



Southampton Fire Department Operational Review

7/2023

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RUSS ANDERSON

FIRE / EMS OPERATIONAL REVIEW / PROMOTIONAL REVIEW



russand21@comcast.net



413-315-7719

Table of Contents

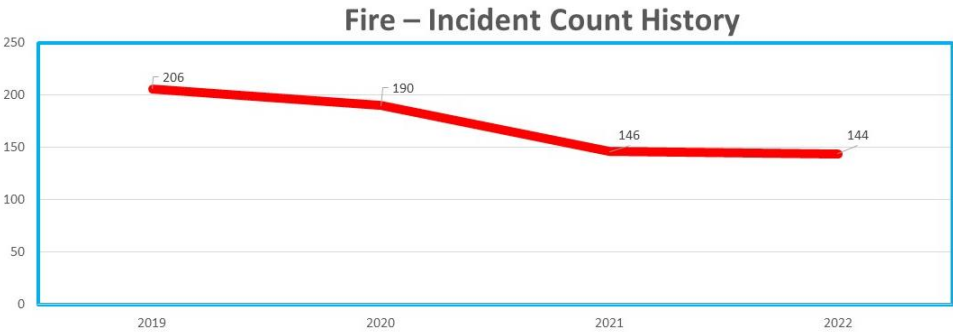
• Contents	2
• Preamble	3
• General Review	4-7
• Staffing	7-10
• Crossroads	10
• EMS Staffing Options	11-13
• Fire Chief Review	13-14
• General Staffing Options	14-16
• Income Revenue	17
• Fire Operations	17-18
• Apparatus Recommendations	19-20
• Fire Equipment	22-23
• Training	24-25
• Facilities	25-27
• Dispatch	27-29
• Records Management	29-30
• Budget	31
• Miscellaneous	31
• Conclusion	32
• Department Survey	33-55

Preamble

The following is a comprehensive review of the Southampton Fire and EMS operations. From the initial 911 call to delivery of the emergency response requested. We have reviewed many facets of the operation including staffing from different sources, equipment, fleet, facilities, quality control and fiscal responsibility both from cost expenditures and revenue recovery. Our goal is to provide an accurate review to assist officials in future decisions.

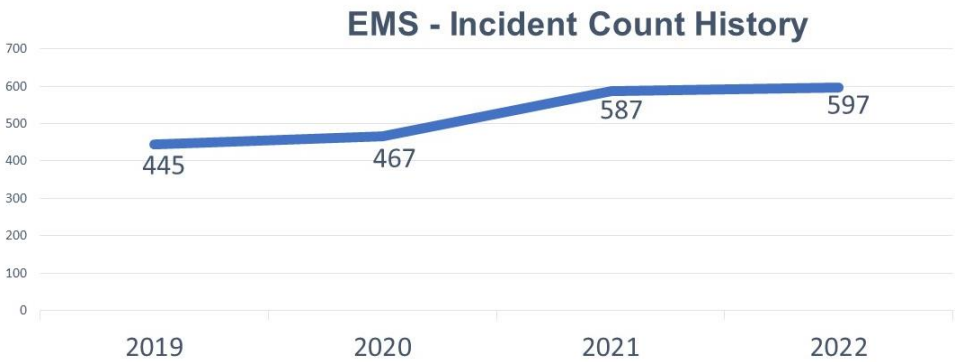
We would thank Chief Workman for his cooperation during this review and facilitating requested data. Chief Workman has been chief for ten years starting under the most challenging conditions and unrest. Chief Workman is respected amongst his members and done a good job fulfilling the mission of the department with limited staff and challenging conditions. We wish him the best in his retirement.

The Town of Southampton fire department currently serves a community of 6,224 (2020 census). They provide fire and transport EMS at the advanced life support (ALS) level 24/7, fire prevention and code enforcement. They do this with a career fire chief and 46 part time/per-diem employees. In addition, they utilize 6 call force firefighters. Run volume is typical for a town this size with no population anomalies such as hospital or college requiring a large response demand. The community is made up of heavily residential property with a blend of older post war structures and newer development type homes. There are two commercial areas with larger retail type establishments. Population according to the 2020 census appears does not indicate any demographic that would impact service such as a large over 65 years of age at 9.9%. However, to note 45-64 years of age represents 29% of the population. This could have an impact on future EMS needs as the population ages.



Fire Response

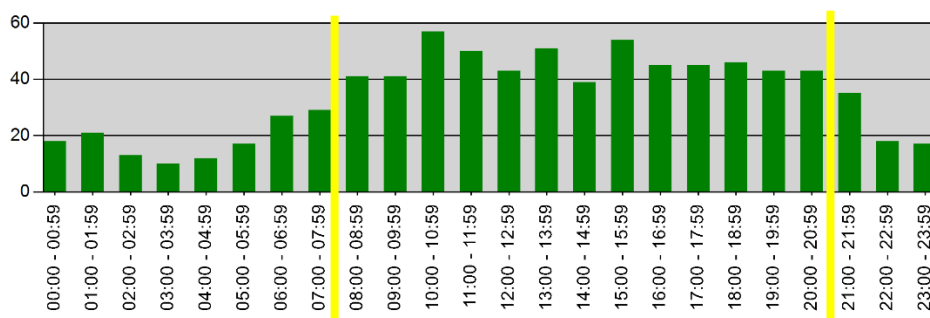
Many communities have seen a decrease in fires but the fires they do have are faster and more costly. Here in Southampton the last three years have seen an average of \$400,000 in fire loss



EMS Response

EMS continues to see an increase in most communities since COVID. This is for several reasons, an aging community and there is speculation that between COVID and changing healthcare system. Citizens were more reluctant to seek help, creating a more fragile population. Southampton has seen a 34% increase in EMS calls in just three years.

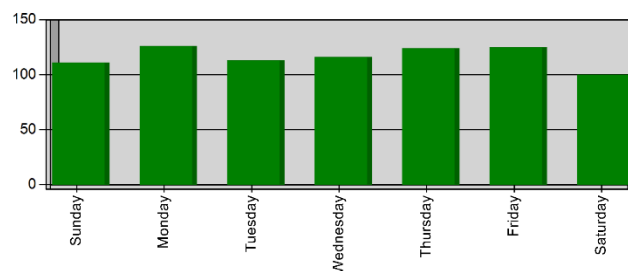
Incidents by Hour for Date Range
Start Date: 01/01/2022 | End Date: 12/31/2022



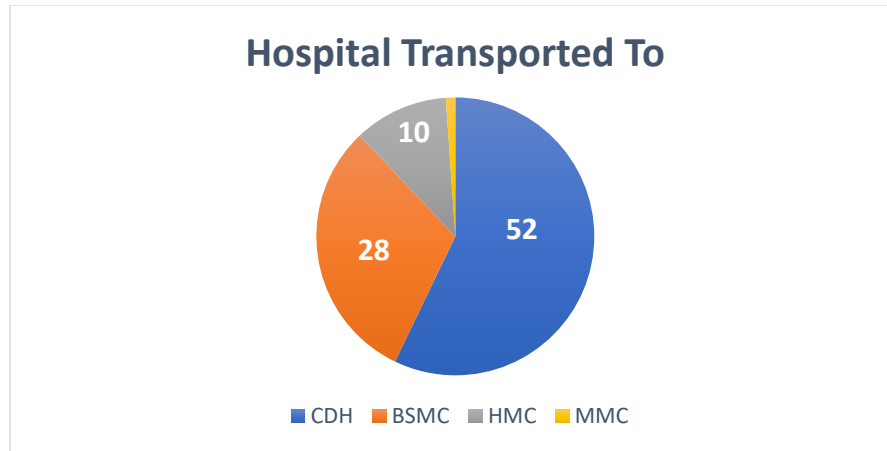
Incidents Time of Day

Reviewing time of day that emergencies (Fire and EMS) occur is in line typical with most communities with 70% of all calls happening between 8 AM and 8 PM. This is also when there is limited availability of call force members

Incidents by Day of the Week for Date Range
Start Date: 01/01/2022 | End Date: 12/31/2022



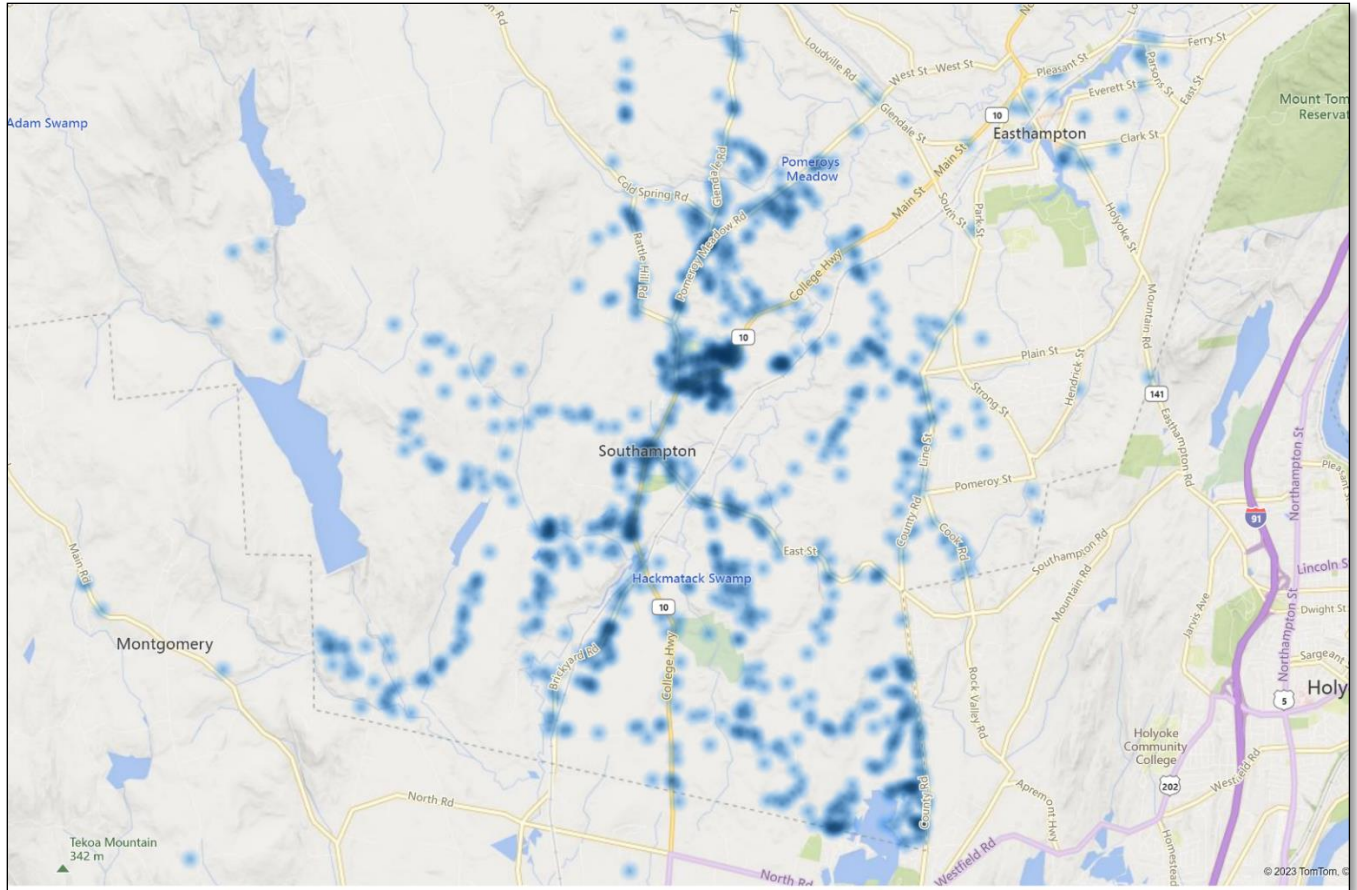
Regarding day of the week incidents are similar from day to day.



