WASHINGTON COUNTY FIRE AND RESCUE ASSOCIATION MEETING MINUTES


PRESIDENT DALE HILL CALLED THE MEETING TO ORDER. ALL COMPANIES BUT LONG MEADOW FIRE WERE PRESENT. OFFICERS NOT ATTENDING WERE THE SECRETARY, TREASURER AND ASSISTANT TREASURER.

CHAPLAIN LEONARD HORST LED THE PRAYER AND PLEDGE TO THE FLAG.

GUESTS:

1. MORGAN KOTANKO.....FIRE PREVENTION AMBASSADOR.....SEE PAGE 50 IN THE PACKET. SHE WILL RUN FOR MISS MSFA AND ASKED FOR FINANCIAL SUPPORT FROM THE ASSOCIATION.

2. DICK DEVORE...CANDIDATE FOR 2ND VICE PRESIDENT OF MSFA, SPOKE ABOUT RUNNING FOR THIS OFFICE AND THINGS HE WOULD LIKE TO IMPLEMENT. HE SHARED HIS THOUGHTS ABOUT THE FLORIDA SCHOOL KILLINGS AND THINGS THAT NEEDED TO BE DONE TO KEEP THE PUBLIC SAFE AND SUICIDE AND CANCER ISSUES WITH FIREFIGHTERS.

3. TODD DYCHE....MFRI.....REMINDED THAT DELIVERY COURSES WOULD BE HELD ON THE WEEKENDS. STATED THAT THE DOCUMENT FOR FALL COURSE REQUESTS HAVE BEEN SENT OUT, AND ASK THAT THEY BE REVIEWED AND SENT BACK BY MARCH 30TH. ENCOURAGED EMT GRADUATES TO LOOK INTO TAKING THE PLATINUM ED CLASS. THIS MIRRORS THE NATIONAL REGISTRY EXAM. IT ALLOWS STUDENTS TO SEE THEIR WEAK AREAS AND AIDS IN HELPING THEM TO PASS THE TEST. ADDED THAT THE TEXT BOOK POLICY IS WORKING WELL.

4. LIZ BRABSON FROM H&R BLOCK SHARED INFORMATION CONCERNING THE NON PROFIT REFERRAL PROGRAM.

5. JON HART....SHARED WITH US THAT THE BUDGETS ARE ALL UNDER REVIEW. SEVERAL CATEGORIES INCLUDING FUEL, MAINTENANCE AND UTILITIES HAVE INCREASES INCLUDED. BROUGHT US UP TO DATE REGARDING FIRE FIGHTING STAFFING. PSTC MASTER CONCEPT DESIGN WAS DISCUSSED. FUNDING STILL REMAINS AN ISSUE. ECC OPERATIONS MANAGER ALAN CRAWFORD HAS LEFT HIS POSITION AND DONNA WOODS IS CURRENTLY SERVING IN THIS CAPACITY.

6. JERRY POLAND ....FROM VFIS INSURANCE ATTENDED TO REVIEW WHAT COVERAGES VOLUNTEERS HAVE WHILE USING THEIR PERSONAL VEHICLES TO PERFORM SERVICES. HE PASSED OUT INFORMATION AND WILL BE BACK TO TALK WITH THE ASSOCIATION MEMBERS AT A LATER DATE.

THE JANUARY MINUTES WERE APPROVED WITH THE FOLLOWING CORRECTIONS... TROY LLOYD REQUESTED THAT THIS INFORMATION BE ADDED TO THE MINUTES.....THE INCIDENT SAFETY OFFICERS ARE IN THE PROCESS OF INVESTIGATING A FIREFIGHTER MAYDAY THAT TOOK PLACE IN BERKELEY COUNTY. THIS MAYDAY INVOLVED ONE OF OUR MEMBER DEPARTMENTS. PRELIMINARY DATA REVEALS THAT THE “ZONE UP/ZONE DOWN” BUTTONS ON THE FRONT OF THE FIREFIGHTER’S RADIO WERE NOT LOCKED AND WERE ACTIVATED DURING THE COMMOTION OF THE EVENT. THIS ALLOWED THE FIREFIGHTER’S RADIO TO BE SWITCHED TO MORGAN COUNTIES CHANNEL, HAVING THE FIREFIGHTER ANNOUNCE THE MAYDAY OVER THE NON-INCIDENT CHANNEL. LESSON LEARNED–FIREFIGHTERS ARE REMINDED TO LOCK THEIR RADIO CHANNEL ON THE PROPER FREQUENCY WHEN PERFORMING INTERIOR OR EXTERIOR STRUCTURAL FIREFIGHTING WORK. LOCKING THE CHANNEL WILL PROHIBIT ANY “ACCIDENTAL” ACTIVATIONS OF THE FRONT ZONE BUTTONS.

REPORTS.....

CHAPLAIN....LEONARD HORST REMINDED THAT THE CHAPLAINS WILL MEET THIS SUNDAY AT THE POLICE BARRACKS AT 1:30. HE REPORTED THAT CHARLIE SHINDLE IS DOING WELL AND HOPEFULLY WILL BE BACK AT OUR
WCVFRA - Feb 15, 2018

NEXT MEETING. DOUG SNOW ADDED THAT ERNIE TRUAX WAS RECENTLY TREATED AT MERITUS AND IS IN ROOM 3329.

CAREER TECH ... KINSLEY POOLE AND JIMMY SPRECHER INFORMED US THAT THERE HAD BEEN NO MEETINGS SINCE DECEMBER BUT ONE WAS TO BE HELD ON THE 16TH. JIMMY SAID THAT THINGS WERE GOING GREAT AND THAT THE STUDENTS WERE TESTING WELL.

SAFETY...TROY REPORTED THAT THEY WILL MEET NEXT TUESDAY. HIDDEN DANGERS IN FIRE WILL BE DISCUSSED, SUCH AS ASBESTOS...

REHAB....87 CALLS......57 WORKING STRUCTURES...33 SAFETY ASSIGNMENTS. 3116 PEOPLE WERE SERVED IN 2017. THE FULL REPORT WILL BE IN NEXT MONTH'S PACKET.

LEGISLATIVE.....LOOK AT THE BULLETIN ON LINE REGARDING THE NUMEROUS BILLS THAT ARE BEING INTRODUCED.

RECRUITMENT AND RETENTION..... SEE PAGE 48 IN PACKET. STRONG CHALLENGE DATE MOVED TO MAY 6TH. PICNIC ON PAGE 49....THINK ABOUT THE GLOBE GEAR GIVE AWAY....YOU CAN APPLY FOR 4 SETS TO BE GIVEN AWAY. SEE NATIONAL VOLUNTEER WEBSITE OR CALL NICOLE FOR ADDITION INFORMATION. SEE PAGES 14-15 FOR TUTION REIMBURSEMENT SCHOLARSHIP. ALSO, SHE WILL BE SET UP AT THE HOME SHOW. SEE PAGES 19-20 AND 52 FOR SCHOLARSHIP INFORMATION.

OLD BUSINESS...LOOKING FOR TIGHTER CONTROL FOR ACTIVE 911.

STANDARDS...BRIAN NOTED THAT OFFICER STANDARDS ARE DUE BY APRIL 15TH. THE COMMITTEE MEETS THE 4TH MONDAY AT THE ASSOCIATION OFFICE. THEY WILL TOUCH EVERY DEPARTMENT THIS YEAR. HE ASK THAT THE FOLLOWING 4 STANDARDS BE REMOVED...STANDARD 200-17 UTV-ATV WILL BE VOTED ON AT THE NEXT MEETING.

200-07 FORESTRY.....700-01 AED TRAINING.....2100-01 ALL PRE FIRE ESSENTIALS...2100-02 ALL PRE EMS ESSENTIALS. A MOTION TO DO SO WAS MADE, SECONDED AND PASSED. A MOTION TO APPROVE 2100-03 UTV-ATV SOP WAS MADE, SECONDED AND PASSED. A VOTE OF 18 YES, 1 NO AND 5 ABSTENTIONS WAS RECORDED.

