Special Risk:</u>

- *Working Fire in a structure greater than three (3) floors*
- *Fire at an industrial building or complex with hazardous materials*
- *Mass Casualty Incident over 25 patients*
- *Rail or transportation incident that causes life safety exposure or threatens life safety through the release of hazardous smoke or material*

Aggressive enforcement of fire and building codes in both new and existing facilities will continue to be a critical factor in managing risk throughout the area. Communications regarding major projects need to be kept open and frequent. Any new development projects that are proposed should be sent to the fire department for review and input on fire protection needs and concerns. Unfortunately, some municipalities do not welcome fire department input nearly as readily as others do. Many departments require new projects be evaluated by a "Technical Review Committee (TRC)" or Technical Review Group (TRG)". The purpose of the TRC/TRG is to review projects that are submitted for review to the Planning Board, including site plans and subdivisions. The applicant/agent presents plans to the TRG which comments on the plans and suggests changes in accordance with various City regulations, laws, and policies. The TRC/TRG members typically include a Chief Planner or designee, City Engineer, Director of Code Enforcement, Fire Department Representative, Police Department Representative, Economic Development Manager, and Representative of the Conservation Commission. TRC/TRG meetings are often not considered public meetings. In addition, ensuring that existing buildings continue to maintain code compliance is an important component of an overall community's fire protection system.

FIRE AND FIRST RESPONSE S.W.O.T. PROFILE



A SWOT analysis is a business term utilized to identify the strengths, weaknesses, opportunities, and threats present within an agency's operating environment. This type of analysis involves specifying the objective or mission of an organization and identifying the internal and external factors that are favorable and unfavorable to achieve that objective.

Figure 10
SWOT Analysis

1. **Strengths:** Characteristics of the agency that allow it to meet its mission, work toward achieving its vision, or provide exceptional service to a community.
2. **Weaknesses:** Characteristics of the agency that may create internal conflict, dysfunction, and/or frustrate organizational performance thus creating a disadvantage to the organization in its efforts to meet the goals established by its mission statement.
3. **Opportunities:** Elements that the organization could pursue or develop to its advantage.
4. **Threats:** Elements in the environment that could create organizational instability or reduce the ability of an agency to fulfill its mission and/or achieve its vision.

A SWOT analysis aims to identify the key internal and external factors seen as important to achieving an organizational objective. SWOT analysis generally groups key pieces of information into two main categories:

1. **Internal factors:** The strengths and weaknesses internal to the organization.
2. **External factors:** The opportunities and threats presented by the environment external to the organization.

Analysis may view the internal factors as strengths or as weaknesses depending upon their effect on the organization's objectives. What may represent strengths with respect to one objective may be weaknesses (distractions) for another objective.

A SWOT analysis can be used to:

- *Explore new solutions to problems.*
- *Identify barriers that will limit goals/objectives.*
- *Decide on direction that will be most effective.*
- *Reveal possibilities and limitations for change.*
- *Revise plans to refocus on an organization's mission statement.*
- *As a brainstorming and recording device as a means of communication.*
- *Create a series of recommendations in the context of an organizational study.*

The SWOT analysis in public safety framework is beneficial because it helps organizations decide whether an objective is obtainable; therefore, enables agencies to set achievable goals, objectives, and steps to further the change, or enhance organizational development. It enables organizers to take visions and produce practical and efficient outcomes that effect long-lasting change. It also helps organizations gather meaningful information to maximize their potential. Completing a SWOT analysis is a useful process regarding the consideration of key organizational priorities.

This process, undertaken by the project team included an evaluation of both the external environment, as well as the Fire and first response EMS services internal factors and the interrelationship between the two. This was accomplished through virtual interviews, along with the analysis of data obtained from various sources. By approaching the SWOT analysis in this way, the process continues to reinforce a primarily – but not entirely - stakeholder-driven perspective.

Strengths:

- The passion and dedication of all fire and fire-based EMS personnel – they care and strive to provide excellent service
- A strong interest by fire department leadership to work with other departments
- A high degree of mission buy-in and ownership

- A high regard for the customer
- High quality apparatus and equipment that appears to be well supported by the community
- Strong support from community leadership
- Strong support from the public
- Excellent facilities
- Recognition of current and potential challenges
- Recognition that there is no one solution
- High level of engagement in this study
- A single regional dispatch center providing service to all participating departments
- A high-quality apparatus set

Weaknesses:

- Societal change, and generational differences have changed the value of on-call participation
- Lack of interagency cooperation
- Personalities have spilled over into operations
- Lack of partnership with dispatch
- Lack of input and control over fire dispatch operations
- The rivalry with others are creating interpersonal conflicts
- The American Fire service has an increasing risk profile such as cancer, active shooter incidents, and more recently, COVID-19, which may change the level of interest of traditional candidates
- Increasing training requirements which consumes more leisure time
- Increasing economic pressure on potential responders
- Shifting concepts of who is responsible for cost
- Political change in an increasingly divisive society
- A large gap by the municipal governments in developing a thorough knowledge of what emergency services are delivered to their community
- Lack of adequate financial support from municipalities relative to the true costs of providing services
- Although well intentioned, recruitment and retention effort that has had only marginal success
- Increasing response metrics
- Lack of education of the public and local officials regarding all facets – including financial – of the fire service delivery system
- Staff located at one station with the inability to reach a vast area of the Town in the 4 minute target as outlined in NFPA 1710

Opportunities:

- Use of legislative processes to secure funding at both the local, regional, state, and federal levels
- Improve inter-department relations
- Create a collaborative approach
- Updated Records Management system and technology
- Cross training staff (fire/ems)
- Training development and documentation
- Succession planning for Fire Chief
- Adding an Assistant Chiefs Position
- EMS becomes a fire based system using cross trained staff
- Increase of fire/ems staff to meet the demands
- Use a staffing model to utilize both fire stations and reduce response times
- The ability to work with the community to identify the current level of service and set realistic service level/cost expectations
- Development of regional grant applications to fund a portion of this initiative
- Increase in regional collaborations and endeavors within the area
- Development of dual role positions to bolster daytime response
- Address recruitment and retention area-wide, by consolidation of efforts
- Demonstrate problem solving abilities through programs and by providing a model approach to the declining on-call members crisis in Wells and surrounding area
- Explore new forms of outreach and marketing to inform the community of the challenges ahead
- Marketing and communicating the social identity and benefits of being an on-call firefighter in the Fire Department
- Identify and harness the best practices from across the nation relative to the further development of recruitment and retention strategies
- Develop new support roles for on-call personnel (tech, social media, marketing, etc.)

Threats:

- The fire services' ability to improvise and get a mission accomplished despite the absence of appropriate financial resources
- Operations deteriorates by having a rivalry
- Lack of coordination with dispatch
- Personalities
- The inability to provide a timely response to multiple overlapping emergency calls

- The projection of a problem that does not exist, described as “a crises without evidence”. The fire department sees the service gaps, but the public sees and accepts a level of service continuity that goes against the description of the problem
- Continued decline of on-call firefighters across the study area, part of an overall nationwide reduction in volunteerism
- Continued exodus of younger, trained on-call personnel to career job opportunities
- The fiscal and operational impact of the Covid-19 pandemic which may significantly impact on-call participation
- Fire service agencies that resist being transparent about their finances even as they request additional public funding
- Reduction in operational safety based on staffing trends
- Generational and cultural differences in the emergency services that is not always as inclusive as they should be

Looking ahead, the Community and the Fire Department should use the SWOT analysis to further define the most critical issues and service gaps facing the fire and EMS services. These service gaps and critical issues will then be utilized as the framework for establishing the priority for implementation of goals and recommendations in this strategic planning document. Based on the SWOT analysis, the project team believes Wells has a strong potential to continue to create a robust level of service that is expected by its residents. However, to be effective, the community will need to commit to this collaboration and agree to work together to meet future service expectations and provide a high level of operational safety.

Recommendations

III-1: The WFD should develop a five-year plan to enhance training and proper documentation.

III-2: The WFD should develop a ten-year plan to enhance training, documentation, and emergency telecommunications operations to move toward reclassifying the departments to an even lower ISO rating.

III-3: The WFD should conduct a thorough Community Risk Assessment and use the assessment as a tool to move the department into the future. Over the next year, a plan should be developed to utilize strengths to pursue opportunities and address weaknesses while mitigating threats. This should be an ongoing process that has member involvement and is moved forward by the officer core.

III-4: The WFD should review and or develop a mission, values, and slogan that reflects the department and should use these as a basis to educate the Community.

III-5: The Community should consider staffing the substation to enhance response times and deployment. During the peak seasonal times this should be done and should be used to benchmark the value in doing so.

III-6: WFD should be dispatched automatically on all C,D, and E level EMS calls and any time there will be any delay in an ambulance immediate response.

III-7: The Town of Wells should develop a "Technical Review Committee (TRC)" or Technical Review Group (TRG)" to review projects that are submitted for review to the Planning Board, including site plans and subdivisions.

IV: INCIDENT RESPONSE TYPES AND TIMES

From the perspective of effective emergency response, there are three main factors that are used to help determine the deployment of resources: response time, travel distance, and call volume. For most evaluations, response time is the most critical factor; an important measuring instrument to determine how well a fire department or first response EMS provider is currently performing, to help identify response trends, and to predict future operational needs. Getting emergency assistance to the scene of a 9-1-1 caller in the quickest time possible may be critical to the survival of the patient and/or successful mitigation of the incident. Achieving the quickest and safest response times possible should be a fundamental goal of every fire department and first response EMS provider. It is not just a cliché that during critical life-threatening situations, minutes and even seconds truly do count. For this review response times and incident data for the fire department was taken from the "Emergency Reporting Software" reports, and for EMS, from data given to the team from the EMS Director.

Fire Department	Calendar Year 2021		Calendar Year 2020		Calendar Year 2019		3 Year Avg.
Fire	698	Up 108 (15%)	590	Up 17 (3%)	573		620.3
EMS	543	UP 253 (47%)	290	Down 66 (23%)	356		396.3
Total	1241	Up 361 (29%)	880	Down 49 (6%)	929		1016.7
Response time	7.85		8.16		6.41		7.5
Avg Calls per day	3.4		2.4		2.54		2.8
Overlapping calls	254		77		146		159.0
Wells EMS	**Calendar Year 2021**		**Calendar Year 2020**		**Calendar Year 2019**		**3 Year Avg.**
EMS	2170	Up 498 (23%)	1672	Down 221 (11.6%)	1893		1911.7
W/ Pt. contact	2014	Up 411 (20%)	1603	Down 196 (11%)	1799		1805.3
% Pt contact	92.80%		95.80%		95.00%		0.9
Response times	8.3		8.4		7.5		8.1
Avg Calls per day	5.94		4.5		5.18		5.2

Figure 11
Comparison of Annual Call volume

In this section, two important factors have been reviewed. The first is the number and type of incidents in each of the three years studied. The second is a series of data that looks at the call volume by times of day as well as the response time.

The analysis of the overall call volume is not indicative of what is typically seen throughout the Country. It is unclear why the overall EMS numbers dropped from calendar year 2019 to 2020 by 12%; however, it is likely that call volume has changed due to the impact of the Covid-19 Pandemic, response modifications, and the reduced activity within the community.

An analysis of the type of incidents the study communities responded to from 2019 thru 2021 was completed with data provided. The table below shows a broad classification of the types of incidents and an average of the number of responses to each, over the 3-year period. It is important to understand that not all departments provide the exact same level of service. Regardless of the actual incident address all responses were calculated as it was a service that was provided by the Fire department.

The highest demand for service is for Medical Emergencies followed secondly by hazardous conditions. This class reflects trees and power lines down, spill and leaks etc. Fires themselves consistently reflect 7% of the response volume in each year of the study. Typically, fires start at a higher percentage and drop over the years and medical emergencies climb.

NFIRS	2021		2020		2019		2018		4 Year Average	
100 Fires	42	3.38%	59	6.70%	28	3.01%	44	3.70%	43.25	4.1%
200 Rupture Explosion	2	0.16%	2	0.23%	4	0.43%	0	0.00%	2	0.2%
300 Rescue and EMS	543	43.76%	291	33.07%	356	38.32%	507	42.64%	424.25	40.0%
400 Hazard Condition	110	8.86%	119	13.52%	80	8.61%	112	9.42%	105.25	9.9%
500 Service Call	174	14.02%	127	14.43%	209	22.50%	193	16.23%	175.75	16.6%
600 Good Intent	140	11.28%	97	11.02%	107	11.52%	125	10.51%	117.25	11.1%
700 False alarm or call	221	17.81%	184	20.91%	145	15.61%	205	17.24%	188.75	17.8%
800 Severe Weather	4	0.32%	0	0.00%	0	0.00%	1	0.08%	1.25	0.1%
900 Special Incident	5	0.40%	1	0.11%	0	0.00%	2	0.17%	2	0.2%
TOTAL	1241		880		929		1189		1059.75	

Figure 12
Fire Department Four Year Call Analysis by Incident type

Incidents by day of the week and time of day were also analyzed. The outcome of the data looked at, is very comparable to other departments that have been looked at over the past few years.

	2021		2020		2019		
	FIRE	EMS	FIRE	EMS	FIRE	EMS	Average
Monday	161		149		136		148.7
Tuesday	168		126		142		145.3
Wednesday	188		122		149		153.0
Thursday	164		109		122		131.7
Friday	159		135		126		140.0
Saturday	192		115		125		144.0
Sunday	209		124		129		154.0

Figure 13
Fire Department Four Year Call Analysis by Day of the Week

The time-of-day data indicates that the peak time of service (highlighted in yellow) is from 9:00 AM to 8:00 PM. This seems to correspond well with the time most of the residents are up and about and doing their daily business. Not surprisingly the time frame from midnight to 6 AM, when most people are sleeping, indicates the slowest time. What is truly clear is that the public needs are twenty-four-hour needs. It is important to be able to respond efficiently and effectively to the incidents all day every day.

	2021		2020		2019		
	FIRE	WEMS	FIRE	WEMS	FIRE	WEMS	Average
12-1 AM	20	45	17	34	15	35	27.7
1-2 AM	17	45	16	37	21	42	29.7
2-3 AM	27	43	18	28	17	35	28.0
3-4 AM	15	31	14	30	21	30	23.5
4-5 AM	17	26	26	41	17	33	26.7
5-6 AM	24	44	12	25	16	39	26.7
6-7 AM	37	64	22	46	23	45	39.5
7-8 AM	30	67	23	48	29	57	42.3
8-9 AM	56	102	44	77	45	89	68.8
9-10 AM	60	98	50	81	45	89	70.5
10-11 AM	88	132	51	97	59	103	88.3
11-12 AM	84	137	45	95	71	114	91.0
12-1 PM	68	129	37	98	47	110	81.5
1-2 PM	79	127	73	98	65	116	93.0
2-3 PM	91	154	59	110	68	134	102.7
3-4 PM	71	120	44	90	54	121	83.3
4-5 PM	94	152	50	93	57	121	94.5
5-6 PM	64	115	52	97	50	134	85.3
6-7 PM	61	134	38	97	40	118	81.3
7-8 PM	61	129	61	101	43	97	82.0
8-9 PM	64	94	46	82	37	67	65.0
9-10 PM	47	73	29	62	33	67	51.8
10-11 PM	35	62	27	47	31	61	43.8
11-12 PM	31	47	26	58	25	36	37.2
	1241	2170	880	1672	929	1893	

Note: Yellow indicates peak time of calls

Figure 14
Incidents by time of day

Structural firefighting has become far more challenging and dangerous in the last thirty years. A fire can easily at least double in size and intensity every 30 seconds. If firefighters cannot arrive in a timely manner and attack the fire quickly, a strong possibility exists that a dangerous flashover (simultaneous ignition of all combustible materials in a room) will occur. Flashover can occur within five to seven minutes of fire ignition and is one of the most dangerous events that a firefighter, or trapped civilians, can face. When a flashover occurs, initial firefighting

forces are generally overwhelmed and will require significantly more resources to affect fire control and extinguishment.

Heart attack and stroke victims require rapid intervention and care, and transport to a medical facility. The longer the time duration without care, the less likely the patient is to fully recover. Numerous studies have shown that irreversible brain damage can occur if the brain is deprived of oxygen for more than four minutes. In addition, the potential for successful resuscitation during cardiac arrest decreases exponentially with each passing minute that cardio-pulmonary resuscitation (CPR) or cardiac defibrillation is delayed. The true key to success in the chain of survival is the education and early access to the 911 system by civilians. The early notification coupled with the added skills of properly trained EMS staff that arrive quickly and transport at the appropriate level of care are all key factors in a positive outcome of patients.

For EMS incidents nationally, the standard of care based on stroke and cardiac arrest protocols is to have a unit on scene at a medical emergency within six minutes from receipt of the 9-1-1 call. Considering the future potential of this regional approach, Paragraph 4.1.2.1(4) of NFPA 1710[8], which would be applicable to departments that provide first response EMS operations since they are primarily provided by in station, per diem staff, recommends that for EMS incidents, a unit with first responder or higher level trained personnel and equipped with an AED, should arrive within four minutes of response (five minutes of dispatch of the call), and an Advanced Life Support (ALS) unit should arrive on scene within eight minutes (ten minutes of call receipt. Paragraph 4.1.2.2 recommends the establishment of a 90% performance objective for these response times. CAAS[9] recommends that an ambulance arrive on scene within eight minutes, fifty-nine seconds (00:08:59) of dispatch.