Ambulance transports reflect 52% transported to Cooley Dickenson, 28% Baystate, 10 % Holyoke Hospital and 1% Mercy Medical Center

2022 EMS Transports

2022 Transports	BLS	ALS	ALS Intercepts Required
430	128	252	50



Response Map

As to where incidents happen, after review of 3,400 incidents fire and EMS it is shows an evenly dispersed need. Typically, population equals incidents. There is a slight concentration on events in areas of apartments, shopping etc. Southamptown needs seem even across the community. This may be critical as the community plans for a new public safety complex, staffing and how they respond.

STAFFING

Like most of the departments throughout the country SFD struggles with sufficient staffing both fire and EMS. You can drive by any small town fire departments and you will see a sign for call /volunteer firefighters and EMT's. To compound this in 2012 Southamptown officials agreed to take the EMS service from the basic life support level

to the Advanced Life Support level. While to their credit this provided the citizens with a higher level of care it put a tremendous strain on staffing availability.

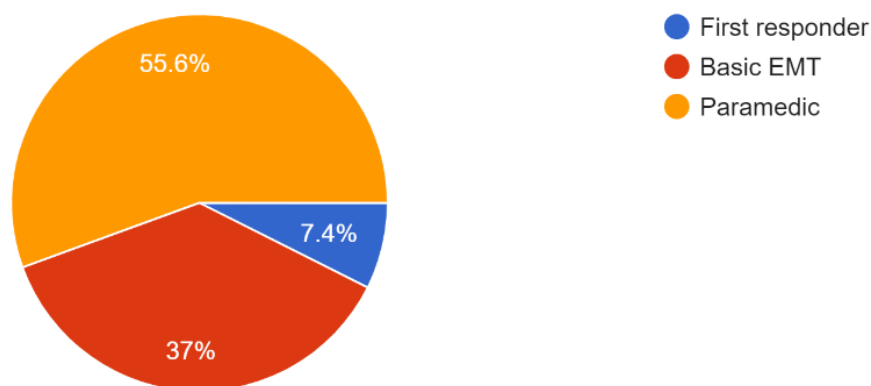
Today post COVID the emergency medical services are now experiencing a shortage of paramedics. Less than 50% of all state registered EMT's names are included in a patient care report. Translation - they are aging out, retiring, or promoted, and off the road. The new certification of EMT's has also dropped dramatically. New certifications are down 13% from 2020 -2021. Renewals of existing EMT's this past April was down 9% from 2022. Many agencies are now hiring Basic EMT's and making paramedic certification required within two years as a condition of employment.

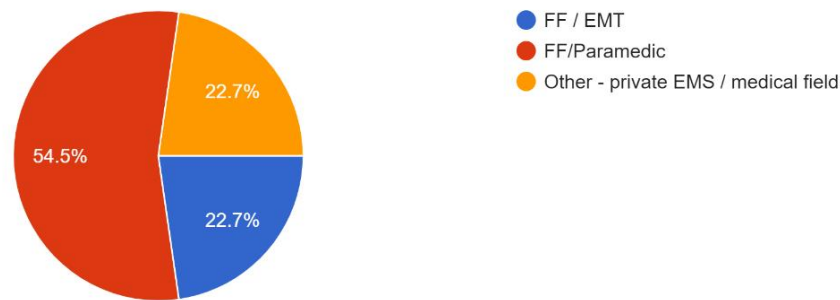
So where does Southampton turn to fulfill its obligation.

The current Southampton model utilizes per-diem (part time employment) to fulfill it's EMS requirements. This model is unique to Southampton. Over the years this method has delivered the required service. It has seen a tremendous amount of people go through their system. This puts a strain on scheduling as members must be cleared and trained prior to taking shifts. If they do not stay active all that time invested is lost. This system is now facing challenges to fill openings at the paramedic level. Because of these shortfalls the Office of Emergency Medical Services OEMS has issued a serious deficiency violation regarding fulfillment of its license.

Southampton must now decide how to fulfill the required paramedic staffing issues. While there is a core group of talented, dedicated paramedics and EMT's they all have other employment and Southampton is not their priority. Additionally, their full-time schedule is always rotating making scheduling a moving target. To make it even more complicated, many times staff is held over, or forced in at their full time jobs do to their staffing issues - leaving the SFD schedule open. Below is a review of staff.

Certification Level





Many of the members work in other communities in the emergency response or medical market



When we look at responders' availability is dependent upon where they live, work, and other limitations.

Responders should be commended for their commitment to fulfilling the EMS schedule. Unfortunately, a review of records indicates there is not an even distribution of individuals and coverage. Out of 40 plus responders there are members with minimal attendance and some with extensive hours served. 12 members represent many of the hours covered. Due to the nature of this model, it is very labor intensive for the scheduler having to find staff at the last minute with cancelations. This is problematic in two areas.

Inactive members- Minimal hours

- Can become inconsistent in skill sets and familiarization with SFD guidelines.
- Non-resident responders understanding street address locations
- Lack of ownership in the organization
- Insurance standards do not recognize training of firefighters as they are not in-house firefighters and made up of other communities and lack training as a SFD group.

Active members – Excessive hours

- Can burnout from excessive hours between SFD and other employment creating liability for following best practices
- Historically members with excessive hours can have a sense of entitlement leading to management and morale issues. This is frustrating because these members feel they are saving the organization, and they are, but in reality, the system is broken and on life support.
- Develops division within department.
- Inequities lead to large amounts of attrition.
- Total hours for some could be a liability for the town as it relates to FMLA laws, opening the doors to benefits and retirement.

Crossroads

Southampton is at the crossroads for providing emergency medical services. For a variety of reasons, the current per-diem model has outlived its life. Chief Workman, officials and voters have put in place the tools to take the department a new direction and a higher level of predictability. But what is the best model moving forward. The following will review available options.

Privatize the EMS service.

This option has been talked about on various levels over time. This would require the town to develop a scope of service and solicit requests for proposals. Historically responses to these proposals have been minimal for many communities. Private EMS Services have seen the same challenges that the fire service has seen, if not worse. So, as they take on various communities staffing again becomes the true challenge with lack of paramedics. Communities with private contracts have seen many challenges for the contractor to fulfill their obligation due to staffing challenges. Currently similar size communities of Hadley and Hamden both have contracts with private EMS. Some of those contracts have a rebate or offset built into the contract to help recoup some of the total service cost through patient billing returns. That would be dependent on call volume. In conversations with one such company a rough estimate of total services was \$900,000 to \$1,000,000 for one year to provide ALS service- that being one basic EMT and one paramedic 24 hours a day 7 days a week.

Note: Typically, the community provides a space for the ambulance to operate out of, that could be a challenge for the town of Southampton.

Note: This does not provide any fire protection service

Note: Southampton may not see any revenue from patient billing.

Note: In two sample communities they have invested in career daytime fire staff that respond to the emergency in front of them fire or EMS in conjunction with the private provider. In both cases there are long-term plans for fire to eventually take over at least part of the EMS responsibilities.

Contract the EMS Service with a neighboring community.

There have been past conversations to farm out the service. One such option would have another community take over all EMS, and maybe the fire service for a fee.

Currently the City of Westfield and Easthampton both provide assistance under mutual aid agreements. If SFD is on another call or in need of a paramedic intercept they provide assistance for a fee. This is different than a contracted service. Southampton would not see any revenue from patient billing.

Contracting the service would require a neighboring community to provide all medical services. On receipt of a 911 medical call, the Southampton dispatcher call then hand the call off to the appropriate community 911 center. They would then notify their fire department to respond to the town of Southampton for the emergency. If there was no ambulance available, it would be that town's

responsibility to find another responder, something that could happen quite frequently with today's EMS call volume in all communities. This could create delay and confusion on the call. In addition, Southampton may not be aware of the call. If fire operations were included in this model, there may be serious delays in response as well.

Westfield Fire - Speaking with the city of Westfield they were happy to provide backup service but did not have an interest in providing either service 100% of the time as many times throughout the day they are relying on other communities to provide them medical coverage due to call volume. They could not absorb additional call volume at this time based on their current staffing.

Note: The transporting ambulance is the only entity allowed to bill for services. Southampton would lose all revenue.

Note: Regarding any other community responding for fire response. I would assume this could dramatically affect property insurance rating and cost.

Easthampton - Recently the city implemented a policy for providing ALS service for \$500 per call after 25 calls at no charge. This was born out of frequent requests for service that exceeded normal mutual aid parameters. When exploring other response options, they expressed they are not prepared to absorb peak hours of operation. However, they would be willing to explore off peak support such as evenings.

Muti-town regionalization

This would require joining a muti-town EMS system. There are currently a couple of systems in place. In both scenarios the response time to Southampton would be seriously increased due to geographic location. In discussions the operational costs are again \$1,000,000 to \$1,200,000 for a 24/7 operation. In their models they base the community rate on population with an average of \$30.00 per person. In Southampton's case that would translate to an estimated \$186,000 per year.

Note: This would also recognize an estimated minimum 20-minute response time impacting residents' wellbeing.

Note: Southampton would not see any revenue from patient billing.

Note: This would only include EMS

Note: With no EMS / FIRE staffing in station - each of these options the town would have an extremely limited response availability for any emergency, especially during daytime workday hours.

New SFD Staffing Model

This year's annual town meeting included a proposal that was to increase funding for staffing for the fire department. This can come in many shapes and sizes. With a new chief coming on board soon I think this should be their first goal to address - future staffing needs. With the current paramedic shortage hiring and retaining staff may be a challenge in the short term. But you don't know until you solicit applications.

Some challenges SFD face is the current facility conditions. Applicants have many options today as to where they can apply. Typically, they look at pay rate, opportunities for growth both personal and rank, call volume, equipment, and general camaraderie. In some of these areas SFD could attract quality candidates. There is light at the end of the tunnel which I will address in a later section.

Fire Chief – Southampton is about to replace Chief Workman after his retirement. This will give Southampton the opportunity to take the fire department to the next level. As is typical with any recruitment there is discussion that it should be from within and as many say they should come in from outside. These thoughts are typical with any recruitment within an organization. Some embrace, change, some run from it, but most are anxious and that is understood.

I feel the most important part is getting the right person to take the department to the next level. In my interviews with staff members some have stated that the new chief should be a paramedic with availability to go on calls. I feel this is partially correct as the new chief should have a strong understanding of EMS if they're a paramedic or had been a paramedic that would be a bonus but not essential. The town should be mindful of selecting a leader and manager to grow all members and all areas of the service. If you're simply looking for someone to take ambulance calls, I feel that is extremely short sighted and a waste of money.

I would anticipate that the new chief be an EMT or paramedic and be able to help out if needed. But to make paramedicine a mandatory requirement would be a mistake. Again, the chiefs job is take the organization to new levels. As SFD gains new staffing there will be human resource issues. They will be involved with code enforcement both reactive and preventative. Education of residents, inter department meetings, developing efficient record systems, all of which is to reduce liability to the town. Again, to focus on just EMS would be short sighted. Under the chief they will be required to have an ALS/EMS coordinator focused specifically on EMS issues and performance. There is a separate Quality control team that appears to be doing a great job. Chief Workman would admit he felt fire training was something he was time limited on getting to where he wanted it to be. Fire training would be the second most reduction in liability for the town in a crucial part of the department. Additionally Southampton is positioned to explore numerous grants that have not been applied for. One such grant would

be for a new tanker through a federal program. With new apparatus costing between \$500,000 - \$700,000 the value of the chief having grant capabilities is huge.