GOOD OF THE COMPANY....THERE WAS DISCUSSION REGARDING HOW WELL WE ARE PREPARED IF A SCHOOL SHOOTING INCIDENT SHOULD OCCUR HERE. JON HART SHARED SOME THOUGHTS TO THOSE IN THE MEETING THAT VOICED THEIR CONCERNS. DALE SAID THAT STIPEND AND GAMING CHECKS WERE BEING MAILED TOMORROW. HE REMINDED THAT RICK BLAIR WOULD BE GOING IN AS PRESIDENT OF THE STATE ASSOCIATION IN JUNE AND THAT ALL WASHINGTON COUNTY EQUIPMENT GOING TO OCEAN CITY FOR THE PARADE WOULD BE LEADING THE PARADE. HE ENCOURAGED COMPANIES TO PARTICIPATE IN THIS EVENT. ALSO, JIM SPRECHER MADE A MOTION THAT THE ASSOCIATION SUPPORT MORGAN WITH $1500 TO ENABLE HER TO RUN FOR FIRE QUEEN AND ATTEND THE CONVENTION. MOTION PASSED. LASTLY, DALE ASKED FOR A MOTION THAT THE ASSOCIATION STAND BEHIND HIM AS HE WISHES TO HAVE AN ASSOCIATION REPRESENTATIVE ON ALL COMMITTEES THAT ARE APPOINTED BY THE COMMISSIONERS THAT CONCERN PUBLIC SAFETY AND FIRE SAFETY. HE WISHES TO HAVE INPUT WITH THE 911 ADVISORY COMMITTEE TO VOICE ASSOCIATION CONCERNS. IF THIS IS NOT ACCEPTABLE TO THE COMMISSIONERS, HE ASK FOR BACKING TO THEN WRITE A LETTER TO THE COMMISSIONERS AND THE ADMINISTRATOR VOICING ANY AND ALL CONCERNS. THE MOTION WAS PASSED.

NEXT MEETING WILL BE HELD AT THE CLEAR SPRING EVENTS BUILDING HOSTED BY TRUCK 1.

THE MEETING WAS ADJOURNED,

RESPECTFULLY SUBMITTED

LYNN HUNSBERGER........ASSISTANT SECRETARY
Washington County Fire and Rescue Association
Treasurer's Report
March 15, 2018

WCVFRA 2016 Taxes
&
Personal Property Return Information

The Washington County Fire and Rescue Association Accounting Firm have completed the WCVFRA 990-Paperwork. The 990 & Form 8879-FO Paperwork has been signed and sent electronically by e-file to the Internal Revenue Service on March 7, 2018.

The Washington County Fire and Rescue Association Accounting Firm have completed all of the necessary WCVFRA Annual Update of Registration Form that has been signed and mailed to the Office of the Secretary of State in Annapolis, MD.

Washington County Fire and Rescue Association 2016 Personal Property Return have been completed. It has been picked up from our accountant's office and it's been singed mailed to the State of Maryland Dept. of Assessments & Taxation Personal Property Division in Baltimore, MD on March 7, 2018.

The WCVFRA Accounting Office has sent all the necessary Tax and Financial Statements and Supplementary Information for the year beginning July 1, 2016 and ending on June 30, 2017 to the Washington County Budget and Finance Dept for their review.

The following WCVFRA Accounts have been reviewed by the WCVFRA Accounting Firm.

1. WCVFRA - General Account
2. WCVFRA Payroll Account
3. WCVFRA - Money Market Account
4. WCVFRA - Savings Account
5. WCVFRA - Fire Police Account
6. WCVFRA - Auxiliary Account
7. WCVFRA - Chaplains Account
8. WACVFRA - Rehab Account
9. WCVFRA - Vehicles Replacement Account
10. WCVFRA - FEMA Safer Grant Account

Just a Friendly Reminder
Please place your utility reports up on Shorescan as soon as you receive them

The physical yearend for WCVFRA is coming up on June 30, 2017 again and that's fast approaching us and it's just around the corner. So please go back and advise you're Treasures and your Chiefs to upload their Current Utility Bills and Vehicle Maintenance and Fuel Invoices for your Company as soon as they are received.

Thanks,
Richard C Blair, Treasurer
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<th>Company</th>
<th>Electricity</th>
<th>Heating</th>
<th>Water &amp; Sewer</th>
<th>For Profit Activity</th>
<th>formula</th>
<th>Request</th>
<th>Adjustment</th>
<th>Total</th>
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<td>3,515.97</td>
<td>1,127.48</td>
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<td>11,405.92</td>
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<td>137,490.86</td>
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REGULAR MEETING

Date: Thursday, February 1, 2018

Attending: R. David Hays, Director, Emergency Services, Ex-Officio
Dale Hill, WCVFRA, Ex-Officio
Kingsley Poole, Chairman
Dick Hopkins, Co-Chairman
Oley Griffith, Chief, Boonsboro FD
Dwayne Lunsford, Citizen-at-Large
Ron Horn, Chief, Air Unit, Citizen-at-Large
Mike Reid, Chief, Clear Spring VFC, Citizen-at-Large
Michael Hosier, Citizen-at-Large
Brian Albert, Citizen-at-Large
Bonnie Keltner, Administrative Assistant

Absent: Paul Miller, Citizen-at-Large

Guests Sam Anderson, Operations Manager, Fire Operations, DES
Jonathan Hart, Assistant Director - Fire Operations, DES
Ward Fleger, Assistant Chief, Smithsburg EMS
Steve Lohr, Chief, Hagerstown Fire Department
Kristin Aleshire, City Councilman

CALL TO ORDER:

- Chairman Poole called the meeting to order at 7:00 p.m. at the Maugansville Volunteer Fire Company. Sam Anderson, Deputy Chief for Maugansville, welcomed the council and offered to give a tour at the end of the meeting.

Minutes:
- **MOTION**: On a motion by Dick Hopkins and seconded by Ron Horn, the ESAC members accepted the minutes of January 4, 2017 as presented. **CARRIED**
New Business:

**Brainstorming Session**

- Chairman Poole handed out a document that had six bullet points that were talked about at the last ESAC meeting. Ron Horn brought up that volunteer recruitment and retention was not on the list. Dale Hill said that recruitment and retention is going well.

- Dwayne Lunsford, Citizen-at-Large, asked if there should be a separate bullet for the training center getting off the ground, which would help with some of the personnel. Director Hays said that it is designed in about three phases, based on funding that is available.

- City Councilman Kristin Aleshire talked about the city’s budget and its tax base. He believes that the citizens do not want to hear about another tax. Breaking it down and explaining to the general public may help them better understand where their tax money goes.

**DES Director’s Report – Director Dave Hays**

- Seven names were presented to the County Commissioners that have applied for the Firefighter II positions that are currently being advertised for Special Operations. Their first actual day of work will be February 14th. The new hires will go through a three-week academy which includes Hazardous Materials Technician and other appropriate classes.

- A lengthy conversation took place about sustainable revenue.

- In March of 2018, three terms on the ESAC will expire: Chairman Kingsley Poole, Co-Chair Richard Hopkins, & Paul Miller. Paul is a County Commissioner citizen-at-large and is not eligible for reappointment (because he has served two full terms). County Clerk Vicki Lumm is checking with the County Commissioners to see who they want to replace Mr. Miller and whether there will be reappointments for Mr. Hopkins and Mr. Poole.

- We did try to obtain an AFG (Federal) grant this year for portable radios and Self-Contained Breathing Apparatus (SCBA), but there was not enough time to pull that together since the application period was shortened considerably compared to previous years. Mr. Hays stated that we need to spend some time this year putting together a group of ESAC members and looking at the opportunities and what products are available. A grant will hold a lot more weight if we should apply as a region for a grant to create a universal operation for universal deployment of SCBAs county-wide. Director Hays also believes we should research applying for a grant for portable radios and a radio control board; at this point we are not sure which radios we need to purchase. We should have the information we need and be in position next year to apply for this grant.
Washington County, Maryland
Emergency Services Advisory Council Meeting
Thursday, February 1, 2018

- The Conococheague ice jam was monitored by many partnered agencies. Fortunately, the weather caused the ice to melt slowly and no flooding occurred.

**WCVFRA Report – President Dale Hill**

- Dale handed out a document showing the WCVFRA’s website and all the information that is available there.