Although NFPA 1710 provides essential benchmarks, fire departments often measure baseline performance in terms of *total response time*, which is the time it takes from the call to be received at the Public Safety Answering Point (PSAP) until the first unit arrives on the scene of the emergency incident. Total response time should be measured and reported for all first-due units *and* the effective response force (ERF) assembly. Total response time is composed of call-processing time, turnout time and travel time:

- *Call processing time* – the elapsed time from the call being received at the PSAP to the dispatching of the first unit.

[8] NFPA 1710, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Career Fire Departments, 2014 edition (National Fire Protection Association, Quincy, MA), outlines organization and deployment of operations by career and primarily career fire departments.
[9] *The Commission on Accreditation of Ambulance Services (CAAS) is an independent commission that established a comprehensive series of standards for the ambulance service industry.*

- *Turnout time* – the elapsed time from when a unit is dispatched until that unit changes their status to "responding."

- *Travel time* – the elapsed time from when a unit begins to respond until its arrival on the scene.

The response travel time is calculated from the time of dispatch to the time of arrival of the first piece of fire/EMS apparatus. It is also important to keep in mind that there are many possible variables to actual response travel times such as weather, physical location of the incident compared to the location of the station (travel distance) especially during mutual aid responses as well as other simultaneous calls that may be happening. It is also important to note that the response time for fire staff for non-EMS incidents is typically higher. Before staff leaves the station, they should be wearing all their personal protective equipment (boots, pants, hoods, and coats).
The chart below indicates that EMS is provided within the time frame of the Standards.

FIRE	2021	2020	2019	2018
Branch Station - EMS	0	5:07	0	0
Corner Station-EMS	6.37	6:59	0	0
Branch Station - Fire	0	3.52	0	0
Corner Station - Fire	7.58	8.47	0	0
Average Response time	6.975	6.07	6.41	6.29
Average on Scene time	26.2	26.36	25.38	24.12
EMS				
Response times	8.3	8.4	7.5	

Figure 15
Fire Department Four Year Call Analysis – Response Travel Times

There have been studies and mapping done by others that paint a very good picture of what the Wells fire departments can and cannot reach within the prescribed times. We have included the "Geographic Information System Emergency Services Response Capabilities Mapping Analysis", done by the International Association of Firefighters dated July 2020, in the addendum section of this report. It is the MRI team's brief analysis of this document that we find the mapping to be valid and the response lines true.

Along with this report, York County produced a map showing the actual incidents, by type, for 2020; once again we have attached that in the addendum section of this report. This map indicates the location of actual incidents and shows that the current staffed station meets the needs for most of the incidents. The areas outside the typical response areas, and longer travel times, have an additional unique challenge as they do not have a pressurized hydrant system, further adding to current response capabilities lacking for those areas. Two structure fires in 2021 where randomly selected for review. The first was on June 25th in the hydrant area with the arrival of the first engine in 8 minutes and 3 seconds. The second was on December 21 and was out of the water district and had a response time of 10 minutes and 24 seconds for the first piece of apparatus to arrive on scene.

Recommendations

IV-1: The Town and Fire Department should look to staff the substation during peak times with fire and EMS staff when traffic is heavy, and the population has dramatically increased. Start as a seasonal approach, study the response types and times for further staffing model.

IV-2: The Town should have a Fire Based Ambulance that should be based in the Substation when it is staffed. This would be for a determined quick response area and as a back up to all areas of the town.

IV-3: The fire department should work with surrounding communities to further hone automatic aid with appropriate staffing year round.

IV-4: Both Fire and EMS departments should conduct a monthly response evaluation for all calls. This evaluation should not only note the times, and the weather but also the staffing level and the responder location at the time of dispatch. This should cumulate into an annual report.

V: FIRE & EMS STAFFING

Staffing is the biggest key to the success of any fire and EMS service response. For the most part, the average citizen only sees the amount of shiny red fire trucks and ambulances a department has, and sees that as their "fire department". It has often been said that the fire service can have all the best equipment, but that equipment is useless without a good and efficient crew to operate them. In today's world, call and volunteer firefighters are getting harder and harder to not only recruit but also to retain. This is a nationwide issue that in many communities is now becoming a crisis. The need for services must be met.

The chart below indicates the overall personnel levels for the Wells Fire and Wells EMS as of the Fall of 2021.

Fire	
Chief	1
Admin	1
Captains	3
Firefighters	9
Call Firefighters (Part Time)	5
TOTAL	19

EMS	
Director (Full Time)	1
Paramedics (Part time)	22
Advanced EMTs (Part Time)	7
Basic EMT (Part Time)	14
TOTAL	44

Figure 16
Staffing levels

It should also be noted that the fire department currently has 3 certified Advanced EMTS, 3 firefighters that are in the process of completing the training and certification to become Advanced EMTS, and the balance (6) are all EMT Basics. It is the town's desire to only hire Advanced EMTS, or to allow new hires to be basic EMTs and complete a certification to Advanced EMT within a given time frame.

Having several people listed on a roster may give a false sense of security and be misleading. Their participation in training, working shifts, and actual response to incidents shows the real numbers and the level of service the department can actually deliver.

Most firefighters are not providing the service to the community for money. As an example, MRI has studied a department where 14% of emergency calls received no response from the local community. In an effort to address the situation, the Board of Selectmen doubled wages but received no associated increase in participation and response. Although this is an extreme case, other retention strategies may be more effective. It is the hope of most departments to get people interested in performing the services and to keep them as long as they can.

The amount of time that is required to complete training programs should be rewarded. Stipends for making certain benchmarks are another way of compensating staff. A consideration to giving one-time stipends for completing firefighter 1, firefighter 2, different fire officer levels, and EMS certifications are a way of rewarding people for taking the time and completing programs.

In an effort to ensure fire department personnel continue to progress, many departments offer continuing education incentives that can be earned each year. For example, employees receive a career development incentive of up to $1,000. The incentive could be calculated and paid based upon Continuing Education Units (CEU's) or, in the absence of established CEU's, the documented off-duty contact hours associated with each course/class (which shall exclude time spent for overnight programs) according to the following schedule:

- 15 hrs but less than 30 hours $250
- 30 hrs but less than 45 hours $500
- 45 hrs but less than 60 hours $750
- 60 hrs or more $1,000

NFPA 1720, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments,* 2014 edition outlines organization and deployment of operations by volunteer, and primarily volunteer fire departments.

Some of the key *provisions of NFPA 1720 are as follows:*

1. *Paragraph 4.3.1 on Staffing and Deployment states that the Fire Department shall identify minimum staffing requirements to ensure that enough members are available to operate safely and effectively.*

2. *Paragraph 4.3.2 on Staffing and Deployment states that Table 4.3.2 (Figure 19) shall be used by the authority having jurisdiction (AHJ) to determine staffing and response time objectives for structural firefighting, based on a low-hazard occupancy such as a 2,000 square foot, two-story, single-family, without basement or exposures.*

Table 4.3.2, Staffing and Response Time				
Demand Zone	**Demographics[1]**	**Minimum Staff to Respond**	**Response Time[2] (minutes)**	**Meets Objective (% of the time)**
Special risks	**AHJ**	**AHJ**	**AHJ**	**90 %**
Urban	**>1000 people/mi.^{2}**	**15**	**9**	**90 %**
Suburban	**500 - 1000 people/mi.^{2}**	**10**	**10**	**80 %**
Rural	**< 500 people/mi.^{2}**	**6**	**14**	**80 %**
Remote	**Travel distance > 8 mi.**	**4**	**Dependent upon travel distance**	**90 %**

1 – A jurisdiction can have more than one demand zone.

2 – Response time in this table begins upon completion of the dispatch notification and ends at the time interval shown in the table.

Figure17
Staffing and Response times from NFPA 1720

3. *Paragraph 4.3.3 on Staffing and Deployment states that upon assembling the necessary resources at the emergency scene, the Fire Department should have the capability to safely commence an initial attack within two minutes, 90% of the time.*

4. *Paragraph 4.6.1 Initial Firefighting Operations states that initial firefighting operations shall be organized to ensure that at least four members are assembled before interior fire suppression operations are initiated in a hazardous area.*

5. *Paragraph 4.7.1 Sustained Firefighting Operations states that the Fire Department shall have the capability for sustained operations, including fire suppression; engagement in search and rescue, forcible entry, ventilation, and preservation of property; accountability of personnel; the deployment of a dedicated rapid intervention crew (RIC); and the provision of support activities for those situations which are beyond the capabilities of the initial attack.*

6. *Paragraph 4.7.2 Sustained Firefighting Operations also states that the capability to sustain operations shall include sufficient personnel, equipment, and resources to effectively, efficiently, and safely conduct the appropriate operations.*

Note: While the NFPA standards are nationally recognized consensus standards, it is still the responsibility of the local jurisdiction to determine the acceptable level of risk and corresponding fire protection/EMS services.

Figure 18
Example of a significant incident requiring the response of several communities - Bar Harbor 2022.

Some jurisdictions add additional response resources and, in some cases, exceed the specifics of national benchmarking for personnel and other resources particularly when the incident is in a larger structure where the life hazard may be higher and/or the potential fire situation much more complex. Personnel needs for fires involving large, more complex structures, such as large senior citizen, assisted living (Figure 20), and commercial occupancies will require a significantly greater commitment of initial personnel, minimally 27/28, according to the 2016 edition of NFPA 1720's companion standard NFPA 1710, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Career Fire Departments*. This should include reported fire incidents in buildings that are fully sprinklered. While sprinklers are highly effective, they are not 100%. Until such time as the extent and seriousness of the incident can be determined, a full complement of personnel and apparatus should be dispatched.

Figure 21 identifies, and Figure 22 illustrates, the critical tasks and resource deployment required for low to moderate-hazard incidents such as one and two family residential and small commercial structure fires. Although some people advocate that these types of incidents can be handled with less personnel, unless it is a small fire, there is the possibility there will not be enough personnel available to perform all the critical tasks necessitating that some be delayed

CRITICAL TASK	NEEDED PERSONNEL
Incident Command	1
Continuous Water Supply/Pump Operator	1
Fire Attack via Two Handlines	4
Hydrant Hook-Up, Forcible Entry, Utilities	2
Primary Search and Rescue	2
Ground Ladders and Ventilation	2
Aerial Operator (if Aerial is Used)	1
Establishment of an IRIT (Initial Rapid Intervention Team)	2
Effective Response Force	14/15

Figure 19
Critical Tasking: Low And Moderate Risk Structure Fire

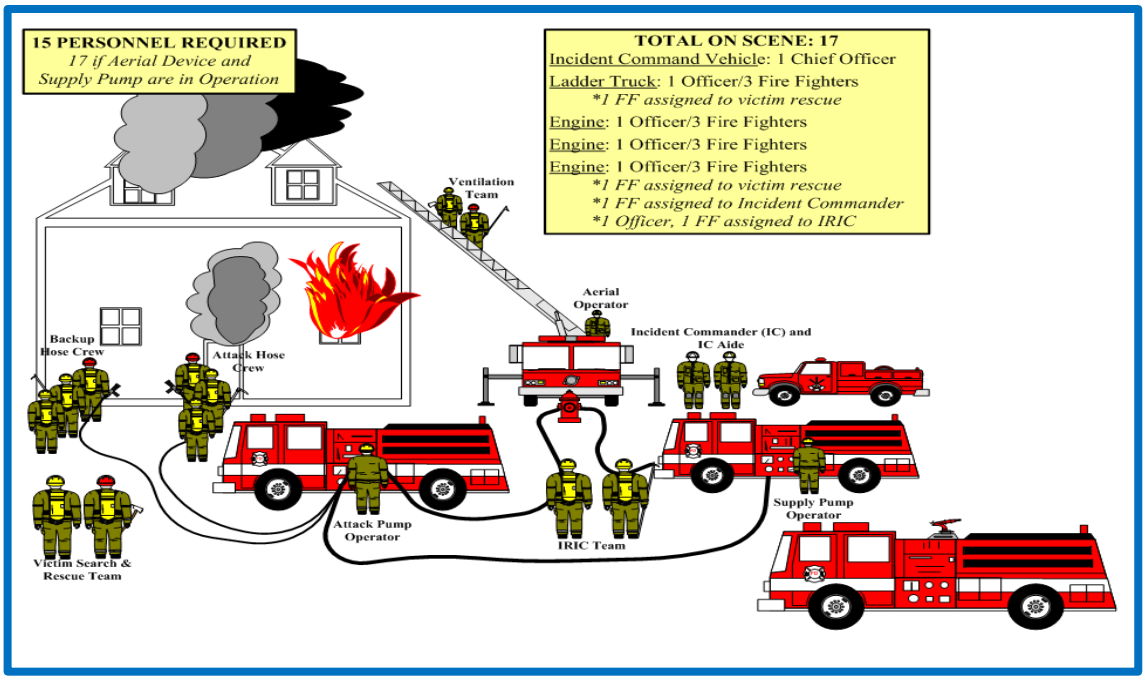


Figure 20
Typical Basic Staffing Needs For A Single-Family Dwelling Fire.
Image credit: IAFF 266

These tasks meet the minimum requirements of NFPA 1720 for the initial full-alarm assignment to a typical low-risk, 2000 square foot, 2 story residential structure. These are the proverbial "bread and butter" structural fire incidents that fire departments respond to, and which are by far, the most common type of structure fire. Personnel requirements for fires involving large, more complex structures such as commercial or industrial facilities or multifamily residential occupancies will require a significantly greater commitment of personnel.

Respondents to the fire and EMS questionnaire reported that they achieved NFPA 1720 compliance for structure fire response and average of 60.52% of the time. This ranged from a low of six percent to a reported high of 100%.

The 2016 edition of NFPA 1710 recommends a minimum of 27/28 personnel on the initial response for fires involving moderate hazard garden-style apartments and strip shopping centers (Figure 21).

CRITICAL TASK	NEEDED PERSONNEL
Incident Command	2
2 – Independent Water Supply Lines/Pump Operators	2
Fire Attack via Three Handlines	6
Support Firefighter for each Handline	3
2 - Search and Rescue Teams	4
2 - Ground Ladders and Ventilation Teams	4
Aerial Operator (if Aerial is Used)	1
Rapid Intervention Team (1 Officer/3 Firefighters)	4
EMS/Medical	2
Effective Response Force	27/28

Figure 21
Critical Tasking: Moderate Risk Structure Fire

Figure 22 identifies critical tasking for fires involving high risk structures such as hospitals, nursing homes, and assisted living facilities.

CRITICAL TASK	NEEDED PERSONNEL
Incident Command	2
2 – Independent Water Supply Lines/Pump Operators	2
Investigation/Initial Fire Attack Line	3
Backup Line	3
Secondary Attack Line	3
3 - Search/Rescue Teams	6
2 – Ground Ladder and Ventilation teams	4
Water Supply/Fire Department Connection	2
Aerial Operators (if Aerials are Used)	2
Safety/Accountability	2
Rapid Intervention Team (1 Officer/3 Firefighters)	4
EMS/Medical	4
Effective Response Force	35/37

Figure 22
Critical Tasking: High Risk Structure Fire

There has been much research done by several fire departments on the effects of various staffing levels. One constant that has emerged is that company efficiency and effectiveness decrease substantially, while injuries increase when company/unit staffing falls below four personnel. A recent comprehensive yet scientifically conducted, verified, and validated study titled *Multi-Phase Study on Firefighter Safety and the Deployment of Resources* was performed by the National Institute of Standards and Technology (NIST) and Worcester Polytechnic

Institute (WPI), in conjunction with the International Association of Fire Chiefs, the International Association of Fire Fighters, and the Center for Public Safety Excellence. This landmark study researched residential fires, where most of the fire, injuries, and fatalities occur. ***The study concluded that the size of firefighter crews has a substantial effect on the fire department's ability to protect lives and property in residential fires and occupancies.*** Several key findings of the study include:

- *Four-person firefighting crews were able to complete 22 essential firefighting and rescue tasks in a typical residential structure 30% faster than two-person crews and 25% faster than three-person crews.*

- *The four-person crews were able to deliver water to a similarly sized fire 15% faster than the two-person crews and 6% faster than three-person crews, steps that help to reduce property damage and reduce danger/risks to firefighters.*

- *Four-person crews were able to complete critical search and rescue operations 30% faster than two-person crews and 5% faster than three-person crews.*

The United States Fire Administration, part of the Federal Emergency Management Agency in the Department of Homeland Security, recommends that a minimum of four firefighters respond on or with each apparatus. In its respected textbook *Managing Fire Services,* the International City/County Management Association (ICMA) states, *"that at least 4 and often 8 or more firefighters under the supervision of an officer should respond to fire suppression operations"*. They further state, *"If about 16 firefighters are not operating at the scene of a working fire within the critical time period then dollar loss and injuries are significantly increased, as is fire spread"*.