For these reasons I feel the town should incorporate the following points in the recruitment of a new chief.

- Exhibit strong EMS understanding either at the basic or paramedic level.
- Have strong knowledge and examples of fire training.
- Be a leader and show examples of their leadership skills and focus where they were successful.
- They should have an entrepreneur spirit and give examples of successful projects.
- Understand the grant process and show examples of successful grant implementation.
- Have experienced with station management systems both for fire and EMS
- Have examples of community involvement.
- Have Fire Prevention II certification or a requirement to obtain.
- This position should remain fulltime

Should Southampton be able to recruit a chief with these skill sets, I feel Southampton Fire will soar to new levels. A realistic goal to fulfill the position would be August recruitment, September selection process, November 1st start date.

General Staffing Options - There are local models that have been successful that I feel would work for the town of Southampton in a cost-effective manner. The towns of Hadley, Granby, and South Hadley District 2 all have startup type models. Generally, they focus on peak hours with career staffing and call force to support other hours. While this would be the new chief's first goal, the following are possible scenarios.

- 1) Hire two paramedic/ firefighters to work weekday daytime hours. This would reflect in coverage of an estimated 60% - of the calls. Hours would be determined. This could reflect an 8:00 AM to 5:00PM Monday through Friday/ 4-12 hour days or any combination. Firefighters can work up to 53 hours of straight time under labor law. So there is flexibility here. The balance of time would be supported by per diems similar, to the current system.

Staffing Estimates - 2 career - Daytime 40 hours each/ remainder per-diem										
Name	Reg. Hrs	Total of Hrs	Reg. Hr. Rate	Total Paid Reg	OT Hours	OT Rate	OT Pay	Total Pay	# of Weeks	Yearly Salary
Career fire /Medic	40.00	40.00	\$29.00	\$1,160.00		\$43.50	\$0.00	\$1,160.00	52	\$60,320.00
Career fire /Medic	40.00	40.00	\$29.00	\$1,160.00		\$43.50	\$0.00	\$1,160.00	52	\$60,320.00
Call Fire/ Medic	128.00	128.00	\$27.00	\$3,456.00				\$3,456.00	52	\$179,712.00
Call Fire /Medic	128.00	128.00	\$27.00	\$3,456.00				\$3,456.00	52	\$179,712.00
										\$480,064.00

Challenges

- While it covers a large portion of calls, this is not the most attractive shift when the competition is offering 24-hour shift cycles with more days off.
- Finding FF/Medic- If the medics are new certifications, they will need to gain medical control and you would need to run double medic on the shift. If they are not a firefighter yet they would need to attend the fire academy.
- Not the most welcoming facilities.
- Covering nights and weekends would still be a challenge as it is now, jeopardizing your license.

- 2) Hire 2 paramedic/ firefighters with a crew of 2 working 4-12 hour shifts - per-diem cover balance of shifts.

Staffing Estimates - 2 career - Daytime 40 hours each/ remainder per-diem										
Name	Reg. Hrs	Total of Hrs	Reg. Hr. Rate	Total Paid Reg	OT Hours	OT Rate	OT Pay	Total Pay	# of Weeks	Yearly Salary
Career fire /Medic	40.00	40.00	\$29.00	\$1,160.00		\$43.50	\$0.00	\$1,160.00	52	\$60,320.00
Career fire /Medic	40.00	40.00	\$29.00	\$1,160.00		\$43.50	\$0.00	\$1,160.00	52	\$60,320.00
Call Fire/ Medic	128.00	128.00	\$27.00	\$3,456.00				\$3,456.00	52	\$179,712.00
Call Fire /Medic	128.00	128.00	\$27.00	\$3,456.00				\$3,456.00	52	\$179,712.00
										\$480,064.00

- 3) Hire 4 paramedic/ firefighters with a crew of 2 working 4-12 hour shifts followed by 4 days off while the second crew works four days. This would allow career staff to cover over 70% of calls. The balance of shifts to be covered by per-diem.

Staffing Estimates - 4 career -4 days on /4 off 12 hour days/ Per-diem cover 12 hours nights 7 days a week										
Name	Reg. Hrs	Total of Hrs	Reg. Hr. Rate	Total Paid Reg	OT Hours	OT Rate	OT Pay	Total Pay	# of Weeks	Yearly Salary
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Call Medic	84.00	84.00	\$27.00	\$2,268.00				\$2,268.00	52	\$117,936.00
Call Medic	84.00	84.00	\$27.00	\$2,268.00				\$2,268.00	52	\$117,936.00
										\$489,216.00

- 4) Hire 4 paramedic/ firefighters with a crew of 2 working 4-12 hour shifts followed by 4 days off while the second crew works four days. This would cover over 70% of calls. The balance of shifts to be covered by Easthampton Fire.

Staffing Estimates - 4 career -4on /4 off 12 hour days/ Nights contracted with Easthampton										
Name	Reg. Hrs	Total of Hrs	Reg. Hr. Rate	Total Paid Reg	OT Hours	OT Rate	OT Pay	Total Pay	# of Weeks	Yearly Salary
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	42.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Easthampton Contract										\$35,000.00
										\$288,344.00

- This plan would require a contract to ensure nighttime overage and fulfillment of OEMS license obligation however you would lose in-station nighttime fire coverage.

5) In an effort to attract more applicants with a 24 hour option - Hire 4 Firefighter Medics with 2 working a 24-hour shift followed by 2 days off. Work a 24 followed by 4 off. The 2 other FF/Medics mirror this shift.

Staffing Estimates - 4 career -24 hr shifts / balance per-diem day and night										
Name	Reg. Hrs	Total of Hrs	Reg. Hr. Rate	Total Paid Reg	OT Hours	OT Rate	OT Pay	Total Pay	# of Weeks	Yearly Salary
Career Medic	48.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	48.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	48.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Career Medic	48.00	42.00	\$29.00	\$1,218.00		\$43.50		\$1,218.00	52	\$63,336.00
Call Medic Ff	72.00	72.00	\$27.00	\$1,944.00		\$40.50		\$1,944.00	52	\$101,088.00
Call Medic Ff	72.00	72.00	\$27.00	\$1,944.00		\$40.50		\$1,944.00	52	\$101,088.00
										\$455,520.00

Note 48 hours of coverage is averaged to 42 hours paid to align with pay cycles

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
Per Diem 24 hours	Career A Shift	Career B Shift	Per Diem 24 hours	Career A Shift	Career B Shift	Per Diem 24 hours
8	9	10	11	12	13	14
Per Diem 24 hours	Per Diem 24 hours	Career A Shift	Career B Shift	Per Diem 24 hours	Career A Shift	Career B Shift
15	16	17	18	19	20	21
Per Diem 24 hours	Per Diem 24 hours	Per Diem 24 hours	Career A Shift	Career B Shift	Per Diem 24 hours	Career A Shift
22	23	24	25	26	27	28
Career B Shift	Per Diem 24 hours	Per Diem 24 hours	Per Diem 24 hours	Career A Shift	Career B Shift	Per Diem 24 hours
29	30	31				
Career A Shift	Career B Shift	Per Diem 24 hours				

- As you can see there are still 3-4 days a week to find coverage. While daytime may be possible, nights and weekends may continue to be a problem at the ALS level.

6) Hire 8 career FF /Paramedics – This would allow 24-hour coverage 7 days a week. No part time per-diem.

Staffing Estimates - 8 career -4 days on /4 off 12 hour days/										
Name	Reg. Hrs	Total of Hrs	Reg. Hr. Rate	Total Paid Reg	OT Hours	OT Rate	OT Pay	Total Pay	# of Weeks	Yearly Salary
Career Medic Days	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Days	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Days	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Days	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Nights	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Nights	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Nights	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
Career Medic Nights	42.00	42.00	\$29.00	\$1,218.00				\$1,218.00	52	\$63,336.00
										\$506,688.00

The good news is that coverage at the ALS level is obtainable with your current budget through a variety of models, some more economical than others.

Income Revenue

If we look at 2022 for revenue recovery, there were ambulance 597 calls with 430 actual billable transports. Ambulance billing produced \$305,841 or \$711 net, per transport. This is in line with average billing after Medicare rates deductibles and allowable expenses.

Southampton Ambulance Billing rates are in line with area towns as well. These should be monitored annually to follow area/industry standards.

The above models do not include the ambulance billing income to offset cost. Utilization of these funds could have an impact to offset cost or allow you to prepare for future capital expenses or some of both.

Understand ambulance billing at best offsets cost while providing taxpayers the best possible protection. It will never be a 100% cost of service even in some of the largest communities.

Fire Operations

Fire Apparatus – A review and inspection was conducted of the existing apparatus. Clearly apparatus is a major component of any fire operation. It is also the most expensive and carries with it the most liability.

- **Maintenance** - This is currently done by an outsourced certified mechanic. Any major repairs should be completed by a certified mechanic due to liability. However, records of repairs are not being documented to allow for tracking and historical trends.
Tires on all apparatus appear to be out of date. NFPA recommends replacing tires after 7 years of use. While this standard does not seem realistic it is to reduce catastrophic failure under emergency response.

Recommendation

- The department currently operates Emergency Reporting Station Management Software (SMS) we recommend tracking all repairs in this system to allow for historical trending to assist in future needs.
- Ensure tires on apparatus are within standards or replace.

Pump test

They have been completed, however there are currently 2 units that have failed. These will require they be repaired by a certified pump facility. We were told they are awaiting funding for repair.

Recommendation

- Suggest tracking this in SMS

NFPA 1911 inspection – Prior to our arrival these were not being completed. Chief Workman did schedule these to be completed during his last few days. No reports were available at the time of this writing. These inspections should be completed annually especially as the units age. Future maintenance budget should reflect anticipate increases as well. These inspections and repairs ensure the fleet is mission ready when needed.

Recommendation – conduct annual NFPA 1911 inspections / follow up with needed repairs, and document in SMS

Apparatus Replacement program

- **Provide Plan**

TRUCK REPLACEMENT SCHEDULE		
Engines / Pumpers	Have a 30 year life span	
	Replacement year	Years of service at time of replacement
Engine 1 - 1988	2020	32 years – Time to remove from service
Engine 3 - 2005	2030	25 years
Engine 4 - 2010	2040	30 years
Tankers / Tenders	Have a 40 year life span	
	Replacement year	Years of service at time of replacement
SFD - Tanker -		Need replacement now – 40 Years Returned to State
Brush / Wildland Vehicles	Have a 25 year life span	
	Replacement year	Years of service at time of replacement
SFD - Brush truck - 2018	2043	25 years
SFD - UTV	2052	30 years
Administrative Vehicles	Have a 12 year life span	
	Replacement year	Years of service at time of replacement
Admin vehicle - 2019	2034	15 Years
Ambulances	Have a 16 year life span	
	Replacement year	Years of service at time of replacement
Ambulance 1 - 2017	2033	16 years
Ambulance 2 – 2008/2009	2025	17 years

Apparatus Recommendations



Engine 1 – Pierce 1,000 gallon 1000 GPM 4x4 Built in 1988 - Remove from service – This unit is 35 years of age and has lived past its life expectancy. It has been referred to as a tanker – this is not a tanker with a water capacity of 1,000 gallons. If not already its future maintenance and reliability will outweigh its usefulness. This unit is also housed at the substation typically not guaranteeing a response. It has been reported that the unit is stored dry during the cold months defeating the purpose. Insurance pump requirements could be obtained through automatic mutual aid.