**Sam Anderson - Operations Manager of Fire Operations**

- Passed out statistics for EMS and fire calls for 2017.

**Remarks for the Good of the Council**

- Chairman Poole temporarily left the position of meeting chair and Vice-Chair Hopkins replaced him. Mr. Poole asked the question, “What is the charge of the ESAC?” Dale Hill read from the ESAC by-laws Article I – Authority. Mr. Poole stated that he was familiar with the bylaws but his question is, “what is the charge (what are we to accomplish) of the ESAC?”

- Mr. Poole referred to a meeting he was invited to with the County Administrator, DES Director, two county attorneys, Washington County Volunteer Fire and Rescue Association (WCVFRA) attorney of the officers from WCVFRA. It was his understanding that the meeting was about the Fire Plan, which it was for a brief time but then reverted to questions being asked about the ESAC and how those meetings were being run.

- Chief Lohr asked “What is the relationship that county government, DES, or WCVFRA wants to have with the Hagerstown Fire Department (HFD) and the City of Hagerstown in general?”

**Comments**

- Brian Albert commented that he believes the ESAC needs to make a recommendation to the County Commissioners about coming up with a sustainable revenue source and the ESAC recommend that it be a certain amount of money.

- Chairman Poole said that he did contact the County Commissioners about a meeting with them in the March time frame.
Adjournment

- **MOTION:** With no other business brought forward, a motion was made by Oley Griffith and seconded by Ron Horn to adjourn the meeting at 9:00pm.  **CARRIED.**

Next Meeting:

- March 1, 2018 - 7pm
  Location: Community Rescue Service
  110 Eastern Boulevard North
  Hagerstown

Respectfully submitted by,
Bonnie Kellner, Administrative Assistant
Washington County Div. of Emergency Services,
Kingsley Poole, ESAC Chairman, &
Richard Hopkins, ESAC Co-Chair
February 28, 2018

I. Call to Order

II. Department’s Present & Reports
   a. Company 1
   b. Company 2
   c. Company 4
   d. Company 5
   e. Company 6 & 8
   f. Company 7
   g. Company 9
   h. Company 10
   i. Company 11
   j. Company 12
   k. Company 13
   l. Company 16
   m. Company 19
   n. Company 20
   o. Company 25
   p. Company 26
   q. Company 27
   r. Company 49
   s. Company 59
   t. Company 69
   u. Company 75
   v. Company 79
   w. Hagerstown Fire Department
   x. Rehab 255
   z. HFD
      Eng. 1
      Eng. 2
      Eng. 3
      Eng. 4
      Eng. 5
      Tk. 1

III. Approval of minutes
   a. Regularly Scheduled Meeting – December 13, 2017
IV. Guests –

Washington County Volunteer Fire & Rescue Association Representative

V. Washington County Division of Emergency Services
   a. Director's Report
   b. Deputy Director of Fire Operations Report.
   d. Medical Director Report.
   e. Deputy Director of Communications Report.

VI. Committee Reports
   a. EMS Committee
   b. Safety Officer Program
   c. Standards
   d. Safety Committee
   e. Training Committee

I. Old Business– County Knox Box Program.

II. New Business–

III. Next Meeting
    March 28, 2018 @ DES Training Room @ 19:30

IV. Meeting Adjourn

Agenda items due by March 21, 2018
Mtg called to order by 7:29p by Eric Fraley on 1/24/2018

Present: 1, 2, 9, 10, 11, 12, 13, 16, 25, 27, 59, 75, 79, Eng 2

Minutes were sent electronically by Eric.

**WCVRA (Dale Hill)**

-Tomorrow sitting down with DES to review final draft from VFIS. County admin wants copies to submit to County Commissions

-H&R Block – going to come to next meeting. Nonprofit referral program....new customers to H&R block with referral will then result in the nonprofit getting $20/referral.

**Chaplain**

-the duty is to make sure all the Chiefs all the information. Conference April 22 at BWI. Keynote speaker is Dep Admin for Fire Services, then breaks in to 2 tracks/groups. Email Paul Sullivan for reimbursement of up to $675.

-if there’s anything you need chaplains for or have questions/comments, please feel free to let him know.

**DES (Sam Anderson)**

-River box cards – Jason building geographic areas in CAD. Needs to go to standards committee due to resource assignment. Need motion.

-Motion made to send to standards committee made by Will Ball. 2nd by Dep Chief Gray. Motion passed

-SCBA- probably will not meet AFG Feb 2nd deadline. Plan for next year and higher numbers.

-Need the info from companies ASAP

-staff training/orientation at each individual station

-16, 10, 9, 7 area is being postponed

-up to company on the driver’s training level required

-Director Hays has the MOU at legal

-Draft procedures for staffing request. Please review and if you have questions/issues. Contact Sam. Requests MUST be made by an officer and on the 20th of the PRIOR month so that request fulfillment can be determine and returned to company by 25th. First come, first serve. NO guarantee on last minute requests. Standard shifts.

-PD drivers versus volunteer driver. Yes, a volunteer can bump a driver.
-Budget of hours. Need to determine a way to stretch for the entire year. Will be determined by need.

-Cancellation policy? Let them know before shift starts so that employee can be reassigned.

-Bulk absorbent

-countywide purchase. Have 3 skids currently. 1 at Hancock/Western MD. Other 2 are at Phoenix, so looking for a location at South County to store.

-HAZMAT Tech class still has 6 spots open Feb 14-27, noon-6p daily.

-NoxBox program – consolidating to a countywide system. Should have enough money to do it. ~$20k, so would like a motion. It’s just simply changing the tumbler. Currently 9 companies are keyed the same. Since that many are keyed the same, that would be the easiest to switch over the rest of the county. Consensus was to proceed.

-County Meters – expiring this year. Purchasing new ones.

-in FY19 budget. $150k for 70 sets

-Look at priorities this cycle rather than 4 & 4, such as soon expiring at stations.

-Intention is to have requests by November in order to properly budget.

-Based off feedback from last time, which departments are most dire in need. Seems to be a start of cycling through companies.

-done with stockpiling (donation from companies). Now proceeding with purchase to expand/replace to suit need.

-yes, can be used supply new member with loaner gear still in service rather than the expense of a new set.

-30 used, 19 used, and 20 to be sent out for inspection.

-companies had to donate to participate.

-intention is 1 set of gear across the county rather than 1 person with multiple sets of gear.

-Possible to get a copy of facets software or send out an excel sheet

-preliminary stats 2007 to present

**More DES (Dave Chisholm)**

-50/50 grant awards – haven’t heard anything so he will check

-be sure to clean up scenes

-Active Assailant – Charlie summers

-EMS supplies at warehouse
**Box Cards**

- need some clean up, especially Interstate cards. Been working on River Cards

**EMS Committee**

- going to update EMS subsidy program
- EMS program for supplies. Can we bulk supply purchase.
  - non-exchanged items at hospital

**Safety Officer**

- none

**Training Committee**

- PEAF class just occurred.
- may try to run some classes through academy rather than MFRI due to MFRI student number requirements
- courses are posted. It was difficult to pull of classes this fall.
- Conferences supported by state grants. BY SURE TO CHECK FOR AVAILABLE GRANTS AND DEADLINES
- request for fall classes already
- FD & Safety officer class has been dropped twice. Could the county please offer it? Kevin going to try to get it on our own.
- ARF – will be offered soon
- some classes are also being cancelled due to lack of instructors

**Standards**

- going to try to split standards committee into 2 parts: documents and inspections. We really need assistance to catch up and keep up with inspections.
- how do we get documents through faster. Possibly use a document to pass at chiefs’ meeting to be used until official document is developed, with the understanding that if the document developed fails, that it is halted and process beginning again. Will try to start tapping into members at various companies that have the expertise for the item being discussed.
- April 15: Officer standards are due! 2 companies left in noncompliance in 2017.
- ATV/UTV – had a meeting specifically to review in 1/16
  - received good recommendations from last month’s meeting
  - separated SOP & SOG
  
  - SOP
-Discussion
-none

-Motion to approve made by Will Ball. 2nd by Stephen Barnhart.
Y - 1, 2, 9, 11, 12, 13, 16, 27, 59, 75, 79, Eng 2,
N -none
No response – 19

-Note: reevaluation of SOP/SOG in 6months
-Note: need nomenclature for CAD
  -currently have ATV, UTV, Gator, Ranger
    -side-by-side, 4-wheel?
    -skids? Fire only? Dual purpose? Medical only?