Beyond the NFPA standard(s), which as standards do not carry the weight of regulation or law, is the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard, CFR 1910.134, which carries the weight and force of regulation, thus making compliance mandatory. One key provision of the Respiratory Protection Standard that is directly applicable to fire department staffing is known as the "Two-In/Two-Out" rule. In brief, this regulation specifies that anytime firefighters operate in an environment/atmosphere that is "immediately dangerous to life and health" (IDLH), whenever two members enter the IDLH area together/as a team, they must maintain visual or voice communication with two additional firefighters who must remain outside of the IDLH atmosphere, prepared to render immediate emergency assistance to those inside (Figure 25). The OSHA rule does provide an exception, however, which states that the rule does not apply in emergency rescue situations where a person is visible and in need of immediate rescue, or there is credible and reasonable information that potentially viable victims are still in need of rescue.

To comply with the "Two-In/Two-Out" rule, a team of four firefighters must be assembled before an interior fire attack can be made when the fire has progressed beyond the incipient stage, except in an imminent life-threatening situation when immediate action could prevent the loss of life or serious injury before the team of four firefighters are assembled. The serious concern of the MRI project team is that the OSHA "Two-In/Two-Out" rule permits an exception for life hazard or rescue situations. The reality is that in one of the most serious life hazard fire situations that can be encountered, trapped civilians, a firefighter may need to place himself/herself in extreme danger by entering the structure alone.

The OSHA:" Two-In/Two-Out" rule is an essential component of operational safety and should be the basis of fire service operations within the study communities. Despite the rural nature of the area, and the reality of some elongated response times, interior operations beyond a visible rescue should not be initiated until four personnel arrive on the incident scene.

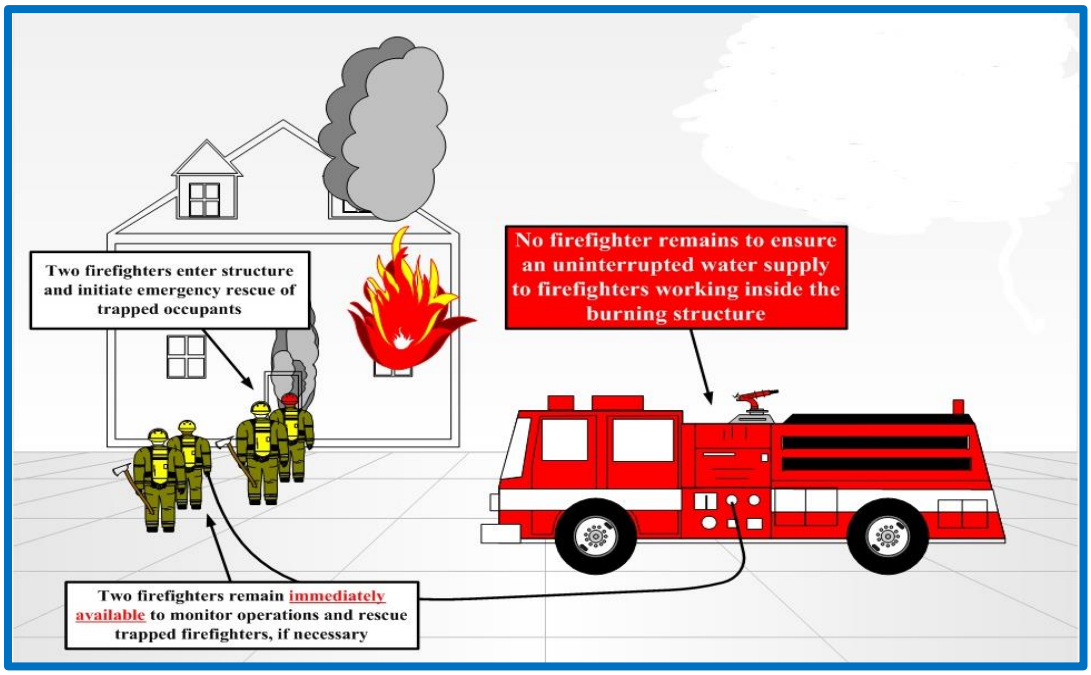


Figure 23
OSHA TWO-IN/TWO-OUT
Image Credit: IAFF 266

Paragraph 4.1, ***Fire Suppression Organization*** in NFPA 1720[10] states, fire suppression operations shall be organized to ensure that the Fire Department's fire suppression capability

[10] NFPA 1720, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments, 2014 edition (National Fire Protection Association, Quincy, MA) outlines organization and deployment of operations by volunteer/call, and primarily volunteer/call fire departments.

includes sufficient personnel, equipment, and other resources to deploy fire suppression resources effectively, efficiently, and safely. Paragraph 4.2.2, *Community Risk Management,* states the number and types of units assigned to respond to a reported incident shall be determined by risk analysis and/or pre-fire planning.

The operations necessary to successfully extinguish a structure fire, and do so effectively, efficiently, and safely, requires a carefully coordinated, and controlled plan of action, where certain operations, such as venting ahead of the advancing interior hose line(s), must be carried out with a high degree of precision and timing. Multiple operations, frequently where seconds count, such as search and rescue operations and trying to cut off a rapidly advancing fire, must also be conducted simultaneously. If there are not enough personnel on the incident initially to perform all the critical tasks, some will be delayed out of necessity. This can result in an increased risk of serious injury or death to building occupants and firefighters, and increased property damage. It is important that all communities give and receive mutual aid to fires with appropriate staffing of at least 4 personnel, one of which should be an officer.
To address this concern, the community will need to make a conscious choice relative to service level through budgetary appropriation.

The Federal Government has a version of the Staffing for Fire and Emergency Response (SAFER) grant program that pertains strictly to volunteer and on-call firefighters. It provides competitively awarded funds to municipalities to recruit and retain on-call and volunteer firefighters. The grant funds expenses, such as recruitment campaigns, providing money for such expenses as, tuition for college curriculums in fire science, for EMT and paramedic training, for health insurance for call members, for physical fitness programs, uniforms, and various tax incentives offered to attract new candidates to join the Fire Department, and then stay for an extended period of time.

MRI believes that the Town should attempt to secure a SAFER grant to recruit and retain on-call members for the first time. This grant should note the staffing issue that currently exists and indicate that the grant would be an attempt to meet the NFPA 1720 fire response standard. The goal of developing a viable call force of twenty-five total on-call firefighters would also be a goal to articulate in the grant application. It is quite possible that a portion of the health care program cost described above may be eligible for incorporating in a SAFER grant.

There are no easy or guaranteed solutions to the staffing quandary facing the study communities and many other communities throughout the country. It is also important to stress that what may work in one community with regards to staffing and call/volunteer recruitment and retention, may not work in another nearby community. Each community must individually determine what programs, incentives, and motivations will work, and be most effective in their community.

SEVEN MOST SIGNIFICANT CHALLENGES FACING FIRE AND EMS SERVICES

Based upon the findings and analysis of the team, the most significant challenges facing the participating fire services are:

1. Rapidly diminishing staffing pool for fire and EMS operations, part of a nationwide trend. The cost associated with addressing this issue will be the biggest challenge ahead for all the stakeholders, both internal and external.
2. Emerging generational differences that often produce a lack of understanding on both sides.
3. The time commitment required for certifications and continued training.
4. Tapping into high school aged students and the ability to market the fire service.
5. Elongated response times based on a lack of available personnel, requiring mutual aid for even basic operations.
6. The skill set required in today's high-tech environment will need to be adapted to.
7. The need to train new work force prior to the active members aging out.

IMPLICATIONS OF NOT TAKING ACTION

The challenges that are facing the fire and EMS services in all departments in and around the study has sometimes been referred to as, ***"a crisis without evidence".*** The MRI project team heard this multiple times. But make no mistake, there is a crisis that is slowly building, and has been for a considerable period. The reason that many stakeholders – municipal leaders and the general public – do not see "evidence", is the long tradition in both the fire and EMS services of "getting the job done". It has long been known that when people have a problem they don't know how to deal with, they call the fire department, because two things are certain when they do: 1) the fire department will come, and 2) they will figure out how to deal with the problem or find someone that can/will. Despite robust rosters, decreasing participation translates to longer response times and having fewer appropriately trained personnel on the incident scene.

Looking ahead, the implications of not taking action will be quite simple: service levels will begin to diminish, some companies and EMS agencies may fold under financial pressures, and fewer and fewer (most likely) aging members will be trying to respond to an ever-increasing number of requests for service.

In the end, **ALL** the various stakeholders need to engage in open, frank, and honest dialogues regarding the fire and first response EMS delivery systems. There will need to be increased funding allocated or funding can be re-appropriated. Priority should be given to innovative

solutions to the recruitment and retention of on-call personnel which will have costs associated with it, but it will be money wisely invested. Even with success, the reality is that the fire and first response EMS services in the area going to evolve into more of as combination system with the need for an increasing number of career personnel to supplement on-call personnel. This too will come with an increased cost. However, this cost will be reasonable, and be money well invested, to help support what remains a quality fire and first response EMS delivery system.

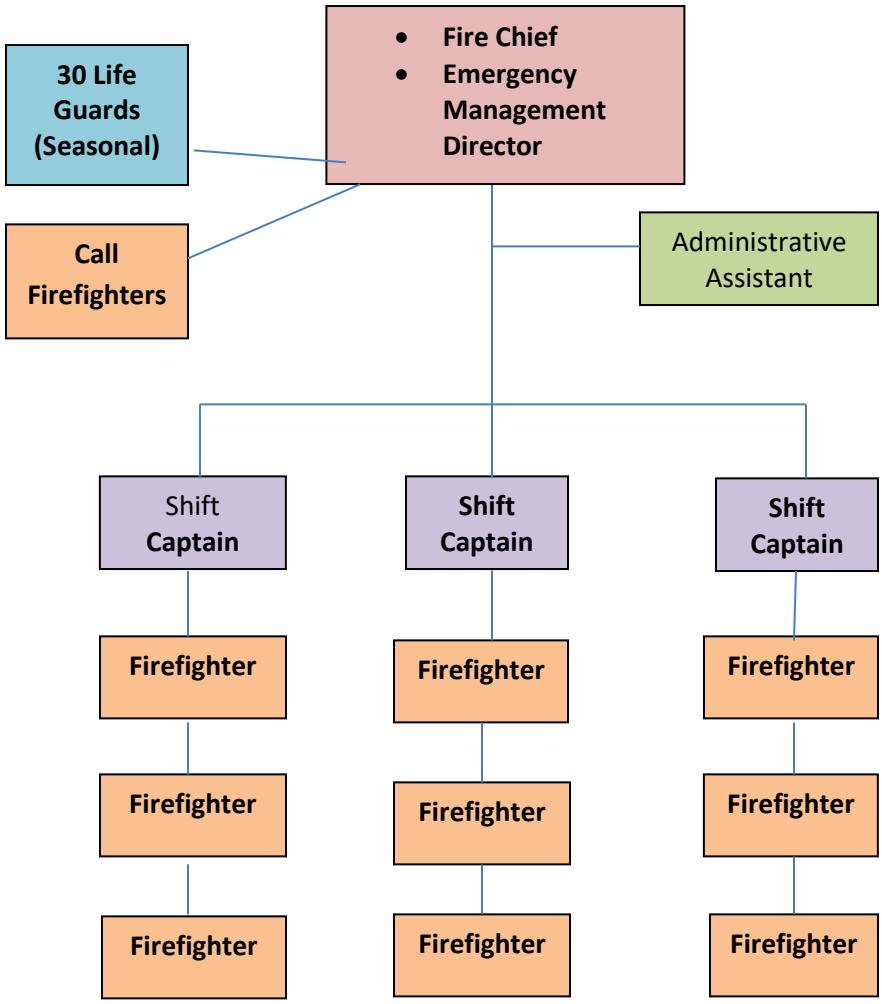


Figure 24
Current Fire Department Organizational Chart (2022)

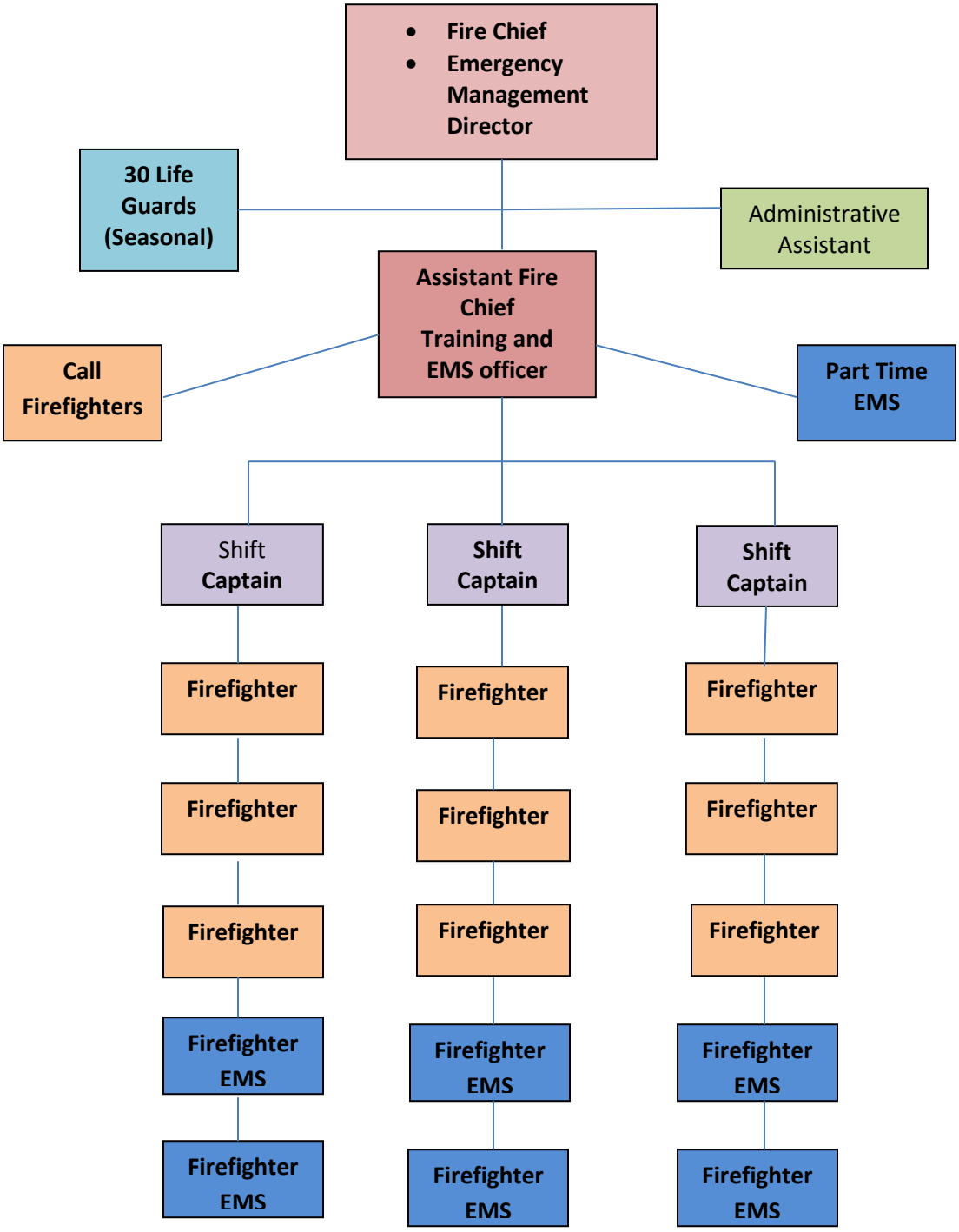


Figure 25
Future Fire Department Organizational Chart

It has been said that a Fire Department can have all the best equipment and facilities, but they are useless without a well-trained work force to use them. Wells has a very dedicated group of staff on the fire department who have expressed to the MRI review team a need and a thirst for a formalized ongoing training. This comment is further supported with the scores from the ISO report. The report indicated the following: Company training 7.81 out of 25, Officer training 9.5 out of 12, and pre-planning and inspection .82 out of 12.

The Fire Chief does not have the time to dedicate to training and is also frustrated with this short coming. With the addition of an Assistant Chief one of the main assigned tasks would be that of setting up consistent training for all members of the department. Once a program is implemented for the fire personnel, joint training with police, lifeguards, schools, local businesses would be a great asset to the town's response to all hazard incidents. In a town like Wells, there is no one department that can do it all and do it all well.

Recommendations

V-1: The Town should hire a Fulltime Deputy or Assistant Fire Chief. The new position will take on some of the current workload of the Chief and will be crucial for any future movement to EMS being under the Fire Department.

V-2: The Town should plan to add additional cross trained fire department staffing that will also double as EMS providers. The MRI team recommends adding a total of 6 staff (two on each work) group to bolster the firefighter capabilities as well as provide EMS services.

V-3: The WFD should require its personnel, and strongly encourage its officers, to obtain a certain level of fire officer certification as a job requirement, such as Fire Officer 2 for Captain, Fire Officer 3 for Deputy Fire Chief, and Fire Officer Level IV for Fire Chief.

V-4: The WFD should require that all officers be certified as Incident Safety Officers (ISO). Additional personnel who may be interested should be encouraged to take this training and obtain this important firefighter safety certification.

V-5: As part of the succession planning process, the Fire Chief should work to implement a professional development program to ensure that all officers can perform their superior's duties, as well as identify the core future leaders of the department.

V-6: Working with a training officer (future assistant chief) more training should be planned delivered and documented. To keep members interested in training, the department should be creative and offer training that is outside the normal programs. Making programs fresh, fun and to some degree competitive, may increase the

participation by members. If it's the same old training, people will lose interest. Make it so they want to participate and at the same time meet training goals.