Engine 3- 2005 Pierce Contender 1500/1000/30F is 18 years old. Continue with annual inspections and repairs. In the very near future a replacement committee should be formed. This will be a sizable expense for the department. We would anticipate the unit will decline sooner due to lack of past inspections, housing, and lack of salt protection. Pay attention to frame rails and electronics. Engines are currently costing between \$750,000 to \$950,000 and taking over 2 years to get.



Engine 4 – 2010 Spartan/Rosenbauer 1250/1250 built in 2010 is 13 years old. Continue with annual inspections and logging of repairs.



Ambulance 1- Continue with annual inspections and logging of repairs. Modern Ambulances have become electronic centric. These systems become outdated and hard to replace as units age. I recommend a 10-year life cycle. Currently ambulances have a 2-year order to delivery timetable. Ambulances cost in excess of \$425,000.



Ambulance 2 – Built in 2008 is 15 years old. I feel it has lived past its life cycle. This coupled with comments by members stating frequent breakdowns when needed and the fact of staffing the second ambulance call has become a challenge. I would not invest in it's replacement. While having a second unit does have some benefits it must be reliable and staffed. With the cost of almost a half a million dollars, I feel these monies could be spent elsewhere to better effect the mission.

Tanker – You do not have one - but it should be a critical apparatus within the department – Past unit was decommissioned and returned to the state and justifiably so. Tankers typically carry 1,800 to 3,000 gallons of water. In addition, they have a pump capacity of 1,500 gallons per minute and foam capacity. They should have the ability to dump its water and go get more.

Note Southamptton is in a perfect position to apply for the Fire Act Grant vehicle grant. The fact that of its age and the need to return yours to the state along with some recent incidents should put this a high score in this area. Southamptton would be responsible for only 5% of its cost. This should be one of the new chief's first priorities and employ a grant writer to assist. If the grant does not work out, then the town should move forward with funding.

Future thoughts – As the department looks to future apparatus, they must look at how the department operates from day to day. Gone are the days of 30 active call force members, and daytime support. It may be time to start working towards a mini attack truck with Compressed Air Foam System (CAFS) on board and a tanker to support. This would expand extinguishment capabilities dramatically. Two career staff could then get out the door in a hurry followed by tanker, other pumpers and mutual aid to follow making an effective attack on any fire. The towns of Russell, Belchertown, Ludlow, and Goshen to name a few utilize these systems.

Fire Equipment Review

Self-Contain Breathing Apparatus (SCBA)

Recommendation

- developing a long term replacement program for units and bottles based on age, and NFPA standards. This may be an opportunity for a future grant as they age out.

Flow test, Bottle hydro testing is being completed but not tracked accordingly

Recommendation

- tracking in SMS to assist in future budgeting.

SCBA Fill station maintenance & air testing, Maintenance and air testing is being done according to manufacturer's recommendations. Compressor will not fill bank to full PSI level.

Recommendation

- repair and track in SMS

Hose – currently there is no hose testing or replacement program. Hose is replaced as it fails.

Recommendation

- Develop an annual inspection of all hose. This can be completed by borrowing one of the area hose testers through the county and completing via drill night, on duty staff, or hiring a vendor to complete. All results should be entered and tracked in SMS

Personal Protective Equipment / PPE (Coat , Pant , Helmet) Like airpacks proper fitting PPE is key to firefighter safety.

Recommendation

- Develop a replacement program to replace enough sets per year so that all members have gear less than 10 years old. This could be accomplished through supplementing program with DFS grant funds. One issue recognized with so many part time employees provided proper fitting gear is a challenge. Having a more consistent workforce would allow you to obtain this goal. This should be tracked in SMS.

Cleaning schedule for PPE -Currently there is no set cleaning schedule, and only done as needed after a major incident. Due to the fact there is no vehicle exhaust capture in apparatus bays we can assume that exhaust fumes are settling on the gear sitting at rear of station. This may later off gas when worn.

Recommendation –

- I recommend quarterly inhouse cleaning and an annual cleaning by an outside vendor to reduce cancer risk.

PPR – Inspection – currently done by members

Recommendation

- Define policy and guidance for members for continuity. Record results in SMS

Portable Equipment - Weekly checks are being completed but not recorded.

Recommendation

- tracking in SMS

Annual maintenance - Done by manufacturer representative for some equipment. Chain saws and other small engines are done in house.

Recommendation

- tracking in SMS

Radio Communications equipment – All licenses appear to be current for frequencies within the fire department. The department is currently using Motorola model 1250 portable radios. This model has been discontinued and no longer supported by Motorola. It's only a matter of time before you can no longer get batteries, chargers and antennas. Currently portable radios are only replaced as needed.

Recommendation

- Develop an inventory of all units – portables, mobiles and pagers. Determine their age, and work with a radio vendor to determine the next course of action for a replacement program. Distribution and replacement program should be recorded in SMS

Training – Members train every Thursday night which should be commended. However, there are minimal records to determine what skills are being reviewed. Training is the key to effective and safe operations both in fire and EMS. Regarding fire - repetitive evolutions build effective teams. Fire incidents are down but their intensity and speed has increased. Translation crews need to be efficient and effective to save life and property. With a large roster of EMS / Fire staff and minimal records to support the 40-person roster appears to not train in fire topics as a cohesive group. This works against your insurance credits.

EMS training appears sufficient as many members receive training through their full-time employment. The challenge is keeping members focused on the Southampton way is key.

Recommendation

- Appoint a training coordinator to develop an annual fire training plan that lays out the year highlighting various topics. These skills should include a foundation skill set typical at any fire. These skills must be documented in the SMS in detail to limit liability should a negative event happen.
- EMS training - should the town develop a core group of career Paramedics, the town will need to provide EMS required trainings. They cannot expect the paramedics to get their training through other employment.
- Cross training should include first responder training for Fire and rehab /bottle changing etc. for EMS

Driver training – currently there is not an official documented program in place. In the event of an accident with an apparatus this will be the first request for information.

Recommendation

- Working with the towns insurance carrier develop a proven program that will educate potential drivers. This should include classroom and driving skills through various scenarios. There are numerous programs available through NFPA or Volunteer Firefighters Insurance Services (VFIS)
- This training must be documented in SMS.

Firefighter and Officer Development.

Recommendation

- Encourage firefighters to attend the MA Fire Academy Call program.
- Understanding that this is time intensive for some. As a minimum all firefighters should attend the Hampshire County Basic 6 program as a condition of membership. Again, this information should be documented in SMS.
- Officer Development – Again there are many excellent programs at the MA Fire Academy. However if these are restrictive explore joining online program such as Fire Rescue Academy, or Action training systems. Some of these include EMS continuing education as well.



Facilities – It goes without saying that the current fire department facilities affect every single facet of this organization in a negative way. From training to storage of equipment, apparatus design, ability to clean and maintain, and administrative functions - conditions are horrendous. This will be a negative factor in every function of the department until remedied. It will affect your ability to attract and retain both volunteers and career personnel. It will limit your ability to design apparatus for the community instead of fitting the building. It will hinder all administrative functions, many of which have already been mentioned.

The survey brought to light members' concerns in a couple areas. The main station. There is currently no exhaust capture system in place in the apparatus bays. I would assume these fumes are lining the walls of the station, protective equipment, and all surfaces with carcinogens. Also, general house keeping is

poor, trucks are not washed, cobwebs throughout and soiled ceiling tiles. Air quality throughout the facilities may be in jeopardy.

Recommendation

- Contract an air quality study of the apparatus bays and all adjoining rooms to ensure members are safe working in the facility. This should include contact particle testing on the walls, ceiling etc. Assuming the results can be corrected. Replace all ceiling tiles, wash, and paint all interior walls and areas.
- Explore adding Ward No Smoke Filters to the apparatus (not ambulance) This capture system will reduce free flowing exhaust in the station.
- Sleeping quarters support trailer – This unit was purchased to assist with sleeping quarters, eating and day room functions. However, there is still a concern of the unit containing mold from members. There was one report recently of watching mice run by while doing a report. The question of mold needs to be either dispelled or corrected.

Recommendation

- Contract an air quality study in the trailer unit to ensure there are no mold issues. If there is a positive result, then mold should be removed by a licensed contractor.

Recommendation

- Correct housekeeping issues. This is one area of concern when hiring per-diem employees. Out of sight out of mind they are here to help but have little ownership in facility.

Recommendation

- Sub-Station, with the recommendation of decommissioning Engine 1, and recent vandalism of shutting off the heat, I recommend utilizing the substation for storage.

I understand there is a committee that is researching a new public safety building. It is a step closer with selecting a program architect. However, this has been going on for some time. At best I would not expect to see Fire and Police in a new facility for at least 3 years. Operating under the current conditions must end.

Recommendation

- Secure a temporary facility to operate out of. One example would be the old Harley Davidson Facility. Maybe not central to town but response time may be made up from in-station on duty personnel.
- Another option would be to rent temporary structures and construct on the flat area behind the current fire station. This would include a heated tent like structure for apparatus and portable classrooms typically used in schools for administration and training. Greenfield Fire is currently working out of this while their station is being built.

I cannot stress enough the importance of new or different facilities to facilitate report recommendations.

Dispatch – Where it all begins - Southampton currently has a single seat dispatch meaning one dispatcher working at a time. The dispatchers are highly regarded and do a good job in some challenging situations at times.

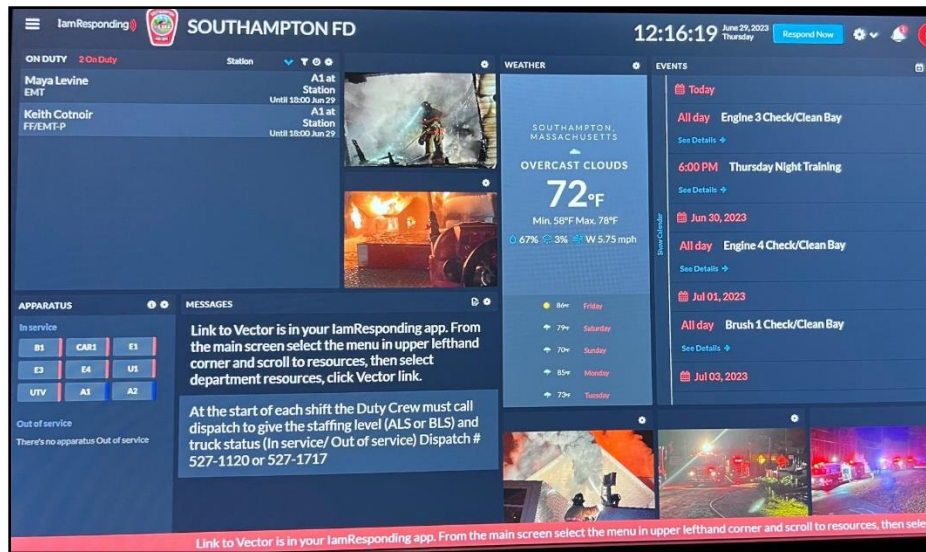
To review – when an ambulance call comes into 911 the dispatcher must filter the call to the required level of service BLS or ALS. This is done through a check list of questions that will indicate the level of call (Emergency Medical Dispatch/ EMD) . A Delta or Echo requiring an ALS response. This is where the system begins to fail. SFD staffing level is a moving target by the hour. Dependent on who is working or if the shift is even full the dispatcher must juggle the response to ensure proper care. This is difficult and opens the town to liabilities. The dispatcher should have a guaranteed method for requesting services the same way every day. Not figure it out at the time of the call. Thus, the reason for the OEMS violation. This is where the SFD staffing is crucial. If any of the models talked about earlier are implemented, then dispatch would have a clear path to proper care. There currently is a list in dispatch of when a ALS service is needed. This may or may not work against the power phone software and Emergency Medical Dispatch protocols signed by medical control adding to confusion for dispatchers.