-Standard
-Discussion
-none

-Motion to approve made by James Sprecher, Jr. 2nd by Smithsburg EMS.
Y - 1, 2, 9, 11, 12, 13, 16, 27, 59, 75, 79, Eng 2
N -none

-Other 4 documents submitted came from Insurance company. Committee still has questions and would highly suggest it go for legal review. They are currently out for company comment (submit to Brian Lowman).

  -They are all showing as “policy”. Are we going to be forced to make them standards? As long as there is something in place, the insurance company is happy.

Old Business
-None

New Business
-None

Good of the order/Announcements


Next Meeting
February 28, 2018 – 7:30p @ DES
Washington County Volunteer Fire & Rescue Association
EMS Committee
Meeting Minutes – January 24, 2018

Members Present:

<table>
<thead>
<tr>
<th>Member</th>
<th>Company</th>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Hoffman</td>
<td>Company 2</td>
<td>Absent</td>
<td>WCVFRA</td>
</tr>
<tr>
<td>Absent</td>
<td>Company 19</td>
<td>Absent</td>
<td>DES – Director</td>
</tr>
<tr>
<td>Absent</td>
<td>Company 26</td>
<td>Dave Chisholm</td>
<td>DES – EMS Ops</td>
</tr>
<tr>
<td>Absent</td>
<td>Company 49</td>
<td>Sam Anderson</td>
<td>DES – F/R Ops</td>
</tr>
<tr>
<td>Steve Barnhart</td>
<td>Company 59</td>
<td>Absent</td>
<td>DES – EMA</td>
</tr>
<tr>
<td>Natalie Coffman</td>
<td>Company 69</td>
<td>Alan Crawford</td>
<td>DES – ECC</td>
</tr>
<tr>
<td>Jeremy Mackrell</td>
<td>Company 75</td>
<td>Kelly Llewellyn</td>
<td>Meritus Medical Center</td>
</tr>
<tr>
<td>Kevin Demmons</td>
<td>Company 79</td>
<td>Absent</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Absent</td>
<td>Hagerstown Fire</td>
<td>Absent</td>
<td>MIEMSS Region II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Donnie Lehman</td>
<td>MSP – Aviation</td>
</tr>
</tbody>
</table>

Others in Attendance: Ward Fleger, Will Ball, Todd Smith (WCVFRA), Donnie Bingaman

The January 2018 meeting of the WCVFRA EMS Committee was called to order at 1800 hours by Chairperson Steve Barnhart.

A motion was made by Gary Hoffman (2) to approve the November/December 2017 meeting minutes as written. The motion was seconded by Ward Fleger (79). The motion passed by unanimous vote.

Meritus Medical Center (Kelly Llewellyn)
- EMS room – there are now 2 computers in the room for hospitalist use. They are secure. Also the room will be badge access in the near future.
- Linen – A friendly reminder to only take what you need for linens.
- Sepsis – This is a core measure for the hospital. Please document your IVF start time, fluid type and amount infused. Also if you are treating the patient for sepsis, please state this in your consult.
- Security – Providers will see an increase in security presence at the ED as part of an overall security initiative at MMC.
- Patient Feedback – Kelly reminded providers that she is happy to give feedback on patients that they transport. She only asks that they call her and provide date, incident # and any other helpful information.
- Gary Hoffman (2) asked Kelly to pass on his thanks for the MMC ED staff doing a good job moving patient in a high volume area.

DES Director
- No Report
Washington County Volunteer Fire & Rescue Association
EMS Committee
Meeting Minutes – January 24, 2018

Assistant Director – EMS Operations (Dave Chisholm)

- Budget
  - 2019 budget has been submitted
  - Current figures
    - Pyxis $37,705.40
    - Pharmacy $13,636.62
    - U Cap It $11,656.63
- Subsidy Program Evaluation
  - No progress.
- 50/50 Grant
  - Acceptance letters should have been mailed out. Gary Hoffman advised he hasn’t seen them yet
- SHGHP
  - This year’s grant will be for the purchase of active assailant equipment and training or IMT support.
- Naloxone Grant
  - There is a grant available for reimbursement of expenses in purchasing narcan used on patient’s that were not transported
  - Dave will look into this.
- Active Assailant
  - Charlie Summers is heading this up and has had several meetings. They will provide guidance on what to purchase on the SHGHP grant
- Supply Change
  - Pink IO needles will be going away. Both the blue and pink needles will go down to 3KG patients. The only difference is the blue needle is 10 mm longer. Please use the needles you have.
- Duodote Kits
  - The EMPG grant has $12,600 for replacement of these pens. Dave will communicate with each company when he can be exchanged the expired ones out. Meridian (manufacturer) will take back the expired pens.
- Scene Clean-Up
  - It is our responsibility to police the scenes for trash prior to our departure. Several recent events have revealed that we are not doing a good job in this area. This is a safety issue and a customer service issue.
- Region II EMS Council ALS Provider Position
  - Dave reported that we need to appoint a person to this position. An email was sent out yesterday soliciting interest. There have been 4 responses to date. Chairman Barnhart advised that we will handle this at the February meeting.

Emergency Communications Center (Alan Crawford)

- None

Emergency Management (Charlie Summers)

- None

Fire Operations (Sam Anderson)

- None

Medical Director Report

- None
Washington County Volunteer Fire & Rescue Association
EMS Committee
Meeting Minutes – January 24, 2018

MIEMSS Report
- None

Old Business

Telestaff
- No update

Active Assailant
- See DES report.
- A/C Fleger advised that SEMS is holding a course on Rescue Task Force training course on March 17th. He will send something out once he knows how many openings he has available.

New Business
- Dale Hill introduced Todd Smith as the chair of the WCVFRA Steering committee. This is a standing committee of the association and includes the 3 association ESAC member, the chair of the EMS committee and the chair of the Chief’s Committee.
  o Todd advised that they are interested in reviewing the EMS Plan. Discussion was held regarding this and how it related to the past work done on this very topic. A workgroup was working for approximately 1 year and had come up with some action items. This group was put on hold due to the impending VFIS and SWOT reports.
  o Chairman Barnhart advised that this workgroup would reconvene.
- Chairperson Barnhart spoke to developing goals for the current year. He is looking for approximately 3 goals that can be completed this year.
  o Chairperson Barnhart recommends that the subsidy review be a goal. Chief Ball would like to see bulk purchasing.
  o Please come back with these to the February meeting.
- Sam Anderson passed out 2017 statistics. He will be working on Unit Hour Utilization and Fractile Response Times.

Department Reports
Company 2
- Gary voiced a concern about being able to cancel units while enroute to calls but prior to arriving on scene. Alan will look into it.

Company 19
- No Report

Company 26
- No Report

Company 49
- No Report

Company 59
- Chief Barnhart voiced a concern from Fulton Count giving a call to Washington County stating it was a 59 box, they never said mutual aid and this caused confusion between the dispatchers. Fulton should have said it was mutual aid. Steve just wanted Alan to be aware.
Washington County Volunteer Fire & Rescue Association
EMS Committee
Meeting Minutes – January 24, 2018

Company 69
  • No Report

Company 75
  • A/C Mackrell advised that he has a Business Associate Agreement for each company to sign.
  • 755 has been moved to 24 hour staffing. The dayside unit has been taken out of service. This gives them 5 24 hour transport units.

Company 79
  • No Report

HFD
  • No Report

A motion to adjourn was made by Gary Hoffman (2) and seconded by Jeremy Mackrell (75). Motion passed unanimously. The meeting was adjourned by Steve Barnhart at 1915 hours.