V-7: In consultation and cooperation with its neighboring departments, all participating Fire Departments should enter into formal automatic aid agreements that specify the number and types of resources that should be dispatched immediately to various types of reported emergencies, such as structure fires. These recommendations should be based upon a community-wide risk management process and/or pre-fire/incident plan.

V-8: Although more stringent than the requirements found in Table 4.3.2 of NFPA 1720 for rural communities, through the utilization of automatic aid agreements with neighboring communities, Fire Departments should consider the adoption of an *Standards of Cover (SOC) with the goal of attempting to have at least 16 personnel on the scene of any reported structure fire within 14 minutes.

"Standards of Cover" is defined as "those adopted written policies and procedures that determine the distribution, concentration and reliability of fixed and mobile response forces for fire, emergency medical services, hazardous materials and other technical responses."

V-9: The WFD should make it a priority to improve its first unit on scene response times, including the adoption of a SOC, for the town. The SOC should be based upon a hybrid of the NFPA 1710/1720 and Commission on the Accreditation of Ambulance Services (CAAS) recommendations.

V-10: The WFD should review standards of cover benchmarks, to have the first unit responding to emergency incidents within one minute of dispatch (staffed station) and have the first unit on scene within eight minutes after responding to all types of calls, 90% of the time. With the current staffing model in place and no other calls in progress, this is something that can be met, if the staff in the station is properly qualified with the appropriate level of training and qualifications. A closer look at simultaneous calls and calls that run back-to-back (ambulance is transporting, and a second call comes in) should be looked at. At the time of this evaluation the program of having per diem staff in the station was still in its infancy, and it is not known if the station was sufficiently covered while this crew was committed to the first call.

V-11: The WFD should work with the communities listed on each of the "run cards" to assure the number and qualification of staffing that will be sent on the assignments. In order to be able to meet a safe level of on scene staffing, it will be important to know not only what the department will be receiving and how long it will take, but also to outline what each town will be sending, when these communities request resources from them.

V-12: ***The WFD should set a minimum criterion for call members to remain in active status. This criterion should include both minimum training and response to incidents for a determined time period (one year). This criterion should also allow for people to go into an inactive status for a period of time due to approved circumstances. It would be important for inactive-status people to make up any important training prior to being put back on active status.***

V-13: ***The Town should apply for a federal SAFER grant for 6 new firefighter paramedic positions. This grant application takes a great deal of work to complete but if awarded will give the community the staffing level it needs for the next three years paid for by the grant. The town will be required to maintain this level for a determined time as outlined in the grant.***

V-14: ***The Fire Chief should develop a social media presence and involve other members of the department in this endeavor. The use of social media like Facebook and Twitter are what the younger generation use, and a very active social media account has the opportunity to reach out to this group of people for hiring.***

V-15: ***The Fire Chief or his designee should create a quarterly "newsletter" that will highlight the positive things that the department has done the prior months. This newsletter should be posted on the town's web page, shared in social media, and given to the town manager, who should share with the Board of Selectmen. It is important that the public is made aware of all the great people and all the good things the department does.***

V-16: ***Fire Departments should develop a series of team-based activities that build involvement in the organization as well as their mutual aid partners.***

V-17: ***All officer positions, from Captain to Fire Chief, should be filled based upon the person's firefighting/emergency services training, certifications, and experience, commensurate with the position being sought, along with successful completion of a formal, rank appropriate assessment process, and a basic practical skills evaluation.***

V-18: ***The WFD should ensure that all department members are trained/ certified to the minimal NIMS level required for their duties/responsibilities and ranks. In addition to the basic I-100/I-700 training mandated; it is MRI's recommendation that all officers should be trained to the ICS-300 level. All chief level officers should be trained to the ICS-400 level.***

VI: AUTOMATIC AND MUTUAL AID PRACTICES

Wells Fire gives and receives mutual aid from surrounding towns on an as needed basis. Over a four year look back, the department has given mutual aid an average of 44.75 times a year and has received mutual aid an average of 33.75 times. In general, automatic and mutual aid allow for proper staffing on scene for any one of the multi hazards the department may respond to. The chart below is a break-down of each year.

Mutual Aid	**2021**	**2020**	**2019**	**2018**		Average
Given	38	41	35	65		44.75
Received	26	38	42	29		33.75

Figure 26
Mutual Aid (Give and Take)

Paragraph 4.1, *Fire Suppression Organization* in NFPA 1720[11] states, fire suppression operations shall be organized to ensure that the fire department's fire suppression capability includes sufficient personnel, equipment, and other resources to deploy fire suppression resources effectively, efficiently, and safely. Paragraph 4.2.2, *Community Risk Management,* states the number and types of units assigned to respond to a reported incident shall be determined by risk analysis and/or pre-fire planning.

The overall study has seen an increase in providing and receiving mutual aid from other area departments. This is a trend that has been increasing throughout the fire service in the country over the past few years. Most departments are requesting mutual aid sooner due in large part to the low level of staffing levels to allow for safe operations at incident scenes, and also due to the larger fire volume and exposure threats that are being found.

The operations necessary to successfully extinguish a structure fire, and do so effectively, efficiently, and safely, requires a carefully coordinated, and controlled, plan of action, where certain operations, such as venting ahead of the advancing interior hose line(s), must be carried out with a high degree of precision and timing. Multiple operations, frequently where seconds count, such as search and rescue operations and trying to cut off a rapidly advancing fire, must also be conducted simultaneously. If there are not enough personnel on the incident initially to perform all the critical tasks, some will, out of necessity, be delayed. This can result in an increased risk of serious injury, or death, to building occupants and firefighters, and increased property damage.

[11] NFPA 1720, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments,* 2014 edition (National Fire Protection Association, Quincy, MA) outlines organization and deployment of operations by volunteer/call, and primarily volunteer/call fire departments.

At the time of this assessment, it appears that most departments do not have any minimum staffing requirements for their apparatus so vehicles can respond with just one or two personnel rather than a much more desirable minimum of three or the recommended four. It is MRI's opinion that most departments, with their current personnel resources, will rarely be able to get either sufficient apparatus or firefighters to the scene of a significant incident without turning to their neighboring departments for assistance. Paragraph 4.7.3 of NFPA 1720 states, the fire department shall be allowed to use established automatic aid or mutual aid agreements to comply with the requirements of Section 4.7, *Sustained Firefighting Operations*. Paragraph 4.3.5, *Staffing and Deployment* states, standard response assignments and procedures, including mutual aid response and mutual aid agreements predetermined by the location and nature of the reported incident, shall regulate the dispatch of companies, response groups, and command officers to fires and other emergency incidents.
It is important that all communities give and receive mutual aid to fires with appropriate staffing of at least 4 qualified personnel one of which should be an officer.

VII: WELLS EMS

Figure 27
WEMS Ambulances

WEMS (Wells Emergency Medical Services) is a private company that was formed in 1990 as a 501c3 Non-Profit agency that is overseen by a volunteer board of directors that are appointed by the Town of Wells Board of Selectmen. This is not a town department and is a separate organization. The MRI review team has found that the public assumes that the EMS services delivered are under the direction of the Fire Department as is in most communities. WEMS is located within the Wells Regional Medical Community Building on Sanford Road and operates 24 hours a day seven days a week. WEMS has an overall collection rate of 88.5% with 67% being Medicare patients.

The Board of Directors appoints a volunteer service medical director who is also an Emergency Room Physician. The Board also hires a Director who oversees the day to day operations of the program. The Director (of operations) duties include supervising and personnel management, quality assurance, scheduling, payroll, equipment inventory and maintenance, all training and education as well as writing policy and procedures. This is a key position with a tremendous

amount of work and requires a unique person with the right skill set to be able to run a safe and efficient program.

The success of any program is largely in part of the people on the street that do the work. WEMS has a dedicated group of part time / per diem staff that have varied level of certifications that allow for certain levels of patient care. The average years of service for the current group are 4.46 years with a range from being brand new to 29 years.

As of the writing of this report they are broken up as follows:

Certification Level	Number of people	Average Years of service
Paramedics	23	9.84
Advanced EMT	7	1.5
Basic EMT	14	2.04

Figure 28
Current Staffing and Certification Levels (2022)

Years of service	Paramedic	Advanced EMT	Basic EMT
Less than 2 years	8	5	9
3 to 5 years	3	2	3
6 to 10 years	3	0	0
11 or more years	9	0	1
TOTAL	23	7	13

Figure 29
Years of service by Certification level

Note: Current Director is a Paramedic and is not counted in these numbers.

An interview process was conducted with random WEMS staff. A list was provided by the Director with all names, email address and years of service. From this list, random people were emailed and asked to participate. The selection was done from within a range of years of service. MRI's team informed all participates that their name has been and will remain confidential. Through the interview process, the project team was informed of several issues and concerns regarding the overall management of staff and operations. Some of the comments are very concerning and if pushed up to a legal process may be very devastating to the program. We believe that the concerns presented produce a high risk of liability on WEMS and rise to the level that they should be fully and impartially investigated. It cannot be stated enough that WEMS has a senior group of staff that is very dedicated and are afraid to speak up

in fear of retribution by WEMS Leadership. It has been mentioned that there are many people who have left the organization that were not only very dedicated but also had a tremendous skillset. It is not part of the scope of this project to explore the alleged issues, however the themes that were present in every interview of WEMS staff included the following:

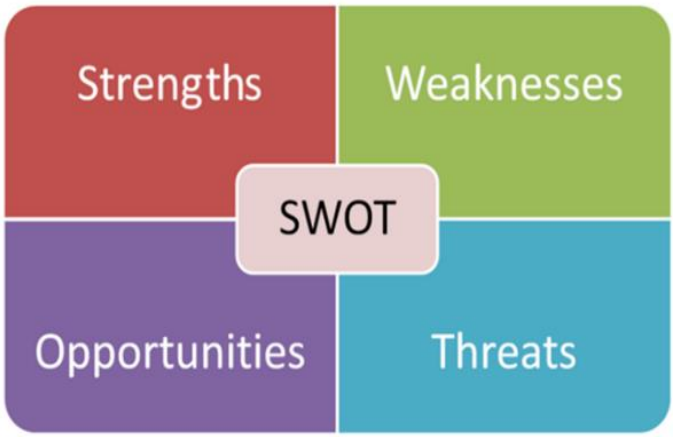
- *Hostile work environment*
- *Retribution and favoritism*
- *Sexual harassment*
- *Bullying*

In the past, the Town has been contacted relative to sexual harassment and bullying allegations. However, as the Town has no control over WEMS, employees were encouraged to bring their issues to the States Attorney General's Office. Our interviews verified that employees are fearful of WEMS Leadership and the potential consequences of bringing any concern to the Board of Directors. Employees have stated that the Board will not meet with them. We would urge the Board through an impartial external investigation to listen to employees concerns and take appropriate action. For WEMS to move forward these allegations must be addressed immediately and be confirmed or dispelled by an independent investigation.

WEMS has Published Policies and Procedures that reflect the work environment, specifically Policy # 002 Harassment and Policy #014 Code of Conduct. Both referenced policies are printed in the Addendum section of this report and written for all personnel to follow. The MRI team believes that both policies have been violated and encourage these to be further investigated.

Every interview indicated that there is an active orientation to eliminate and diminish fire service involvement which is viewed as a threat. Interviews verified that this is often at the expense of patient care and operational coordination. It is clear that operations are impacted by dislike of the fire department, and that any employee who involves the fire department in response or coordinated operations is subject to severe internal consequences.

WEMS S.W.O.T. PROFILE



A SWOT analysis is a business term utilized to identify the strengths, weaknesses, opportunities, and threats present within an agency's operating environment. This type of analysis involves specifying the objective or mission of an organization and identifying the internal and external factors that are favorable and unfavorable to achieve that objective.

Figure 30
SWOT Analysis

The SWOT analysis in public safety framework is beneficial because it helps organizations decide whether an objective is obtainable; therefore, enables agencies to set achievable goals, objectives, and steps to further the change, or enhance organizational development. It enables organizers to take visions and produce practical and efficient outcomes that effect long-lasting change. It also helps organizations gather meaningful information to maximize their potential. Completing a SWOT analysis is a useful process regarding the consideration of key organizational priorities.

This process, undertaken by the project team included an evaluation of both the external environment, as well as the Fire and first response EMS services internal factors and the interrelationship between the two. This was accomplished through virtual interviews, along with the analysis of data obtained from various sources. By approaching the SWOT analysis in this way, the process continues to reinforce a primarily – but not entirely - stakeholder-driven perspective.

Strengths:

- The passion and dedication of EMS personnel – they care and strive to provide excellent service
- A high regard for the customer
- High quality equipment
- Strong support from community leadership
- Strong support from the public
- Staff has a recognition of current and potential challenges
- Recognition that there is no one solution

- Staff had a high level of engagement in this study

Weaknesses:

- A higher-than-normal turnover rate of staff
- A work environment that may be considered hostile
- The American Fire and EMS services have an increasing risk profile such as cancer, active shooter incidents, and more recently, COVID-19, which may change the level of interest of traditional candidates
- Increasing training requirements which consumes more leisure time
- Increasing economic pressure on potential responders
- Political change in an increasingly divisive society
- A large gap by the municipal governments in developing a thorough knowledge of what emergency services are delivered to their community
- Although well intentioned, recruitment and retention effort that has had only marginal success
- Potential Increasing response metrics
- Lack of education of the public and local officials regarding all facets – including financial – of the EMS service delivery system
- Improve inter-department relations
- Create a collaborative approach

Opportunities:

- The ability to work with the community to identify the current level of service and set realistic service level/cost expectations
- Make the work environment a better place
- Explore new forms of outreach and marketing to inform the community of the challenges ahead
- Marketing and communicating the social identity and benefits of being an EMS provider
- Identify and harness the best practices from across the nation relative to the further development of recruitment and retention strategies

Threats:

- The Work environment and relationships between WEMS Leadership and some staff may rise to a level of legal actions that could have a negative effect on the service
- The lack of following the organizations Policies and Procedures from the top down

- Personalities
- The inability to provide a timely response to multiple overlapping emergency calls
- The lack of a well-documented orientation program including testing for all new hires
- Some senior members with excellent experience will be retiring
- Employees with little to no experience not being paired with seasoned employees
- The projection of a problem that does not exist, described as “a crises without evidence”. The EMS department should see the service gaps, but the public sees and accepts a level of service continuity that goes against the description of the problem
- Continued decline of Licensed EMS providers across the study area, part of an overall nationwide reduction
- Continued exodus of younger, trained personnel to career job opportunities
- The financial costs to communities who will be required to take over the delivery of EMS service delivery in municipalities due to the closing of providers
- The fiscal and operational impact of the Covid-19 pandemic which may significantly impact participation
- Generational and cultural differences in the emergency services that is not always as inclusive as they should be

CRITCAL ISSUES

Common themes of sexual harassment, hostile work environment, fear of retribution and bullying that has risen to a level of creating liability and comprising operation. While not specifically within our scope this was a universal interview theme from employees selected at random and we would be remiss not bringing the seriousness of the concern to the Board of Directors. Based on the interviews, we clearly believe there are legal concerns and therefore an outside third-party investigation should be conducted. This is clearly an ongoing weakness and threat to what is considered a vital part of the health and safety of all that live, work, travel and visit the Town of Wells. While investigating these matters is not within our scope, and we will not reveal the identity of any interview participant, we would share additional details with the Board or a special investigator upon request.

MRI has performed hundreds of similar studies; this is one of a handful where personalities and personal interest has resulted in operational impact. As such this situation should not be taken lightly. In the absence of positive action, the town should be prepared to take fully over EMS. The town should now work to plan that the Fire Department slowly develops additional EMS based capability.

There is a concern as to the level of service provided with many new staff and staff with minimal experience working with WEMS. During the interview phase there were both fire and EMS providers that voiced concern over the lack of skills testing, mentoring and level of patient care even in some basic calls. This was not with all crews, however, there was a common theme of concern of patient care with certain crews is working.

The ambulances are nothing more than a toolbox and a way to get the patient to the Hospital. Without having sufficient properly trained and competent EMS providers the service will be weak. It has been noted during the MRI team review of several instances where fire based licensed EMS providers could of and should have been used prior to WEMS arrival and even once on scene to assist with care. The Fire Chief has stated that he has no issues with providing whatever resources or staffing is needed to take care of a patient. That could be from a fire-based EMS provider continuing patient care or driving the ambulance to the hospital. This is a very common practice in the not only in New England but also throughout the Nation.

The Town of Wells owns the vehicles and equipment as well as provides funding to operate WEMS. The town does not have any responsibility to or for any of the staff that operate WEMS. With the town owning the vehicles (and assuming have the titles) there is some degree of ownership and therefore liability to the town. The Town and WEMS should immediately enter into a Contract for services, or at a minimum a Memorandum of Agreement. This document should define the scope of work and establish performance metrics and require leadership to attend meetings with the Town Manager.

WEMS is currently working to provide a Paramedic level of service to the community with a group of part time staff. The Nation is seeing a decline in Paramedics that are either renewing their License and even fewer becoming certified to this level. This is a double edge sword for WEMS. It is hard to assure a high level of skills and skill maintenance with new staff that works part time and at the same some of the strong seasoned Paramedics will begin to “age out”.