Recommendation

- Allow the EMD software to dictate response needed. This then allows the quality control process to monitor the performance of dispatch and limit liability.
- Note: If the SFD is at the medic level all the time, this takes the burden off dispatch to ensure they are staffed at medic level.

Recommendation

- Utilize the I AM Responding screen in dispatch as to staffing levels and other important information.



Regarding 911 fire calls the dispatch again does the best they can with the situation at hand. In a serious fire call this is a challenge for a single seat dispatch. The need to call mutual aid, receiving multiple calls for the same event and fire radio traffic itself can be challenging. In addition, having a predominantly fire call force; is anyone coming? Do I need to page responders again. The department has “I AM Responding” software but it is underutilized.

There is an indication that the Fire Dispatch operating guidelines are out of date and not consistent. This creates confusion for both the dispatcher and responders. Dispatchers typically utilize run cards and other predetermined response tools to help minimize confusion during an event; these again appear out of the date and non-consistent.

Recommendation

- Review and refresh all fire response guidelines. Update current run card and its format to read easier and flow with input from dispatch.
- Utilize “I am responding” software by all members to indicate they are responding in an incident. This would help to eliminate confusion if staff is responding or not and the need for an additional mutual aid.
- Secure proper guidelines for automatic mutual aid for an engine company and tanker support in the event of a major fire. Guidelines should assist the dispatcher as to when to call automatic aid and not be determined by fire personnel. i.e. anytime there is reported structure fire or smoke in a

building - Automatic aid is dispatched. This will also help with the towns insurance rating.

- On all these topics there needs to be equal training for both firefighters and dispatchers so all are on the same page.
- When implementing these guidelines, they should follow the current format, and implementation procedure existing for the police department allowing uniformity in all operations of the dispatch.
- Long range – as you develop plans for a new public safety facility I recommend exploring regional dispatch options. There are many elements that could be incorporated into the new facility that would shift or reduce operational costs. It may also assist with obtaining radio communications equipment through 911 grants.

Records Management

The department currently uses up to 6 different software processes to manage documentation. This is extremely burdensome, labor intensive, and not allow for data retrieval efficiently.

Emergency Reporting – Utilized for fire reporting to the state and national recording. This system currently is extremely underutilized. While the department is entering basic information about the fires to recover their state filing requirements much of the information such as dollar amount loss types of fires are inconsistent or missing. SFD currently enters EMS response as well. There is not continuity between all of the reporting systems to ensure accuracy.

The system also can be utilized for maintenance, fire prevention inspections training and modules to record day to day activities.

Without utilization of the system and information the department is very limited on running reports to meet national standards and metrics that are expected such as how many people on scene time of response etc.

The system also can manage assets such as maintenance records activities and other data collection tools.

Recommendation

- Begin the utilize all its capabilities. (note see ISO integration)

I AM Responding (IAR) – Again the system is being underutilized. This software's main use is to indicate if first responders are responding during the time of a call. Through their personal phone they hit a button that allows a response screen to show up in the fire station and in dispatch as to who is actually responding and when they all arrive. It is critical that members use this

system. This also allows them to see who's responding while they're responding. This can help to determine if drivers are responding etc.

The system, through its main screen shows who's on duty and at what level. Additionally this could be built out as to call force members availability. IAR also allows reports to be run for staffing hours work etc.

Recommendation

- Review all of IAR capabilities and begin to incorporate into the fire and EMS operations
- Explore using the tone to text feature – sending text messages of incidents automatically through dispatch interface. This would serve as a back up to pagers.
- Expand texting feature to communicate with and between members.
- Explore using this software to track hours worked and schedule.

AMBPRO – Patient care reporting. This software is robust medical software utilized for patient care reports for hospital and ambulance billing needs. It has fallen out of grace as new technology emerges. There appears to be an interest in transitioning to ESO patient care reporting product. Many of the area departments have gone this route. ESO also recently purchased Emergency Reporting and will begin to phase out the old program.

Recommendation

- Move to the ESO product including the fire reporting systems. Since there is minimal information currently in the ERS there should be discussions with ESO of jumping to the new software for all at once, and not wait for data migration. This would allow SFD to begin to build and document all facets of fire operations now missing.
- Move away from google doc for scheduling and payroll utilizing one of these other programs.

Audit Trail – There should Systems in place that allows for a thorough audit. For example; when a 911 call comes in requesting an ambulance there needs to be an audit trail. Starting with dispatch to the ambulance, to patient delivery at the hospital, to billing with records of receipts of payment and then back to deposits within the town of Southampton. Systems should allow accurate accounting of all calls. It does not appear that is currently possible due to the various software entries. I found through the various records managements systems - reports give minor discrepancies. I attribute this to the coding of calls in different ways within the programs.

Budgeting

The FY 24 budget recently supported by tax payers and officials is sufficient based on current conditions and is similar to area towns of similar size. Why there has been focus on the EMS budget and understandably so it is hard to determine fire funding. For example under salaries there is a 28% 72% split. So, I understand it to be an EMT working their shift would be paid 72% out of EMS salary line and 28% out of Fire salary line. While I understand the concept it clouds true line items costs. Example a EMT only (no fire protection) is on shift. It is my understanding they would be paid 28% out of the fire budget yet you did not receive fire protection shifting 28% of burden to the fire budget when it should be represented in EMS cost center.

Recommendation

- Separate EMS and Fire costs under their reflected budgets. The goal would be to get true operating costs reflective of fire operations as well as the EMS portion of the service.

Miscellaneous

- Currently there is a person assigned to social media. They are doing a good job promoting various topics within the department. I would encourage the department to continue this, especially regarding the facilities. This would be a great method to show the public the current conditions.
- Ensure housekeeping duties are met. It is an old station, but it should be clean. You provide top level medical care. It should stand as a symbol of the operation.
- Develop a guideline for wearing department clothing such as t shirts while not on duty. What establishments or activities are allowed or avoided. Reminding members, they are always setting the image of the department.
- New facilities design. I understand that the new facility is in the program phase of design. I would caution the town / department to keep the design practical and focus on program goals. The fire department as well as police are in dire need of facilities. Designs should be practical and not an architect portfolio piece. To many times I have seen the priorities change with Hi Tech systems, unjustified finishes, yet the occupants move in with limited space and short of their needs being met. Example - There is a natural desire to pursue energy efficiency which can become very hi tech and inflate cost. Instead focus on insulation properties and weather proofing as an example. Remember this will be built by the low bidder in every category. The towns of Williamsburg and Westhampton stand as recent practical examples.

Conclusion

The Southampton Fire Department is at a crossroads. This is an exciting time for the organization with new leadership, new facilities, and new operating parameters in the near future. The department has members with superior skill sets and true dedication which are key to any organization.

To the department's credit they've been attempting to maintain the high bar to keep the organization afloat. This has been an exhausting endeavor on so many levels and chief Workman should be commended for his efforts.

I feel now is the time for the department to step back and reset and look in new directions to accomplish their mission to protect the residents of Southampton. Nobody wants to admit it is not working. Nobody likes change because it's uncertain and uncomfortable.

When a resident call 911 they expect a level of service. They do not care about the department's day-to-day challenges. If members embrace new ideas coupled with their involvement the department will be a true leader in the area.

Recommendation

Being at the crossroads of service the department should explore the following.

Phase 1- Hire 4 paramedic/ firefighters with a crew of 2 working 4-12 hour shifts followed by 4 days off /while the second crew works four days. This is called a 4 on 4 off rotation. This would cover over 70% of calls 7 days a week. The balance of shifts to be covered by contracted Easthampton Fire.

With a new chief coming on board this would give him/her a chance to get grounded. This would ensure the medic license is maintained. While there would not be anyone in the station at night, you could also add to plan with a dedication Firefighter/driver /first responder at night.

Once the chief is established within the department.

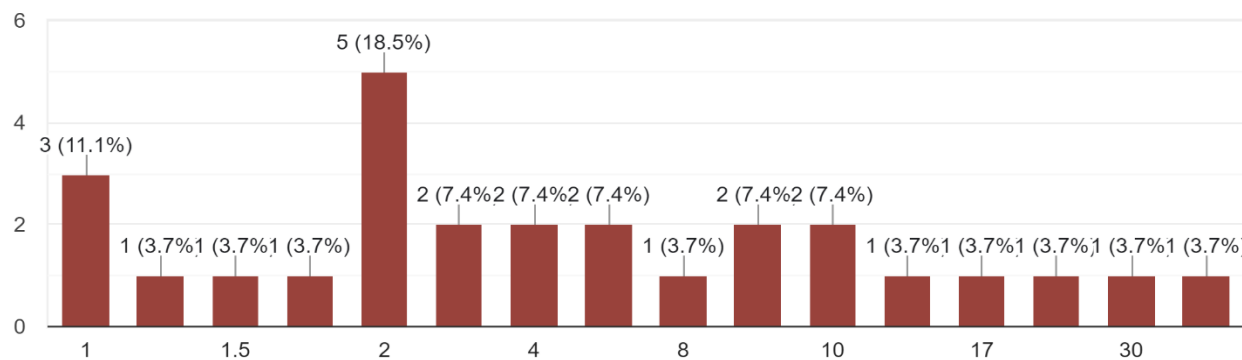
Phase 2 – Option 6- hire 4 more career members(total of 8) covering the shift 24 hours 7 days a week. This would ensure EMS and Fire coverage. Utilize mutual aid for second simultaneous calls.

It has been a pleasure to provide this information for your review. I look forward to reviewing this report with you in the future.