The next meeting will be held at DES on Wednesday, February 28th beginning at 1800 hours.
Maryland Fire and Rescue Institute

Emergency Medical Technician Course Results

2014 to 2017

2017

- There were 1,925 students registered in MFRI EMT classes
- During the year a total of 423 (22%) students dropped or withdrew from class
- This left 1,502 students in class
- Of the 1,502 students a total of 1,208 (80%) students passed the class
- Of the 1,208 passing students 803 (66%) tested National Registry
- National Registry exam results for 2017 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Attempted</th>
<th>Passed 1st Attempt (%)</th>
<th>Passed 3rd Attempt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFRI</td>
<td>803</td>
<td>533 (66.4%)</td>
<td>612 (76.2%)</td>
</tr>
<tr>
<td>National</td>
<td>71,611</td>
<td>50,289 (70%)</td>
<td>56,915 (79%)</td>
</tr>
</tbody>
</table>

2016

- There were 1,809 students registered in MFRI EMT classes
- During the year a total of 367 (20%) students dropped or withdrew from class
- This left 1,442 students in class
- Of the 1,442 students a total of 956 (66%) students passed the class
- Of the 956 passing students 805 (84%) tested National Registry
- National Registry exam results for 2016 are as follows:

<table>
<thead>
<tr>
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<th>Passed 3rd Attempt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFRI</td>
<td>805</td>
<td>594 (73.7%)</td>
<td>685 (85.1%)</td>
</tr>
<tr>
<td>National</td>
<td>76,739</td>
<td>52,367 (68%)</td>
<td>61,963 (81%)</td>
</tr>
</tbody>
</table>

2015

- There were 2,298 students registered in MFRI EMT classes
- During the year a total of 394 (17%) students dropped or withdrew from class
- This left 1,904 students in class
- Of the 1,904 students a total of 1,271 (67%) students passed the class
- Of the 1,271 passing students 973 (76%) tested National Registry
- National Registry exam results for 2015 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Attempted</th>
<th>Passed 1st Attempt (%)</th>
<th>Passed 3rd Attempt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFRI</td>
<td>973</td>
<td>565 (58.1%)</td>
<td>710 (73%)</td>
</tr>
<tr>
<td>National</td>
<td>72,968</td>
<td>47,888 (66%)</td>
<td>57,662 (79%)</td>
</tr>
</tbody>
</table>
2014 – National Registry Testing was not required until the fall of 2014

- There were 2,247 students registered in MFRI EMT classes
- During the year a total of 393 (18%) students dropped or withdrew from class
- This left 1,754 students in class
- Of the 1,754 students a total of 1,214 (69%) students passed the class
- Of the 1,214 passing students 136 (11%) tested National Registry
- National Registry exam results for 2014 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Attempted</th>
<th>Passed 1st Attempt (%)</th>
<th>Passed 3rd Attempt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFRI</td>
<td>136</td>
<td>80 (58.8%)</td>
<td>92 (67.6%)</td>
</tr>
<tr>
<td>National</td>
<td>71,407</td>
<td>47,965 (67%)</td>
<td>56,485 (79%)</td>
</tr>
<tr>
<td>Program (start date)</td>
<td>Overall Goals</td>
<td>Program Support</td>
<td>Outcomes to Date for Program Participants</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Queen Anne's County (2014)</td>
<td>Reduce 911 calls, Reduce unnecessary ED visits, Reduce readmissions, Increase primary care use, Increase referrals to community resources</td>
<td>UM Shore Regional Health, MD Department of Health, QAC Department of Health, QAC Department Emergency Svcs, CareFirst Blue Cross / Blue Shield, QAC Commissioners, Anne Arundel Medical Center</td>
<td>43.7% reduction in 911 transports, 53% reduction in ED visits, CRISP analysis: saving $106,325 in hospital charges (12 months)</td>
</tr>
<tr>
<td>Montgomery County (2015)</td>
<td>Reduce 911 calls, Reduce unnecessary ED visits</td>
<td>Mont Co Fire &amp; Rescue Svcs, Mont Co Dept. Health &amp; Human Svcs, Suburban Hospital, Adventist HealthCare Shady Grove Medical Center, Adventist HealthCare Washington Adventist Hospital, Montgomery County Department of Health &amp; Human Services, Holy Cross Health</td>
<td>55% reduction in 911 calls, 42% reduction in ED visits</td>
</tr>
<tr>
<td>Prince George’s County (2016)</td>
<td>Reduce 911 calls, Reduce unnecessary ED visits, Increase primary care use, Increase referrals to community resources</td>
<td>Prince George’s Dept. Health, Prince George’s Dept. Social Services, Doctor’s Community Hospital, Anne Arundel Medical Center, UM Prince George’s Hospital Center, Adventist HealthCare Washington Adventist Hospital, Kaiser Permanente Mid-Atlantic Region</td>
<td>51% reduction in 911 calls, 57% reduction in transports to ED, CRISP analysis: saving $180,000 in hospital charges</td>
</tr>
<tr>
<td>Salisbury – Wicomico (2017)</td>
<td>Reduce 911 calls, Reduce unnecessary ED visits</td>
<td>Salisbury Fire Department, Peninsula Regional Medical Center, Wicomico Health Department, City of Salisbury</td>
<td>75% reduction in 911 calls, 50% reduction in ED visits</td>
</tr>
<tr>
<td>Charles County (2017)</td>
<td>Reduce 911 calls, Reduce unnecessary ED visits, Increase visits to primary care, Increase health literacy, Increase referrals to community resources, Reduce hospital readmissions</td>
<td>MD Community Health Resources Com, UM Charles Regional Medical Center, Charles Cty Commissioners, Charles County Dept. of Emerg. Svcs.</td>
<td>74% reduction in ED visits, 84% reduction in inpatient admissions, UM CRMC Est. Savings: $200,000 in hospital charges</td>
</tr>
<tr>
<td>Frederick County (Mar 2018)</td>
<td>Reduce 911 calls, Reduce unnecessary ED visits, Increase primary care use, Increase referrals to community resources</td>
<td>Frederick County Div. of Fire &amp; Rescue Svcs, Frederick County Health Department, Frederick Memorial Hospital</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Alternative Destination Programs**

<table>
<thead>
<tr>
<th>Program (start date)</th>
<th>Overall Goals</th>
<th>Program Support</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City (2018)</td>
<td>Reduce unnecessary ED visits, Encourage appropriate 911 use</td>
<td>Baltimore City Fire Dept. (BCFD), University of Maryland Medical Center</td>
<td>BCFD will dispatch EMS + Nurse Practitioner to low acuity calls. NP will determine if patient can be transported to UMMC Urgent Care Center, instead of ED. Patient consent required, otherwise transport to ED.</td>
</tr>
<tr>
<td>Montgomery County (2018)</td>
<td>Reduce unnecessary ED visits, Encourage appropriate 911 use</td>
<td>Montgomery City Fire &amp; Rescue (MCFR), Holy Cross Health</td>
<td>MCFR will dispatch EMS + Nurse to low acuity calls. Nurse will determine if patient can be transported to Holy Cross Hospital Express Care. Patient consent required, otherwise transport to ED.</td>
</tr>
</tbody>
</table>
RAFFLE

1 TICKET $5 OR 5 FOR $20

SHARPSBURG EMS

Yeti Raffle
Get your raffle tickets from any Sharpsburg EMS volunteer or employee. Tickets also available at Battleview Market.

YETI RAFFLE

1st Prize
45 Qt Yeti Cooler & 4lb Yeti Ice

2nd Prize
30 oz Rambler & 36 oz Bottle

3rd Prize
20 oz Rambler & 18 oz Bottle

4th Prize
20 oz Rambler & beverage holder

SHARPSBURG AREA EMS
110 1/2 Chapline Street
Sharpsburg, MD 21782
(301)432-5348
Drawing 4/5/18

Colors may differ from brochure
Dear Highest Jurisdictional Official:

In recent months, Maryland has experienced a surge in opioid overdose cases as evidenced by the Governor's Executive Order Regarding the Heroin, Opioid, and Fentanyl Overdose Crisis Declaration of Emergency which is currently in effect. Because of this surge, Maryland Jurisdictional EMS Operational Programs, as defined in COMAR 30.01.01.02 B (17), have experienced a substantial increase in the use of naloxone which Emergency Medical Services (EMS) providers have administered to patients suffering an opioid overdose. In cases in which the patient recovered on scene or died and was not transported to a hospital, the Jurisdiction had an uncompensated expense of approximately $40.00 for each dose of Naloxone. In many cases, more than a single dose of naloxone was administered.