The Town of Wells will soon be at a crossroad where they will need to decide if EMS should be under the Fire Department and have a working group of fulltime (fire-based EMS providers) and part time staff working to staff calls collectively. Having Fire and EMS under one roof would solve many of the issues found in this review and at the same time have some level of accountability to the Town that is currently not in place. To help offset the cost of this model, the receipts for ambulance transports would go directly back to the town. The only downside of this model would be the need to work with the Union on Contract Language.

In the immediate time frame, WEMS needs to take a close look at the issues that have been (or will be) brought up and to take appropriate action. There needs to be a more stringent process for vetting newly certified staff and the culture within the organization needs to improve vastly to keep good quality staff.

In the short term, WEMS needs to take a close look how sustainable running the program with all part time staff is. By looking at the incident numbers once the pandemic is nearing completion there are indicators that the call volume will go up. Will the ALS level of service be able to be maintained on a 24/7 basis?

RECCOMENDATIONS

VII-1: Hire an impartial outside investigating agency to conduct one on one interviews with all staff and to recommend appropriate actions to correct common issues. (This should be conducted in the same successful manner as the review team used.)

VII-2: The WEMS Board of Directors should hold listening sessions with staff without the WEMS leadership in attendance, This listening session should be for learning purposes and to make the agency function better. It will be assumed that the board will make appropriate corrective actions to items of concern. It should be noted that in order for this to have any kind of honest affect it is important that this be done anonymously without knowledge of the WEMS leadership of who attends and what is said. There is a true fear of retribution amongst all that the review team has spoken with.

VII-3: The Town and WEMS should enter into a contract for services. The review team found it very unusual and concerning for a town to give private 501c3 money without some type of agreement in place via a contract, Memorandum of agreement or Memorandum of Understanding. An outline for a basic contract is provided in the Addendum section of this document

VII-4: There currently is no accountability of WEMS to the Town. There should be a monthly or quarterly report and follow up meeting with the Director, the Board of Directors, Fire Chief, Police Chief, and the Town Manager. The review team is repeatedly seeing issues in other parts of New England between the Towns and EMS and in most cases, it is nothing more than a lack of communication that is causing the issues.

VII-5: The Town should consider having an ambulance in the Fire Station that can be staffed by on duty certified staff as a backup to WEMS for secondary response when WEMS cannot in a timely manner respond or, when a basic EMT staffed ambulance needs the Advanced level of care for a patient. This should be completed within the next six months.

VIII: PUBLIC SAFETY DISPATCH

The dispatch center (serving police, fire, and EMS) is located on the first floor of the Public Safety Complex. The people who staff this center are truly the first responders for all those that live, travel thru, stay, or visit the Town of Wells and the Town of Ogunquit. They are also the communications link with the Department of Public Works and the Lifeguards. They answer all calls for service, process the call and dispatch the appropriate resources based on policy and procedures. Public Safety officials state that there are approximately forty thousand calls for service received at the center and they answer approximately eighty thousand phone calls. As this report will show, the calls for service are on an incline, putting a strain on the current staffing levels. The dispatch center is overseen by a Police Captain who reports to the Chief of Police and is staffed by seven fulltime dispatchers and a small group of seasonal staff. Currently there is a single dispatcher for all departments from 2 AM to 10 AM and two dispatchers on duty from 10 AM to 2 AM, the highest level of need. There are three dispatch workstations and the ability to add a fourth if needed. It should be noted that the ISO rating schedule gave a full credit for "Tele communicators". During the review, teams conversations regarding dispatch a point that is often overlooked is that of the most important thing a dispatcher can do is to be sure that they are taking care of the "customer", something that we fully agree with and need to assure we do not loose contact with.

Figure 31
911 Logo

CONCERNS

We know that calls for service come in anytime; 24 hours a day, seven days a week. It is not possible to predict when the serious calls will come in, but through trends, we can understand the typical call volume and need to be sure that we are answer the call, properly processing the call, and are accurately tracking the details (times) of the call, including the movement of responding resources. It has been noted by many people that the review team worked with developing this report that this is a known issue. There are audio recordings of all relative phone calls and radio traffic in dispatch that do indicate times, however, there is a low level of detail in the Computer Aided Dispatch Program (CAD). It is very important that all times in all reports and on audio tapes line up for a variety of reasons. First and foremost is for any potential investigation that may or may not lead up to a legal proceeding. Any case that can be proven to have inaccurate or different data points may lead to punitive damages.

The current Computer Aided Dispatch (CAD) does not provide a sufficient fire-based program and does not work with either of the fire departments current records management systems (RMS), which in themselves are outdated and not supported. During the ISO review, the community received a score of 0 (zero) points of the available 15 for this area.

RECOMMENDATIONS

VIII-I: Add an additional full-time dispatcher to be a working supervisor. This will take some burden off the Police Captain who can focus more on needed police functions. This supervisor should be tasked with scheduling of staff, taking care of daily operations and increase the Quality Assurance and Quality Improvement of all dispatch calls and activities through a program currently in place.

VIII-2: Work to develop a system that properly puts accurate times in CAD and or other software used by departments that are dispatched.

VIII-3: Work with the Fire Chiefs in both communities to update and or develop a single set of Standard Operating Procedures for dispatchers to use for an all-hazards approach to dispatching. This document needs to be straight forward and simple to use but at the same time, properly supports the missions of the departments and the residents.

VIII-4: Conduct a quarterly meeting with dispatch supervisor, fire chiefs and or their designees to review and if needed, resolve any issues that may arise. This type of meeting should be used to identify the good things that dispatchers have done as well as to discuss solutions to issues and to highlight future activities that the departments are anticipating. This may sound like a small item, but it has been our experience those 1 to 3 hours every quarter with the people who are charged with managing departments that MUST work together, will pay off in dividends. It is important that

everyone understands that they are all in this together and the goal of all is to serve the people who need us.

VIII-5: Work with the Fire Chief and EMS Director and review all run cards and add cards for areas of concern. This is crucial to allowing dispatchers to get the needed resources automatically and not wasting the time to ask for direction.

VIII-6: The Town should continue to monitor the ability of the current Fire based Records Management System to accept the data from the Police/Dispatch IMC software.

VIII-7: The Town Manager should conduct monthly meetings with Public Safety officials to mediate unresolved issues.

IX: INTER-DEPARTMENT ISSUES AND CONCERNS

A contentious interagency relationship was evident from the very first interviews. The hostile nature of this relationship was verified and validated at each step of our evaluation process. Then, in the Nominal Group Process (NGP) and further verified in the one-on-one interviews found a contentious attitude towards each other (Fire and EMS).

When asked, many of the people know there is a problem and only the senior people understand the reason and or history of what or why. Some people when asked, "Why is there such a problem between the Fire Department and WEMS and what is the problem", many don't have an idea and said it's always been that way. It did not go unnoticed that the Fire Chief and EMS Director (who used to be good friends) are not able to sit together and talk about issues. There is a sentiment that the Fire Chief wants to take over EMS and the EMS Director is doing all he can to keep the fire department from going to any calls involving EMS. There have been incidents that have caused concern and the MRI team has been given great details to back up the concern. The bottom line in all the incidents is the separation of fire and EMS and not what is in the best interest of the patient.

The Fire Department should be utilized on more calls than they currently responding to. The use of additional manpower is very commonplace throughout the Nation. WEMS providers have a desire to have a fire response to assistance on calls and see them as an asset. Under the current culture within WEMS this practice is not allowed, and many members interviewed are concerned of retribution from the Director if any fire resources are in fact used.

There seems to be no issues with EMS or the Fire Department with any of the Police officers or any dispatchers.

In the world of public safety there is no room for this type of culture to exist. To the person that has called 911 for assistance, it does not matter what color the shirt or what the badge says if we can help them with what they need. There is no room for turf battles and certainly no one department should be dictating what another department sends to a particular call or when they should not be dispatched at all. The Fire department does not tell the police not to go to fire alarm activations. The police are not only often the first one on scene but, in some instances can make a judgement call and save a life. Fire and EMS should be dispatched simultaneously on calls that with the slightest indication of need for staffing. Both fire and EMS bring tools to an incident that together can make a difference.

RECOMMENDATIONS

IX-I: The Town Manager must pull the department heads together and facilitate a meeting in an effort to resolve the issues that are causing operational and response issues.

IX-2: The Fire Chief and the WEMS Director must encourage or continue to encourage their individual departments to work together in whatever is in the best interest of the patient.

IX-3: The Fire and EMS operational staff should be encouraged to train together. This will result in better operational cooperation when it is most needed.

IX-4: EMS staff should be encouraged to utilize fire department staff when needed and not refraining from doing so in fear of retribution.

X: GRANTS

There are several federal and private grants available for fire departments and communities to consider for supplementing their budgets. If successful in receiving a grant award, most departments can acquire equipment, training, and programs that they would not be able to achieve through the normal budget process. Though the process can be difficult, and time consuming, the outcomes can be very beneficial to the Fire Department.

While the economic challenges of the last decade have had an impact on grants from private entities and foundations, fortunately, the federal grant programs targeted to the fire service, the Assistance to Fire Firefighters Grants for equipment (AFG), the Staffing for Adequate Fire and Emergency Response Grants (SAFER) for personnel, and the Fire Prevention and Safety Grants (FP&S) for fire prevention and public fire education programs, continue to be funded, although not anywhere near their authorized levels.

The AFG program provides financial assistance directly to fire departments to enhance their capabilities with respect to fire and fire-related hazards. The AFG supports fire departments that lack the tools and resources necessary to more effectively protect the life and safety of the public, and their emergency response personnel with respect to fire and all other hazards. Since 2001, AFG has helped firefighters and other first responders to obtain critically needed equipment, protective gear, emergency vehicles, training, and other resources, needed to protect the public, and emergency personnel, from fire and related hazards.

Figure 32
AFG Logo

Figure 33
SAFER Logo

The goal of the SAFER grants is to enhance the Fire Departments' ability to comply with staffing, response, and operational standards, established by NFPA and OSHA (NFPA 1720 and OSHA 1910.134). Specifically, SAFER funds assist the Fire Department to increase their staffing and deployment capabilities in order to respond to emergencies whenever they may occur. SAFER grants are awarded to departments for both hiring of career personnel, and recruitment and retention of volunteer/call personnel. However, a department cannot apply for both categories of grant in the same year.

Fire Prevention and Safety Grants support projects that enhance the safety of the public and firefighters from fire and related hazards. The primary goal is to target high-risk populations and mitigate high incidences of death and injury.

There are several other grants available to fire departments for various purposes. Some grants that may be available to departments are the Fireman's Fund Heritage Grants, Factory Mutual grants for fire investigation, and Wal-Mart community grants. Other large chains, such as Home Depot and Lowes, are frequently willing to provide funding, and/or enter partnerships for specific projects. The key to success at this level is finding grants for which the department may be eligible, and, ensuring that the application is tailored to the grant program's priorities.

Like most fire departments, the experience within the study area indicates that departments have had a limited record of success regarding grants they have applied for. One of the shortcomings in the AFG program is that departments which submit grant applications that are ultimately not successful are notified to that fact, however, they are not informed as to why. Typically, only about 8% of all grant applications submitted are approved and funded. Nearly 50% of the applications fail to make it past the initial computer review where statistical aspects of the application are reviewed to determine their compatibility with the established grant criterion/ priorities. It is included to illustrate the long odds of successfully obtaining a grant even with a strong application.

RECOMMENDATIONS

X-I: ***The Town should apply for a SAFER grant to begin to build out the fulltime staff to support all fire and EMS operations.***

X-2: ***Although time consuming to accomplish, the department should apply for funds for Eligible items on the AFG grants. Grant awards will help free up town dollars that can be used for other fire department items that are not grant eligible.***

X-3: ***Once the Department has appropriate staffing, the Town and the department should be looking to the State, Insurance companies and other private organizations that have grant opportunities.***

XI: MAPPING OUT THE FUTURE

"A Road Map to Success with proper timing and funding"

The MRI project team found that there was a common thread to many of the department's needs, concerns, and desires. Based on all the information analysis, and discussion MRI proposed the recommendations detailed below.

It is important to keep in mind that the recommendations made are in no particular order and are not on the success of the ones before it. The project team has tried to allow the community to be able to implement the ideas that work best for them and then to take incremental steps to move toward success. Ultimately, it is up to the community to decide what works best for them and what level of service/fire protection they wish to have.

Regionalization of the fire service is a term that many people are afraid to consider, as there is a thought that the local resources (fire apparatus, fire station and firefighters) will go away, and that the local authority will be diminished. There have been several regionalization discussions that have gone nowhere, and some that have been highly successful. There is also a strong thought that regionalization will cost a community less than they are currently paying and they will get more. Although it is true that regionalizing will no doubt create an economy of scale that can be the foundation of efficient services, it still will come with a cost. In the long term, 10 plus years, there may be an indicator of cost savings or in some areas the development of revenue stream to offset the overall costs.

To begin the process, all stakeholders in the town, including the Fire Chief, and the WEMS Board of Directors should take the time to thoroughly read and understand the information provided within this report. This group should then sit down as an informal group and discuss the many options they have moving forward. It is MRI's hope that this discussion will lead to a basic plan where the community can decide if they wish to continue to participate in the process.

It is suggested that each of the recommendations be considered individually; then put into a priority that the group decides will work best. To build the collaboration, it is further recommended that the no cost items be pursued initially, and then after establishing a track record of success, move forward with items that will require cost.

All changes to current operations should be properly evaluated after being made and if necessary adjusted. It is generally an accepted practice to do an evaluation in a minimum of 30-day increments and a final in one year. Who does the evaluation and what are the benchmarks should be identified from the onset.

In an effort to help put a lot of the key recommendations in a logic order, we have created a road map to help outline and facilitate a path that could be followed. By design we did not include a completion date on all subjects as it will be up to the key stake holders and the community to decide when to move forward and to spend the necessary funds to do so.

ROAD MAP:

1) *(Fire)* ***Immediate -*** *Promote or hire an Assistant Chief.*

2) *(WEMS)* ***Immediate*** *- Hire an outside consultant to do a thorough interview with all staff to clearly outline the issue within the organization so the Board of Directors can take appropriate action.*

3) *(Town)* ***Immediate -*** *Enter into a contract with WEMS for service.*

4) *(Dispatch)* ***1 to 2 years*** *- Promote or hire a working supervisor.*

5) *(Dispatch) Design and implement a model to better capture and document all times for all fire based incidents for Wells and Ogunquit.*

6) *(Fire) Develop and implement an all Hazards Training program for staff.*

7) *(Town)* ***3 to 6 months*** *- Move to have a backup ambulance in the Fire Station staffed by on duty fire/ems staff as needed.*

8) *(Town) Facilitate a minimum of quarterly meetings with all Public Safety Departments.*

9) *(Fire) Review all run cards to assure proper staffing levels at working fires and above.*

10) *(Fire) Create a rolling staffing model to bring the on-duty shift to an officer and 5 firefighter/EMS staff (total of 6)* ***within the next 3 to 4 years.***

11) *(Fire) Create a model for staffing for future fire and EMS response with staffing the Sub Station to improve response times in that area of town.*

12) *(Town)* ***Within 5 years -*** *move EMS services under the Fire Department and utilize cross trained staff to respond to all fire and EMS incidents.*

13) *(Town) Work with the Fire Union to create language for EMS delivery using fulltime and per diem staffing.*

XII: CONCLUSIONS AND IMPLEMENTING CHANGE

Based upon the analysis of the current day operations of the fire department and EMS, the MRI project team has found the fire department to be operating well but struggling to provide a level of EMS and proper staffing for fires coupled with a need for a mid-level Chief Officer. They serve with the expected level of service. The department is well respected in the area. During their time speaking with people for this project, the project team heard how much the departments do for the Community's and how much they are appreciated. WEMS is providing an acceptable level of service with a highly dedicated crew. With some changes the department will be able to function to the same level as they had in the past.

Having a sense of common vision is important in any organization to ensure that the organization and its personnel are moving in unison toward a common goal(s). Having a common vision is not only about making sure that all parties are aware that they are in the same boat and rowing, but even more importantly, that they are rowing in the same direction. The impact of not sharing a common vision between the fire and EMS services will be very noticeable in the quality and quantity of work performed, but also with the spirit and passion that the work of the organization is accomplished.

Fire and EMS lack any type of long-range or strategic plan that charts its projected path to the future. A mission statement, if carefully developed and truly accurate, should provide the very foundation for the departments and why it exists. The mission statement should be providing that broad direction that everything else that the department does is going to be built upon. The fire departments also do not currently have any formal vision statement, nor has it developed any core values that will help to drive the organization forward.

Looking ahead, the fire department and WEMS possess some definitive positive attributes, most notably the dedication of its core membership and the community leadership within each group. This shows there is a strong foundation upon which to build.

However, the departments are also facing serious challenges both today, and looking toward the future. There are senior staff people who will be retiring and there is a lack of good, solid experienced people coming in to fill the voids as they are created. Overall, the work force since Covid-19 began is dropping and there are fewer people taking the challenges of becoming a firefighter and/or an emergency medical responder and we are seeing more and more people leaving the jobs after just a couple of years. The sense of pride and commitment to these professions is also decreasing. Newer people tend to come in the door, work their assigned shifts, and do not wish to go above and beyond and fill open shifts created by sickness or earned time off.