Southampton Fire Department Survey

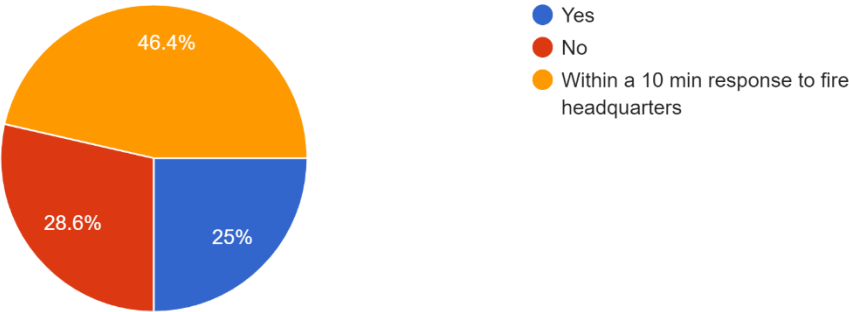
Years of SFD membership

27 responses



Do you live in Southampton

28 responses



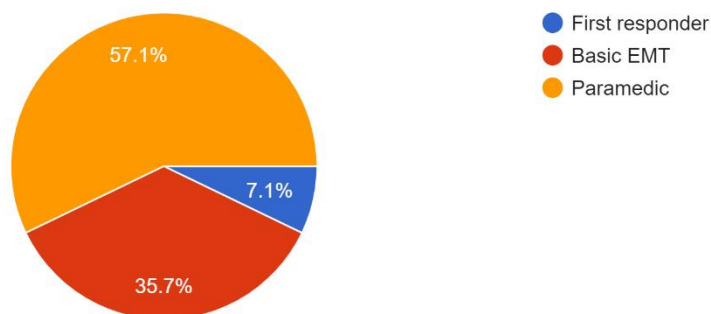
Do you have any **fire** related certifications ie. Firefighter I /II , Instructor etc

27 responses

Yes
No
Hampshire 6
F/F I/II, Officer I, Officer II, Instructor I, Instructor II, Hazmat OLR, Tech Rescue Rope,
Confined Space, Trench, Surface Water, Swift Water, S130/S190/L180
FF 1/11
I/II
Firefighter I/II hazmat operation level
Fire 1/2 instructor 1,
Yes
Fire 1&2
FF I/II HAZMAT OLR
yes
Yes. FF 1/2, Instructor 1/2, FO 1/2
Basic 6
Fire I

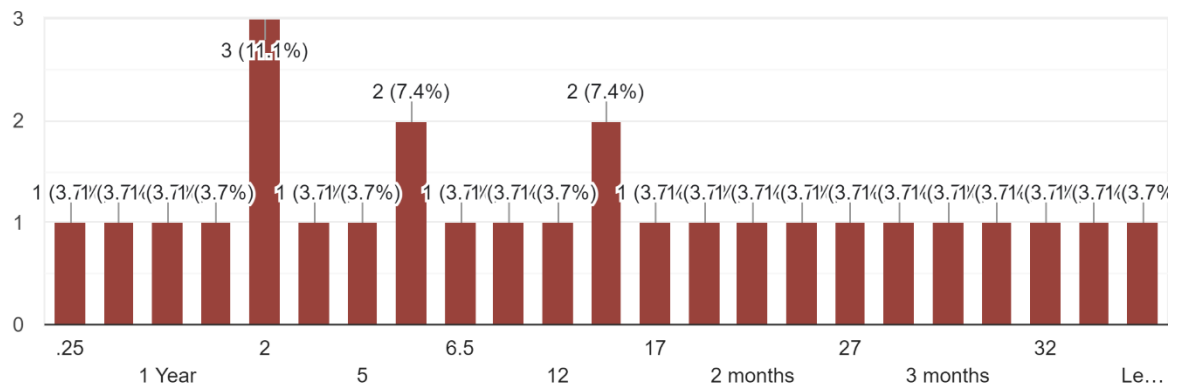
What is your medical level of certification

28 responses



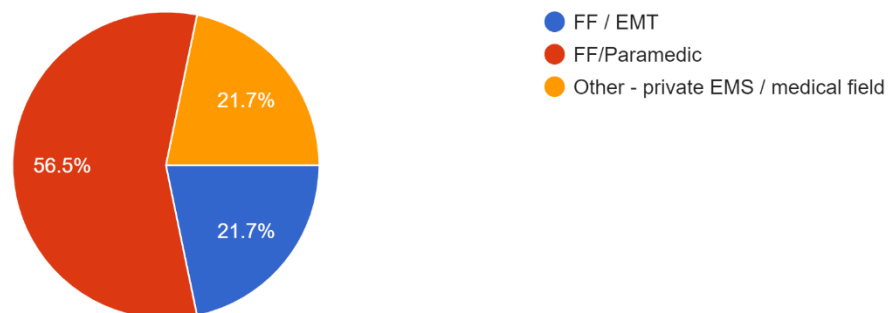
Years of certification

27 responses



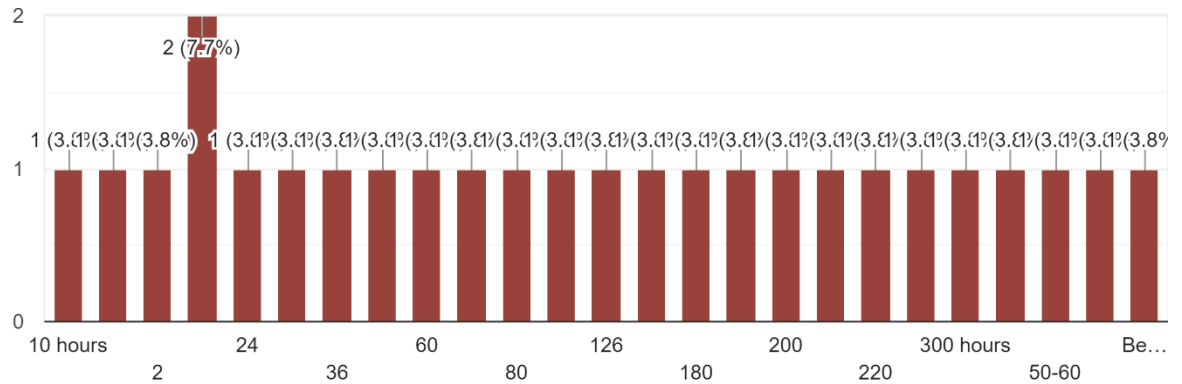
Do you work in another community as a first responder

23 responses



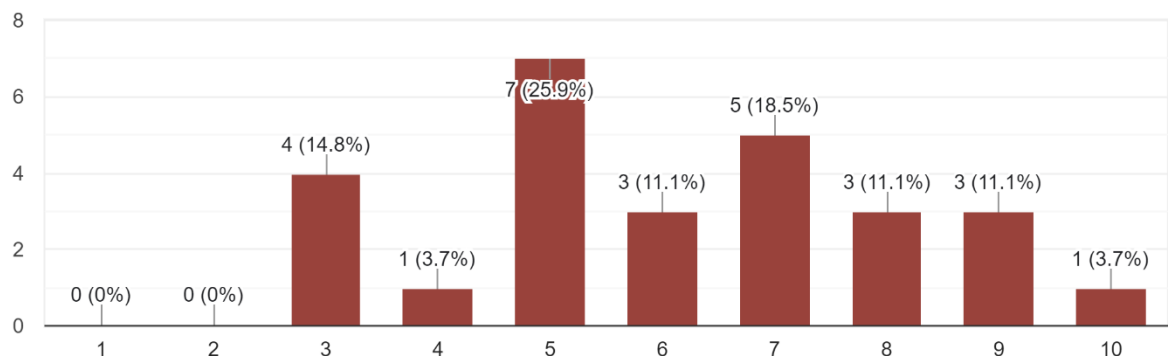
Typically how many hours per month do you spend in fire department activities EMS / fires/ training

26 responses



How would you rate Southampton Fire equipment

27 responses



Comment12 responses

Retiring but wanted to weigh in

Engines are older. Some tools have seen better days due to age. Everything usually works as needed

EMS equipment great, fire equipment has large gaps

Southampton excels in some areas of equipment, but is dated in others

Well maintained

Dated

I participate in fire/EMS training at the other departments I work at. My work schedule makes it difficult to attend Southampton trainings. Not everybody gets to do training evolutions that we hold, making it difficult to learn

For a small town our equipment gets us by but could use a refresh or factory updating on the current apparatus, our station is not suited for our needs which requires us to order equipment that fits the station and not our mission

There's good equipment present. Appliances could def be updated.

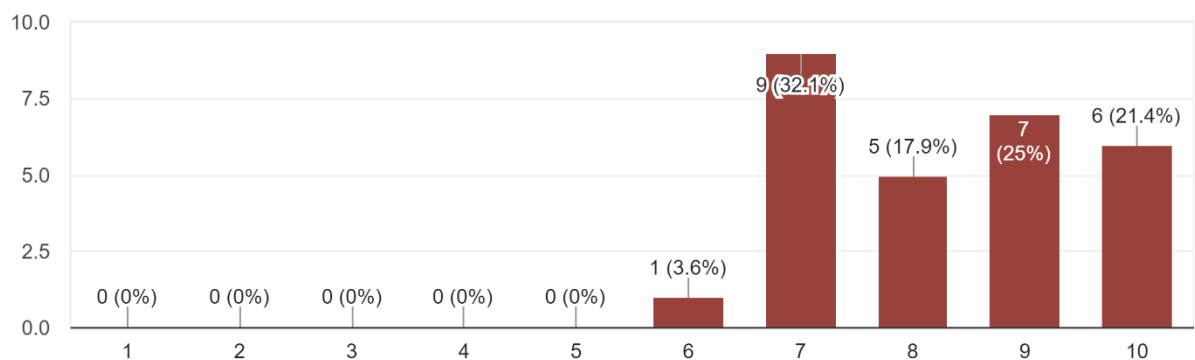
Equipment is in good shape, An actual tanker would be good for the non hydrant sections of town.

Most equipment is last generation. Has improved with FC Workman over the past few years.

Some new some old. Not well maintained, truck/equipment checks go undone.

How would you rate Southampton EMS equipment

28 responses



Comment9 responses

Have done best as possible with resources available

Ambulance has what we need. New equipment. Lucas is always nice to have. Pumps would be great.

Overall the EMS equipment is fair, but could be improved upon

All the tools we need to do the job.

Better tegaderms and j-loops would be appreciated

Equipment is very good. So are supplies.

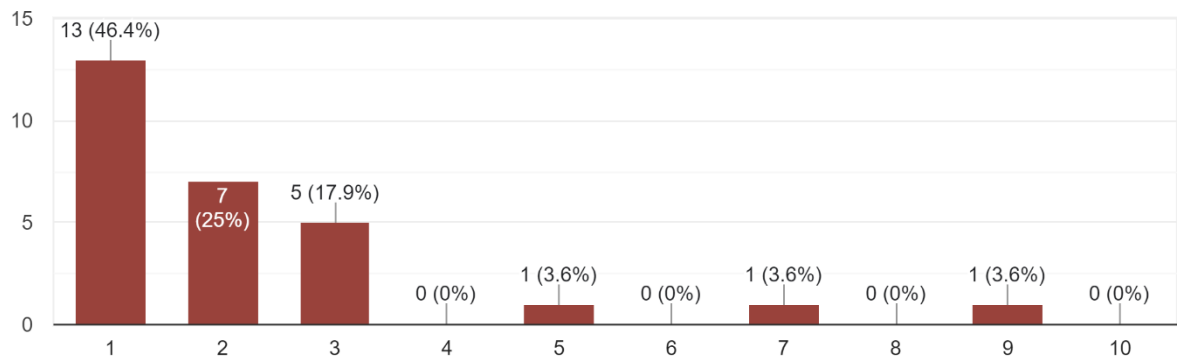
Equipment is in good shape.

Standard with a couple enhancements.

Power stretcher and LUCAS are incredibly helpful

How would you rate SFD facilities

28 responses



Comment 18 responses

It was built at time of civil war. Unhealthy

Station is outdated. It's filled with carcinogens, no plymovent system. Trailer/living quarters have had mold. Not sure if it's gone. Makeshift kitchen supplies. Beds are decent.

Unhealthy, cramped

Station limits growth of department and is detrimental to recruitment/ retention

There is no excuse for the terrible cancer causing conditions of the station

Our station is in shambles truck's barely fit

SFD's facilities barely pass for livable quarters. The health risks associated with the building (example. No plymo vents with many years of carbon monoxide build up throughout station) will certainly effect all who work in the building in their later years of health.

This is definitely one of the worst in Massachusetts. Unacceptable.

The building and trailer as disgusting and should likely be condemned and are not suitable for living

This shouldn't even be a question. Very unsafe and unhealthy

At least we have somewhere to sleep

We are in a 1920's building and need to have it updated, we buy equipment to fit the station and not our mission

I still take pride in the old building but there is a significant need for the town to take our health and safety into account with the rapid increase and high probability of cancer in the fire service. We are there for them. They should be there for us.