Therefore, in partnership with the Maryland Department of Health (MDH) and the Maryland Opioid Operational Command Center, MIEMSS is announcing the below grant opportunity to provide partial recompense for those expenses incurred by the increasing administration of Naloxone.

**Phase 1 – Non-Transport Reimbursement (January 1, 2018 – April 1, 2018)**

Upon submission of a completed application (Attachment A) and written request on official letterhead to MIEMSS for reimbursement for certified Naloxone expenditures incurred and paid from **July 1, 2017 through April 1, 2018**, MIEMSS will reimburse eligible Jurisdictions up to the amount indicated in Attachment B. Each eligible Jurisdiction shall provide MIEMSS evidence of the expenditure of funds for which reimbursement is sought before April 1, 2018. **Funds may only be utilized to purchase Naloxone.**

**Phase 2 – Other Naloxone Use (April 1, 2018 – July 1, 2018)**

Upon completion of Phase 1 on April 1, 2018, MIEMSS will review the remaining grant funds and announce further guidance regarding eligibility for reimbursement of other Naloxone related expenses.

Thank you for your interest in the 2018 Maryland EMS Naloxone Grant Program. Contact your MIEMSS Regional Office with any additional questions or concerns.

Respectfully,

Jonathan Bratt
Director, Regional Programs
Maryland Institute for EMS Systems
JBratt@MIEMSS.org
Cell/SMS: 443.212.8020
Attachment A – Application for 2018 Maryland EMS Naloxone Grant Program (Phase 1)

Instructions
Please complete ALL fields below. Naloxone grant requests must be signed and returned to MIEMSS by April 1, 2018. Grant requests must include the following:

1. This completed application form.
2. A signed letter submitted on official letterhead requesting reimbursement
3. Copies of paid invoices which support the amount indicated on Line 2 of “Funding Request” below. Invoices must be dated July 1, 2017 through April 1, 2018.
4. Proof of payment which supports the amount indicated on Line 2 of “Funding Request” below (canceled check or credit card statement).

Submit requests to Sherry Alban at 653 West Pratt St, Baltimore, MD. 21201 or, salban@miemss.org.

Applicant Information

<table>
<thead>
<tr>
<th>Jurisdiction Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City and Zip</td>
<td></td>
</tr>
<tr>
<td>Point of Contact</td>
<td></td>
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<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

Funding Request

1. Total funds expended on non-transport use of Naloxone from July 1, 2017 through June 30, 2018 (including amount above "Not to Exceed Amount"):

2. Total reimbursement request (Not to exceed "Not to Exceed Amount" listed in Attachment B):

Note: Line 1 above must be substantiated with attached documentation including paid invoices and proof of payment.

Applicant Signatures
This application must be signed by the applicant and a Jurisdictional official. In some cases, the Applicant and Jurisdictional official may be the same. Please contact your MIEMSS Regional Administrator if you need help identifying an appropriate Jurisdictional official. In most cases this will be a County/City EMS Chief, Coordinator, or similar Jurisdictional official.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Jurisdictional Official Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 3

January 2018
Attachment B – Funding Limits for Phase 1

The below chart identifies the maximum reimbursement rate per Maryland Jurisdiction for Phase 1 of this grant. The figures are derived from the number of eMEDS® patients with one or more Naloxone administrations and not transported from 7/1/2016 to 6/30/2017. The “Not to Exceed Amount” is based on a pro rata share of the total grant of $200,000.00.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Non-Transport Naloxone Patients (Jul 16-Jun 17)</th>
<th>Not to Exceed Amount</th>
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</thead>
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<td>Reduce readmissions</td>
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<td>Increase primary care use</td>
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<td>Increase referrals to community resources</td>
<td>CareFirst Blue Cross / Blue Shield</td>
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<td>QAC Commissioners</td>
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<td>Reduce unnecessary ED visits</td>
<td>Mont. Co Dept. Health &amp; Human Svcs</td>
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<td>Holy Cross Health</td>
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<td>Increase primary care use</td>
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<td>Increase referrals to community resources</td>
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**Alternative Destination Programs**

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<th>Program (start date)</th>
<th>Overall Goals</th>
<th>Program Support</th>
<th>Description</th>
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<td>BCFD will dispatch EMS + Nurse Practitioner to low acuity calls. NP will</td>
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<td>Encourage appropriate 911 use</td>
<td>University of Maryland Medical Center</td>
<td>determine if patient can be transported to UMMC Urgent Care Center, instead of</td>
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<td></td>
<td>Encourage appropriate 911 use</td>
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Mobile Integrated Health (MIH) Programs Are Growing in Maryland

In response to increasing health care costs, innovations to health care delivery systems are changing the health care landscape. This is particularly true for emergency medical services (EMS), which has not, traditionally, been considered to function in a primary care capacity within the public health arena. However, many jurisdictions throughout the United States are expanding the role of EMS through innovative programs that are capable of linking patients to preventative health services, reducing 9-1-1 EMS call volumes, and improving the continuity of care from the hospital to the home in order to reduce complications for patients and avoid unnecessary hospital readmissions.

Mobile integrated health (MIH) is one of these innovative models of care and, because it has developed locally by identifying needs unique to individual communities, varies in services provided. The MIH model of health care delivery is the foundation for six programs in Maryland that have embraced this expanded role for EMS, largely to counter the ever-increasing volume of 9-1-1 calls for EMS services and the exploding health care costs associated with this upsurge. For example, between FY 2015 and FY 2016, EMS transports in Baltimore City increased by nearly 5,918 patients, and the city saw an additional 2,972 patient transports between FY 2016 and FY 2017. Total EMS transports for Baltimore City were at an all-time high of 100,984 in FY 2017. Because of the restrictions of reimbursement policies, nearly all of these patients are transported to hospital emergency departments causing overcrowding, or are not transported at all, forcing EMS agencies to absorb the cost of health care treatment.

Maryland’s six MIH programs have identified the health care needs of their local communities, ascertained available resources, and created plans and policies that link patients who rely heavily on EMS for non-emergency care with the most appropriate services, improving the availability of EMS for actual emergency incidents and concurrently driving down costs. Each of these programs are discussed in detail, beginning on page 4.

Throughout the nation, most MIH programs share commonalities in that they seek to improve quality of patient care, increase patient safety, and decrease health care system costs. MIH programs may focus on a specific vulnerable or high-risk community, such as high utilizers of the 9-1-1 system, individuals with complex chronic diseases, or individuals recently discharged from the hospital.

Communities and health systems typically determine what MIH services are needed by conducting a community needs assessment. The needs assessment identifies opportunities to improve population health based on the unique characteristics of the community. The needs assessment will consider population demographics, available health care resources, and data on the current health of the community in order to determine what MIH resources would be most beneficial.

Mobile integrated health requires integration with existing community resources in order to receive patient referrals. Referrals may come from hospitals, primary care providers, public health departments, social services agencies, community health centers, or other human services agencies. Referrals work in both directions, since the MIH program may refer patients to other health and social services organizations to receive care outside of its scope of practice.

According to a 2015 report “Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)” published by the National Association of Emergency Medical Technicians (NAEMT), the most common characteristics of MIH and CP programs are hospital readmission avoidance, managing frequent EMS users, chronic disease management, and assessment of and (Continued on page 2)
MIH Programs Are Growing in Maryland

(Continued from page 1)

navigation to alternate destinations. According to this report, the most common staffing changes under an MIH program are modifying clinical staff duties to achieve program goals, followed by having full-time, dedicated, staffing for MIH-CP programs. Modifying clinical staff duties can make use of EMS personnel when they are not responding to emergency requests for service.

Pilot and demonstration projects for MIH-CP programs have been primarily funded by hospitals, according to the NAEMT report. In addition to hospitals, funding has also been provided by hospice, public health agencies, nursing homes, and physician groups. At the start of 2018, Anthem Blue Cross and Blue Shield made national news by announcing they would begin compensating EMS for treatment of their patients, even if the patient was not then transported to a hospital. This may be the start of private insurance organizations recognizing the value of MIH-CP programs, and providing reimbursement for services to allow program sustainability.