The culture of the fire and EMS services is very resistant to change. This is not something new and certainly not just within the Town of Wells. Whatever changes are made to the departments, they need to be implemented at a reasonable pace and most importantly, communicated to all members ahead of time.

In conclusion, the missions performed by the public safety departments are some of the most basic and fundamental functions of government; to ensure the safety and protection of its residents and visitors. The real issue facing the town, as it is for every community, is to determine an acceptable level of risk and then define an appropriate level of service for the community. There is no "right" amount of fire protection or first response EMS delivery in any community. It is a constantly changing level based upon the expressed needs of the community. Determining the appropriate level of service also involves deciding upon the municipalities' fiscal ability, and willingness, to pay for the desired level of service. These are decisions that the citizens of the town and the board of selectmen will ultimately need to make.

The challenges brought on by the unprecedented responses to the Covid-19 made this project and research associated with it very much different than what MRI would typically do. The lack of in-person community-based meetings and ability to physically see and document more in person is something taken for granted. The tremendous cooperation from all those the MRI Team spoke with, especially; the Chiefs, the EMS Director and the fire and EMS staff has allowed them to do a fair assessment and be able to provide the information and recommendations included in this document.

It is important that the town continue to support the departments and to help meet the needs in staffing and equipment so they may continue to protect and serve when they are called to do so. The town is very fortunate to have a great core of dedicated members in its Fire Department and in Wells EMS. With some strong work, the Chief and Director can lead these groups forward toward a common set of goals, while navigating through the cultural parameters of the past.

Wells is known as the "Friendliest Town in Maine". We need to assure that the Public Safety Departments follow this motto not only with the community but with each other.

XIII: SUPPORTING INFORMATION

The following documents are provided to support the information within this report. All addendums are to be considered draft documents. When appropriate, Towns Legal Counsel should be consulted prior to use to assure it follows the State of Maine Laws, Rules and Regulations.

Wells EMS Policy and procedures

- *Harassment (dated 2/15/2018)*
- *Code of Conduct (dated 2/15/2019)2)*

Sample agreement between the Town of Wells and WEMS

Fire Based GIS Response Capabilities Mapping Analysis, IAFF, July 2020

2020 Fire Incidents Map, Produced by York County

WELLS EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES

Policy #002

Harassment

Date: 02/15/2018

Purpose:

To establish the policy of Wells EMS that all employees have the right to work in an environment free from discrimination and harassment.

Scope:

All Personnel

Policy:

It is the policy of Wells EMS that all employees enjoy a positive, respectful and productive work environment, free from behavior, actions or language constituting workplace harassment. Wells EMS strives to create and maintain a work environment in which people are treated with dignity, decency and respect. The environment should be characterized by mutual trust and the absence of intimidation, oppression and exploitation.

Harassment based on age, sex, race, color, gender, sexual orientation, religion, national origin, ancestry, marital status, mental or physical disability or veteran status is expressly prohibited and will not be tolerated.

Workplace harassment refers to behavior that is not welcome, is personally offensive, debilitates morale, or interferes with an individual's work performance. It also refers to actions that can create an intimidating, hostile, abusive, or offensive work environment. Workplace harassment can be verbal, nonverbal or physical behavior which is derogatory, abusive, disparaging, bullying, threatening or disrespectful. It does not matter whether the person is male or female, or is subject to any other legally protected status.

Wells EMS will comply with all applicable federal, state and local anti-discrimination and harassment laws.

No hardship, loss, benefit or penalty may be imposed on an employee in response to filing a bona fide complaint of discrimination or harassment or being a witness in the investigation of a complaint.

Wells EMS Employees who are subject to harassment are encouraged to report such conduct to the Director or Assistant Director. Any person making a complaint will be treated courteously and confidentiality. Lodging a complaint will in no way be used against the employee or have an adverse impact on the individual's employment status.

Because of the damaging nature of harassment to the victims and to the entire workforce, aggrieved employees are strongly urged to use this procedure. However, filing groundless or malicious complaints is an abuse of this policy will be treated as a violation and subject to discipline as deemed.

All complaints shall be in writing to the Director of Wells EMS. During the complaint process, the confidentiality of the information received, the privacy of the individuals involved and the wishes of the

Policy #002

Harassment

Date: 02/15/2018

complaining person well be protected to as great a degree as is possible. All complaints will be resolved promptly and fairly.

All information received will be kept confidential to the fullest extent possible and according to any existing state and/or federal law.

If a Wells EMS employee witnesses what he or she believes is harassment they have an obligation to report this conduct to the Director of Wells EMS. All allegations will be promptly investigated.

The Maine Human Rights Commission may also be contacted if you feel you have been sexually harassed. You may contact the Commission at (207) 624-6050.

Any questions about this policy should be directed to the Wells EMS Director.

Authority: _____
James S. Lapolla Director, Wells EMS

Date:_____Date Revised:_____

WELLS EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES

Policy #014

Code of Conduct

Date: 02/08/2019

Purpose:

To establish the policy of Wells EMS that outlines the Code of Conduct.

Scope:

All Personnel

Policy:

Wells EMS has placed this Code of Conduct policy into effect to ensure orderly operations and provide the best possible work environment. Wells EMS expects employees to follow these rules of conduct while on company premises, including ambulances, attending Wells EMS functions or otherwise performing work related activity.

In addition to maintaining and enforcing this policy to protect the interests and safety of all employees and the organization, Wells EMS complies with all applicable federal, state and local laws and regulations concerning employer/employee rights and obligations.

Wells EMS is responsible for providing a safe and secure workplace and strives to ensure that all individuals associated with the company are treated in a respectful and fair manner. Though it is not possible to list all forms of behavior that are unacceptable in the workplace, the following are examples of behavior that would be considered infractions of Wells EMS rules of conduct. Such behavior may result in disciplinary action, up to and including termination of employment. This list is not intended to be exhaustive:

- Theft or inappropriate removal or possession of company property or the property of a fellow employee
- Willful destruction of company property or the property of a fellow employee
- Working under the influence of alcohol or illegal drugs
- Possession, distribution, sale, transfer or use of alcohol or illegal drugs in the workplace, while on duty or while operating Wells EMS vehicles or equipment.
- Fighting or threatening violence in the workplace.
- Sexual or other harassment.
- Using excessively abusive, threatening or obscene language.
- Using intimidation tactics and making threats.
- Sabotaging another's work
- Making malicious, false and harmful statement about others.
- Publicly disclosing another's private information
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace.
- Unauthorized disclosure of business or confidential information
- Falsifying company records or reports, including one's time records or the time records of another employee.

Any violations of the rules and regulations, policies, procedures, published orders, directives, memoranda or any lawful order, or any act which tends to undermine the good order, efficiency and

Policy #014

Code of Conduct

Date: 02/08/2019

discipline of Wells EMS, or which reflects discredit upon Wells EMS or any member thereof, or misuses or mistreats Wells EMS and the Town of Wells property shall constitute conduct unbecoming an employee.

Authority: _____
James S. Lapolla Director, Wells EMS

Date:____02/08/2019_____Date Revised:_____

GEOGRAPHIC INFORMATION SYSTEM
EMERGENCY SERVICES RESPONSE CAPABILITIES
MAPPING ANALYSIS

FINAL REPORT

International Association of Fire Fighters
1750 New York Avenue, N.W.
Washington, DC 20006

WELLS FIRE DEPARTMENT

Wells, Maine

July 2020

Table of Contents

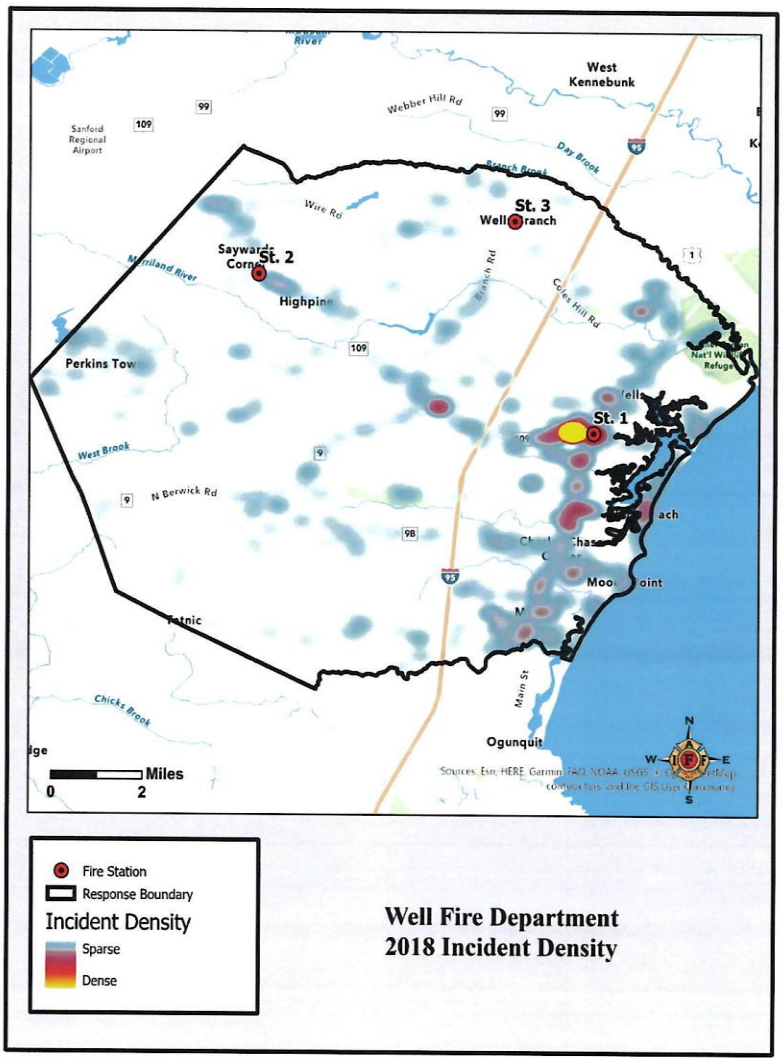
Map 1: 2018 Incident Density. 1

Current Response Capabilities **2**

Table 1: Current Fire Station Locations and Staffing 2
Map 2: Response Capabilities within 4 Minutes, Current Staffing and Deployment. 3
Map 3: Emergency "2 In/2 Out" Operations, Minimum of 4 Firefighters within 4 Minutes, Current Staffing and Deployment. 4

Proposed Response Capabilities **5**

Table 2: Proposed Fire Station Locations and Staffing. 5
Map 4: Response Capabilities within 4 Minutes, Proposed Staffing and Deployment. 6
Map 5: Emergency "2 In/2 Out" Operations, Minimum of 4 Firefighters within 4 Minutes, Proposed Staffing and Deployment 7
Map 6: Tanker Response Capabilities within 4 and 8 Minutes, Proposed Staffing and Deployment. 8



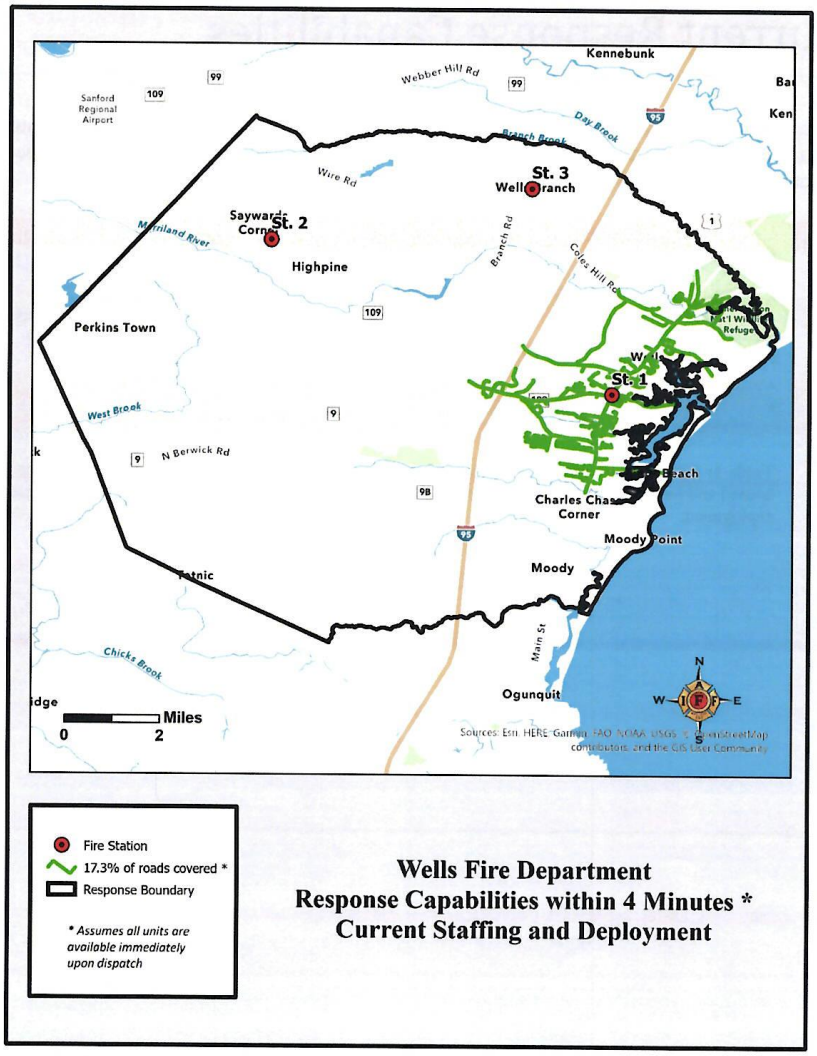
Map 1: 2018 Incident Density. Map 1 shows the density of incidents responded to within Wells by the Wells Fire Department in 2018, and the Wells Fire Department response boundary and fire station locations. The highest areas of incident concentration were near Station 1, along US 1, and along State Route 109. Currently only Station 1 is staffed, and only with three firefighters.

Current Response Capabilities

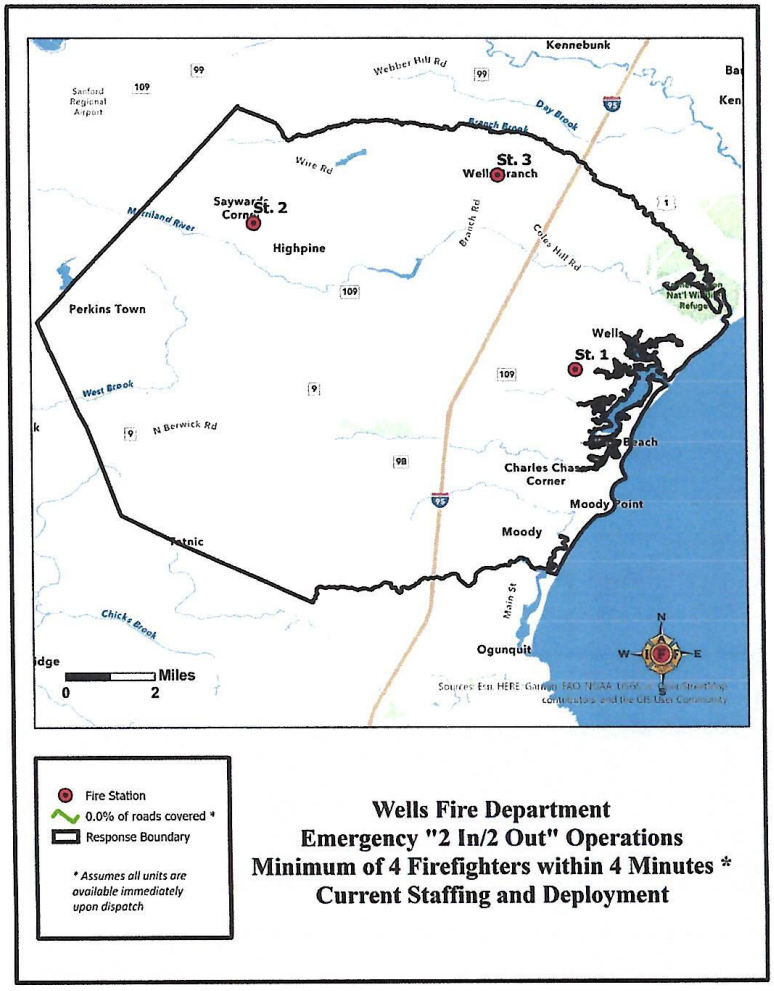
Computer modeling was used to determine the distance apparatus could travel in four minutes from Wells Fire Department's currently staffed station, Station 1. The following table specifies the current locations and staffing of each of the Department's the 3 fire stations.

Station	Address	Apparatus	Typical Staffing
1	1563 B post Road	Tower 6 Engine 7 Tanker 2	**1 Firefighter (FF)** **2 FF** **Special Request**
2	51 High Pine Loop Road	Engine 3 Tanker 5	**Unstaffed**
3	1358 Branch Road		

Table 1: Current Fire Station Locations and Staffing. The above table displays where apparatus are housed and how they are typically staffed. Station 3 is unstaffed and not used for personnel or apparatus deployment.