Laughable conditions. Crew quarters in a rotting FEMA trailer. Not enough room for any additional apparatus or appropriate training facility. No training room for crews. No room for storage. If 0 was an option I would pick it

New station has been needed for a long time. Roof leaks. Day room too hot in summer. Ponds station needs updating. Electrical needs updating. Brush overgrown around that station.

Worst, I've ever seen. Recent living quarters was a small, "temporary" improvement but has been to permanent and showing its age.

Station is falling apart, rusting, leaking, etc.

Mold, dirty, leaky, small, stinky, unfit for inhabitants. Exhaust in living quarters.

What are three things you like at SFD 26 responses

The commitment of people working here, the camaraderie and the professionalism brought here from many different departments

The people, regular training, flexible schedules

The people I work with. No micromanaging. It feels like a community based service. Everyone in town seems to know you and appreciates you and what you do.

Personnel, officers, community

Community, scheduling

Flexibility in scheduling, overall positive attitude of employees, quality of EMS equipment

New station more full time staff

People, you are treated like an adult, police dept

The people, the community and the job

Excellent patient care provided from great providers. Most of which have recipients all training elsewhere. Knowledgeable firefighters, most of which have received training elsewhere. Proactive chief who does his best to work with what he has and values the opinions and efforts of his employees

The employees, equipment and good leadership.

The people, the work and the community

Staff, supervision, decent equipment.

The coworkers, the environment, and the equipment

The people are family and treat each other as family, we always pride ourselves on our equipment and getting the job done to the best of our abilities with what we have. We come from all sorts of backgrounds and when together we are at our best

The community. The police here whom may be the best I've worked with while doing difficult ems calls. My co workers who have always stuck by me.

Solid co workers, excellent EMS supplies and equipment, flexible hours.

The committed members, the ability to serve the community

The people that work here. The training & helping the community in there time of emergency.

The community, the work brotherhood/sisterhood, the weekly trainings

The community, the quality of the providers, and the family-type atmosphere

Most of the people, equipment, and trainings

The Fire Chief, personnel, and community.

People, vehicles, shift availability

The members. Good equipment. Good management.

Schedule flexibility

If there were three things you could change at SFD what would they be

26 responses

New station, tanker, full time help

New station, more public relations events, more in house EMS training

New station. Updated equipment. Better budget.

New Facilities, increased pay, full time employees

Station, finding a way to involve more EMS personnel in fire dept operations, training/ operational standardization

New station full time staff

The building, the building, modernize the fire dept by bringing in real training and ending the drinking

New station, a tanker, newer apparatus

BETTER QUARTERS BETTER STAFFING MORE COMPETITIVE PAY

A new station, a tanker and support from the public including board of selectmen.

The building, the communication and the work ethic

Unsafe station, Community awareness, full time staff

New station, a more inclusive training so everybody who wants to learn can, and more EMS training

A new station and have our trucks sent back to the factory to be updated and gone through professionally

We are desperate for a new station. I've worked here nearly nine years holding out hope the town will see us as an asset. There is a clear opposition with the town towards us and they keep us in a building that does not fit the health and safety standards of today. I would also hire an assistant to the chief who can field calls, take messages, and help him or her schedule inspections and have the operation run smoother. Hire a couple full time employees whom would make a competitive wage. One last thing is to stop the town from shopping around looking at private ems services to save a buck. You would not only put the community at risk but your families as well. In my 12 years in ems I've never seen a private service perform for small towns when their only after big contracts that make them money.

new station better ems coverage full time personal

Anything to do with crew quarters, a designated training room, plymo vent system so I'm not constantly exposed to diesel fumes.

The facilities are atrocious.

New station. Update radio equipment.

Public service building, uniform allowance, monthly requirements

The pay, our station, better/more fire training

Station, some equipment and gear

New Facility, replacement of older equipment, and a new fire engine.

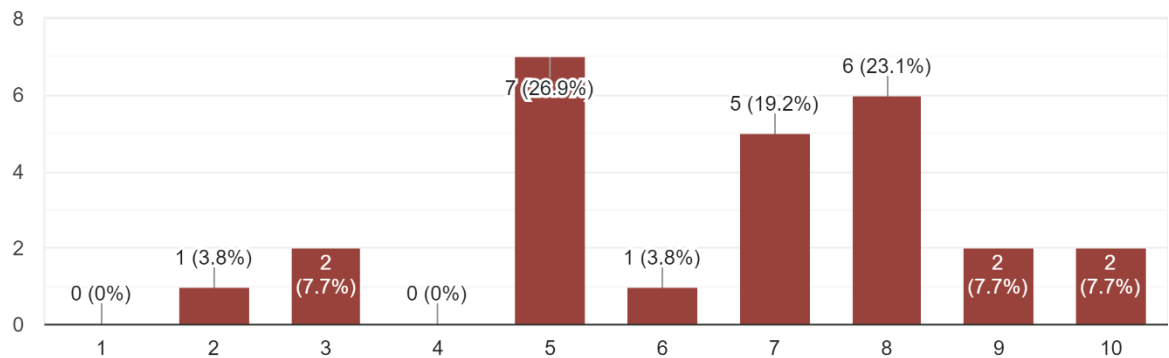
Rebuild the station, increase pay, change pcr system

New headquarters. More fire training. Staffing an extra person per shift

Leadership, training, working toward being more cohesive

How would you rate Southampton Fire training

26 responses



Comments 11 responses

Thursday training is good. Having all members go through Hampshire 6 would be great.
Professional FF excluded.

I have not been to enough trainings to make informed comments

We have folks who are qualified to train the staff but they are sidelined by the current regime.

SFD as a whole works hard to host fair trainings every thursday. However, they are still very limited by participation and appropriate equipment.

We need training props

When I show up to training, most of the time I don't get to participate in evolutions

Every Thursday we have company training that is essential to the young people we are pulling in here.

Training seems to be good. Limited by lack of training facilities/training equipment.

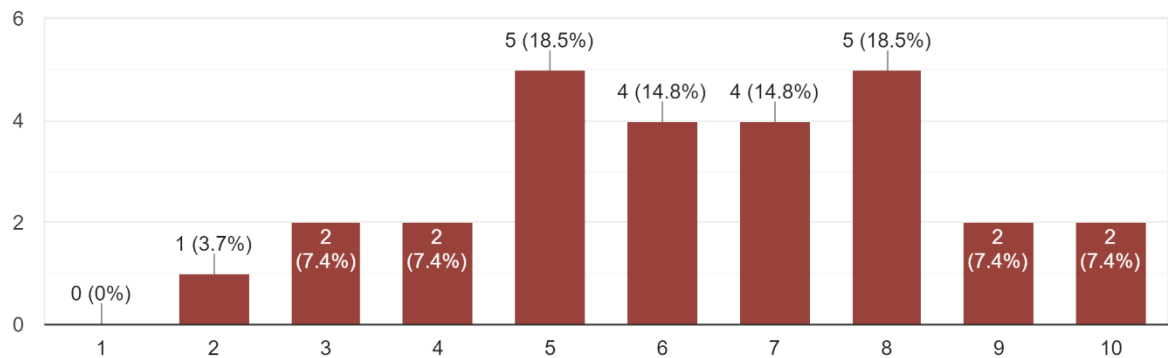
A training schedule, I think would help, get more participation on training nights.

Training quality is dependent on instructors.

Some basic training but not anywhere close to academy training. Often alcohol involved

How would you rate Southampton EMS training

27 responses



Comments 10 responses

Use of online courses has been helpful

More driver training for anyone less than 2 years full time experience. More drill nights centered around EMS would be appreciated

Diligent training officers

EMS training at SFD is relatively bare minimum at the moment. This is at no fault to the department given issues with staffing. Most EMS providers who work at SFD receive their trainings elsewhere

99% of our EMS training comes from outside of the community.

Definitely need more training to help stay up to date on latest protocols

Most of us are getting EMS training elsewhere as this is our part time jobs.

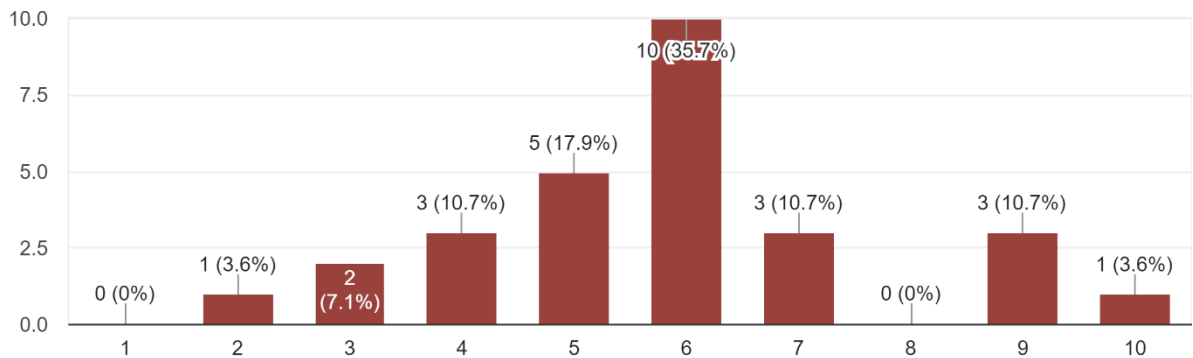
OK. Maybe a monthly EMS training & review night.

Standard.

Different curriculum for every employee. Barely any consistency among new hires. Bare minimums met.

How would you rate your radio communications (equipment)

28 responses



Comment 11 responses

It works

No real issue.

My radio service is spotty

Personal radios as well as ambulance radios need great improvement

To many dead zones

Can always improve on equipment

We could use a new radio system our current system has so many dead zones it creates problems on calls. Our antennas are in the low spots in town and for a line of site, analog radio it needs to be updated

No problem with it

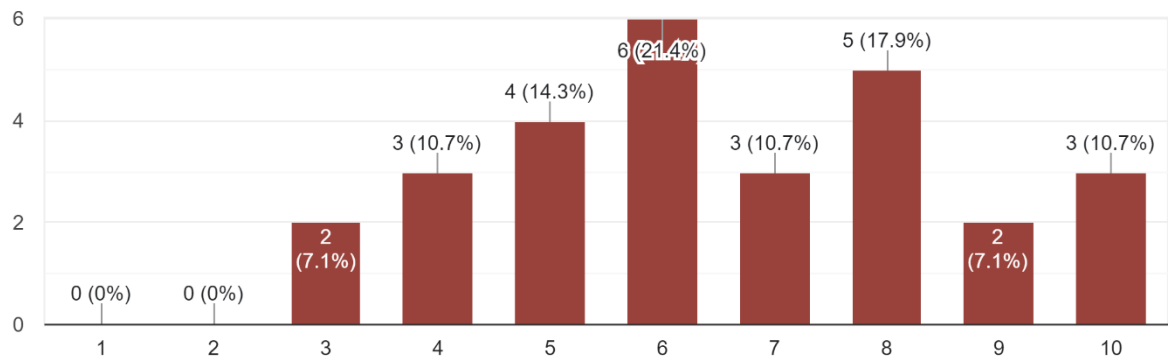
We need a new radio repair vendor. Update headphones for pump operators.

Poor coverage in many areas.

Radios work fine in most areas. More training on how to communicate with other members and on fire ground could use work.

How would you rate SFD dispatch communications – (process ,clarity, information transfer)

28 responses



Comment11 responses

Good especially with a good dispatcher

CAD integration could help. Some dispatchers better than others.