EMS has been continuously evolving since its initial founding, and the evolution of MIH and CP is continuing to redefine EMS. MIH-CP programs enable EMS providers to care for patients in all stages of the disease process and reduce unnecessary utilization of the emergency system. MIH-CP provides a framework for EMS to contribute to the goal of improving patient safety, increasing quality of care, and reducing overall health care system costs.

Future of MIH Depends on Changes to EMS Reimbursement

(Continued from page 1)

making for the future of health care delivery in Maryland. The state’s current rate-setting and reimbursement system does not recognize EMS as health care providers in the same way that hospitals and other medical facilities are, meaning EMS absorbs much of the costs for non-emergency health care treatment. This not only increases the financial burden on EMS entities, but also diverts resources away from emergency response needs. Financial incentives such as updated reimbursement policies that enable EMS entities that participate in MIH programs to bill for treatment costs, whether the patients are transported or not, will go a long way toward sustaining these programs. Similarly, securing reimbursement for transport to destinations other than a hospital ED is also key to the future of EMS’ participation in new models of health care delivery.

In addition to considering the EMS perspective in future health care policy decisions, integrating these programs into statewide health care initiatives may secure much-needed future funding streams.

In addition to secured funding, establishing health care partnerships across the spectrum of care is critically important for MIH programs to be successful, as the targeted patient populations have needs that lie outside the scope of emergency medical services. This includes EMS participation in and access to the state’s health information exchange (HIE) platform, so that comprehensive patient information across all facets of their health care is available. In this way, EMS providers operating within the MIH framework can quickly identify non-emergency services needed by the patient and efficiently direct them to those services, saving costs and improving access to health care.

Maryland’s MIH programs are showing promise in improvements to patient health, access to health care services, and overall cost avoidance and/or reduction. It is more important than ever that these programs continue to operate and that other jurisdictions in Maryland that would like to start an MIH program be able to obtain the funding to do so.

For example, in rural Maryland, the ability to establish and operate an MIH program aligns with the recommendations outlined by the final report of the Workgroup on Rural Health Delivery to the Maryland Health Care Commission: Transforming Maryland’s rural healthcare system: A regional approach to rural healthcare delivery. The Workgroup identified the critical role played by EMS, nurse practitioners, and health care managers in delivering primary health care to patients who often experience health care barriers due to geographic isolation and/or vulnerable population status. The Workgroup recommended that EMS providers be recognized as health care providers, and not just as transportation services, and that MIH and/or community paramedicine programs can help patients with chronic disease management, behavioral health, and substance abuse recovery services, in turn preventing hospital admissions and readmissions that drive up costs and negatively affect patients’ quality of life.

Senate Bill 682, “The Medical Assistance Program and Insurance—Emergency Medical Services Providers—Coverage and Reimbursement of Services,” is currently under consideration by the Maryland General Assembly. This bill, if enacted into law, will allow EMS to bill and be reimbursed for providing health care in a patient’s home or other location whether or not the patient is not transported to a hospital ED, and also for transporting a patient to a health care destination other than a hospital ED. The law would apply to Medicaid, health insurers, nonprofit health service plans, and health maintenance organizations. The law would not apply to Medicare, however, since Medicare is a federal program. Securing adequate and ongoing support for new models of EMS care delivery, such as MIH and Alternative Destination Programs, is key to their growth and sustainability. SB 682 may well open pathways for the future of new models of EMS care delivery in Maryland.

EMS Providers Essential to Maryland MIH Programs

It should not be surprising that people who are ill, injured, scared, hungry, or even just lonely reach out to 9-1-1. When an individual does not know where else to turn for help, they know if they call 9-1-1, someone will come. EMS providers may officially operate within a certain scope of practice, but the reality is that they could be called upon to respond to everything from horrific injuries and deadly car crashes to isolated folks who just need to see a friendly face. To be successful, MIH programs depend on linking individuals who are not experiencing life-threatening or emergency situations with the proper resources. In Maryland, there are no better people to be on the frontlines, to be that critical link between community members in need and the resources that can serve them, than EMS providers.

Mobile Integrated Health programs are designed to establish integrated mechanisms of medical and behavioral health care, meaning that providers will help patients connect with the most appropriate resources based on established partnerships across the spectrum of care. In MIH programs, EMS providers are “front and center” in the patient’s first contact with health care, regardless of their actual needs.

(Continued on page 7)
Nationwide: Alternatives to Traditional EMS Response Are Working

In addition to improving overall health, wellbeing, and access to health care and social services for Maryland citizens, the implementation of MIH programs could lead to significant savings for Emergency Operational Programs and for the state. One financial incentive to establish an MIH program is "cost-avoidance" of unnecessary expenses that result from utilizing EMS to provide for non-emergency services. These include EMS operational costs as well as emergency department and inpatient hospital expenses that could be avoided by redirecting certain low acuity patients to primary care physicians, urgent care, or behavioral health services that are more appropriate for their conditions. Throughout the nation, similar programs that explore redefining and expanding the EMS response role are demonstrating significant positive impacts in population health and reducing expenditures.

The CONNECT Community Paramedics program, based in Pittsburgh, Pennsylvania, is a collaboration among EMS departments in Allegheny County, the Congress of Neighboring Communities organization, and the Center for Emergency Medicine of Western Pennsylvania, Inc. Similar to some of Maryland's MIH programs, the CONNECT program identifies hospital discharged patients and helps them stay out of the hospital by connecting them with financial, medical, housing, utilities, mental health, and social support services. Over two years, the program has enrolled 269 patients, generating an estimated savings of $1.8 million in health care costs.1

In Arizona, a statewide initiative to implement community integrated paramedicine (CIP), one of several alternative EMS response models, in multiple jurisdictions has demonstrated promising reform toward health care cost-savings benefit in addition to overall population health and patient satisfaction in care. With approximately 30 CIP programs operating in Arizona, as of 2016, a movement is underway to identify care quality and performance metrics and promote uniform data collection throughout the state.2 While this movement for collective, statewide data is underway, local communities are taking initiatives to collect and share their MIH program early results.

One of these communities, the city of Mesa, Arizona, piloted the Community Care Initiative to test prehospital care models for improving efficiency, cost-savings, and patient outcomes.3 With dedicated community care paramedic units, advanced practice units, and behavioral health units in place, the multipartner program also integrated nurse triage, alternative destinations, community outreach, and prevention action call line, among other activities like immunization clinics and home safety inspections. The Mesa model estimates a cost-avoidance of about $2,600 per patient contact for each low-acuity medical patient and $11,000 per patient contact for each behavioral health patient. EMS data for 2013 indicated approximately 10,000 low-acuity calls were processed, which could, if the model cost-avoidance projections are correct, save the city about $2.6 million in years with comparable EMS system usage.

A similar paramedicine pilot program was initiated in San Diego, California, in the late 2000s. The Resource Access Program (RAP) was the subject of a pilot study by Tedros, et al. (2012) that sought to establish whether the EMS-based RAP intervention reduced EMS and hospital costs over a 31-month period (December 2006 to June 2009).4 The study tracked 51 enrollees in the program, who were selected based on their frequency of EMS utilization over a 12-month period. Overall decreases in EMS transports, emergency department encounters, and inpatient admissions were seen in this study population, resulting in a total cost avoidance of approximately $314,000 across all health care services.

More recently, in January 2018, the city of Tuscaloosa, Alabama, has moved to expand an earlier mobile integrated health care initiative by partnering with the University of Alabama's University Medical Center.5 An earlier version of the city's MIH program, dubbed the EMS Prevention Program, enlisted University of Alabama School of Social Work students in 2016 to help low-acuity patients who reach out to EMS to find the appropriate services for managing their conditions.

The EMS Prevention Program is itself an expansion of Tuscaloosa Fire and Rescue Service's efforts to reduce non-emergency EMS calls, which they did by 50% in 2014. Estimates of cost-avoidance for the newest MIH program, called Appropriate Care and Treatment In Our Neighborhoods (ACTION), predict a savings of $1.7 million in EMS transportation costs alone, not factoring added savings in emergency room and inpatient hospital costs.6 Wider cost-saving models predict that the Tuscaloosa-University Medical Center MIH partnership could save six times the dollar amount invested in the program.