Map 2: Response Capabilities within 4 Minutes, Current Staffing and Deployment. NFPA 1710 requires that the first arriving apparatus be on the scene of a fire or emergency medical incident within four minutes of travel. Map 2 identifies the roads where the Wells Fire Department can respond within four minutes of travel time. Assuming all units are in service and available to respond at the time of dispatch, the Wells Fire Department is capable of responding on 17.3% of roads within four minutes.



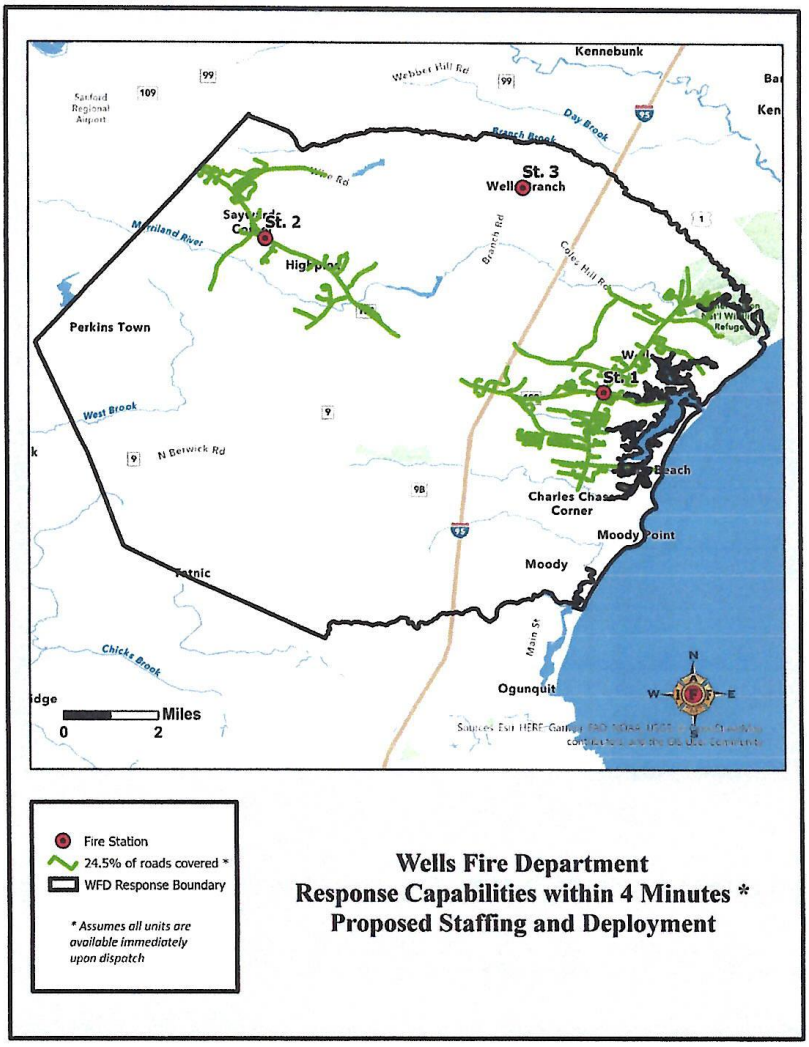
Map 3: Emergency "2 In/2 Out" Operations, Minimum of 4 Firefighters within 4 Minutes, Current Staffing and Deployment. Map 3 shows that the Wells Fire Department currently cannot assemble a minimum of four firefighters on scene within four minutes anywhere in Wells. The United States Occupational Safety and Health Administration (OSHA) requires that a minimum of four firefighters be on scene in order to initiate interior attack on a structure fire, two dedicated to interior operations and two on standby outside, available to rapidly intervene if needed. Additionally, NFPA 1710 requires that suppression apparatus be staffed with a minimum of four firefighters and that the first apparatus at a fire suppression incident arrive on scene within four minutes travel. Currently, the Department is only staffed with three firefighters per shift and cannot meet this industry standard objective.

Proposed Response Capabilities

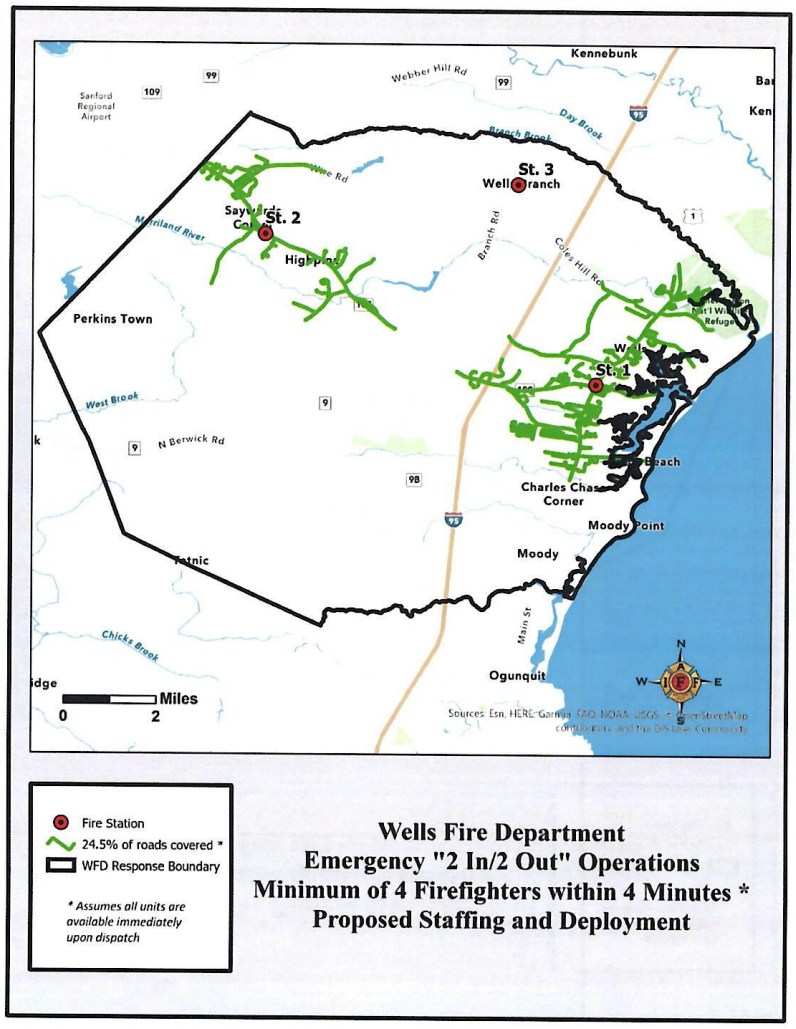
Computer modeling was used to determine the distance apparatus could travel in four minutes from Station 1 and in four and eight minutes from Station 2. The following table specifies the current locations and proposed staffing of each of the Department's the 3 fire stations.

Station	Address	Apparatus	Typical Staffing
1	1563 B post Road	Tower 6 Engine 7 Tanker 2	**4 FF** **4 FF** **Special Request**
2	51 High Pine Loop Road	Engine 3 Tanker 5	**4 FF** **2 FF**
3	1358 Branch Road		

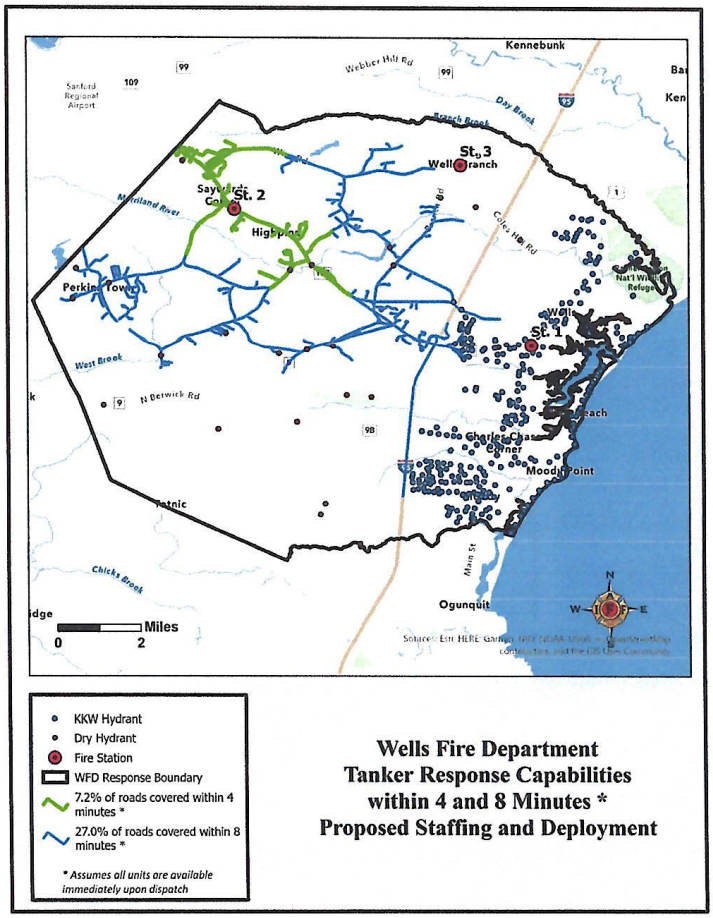
Table 2: Proposed Fire Station Locations and Staffing. The above table displays where apparatus are housed and proposed staffing. The western portion of Wells is equipped with dry hydrants. Tanker 5 should be staffed with two firefighters in order to facilitate the transport of water supply from a dry hydrant to a fire occurring in western Wells. Station 3 is unstaffed and not used for personnel or apparatus deployment.



Map 4: Response Capabilities within 4 Minutes, Proposed Staffing and Deployment. NFPA 1710 requires that the first arriving apparatus be on the scene of a fire or emergency medical incident within four minutes of travel. Map 4 identifies the roads where the Wells Fire Department would likely be capable of responding within four minutes of travel time pursuant to implementation of the proposed staffing and deployment adjustments. Assuming all units are in service and available to respond at the time of dispatch, the Wells Fire Department would likely be capable of responding on 24.5% of roads within four minutes. This translates to a 41.7% ***increase*** in response capabilities.



Map 5: Emergency "2 In/2 Out" Operations, Minimum of 4 Firefighters within 4 Minutes, Proposed Staffing and Deployment. Map 5 identifies the roads where the Wells Fire Department would likely be capable of assembling four firefighters within four minutes pursuant to implementation of the proposed staffing and deployment adjustments. Assuming all units are in service and available to respond at the time of dispatch, the Wells Fire Department would likely be capable of responding with four firefighters on 24.5% of roads within four minutes. Currently the Wells Fire Department is unable to respond with four firefighters anywhere within Wells within four minutes.



Map 6: Tanker Response Capabilities within 4 and 8 Minutes, Proposed Staffing and Deployment. Map 6 identifies the roads where the Wells Fire Department could likely respond with a tanker apparatus from Station 2 within four and eight minutes if Tanker 5 is staffed with two firefighters. Currently, suppression personnel would have to be diverted from suppression apparatus in order to staff tanker apparatus. Map 6 also indicates the locations of KKW and dry hydrants throughout Wells. The only hydrant access in west of Interstate 95 in Wells is to dry hydrants. For fires occurring in locations isolated from a dry hydrant or suitable natural water source, a water tender apparatus is necessary to facilitate mobile water supply for fire suppression operations. Assuming Tanker 5 is in service and available to respond at the time of dispatch, the Wells Fire Department would likely be capable of responding with a tanker on 7.2% of roads within four minutes and 27% of roads within 8 minutes. This provides some mobile water supply response capabilities to the portion of Wells that relies on water supply from dry hydrants and natural water sources.

Emergency Medical Services Agreement

Town of Wells

&

Wells Emergency Medical Services

This Emergency Medical Services Agreement (the "Agreement") is entered as of _____ , by and among:

(1) Wells Emergency Medical Services, a Maine not-for-profit 501c3 corporation ("WEMS");
(2) the Town of Wells, a municipal corporation in the County of York in the State of Maine

WHEREAS the Town of Well wishes to provide access to emergency medical services, advanced life support and emergency transportation to its residents, workers, visitors and those that travel through the Town;

WHEREAS WEMS provides emergency medical services, advanced life support and emergency transportation in the geographic region where the Town is located;

WHEREAS medical revenues earned by WEMS through provision of emergency medical services are insufficient for WEMS to meet its expenses in connection with providing emergency medical services in the Town, and are therefore insufficient to allow WEMS to be a financially viable entity without additional sources of revenues;

WHEREAS WEMS relies on financial support from community members, businesses and the municipalities it serves to supplement its medical revenues to meet expenses;

WHEREAS, the Parties agree that it is to the advantage of the Parties to ensure the continued financial viability of WEMS, to allow WEMS to continue to serve the Town of Wells, that are party to this Agreement;

WHEREAS, the Parties agree that it will be useful to have regular dialogue amongst the Parties as a group, and to ensure transparency with respect to the financial and operating results of WEMS and the relationship among the Parties;

NOW, THEREFORE, in consideration of the mutual covenants hereinafter set forth, the Parties agree as follows:

1. *This Agreement will be effective as of the DATE (the "Effective Date"), and will remain in effect through Date.*

2. *WEMS agrees to be the primary provider of emergency services to the Town of Wells. WEMS will work with other area EMS providers to ensure EMS coverage on all bona-fide "9-1-1" calls without regard to gender, race, religion, age, nationality of ability to pay. This obligation on the part of WEMS to any individual Town will continue with respect to that Town for the term of this Agreement, provided that the specific Town meets its obligations as specified in this Agreement, and so long as the provision of such services is consistent with applicable law and regulations.*

3. *The Town of Wells agrees to have WEMS provide emergency services to its respective population in cooperation with the Wells Fire Department.*

4. *Board of Directors: The Parties agree to establish and maintain a Board of Directors, with the following parameters:*

    a. *The Parties agree that the Board of Directors will be appointed by the Town of Wells.*

    b. *WEMS will be represented at the Board of Directors as well as have appropriate Representative(s) for the topics being discussed by the Board of Directors at each meeting.*

c. *A quorum for any meeting will be the majority of the Board of Directors and at least one Representative from WEMS.*

d. *An affirmative vote on the part of the Board of Directors will bind the Town under the Agreement.*

e. *The Parties acknowledge that WEMS is an independent not-for-profit corporation governed by a Board of Director.*

5. *Board of Directors: Meetings will be held as deemed necessary by the Parties, with the ability of any of the Parties to request a Meeting at any time, with at least one week's notice, subject to availability, and subject to reasonable availability of WEMS representatives. The intent of the Parties would be to hold a minimum of two primary meetings each year:*

    a. *An annual meeting to be held in December will include a review of WEMS prior year (ended June 30 of each year) financial results, WEMS Board-approved budget for the current year, and WEMS expectations and outlook for required Town support, based on available information at the time of the meeting and this Agreement. This meeting is an opportunity to discuss Town Meeting plans and materials. This meeting is expected to include a discussion and agreement on Service Fees (as defined in Section 8 below) for the year.*

    b. *The second Emergency Medical Services Board Meeting shall be held within thirty (30) days following the latest Town Meeting to occur, to discuss results of all of the Town Meetings and to provide an update on progress at WEMS.*

6. *WEMS provision of financial information:*

    a. *The WEMS Board generally approves the WEMS budget for the upcoming year (WEMS fiscal year end is 6/30) in June of each year. WEMS will send the WEMS budget to Town Manager.*

    b. *WEMS reports actual annual financial results each year through filing an IRS Form 990, typically expected to be completed by October 1 of each year, and WEMS will send a copy of the Form 990 to each Town's Representative promptly after approval by the WEMS Board and filing with the Internal Revenue Service.*

7. *The Towns agree to provide financial support to WEMS in the form of "Dues," to support the periodic purchase of new ambulances to replace WEMS ambulances deemed to no longer be suitable for the reliable provision of EMS services. The Parties acknowledge that WEMS operates with a fleet of three ambulances, and normal operating plans call for the replacement of an ambulance every three years, with the ambulance being replaced generally being at least nine years old.*

    a. *The estimated cost of a new well-equipped ambulance as of the date of this Agreement is $250,000.*

b. *The Parties agree that payment of Dues shall be made annually prior to Date and under the term of the Agreement shall be due on or before Date.*

8. *The Towns agree to provide financial support to WEMS in the form of "Service Fees," which are intended to cover any annual operating net deficits (net losses) incurred through the operations of WEMS. On an annual basis, as required in Section 5(a) of this Agreement, the Board of Directors will meet to review the WEMS Board-approved Budget for the current year, and review the actual financial results for the prior year. This meeting is intended to review the sufficiency of Service Fees assessed in the prior year compared to actual operating results, and estimates based on the current year WEMS Budget for Service Fees for the current year.*

    a. *The Parties agree that the total of Service Fees to be paid by the Town are intended to equal WEMS net losses for the year – to support WEMS's ability to operate at breakeven (zero loss/gain).*

    b. *The Parties acknowledge that all vehicles and equipment are the property of the Town of Wells and likewise the Town of Wells holds all vehicle titles.*

    c. *The Parties agree that payment of Service Fees shall be made annually no later than December 31 of each year during the Term.*

9. *The Parties agree that a minimum of a 90 day written notice to end service will be given, unless agreed upon otherwise by both parties.*

10. *It is agreed that should an end of service be undertaken that all vehicles and equipment will be turned over to the Town of Wells at no cost.*

11. *WEMS agrees to properly maintain any and all EMS vehicles and equipment purchased and owned by the Town of Wells.*

12. *The signatories below represent and warrant that they are duly authorized and empowered to execute this Agreement.*

13. *This Agreement shall be governed by the State of Maine law.*

Dated as of the Effective Date.

