

Emergency Resource Management



EDUCATION



CONSULTING



STAFFING



“When Staffing Matters”

New Proposed Legislations Try to Help

Though ERM was created to provide those EMS agencies needing assistance, the personnel support necessary to respond to 911 calls in their communities, we realize we can never help everyone, and that there are many departments who will resist this assistance until the very end. Being raised in the volunteer system for 28 years I can fully understand that and fully understand why those feelings won't be changed any time soon. So, as a company that also provides education and consulting services and whose ultimate goal is to assure immediate 911 assistance, I'd like to offer the following information that may be of some value.

The National Volunteer Fire Council (NVFC) represents the nation's volunteer fire, rescue and emergency medical services (EMS) personnel. A 2003 study by the National Association of State EMS Directors estimated that 45 percent of EMS in this country is fire-based. According to the National Fire Protection Association (NFPA), 17,212 out of 30,400 fire departments in the United States, or 57 percent, provide emergency medical services.

Keeping in perspective that all cities and towns provide 100% EMS / Ambulance coverage, it should be somewhat comforting to know that the NVFC has the needs of EMS in mind along with the fire service.

As such, the following are the EMS-related Legislative items that could have a positive impact and should be monitored:

- 1) Additional radio spectrum for Public Safety
- 2) First Responder funding formula (H.R. 1544 / S.21)
- 3) Citizen Corp Funding
- 4) Hometown Heroes Survivor Benefits Act Implementation
- 5) HRSA's Rural Community Access to Emergency Devices Program
- 6) Pandemic Flu

Need a little more info? You can always give ERM a call.

What Makes a Full Crew?

A question has arisen recently as to what constitutes a legal crew when a BLS ambulance and a paramedic intercept are involved in a response and the paramedic must accompany the patient to the hospital in the ambulance. Barbara Martin from SCEMS would like to clarify this so there is no confusion.

A BLS ambulance crew, as you know, is minimally an EMT-B and an MRT. If the medic needs to accompany the patient in the ambulance, the 2nd technician in the ambulance on the drive back to the hospital must be a minimum of an EMT-B. This means that, in the absence of a third crew member, the EMT must drive the ambu-

lance. The medic and the EMT now make up a legal crew in the ambulance.

If an MRT was initially the 2nd crew member on the ambulance when it responded to the call, there are two options: the MRT may be the 3rd crew member on the return or the MRT may drive the fly car back. The MRT may not drive the ambulance with the medic in the patient compartment while the EMT-B drives the fly car. A medic and an MRT do not constitute a legal crew. Don't put your service and patient at risk by not conforming with the regulatory requirements! If you have any questions, please contact ERM or your local EMS Council Office.

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Inside this issue:

Legislative Assistance	1
Full Crew Compliance	1
Budget Time	2
Contact Us	2

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**WE'RE ON THE WEB:
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It's that time of year again - Budget Time!

If you or your Boards or Commissions have been struggling with how to not only make your 911 calls, but realistically, make money also, now is the time to factor staffing into your budget proposals. The old adage of you can't make money if you don't spend money is true. So many towns say, we just can't afford to go to staffing. The bigger question is, can you afford not to? What's the cost of defending a lawsuit? What's the cost of bad PR? Then there's increased insurance premiums and the real potential of losing members as a result of this.

If you're not making the calls, you're not making money. And if you don't make money you can't afford to spend what you have (or don't have), a real catch 22, or is it?

Run the numbers. If you have good record keeping you should know how many calls you've missed. Now calculate what you'd be making if you made all those calls, plus the calls you do make. Then, there's the potential of making a little extra when your service is potentially able to do mutual aid calls as well. Does the picture look any better?

If you've ever thought of staffing, then think about talking with **ERM** for a no obligation quote. Then you will know exactly where your monies are and what you need to prepare a realistic budget request. You may be surprised. Remember, you can name the terms and hours of your staffing needs.

This really should be more of a Morbidity and Mortality related issue though for our patients, versus a financial issue, shouldn't it?

On behalf of the management and staff of ERM — we would like to wish you a happy and safe holiday season!