Dispatch is top notch

They can become overwhelmed in larger incidents.

Dispatch really needs an overhaul and over site, they get overwhelmed very quickly and causes issues and delays on scene and obtaining resources.

Depends on who is dispatching. Sometimes great. Other times not that great.

Ok for EMS. Get quickly overwhelmed with a structure fire, or if multiple calls are coming in during a storm.

They do the best that they can, I think they could use a head dispatcher for more consistency with radio transmissions.

8 over all, but 3-4 if that particular peraon is working

More training is needed at dispatching. Behind other dispatch centers.

Dispatch is great

I Typically work how many hours per month on scheduled EMS coverage

26 responses

30-40

12

120

72%

150+

60-80

60

20

40

20+

24-48

80-100+ hours

24

N/a

I do about 72 hours a month or more if I get the chance

none

72-96

100

0

10

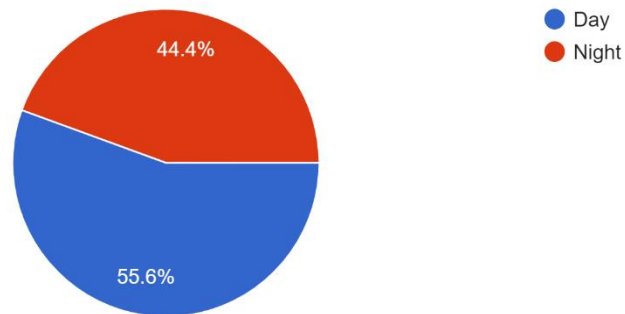
50-60, would be more if the station was better

48

96

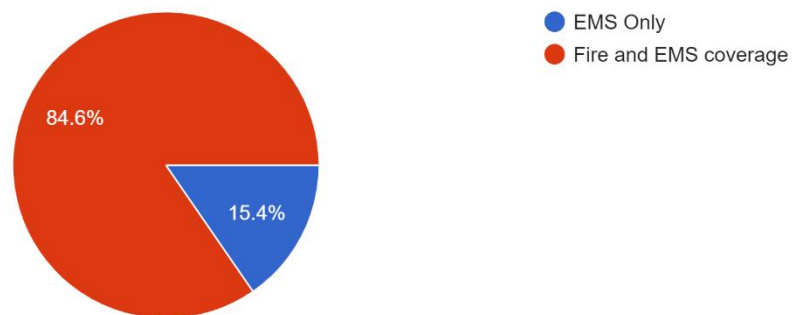
I prefer to cover a day shift or night shift

27 responses



My scheduled shift coverage includes EMS or Fire or Both

26 responses



What is your typical call volume per scheduled shift

25 responses

1-2

2

1

2-3

1-3

2-4 calls

1-4

1-2 Calls

2-4

1-3 calls

3-4 calls a shift depending on if its a full 24

Unknown

2 calls

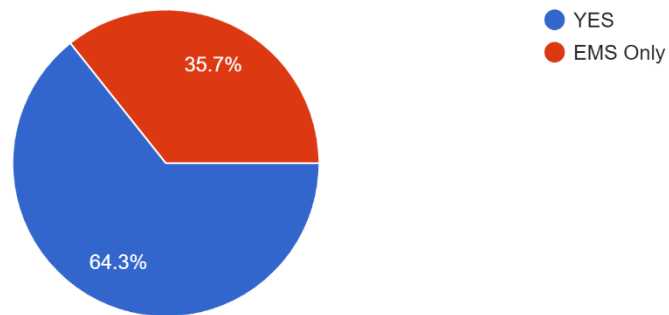
Varies. Zero to usually three calls per shift

2-3 calls

3

During your shift do you respond as a firefighter for fire calls

28 responses



Availability for fire calls or EMS call back

27 responses



Comment9 responses

Currently living in agawam. Planning on moving closer to respond

I live close enough for more involved incidents, but am 15-20 minutes from the station

Available most days and nights depending on work schedule

Depends on my full time job. It is a rotating schedule.

Days also soon

I work three jobs but do what I can here. Mostly pre scheduled work for me

I'm available when I'm not working my other job.

My day job is in Chicopee. But if I am off, I do respond to fire & EMS calls.

What are the strengths of the SFD EMS Service

25 responses

Good experienced people that oversee

Great patient care, good equipment, newer vehicle

Usually have ALS. Most medics are solid career medics.

Best Paramedics in the region

Helpful medics, quick responding times

Many experienced providers, good equipment

Nice ambulance. Good equipment

Great group of knowledgeable individuals

Almost all providers are medics who have received plenty of training from outside agencies

professionals with years of experience and the tools and equipment to do the job.

Service is becoming more progressive, strong providers

The staff

Top of the line vehicles, close proximity to multiple hospitals

We cover our town and do the best we can and provide the best care possible

The loyalty of its employees. Most of us are career professionals from Easthampton, Northampton, Westfield, Ware, Dalton, Agawam, Westwood, fire departments as well as many other private ems services with high call volume. Our chief has gotten us everything we need and communicates well with us and is very fair. The schedule is flexible and there is an understanding that many of us have the chances of being held or stuck at our other jobs. We persevere through the lack of support from the town no matter what.

lot of knowledgeable people

The per diem medics are all very experienced and work together well. Good equipment as well.

Many experienced paramedics from surrounding communities.

The seasoned Medics, All most all of them work fulltime for another Fire/EMS service.

The quality of our providers

Good team work. Most people are willing to help out and teach new comers.

Experience of providers, unlike any other non-career department.

Experienced members

Good officers and leadership

What do you like best about the SFD EMS service

19 responses

Scheduling flexibility

The dedication of its responders

The people working

Overall skill and experience of providers

Equipment is modern

The people and community

Great providers

The employees

The providers

Staying up to date with equipment

Good equipment

See above answer

Equipment and co workers.

Good, committed folks.

The care & professionalism the Medics, give to people of Southampton.

Our providers

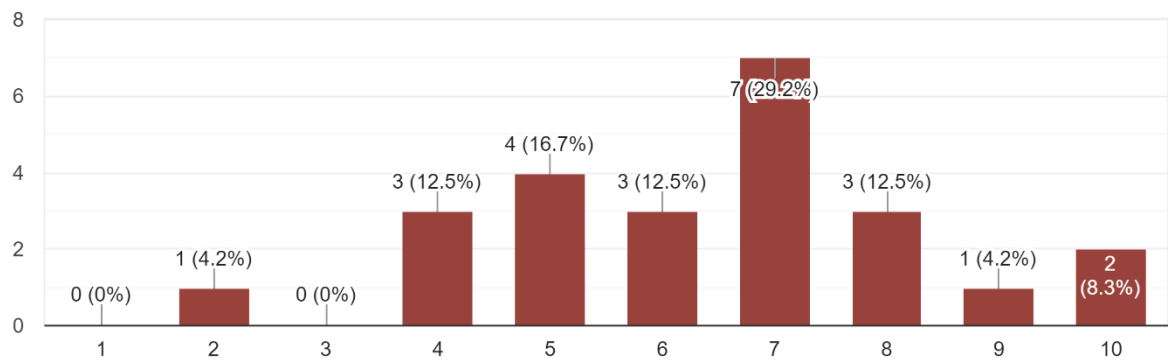
The sound of rats in the ceiling and the ghosts at night

Leadership

Helping the community

How would you rate the medical CQI process

24 responses



Comments8 responses

Needs to be more consistent. Person who does it doesn't work much

Any issues are resolved quickly

Just because they don't write their reports the same way I do, doesn't mean mine are wrong or need to be flagged

na

Always has been constructive for me. No problems with it.

No issues.

Average

Constantly changing roles and responsibilities for that position. Needs consistency and qualified individuals

General open comments you would like to bring forward about any topic related to SFD - positive or negative 12 responses

Crossing fingers

I found that it is great for getting in hours and is decent for easing into experience. The roster should be gone through on a quarterly/semi annual schedule.

Stop the drinking when responding or training. Build a station so these kids dont end up with cancer.

I would like to see ESO as SFDs ems run reporting system, a new station and new apparatuses including a tanker

SFD needs support from the town in order to continue providing the excellent service the town has grown accustomed to

As stated above we need a new station. Maybe a short term plan to replace aging equipment

It's disrespectful that the town and the people of the town even begin to not support the department. They would be the first to complain if they had a medical emergency or fire and the response was delayed due to staffing. There are open shifts because the station is in such disrepair and unsafe that people don't want to work there.

We would like the town to see us as an asset as I stated before. Also there is mold in the trailer we sleep in.

We need better facilities. We have good equipment and good employees. We deserve to not have our quarters be the way they are.

We have great personnel, Hopefully the new chief will only improve the department. Also a new station. The original building was built in 1863. It has been a fire station since 1949.

Building a new station, this one is falling apart

There needs to be a thorough look at the inner workings of SFD. They could be so much better and be just what the town needs. But items need to be buttoned up and straighten out.

With Chief Workman retiring at the end of June is there any comments you would like to bring forward regarding his replacement 22 responses

I don't want his replacement to try and come in and change the culture. SFD works because of how everyone is treated. Changing the culture could/would send away some of the great people who work there.

The job should be an internal candidate to keep continuity and consistency

Hire an internal candidate

Needs to be able to modernize the department and provide structure in order for the department to be safer. Needs to be Fire Academy trained with pro board certifications at the officer levels not just have an online degree

Workman was a great chief it will be hard to transition to a new chief I just hope the town makes to right choice and I wish chief workman the best of luck in retirement

Need someone who is just as supportive of their employees as workman

Look internal for replacement. Maybe someone who can write grants for the department

I would like to see a posting as well as an open and transparent process

The position should be filled with someone in house and should be well compensated which would yield further effort on the future chief's involvement. If the department is in such disrepair and there is such little support from the town (until they need us), I can imagine that it's not a situation that motivates the chief to work hard on trying to improve something the town doesn't support.

Please get to know your staff and don't fix what isn't broken

We need to look within our own ranks first, and allow our members to have a voice in this process, we know how we all work and train, someone from outside the department without any current staff input can cause conflicts which would ultimately cause the town to suffer

We need to hire internally. We have the right fits in house. Captain Eline has helped home grow SO many firefighters and EMS personnel throughout his time here. He is highly capable, intelligent, trustworthy, and understanding. He is the obvious choice and deserves competitive compensation for this position. Thank you Chief workman for doing everything possible to support your guys. Most of us who have stuck around since the beginning have seen that growth that others may overlook. We would not be in this position without him.

internal personnel replacing chief

Someone who's not trying to come in and totally overhaul right away. Recognize that a lot of very good paramedics work per diem and it will be hard to fill those spots if they are driven away. Someone with knowledge of both fire and EMS systems. Preferably with paramedic experience.

Hopeful that the incoming chief is open minded to a department working well together despite little support from the town, leaving their families and showing up to a decrepit station to do what they love. The chief should be pro fire based EMS. Hopefully has experience in grant writing. Also, I hope that senior members of the department are included on the hiring committee.

The new chief should be a active Medic. So they would be able to respond to medical calls on the primary ambulance, if needed. Also if there's a second EMS call, while the first ambulance is out. Over eighty percent of our calls are EMS.

Having a department meeting regarding requirements with new chain of command

Chief Workman has been a true professional and manager able to adapt and work with staff. His replacement should be well educated in managing staff. I would caution the town replacing him with a current officer whom has been known to have issues with staff.

Let the whole department, or at least the members who live in town, vote for who they want. A lot of people will leave if you hire the wrong person.

He was a great chief and I'm sure his replacement will be great as well
We need someone willing to help bring SFD forward to its full potential.