WEMS	Town of Wells
By: _____	By:_____
Name:	Name:_____
Title:	Title:_____

XIV: CONSOLIDATED RECCOMENDATIONS

III-1: The WFD should develop a five-year plan to enhance training and proper documentation.

III-2: The WFD should develop a ten-year plan to enhance training, documentation, and emergency telecommunications operations to move toward reclassifying the departments to an even lower ISO rating.

III-3: The WFD should conduct a thorough Community Risk Assessment and use the assessment as a tool to move the department into the future. Over the next year, a plan should be developed to utilize strengths to pursue opportunities and address weaknesses while mitigating threats. This should be an ongoing process that has member involvement and is moved forward by the officer core.

III-4: The WFD should review and or develop a mission, values and slogan that reflects the department and should use these as a basis to educate the Community.

III-5: The Community should consider staffing the substation to enhance response times and deployment. During the peak seasonal times this should be done and should be used to benchmark the value in doing so.

III-6: WFD should be dispatched automatically on all C, D, and E level EMS calls and any time there will be any delay in an ambulance immediate response.

III-7: The Town of Wells should develop a "Technical Review Committee (TRC)" or Technical Review Group (TRG)" to review projects that are submitted for review to the Planning Board, including site plans and subdivisions.

IV-1: The Town and Fire Department should look to staff the substation during peak times with fire and EMS staff when traffic is heavy and the population has dramatically increased. Start as a seasonal approach, study the response types and times for further staffing model.

IV-2: The Town should have a Fire Based Ambulance that should be based in the Substation when it is staffed. This would be for a determined quick response area and as a back up to all areas of the town.

IV-3 The fire department should work with surrounding communities to further hone automatic aid with appropriate staffing year round.

IV-4: ***Both Fire and EMS departments should conduct a monthly response evaluation for all calls. This evaluation should not only note the times, and the weather but also the staffing level and the responder location at the time of dispatch. This should cumulate into an annual report.***

V-1: ***The Town should hire a Fulltime Deputy or Assistant Fire Chief. The new position will take on some of the current workload of the Chief and will be crucial for any future movement to EMS being under the Fire Department.***

V-2: ***The Town should plan to add additional cross trained fire department staffing that will also double as EMS providers. The MRI team recommends adding a total of 6 staff (two on each work) group to bolster the firefighter capabilities as well as provide EMS services.***

V-3: ***The WFD should require its personnel, and strongly encourage its officers, to obtain a certain level of fire officer certification as a job requirement, such as Fire Officer 2 for Captain, Fire Officer 3 for deputy fire chief, and Fire Officer Level IV for fire chief.***

V-4: ***The WFD should require that all officers be certified as Incident Safety Officers (ISO). Additional personnel who may be interested should be encouraged to take this training and obtain this important firefighter safety certification.***

V-5: ***As part of the succession planning process, the Fire Chief should work to implement a professional development program to ensure that all officers can perform their superior's duties, as well as identify the core future leaders of the department.***

V-6: ***Working with a training officer (future assistant chief) more training should be planned delivered and documented. In an effort to keep members interested in training the department should be creative and offer training that is outside the normal programs. Making programs fresh, fun and to some degree competitive, may increase the participation by members. If it's the same old training, people will lose interest. Make it so they want to participate and at the same time meet training goals.***

V-7: ***In consultation and cooperation with its neighboring departments, all participating Fire Departments should enter into formal automatic aid agreements that specify the number and types of resources that should be dispatched immediately to various types of reported emergencies, such as structure fires. These recommendations should be based upon a community-wide risk management process and/or pre-fire/incident plan.***

V-8: ***Although more stringent than the requirements found in Table 4.3.2 of NFPA 1720 for rural communities, through the utilization of automatic aid agreements with neighboring communities, Fire Departments should consider the adoption of an***

Standards of Cover (SOC) with the goal of attempting to have at least 16 personnel on the scene of any reported structure fire within 14 minutes.

"Standards of Cover" is defined as "those adopted written policies and procedures that determine the distribution, concentration and reliability of fixed and mobile response forces for fire, emergency medical services, hazardous materials and other technical responses."

V-9: The WFD should make it a priority to improve its first unit on scene response times, including the adoption of a SOC, for the town. The SOC should be based upon a hybrid of the NFPA 1710/1720 and Commission on the Accreditation of Ambulance Services (CAAS) recommendations.

V-10: The WFD should review standards of cover benchmarks, to have the first unit responding to emergency incidents within one minute of dispatch (staffed station) and have the first unit on scene within eight minutes after responding to all types of calls, 90% of the time. With the current staffing model in place and no other calls in progress, this is something that can be met, if the staff in the station is properly qualified with the appropriate level of training and qualifications. A closer look at simultaneous calls and calls that run back-to-back (ambulance is transporting, and a second call comes in) should be looked at. At the time of this evaluation the program of having per diem staff in the station was still in its infancy, and it is not known if the station was sufficiently covered while this crew was committed to the first call.

V-11: The WFD should work with the communities listed on each of the "run cards" to assure the number and qualification of staffing that will be sent on the assignments. In order to be able to meet a safe level of on scene staffing, it will be important to know not only what the department will be receiving and how long it will take, but also to outline what each town will be sending, when these communities request resources from them.

V-12: The WFD should set a minimum criterion for call members to remain in active status. This criterion should include both minimum training and response to incidents for a determined time period (one year). This criterion should also allow for people to go into an inactive status for a period of time due to approved circumstances. It would be important for inactive-status people to make up any important training prior to being put back on active status.

V-13: The Town should apply for a federal SAFER grant for 6 new firefighter paramedic positions. This grant application takes a great deal of work to complete but if awarded will give the community the staffing level it needs for the next three years paid for by the grant. The town will be required to maintain this level for a determined time as outlined in the grant.

V-14: ***The Fire Chief should develop a social media presence and involve other members of the department in this endeavor. The use of social media like Facebook and Twitter are what the younger generation use and a very active social media account has the opportunity to reach out to this group of people for hiring.***

V-15: ***The Fire Chief or his designee should create a quarterly "newsletter" that will highlight the positive things that the department has done the prior months. This newsletter should be posted on the town's web page, shared in social media, given to the town manager, who in turn should share with the Board of Selectmen. It is important that the public is made aware of all the great people and all the good things the department does.***

V-16: ***Fire Departments should develop a series of team-based activities that build involvement in the organization as well as their mutual aid partners.***

V-17: ***All officer positions, from Captain to fire chief, should be filled based upon the person's firefighting/emergency services training, certifications, and experience, commensurate with the position being sought, along with successful completion of a formal, rank appropriate assessment process, and a basic practical skills evaluation.***

V-18: ***The WFD should ensure that all department members are trained/ certified to the minimal NIMS level required for their duties/responsibilities and ranks. In addition to the basic I-100/I-700 training mandated; it is MRI's recommendation that all officers should be trained to the ICS-300 level. All chief level officers should be trained to the ICS-400 level.***

VII-1: ***Hire an impartial outside investigating agency to conduct one on one interviews with all staff and to recommend appropriate actions to correct common issues. (This should be conducted in the same successful manner as the review team used.)***

VII-2: ***The WEMS Board of Directors should hold listening sessions with staff without the WEMS leadership in attendance. This listening session should be for learning purposes and to make the agency function better. It will be assumed that the board will make appropriate corrective actions to items of concern. It should be noted that in order for this to have any kind of honest affect it is important that this be done anonymously without knowledge of the WEMS leadership of who attends and what is said. There is a true fear of retribution amongst all that the review team has spoken with.***

VII-3: ***The Town and WEMS should enter a contract for services. The review team found it very unusual and concerning for a town to give private 501c3 money without some type of agreement in place via a contract, Memorandum of agreement or***

Memorandum of Understanding. An outline for a basic contract is provided in the Addendum section of this document

VII-4: There currently is no accountability of WEMS to the Town. There should be a monthly or at least quarterly report and follow up meeting with the Director, the Board of Directors, Fire Chief, Police Chief, and the Town Manager. The review team is repeatedly seeing issues in other parts of New England between the Towns and EMS and in most cases, it is nothing more than a lack of communication that is causing the issues.

VII-5: The Town should consider having an ambulance in the Fire Station that can be staffed by on duty certified staff as a backup to WEMS for secondary response when WEMS cannot in a timely manner respond or, when a basic EMT staffed ambulance needs the Advanced level of care for a patient. This should be completed within the next six months.

VIII-I: Add an additional full-time dispatcher to be a working supervisor. This will take some burden off the Police Captain who can focus more on needed police functions. This supervisor should be tasked with scheduling of staff, taking care of daily operations and increase the Quality Assurance and Quality Improvement of all dispatch calls and activities through a program currently in place.

VIII-2: Work to develop a system that properly puts accurate times in CAD and or other software used by departments that are dispatched.

VIII-3: Work with the Fire Chiefs in both communities to update and or develop a single set of Standard Operating Procedures for dispatchers to use for an all-hazards approach to dispatching. This document needs to be straight forward and simple to use but at the same time, properly supports the missions of the departments and the residents.

VIII-4: Conduct a quarterly meeting with dispatch supervisor, fire chiefs and or their designees to review and if needed resolve any issues that may arise. This type of meeting should be used to identify the good things that dispatchers have done as well as to discuss solutions to issues and to highlight future activities that the departments are anticipating. This may sound like a small item, but it has been our experience those 1 to 3 hours every quarter with the people who are charged with managing departments that MUST work together will pay off in dividends. It is important that everyone understands that they are all in this together and the goal of all is to serve the people who need us.

VIII-5: Work with the Fire Chief and EMS Director and review all run cards and add cards for areas of concern. This is crucial to allowing dispatchers to get the needed resources automatically and not wasting the time to ask for direction.

VIII-6: The Town should continue to monitor the ability of the current Fire based Records Management System to accept the data from the Police/Dispatch IMC software.

VIII-7: The Town Manager should conduct a monthly meeting with Public Safety officials to mediate unresolved issues.

IX-I: The Town Manager must pull the department heads together and facilitate a meeting in an effort to resolve the issues that are causing operational and response issues.

IX-2: The Fire Chief and the WEMS Director must encourage or continue to encourage their individual departments to work together in whatever is in the best interest of the patient.

IX-3: The Fire and EMS operational staff should be encouraged to train together. This will result in better operational cooperation when it is most needed.

IX-4: EMS staff should be encouraged to utilize fire department staff when needed and not refraining from doing so in fear of retribution.

X-I: The Town should apply for a SAFER grant to begin to build out the fulltime staff to support all fire and EMS operations.

X-2: Although time consuming to accomplish, the department should apply for funds for eligible items on the AFG grants. Grant awards will help free up town dollars that can be used for other fire department items that are not grant eligible.

X-3: Once the Department has appropriate staffing, the Town and the department should be looking to the State, Insurance companies and other private organizations that have grant opportunities.

XV: TEAM PROFILES

Project Manager

David Houghton is a devoted fire and emergency management professional who has recently retired from the Wayland Massachusetts Fire Department after a distinctive 38-year career from being a call firefighter and rising through the ranks to Fire Chief. Along with dedicating his service to the Town of Wayland, he continues to work for the Massachusetts Department of Fire Services as both an instructor and in the Special Operations Division doing special projects. In 1999 he was given the challenge by the State Fire Marshal to develop and implement what today is known as Special Operations. This development included designing, building and implementing specialized equipment and staffing to respond to Emergency and planned incidents throughout the Commonwealth. This program was a shared vision between David and the Fire Marshal and today has been shared in whole or in part in other areas of the country. David has a B.S. degree in Fire Science, an A.S. Degree in Fire Science and Technology, and has completed a Local Government and Management program with Suffolk University and the Massachusetts Municipal Association. David has a diverse background Firefighting, EMS (ALS and BLS), Dispatch, Fire Prevention, Emergency Management and operations. He is a nationally certified Firefighter, Fire instructor, Fire Inspector, Fire Officer. He is a certified Emergency Medical Technician both at the National Level and in the Commonwealth of Massachusetts. David has most recently continued his fire service career by being appointed as a call firefighter with the Town of Moultonborough Fire Rescue and is a certified New Hampshire Emergency Medical Technician. He continues to be active with the Commonwealth of Massachusetts Fire and Ambulance Mobilization team in the continuous updating and redevelopment of the program. Prior to his retirement as Fire Chief, David was an active member in the Massachusetts Fire District 14 where he was a driving force behind the creation of the District Operational budget, an operation manual and the formalizing of the various specialized teams within the district. David was also selected as the Chief overseeing the Fire District communications team and equipment as well as serving on several other progressive programs within the district. He is a member of the Fire Chiefs Association of Massachusetts, and the International Association of Fire Chiefs.

Project Team Members

Perry E. Plummer has had an award-winning public safety and emergency management career spanning over 35 years and serving three NH Governors. He has a proven track record of success as a senior executive, a crisis manager and a transformational leader serving at the local and state level.

After joining Dover Fire and Rescue in 1986 he quickly progressed through the ranks before becoming Chief in 2002. Over the next ten years, Chief Plummer transformed the entire department into a customer service juggernaut. During his tenure as Chief, he successfully consolidated the City's building, plumbing, electrical, and health departments as well as the city's fire prevention program under the fire department, saving thousands of dollars each year. Additionally, Plummer possesses a wealth of entrepreneurial skills.

Between 2012 and 2019, Perry served as New Hampshire's Director of Homeland Security and Emergency Management. During this time, he oversaw the preparation, exercise, response, and mitigation of terrorist threats, incidents, and natural and anthropogenic disasters. Furthermore, he coordinated all state agencies' planning, response, and recovery during terrorist attacks, natural disasters, and large-scale threats to public safety including cyber incidents. As Director, Perry co-managed the statewide fusion center and lead the effort to develop the state's first Cyber Integration Center as well as developing and exercising the State's cyber response plan. Expertly managing 18 federally declared disasters, he was also active at the national and international level.

As the Assistant Commissioner for the NH Department of Safety, Mr. Plummer managed 1,700 employees to effectively coordinate seven divisions, including State Police, Homeland Security and Emergency Management, State Fire Academy and Bureau of Emergency Medical Services, Emergency Services (911) Division, Division of Administration, and Division of Motor Vehicles. Perry developed and led a nationally recognized school safety program and has been called a school safety expert.

In December 2020 Plummer was personally asked to return to state service by New Hampshire Governor Christopher Sununu to lead New Hampshire's Covid-19 Vaccine Response. In spite of the COVID vaccine effort being the largest and most challenging public health response in the state's history, New Hampshire lead the nation by providing an example of best practice.

With his diverse educational background, Plummer has achieved unprecedented success. He holds numerous fire service certifications and has attended a number of prestigious educational programs, including the Executive Leadership Program from the Naval Postgraduate School. He has also lectured on Interest Based Bargaining in graduate programs at Boston University and Southern New Hampshire University. Mr. Plummer is an MRI Senior Public Safety Consultant.

Brian P. Duggan retired from the Fire Department in Northampton, Massachusetts, where he instituted substantial changes to modernize and restructure the entire department including equipment, facilities, personnel, and training. In conjunction with his staff, Brian integrated Emergency Medical Services (EMS) into the organization and created a regional Advanced Life Support (ALS) Program that currently serves 18 communities within the Northampton Area. He formerly commanded the Northborough, Massachusetts, Fire Department, and has significant

experience with the Massachusetts Department of Fire Services where over three decades, he held several key positions. Following his retirement, Brian has continued his active fire service involvement by serving as both a volunteer chief fire officer and through continuing to develop training and certification programs as a program Coordinator for the Massachusetts Department of Fire Services.

Mr. Duggan developed and directed the Graduate and Undergraduate Fire Science Programs at Anna Maria College in Paxton Massachusetts from 1995 - 2003. Mr. Duggan has a Business Management/Fire Science degree from Providence College and a Master's Degree of Business Administration (MBA) from Nichols College in Dudley, Massachusetts. He is also a graduate of the National Fire Academy Executive Fire Officer Program and the Senior Executive Program for State and Local Leaders at Harvard University. In December 2012, Mr. Duggan received a Master's Degree in Homeland Security through the Naval Post Graduate School based in Monterey, California, where his thesis entitled "*Enhancing Decision-making during the First Operational Period of Surge Events"* was selected as an outstanding thesis. He was one of the first fire service professionals to be designated as a Chief Fire Officer by the Commission on Fire Accreditation International.

Brian led the Massachusetts fire service through his affiliation as Chairman of the Fire Chief Association of Massachusetts Technology Committee and as a Regional Director on the Massachusetts State Fire Mobilization Committee. Mr. Duggan has authored several publications, inclusive of writing Section 7, Chapter 3, Fire Department Information Systems, in the Nineteenth and Twentieth Editions of the National Fire Protection Association's Fire Protection Handbook. Chief Duggan has been affiliated with MRI as a subject matter advisor since 2002 and he has served as Director of Fire Services since 2015. Currently, Mr. Duggan is regarded as an expert specific to fire service response to photovoltaic and battery energy storage system (BESS) emergencies. He has developed several nationwide training programs providing first responders with new insight on these emerging challenges.