There is compelling evidence that programs that incorporate mobile integrated health, community paramedicine, or alternative destination options are dually improving their patients' social and physical determinants of health and reducing total costs of their health care.

2 Crosswalk Project 2016
Profiles of Maryland’s MIH Programs

There are currently five mobile integrated health (MIH) programs operating in Maryland; a sixth program will launch in March 2018. Also, there are two alternative destination pilot programs currently under development. Although each MIH program is unique and designed to meet the needs of individual communities, there are also commonalities among them:

- Only patients 18 and older are allowed to enroll.
- Each program targets high-utilizers of 9-1-1 services.
- The programs involve a partnership among at least three health care entities, one of which is an EMS/life/rescue organization.
- Patients are either directly or indirectly referred to the program (through high-utilizer databases as well as field-referrals).
- Comprehensive physical/mental health inventory and risk assessments are conducted by a medical team during a home visit for each enrolled patient.
- Paramedics and nurses or nurse practitioners generally comprise each home visit team, but this may vary from jurisdiction to jurisdiction.
- Each program connects patients with community medical/social programs that can meet their needs.

- Measures of effectiveness are specified for each program, although they may differ from program to program. These measures include quality improvement goals for quality of care, patient safety, EMS and hospital utilization, patient satisfaction, and costs.

Queen Anne’s Mobile Integrated Health Program

The Queen Anne’s Mobile Integrated Health Program is the longest-running MIH program in Maryland to date, being implemented in 2014. It is a partnership among University of Maryland Shore Regional Health, Anne Arundel Medical Center, Maryland Department of Health, Queen Anne’s County Department of Health, and Queen Anne’s County Department of Emergency Services. With support from CareFirst Blue Cross/Blue Shield, the program has sought to identify community members who lack access to primary health care, whether dealing with a complex chronic illness or social or geographic isolation, and increase their quality of life by connecting them with the services that best meet their needs.

The Queen Anne’s Mobile Integrated Health Program relies on several modes to locate and connect with patients who have relied on EMS to provide non-emergency health and socio-economic services. Early in its operation, the patients referred to the program were identified primarily through health care system databases that indicated high utilization of 9-1-1 and hospital services. Patients are also referred through field providers, freestanding emergency medical facilities, and post-hospital discharge data. Since its inception, approximately 460 patients have been referred to the program, and approximately 200 of those have been enrolled.

Early in the program’s operation, 50% of enrolled patients had reported improved health and quality of life within three to six months after enrollment. Since that time, data has been collected and analyzed, with promising results in the program’s desired metrics. Twelve months post-enrollment, there has been a 43% reduction in 9-1-1 calls and a 33% reduction in hospital emergency room visits. Nearly half of the enrolled patients, 42%, have received medical education and reconciliation, keeping them on track with their prescription medication needs and keeping them out of hospital emergency rooms. On average, each patient is receiving referrals to six to seven services that help them achieve optimum health, such as medication education and reconciliation, nutrition, and food assistance, behavioral health therapies, and substance abuse recovery.

In 2016 a telemedicine component was added to the program that connects enrolled patients with the Shore Regional Health System’s Shore Post-Acute Care Clinic to conduct medication reconciliations and reviews. Dr. Joseph Cioto, Jr., MSEMSS Jurisdictional Medical Director for Queen Anne’s County and county Health Officer, indicated in a recent interview that plans are underway to incorporate primary care physicians, who can better manage patients’ conditions over time, into the telemedicine component. If this plan is realized, patients will be able to communicate with EMS providers, physicians, and their primary care physician simultaneously during home visits.

Says Dr. Cioto, of the program’s enrolled patients, “There has been a significant decrease in recurring 9-1-1 calls, all patients have been linked to a primary care physician, and, where it was lacking, their health insurance needs have been met by connecting them with the Maryland Health Exchange.”

Dr. Cioto suggests that the cumulative data demonstrates that the county’s MIH program is moving patient health care in the right direction. “We are extremely pleased with the positive patient outcomes resulting from the program,” he stated, “and the cumulative data (Continued on page 5)
Profiles of Maryland’s MIH Programs

(Continued from page 4)

supports expectations that the program can help decrease the total overall cost of health care in Queen Anne’s County. Mobile integrated health programs are poised to play an integral role in reducing these costs, which in turn will play a considerable role in determining the future of health care delivery when Maryland’s new Medicare waiver takes effect.”

Queen Anne’s County also hopes to integrate a component into the program that will help connect substance abuse and addiction patients, following non-fatal overdose hospital admissions, with peer counseling and other recovery resources.

Prince George’s County Fire/EMS Department

Prince George’s County Fire/EMS Department implemented their MIH program in 2016, and partners with Prince George’s Department of Health, Prince George’s Department of Social Services, Doctor’s Community Hospital, Anne Arundel Medical Center, Prince George’s Hospital Center, and Washington Adventist Hospital to fulfill its mission. Prince George’s County leadership supports the MIH program through dedicated funding in the county’s budget. The program will be expanded in FY 2019 to a staff of eight full-time positions.

In this program, a plan for care is generated from the home visit and assessment that is intended to ensure the patient has continual access to the health care or social services they need. Prince George’s County has determined that certain measures of effectiveness have already shown promise in the long-term success of its MIH program. Data for 12 months pre- and post-enrollment show a reduction of 51% in 9-1-1 calls for the 88 enrolled patients, one partner hospital has estimated a cost-savings of over $120,000 for 12 enrolled patients compared to 6 months pre-enrollment, and the county’s Fire/EMS department estimates a cost-avoidance of approximately $150,000 over four months based on unit responses pre- and post-enrollment.

“The Prince George’s County Fire/EMS Department’s MIH program has demonstrated significant benefits to our citizens,” said Chief Brian Frankel in a recent interview. “The program is filling a social and behavioral health gap that is present in our communities and ensuring access to health care resources to those citizens who need them most. Our program is a form of EMS prevention that ensures our residents have equal access to much needed healthcare resources. This not only improves individual health but the health of our communities as a whole. In the near future, we believe that MIH services in the county will be offered as a primary means for delivering health care in our county.”

Charles County MIH Program

The MIH program in Charles County is a collaborative effort among Charles County Health Department, Charles County Department of Emergency Services, and the University of Maryland Charles Regional Medical Center. The Charles County program is unique in that their home care teams include a community health worker in addition to a paramedic and nurse practitioner, all of whom work full-time for the program. This community health worker is tasked with keeping enrolled patients engaged in continuing to manage their health care after the initial home visit and assessment.

The Charles County program launched in August 2017 and is funded by the Maryland Community Health Resources Commission to operate for three years. Although the program is still in its early stages, Charles County Chief of EMS John Filer, who is also a member of the Statewide EMS Advisory Council (SEMSAC), indicated notable improvements in patient quality of life and health care operations. Of the 25 initial enrollees in the MIH program, several have now been placed in long-term facilities that can provide the continual care they need. Since the program began, there has been a 74% decrease in emergency department visits and inpatient hospital admissions dropped 84% among the 22 patients who continue to participate. Of note, since the program started, many of these patients have reached out to the community health care worker prior to calling 9-1-1 to help them determine whether emergency services are necessary. The MIH program plans to continually increase the number of patients enrolled each year of its operation.

Chief Filer attributes the program’s initial achievements to the compassion and dedication shown by its three employees. “Having people who are impassioned to do this work, to reach out to those who don’t have anyone else to (Continued on page 6)
Profiles of Maryland’s MIH Programs

(Continued from page 5)

turn to," he stated in a recent interview, "is the key to the success of this program." In addition to providing the resources to obtain much-needed medical care, the MIH program has become the patients' indispensable link to a network of support helping them improve their overall wellbeing. Through the MIH program, patients are connected to other services like food assistance, that ensure their basic needs are met in addition to medical care. "This is a quality of life program," says Chief Filer. "The things that we take for granted, things that these patients don’t have—we can help bridge that gap through our mobile integrated health program.”

Montgomery County Non-Emergency Intervention and Community Care Coordination Program

The MIH program in Montgomery County is designed to combat the increase of about 3,000 in 9-1-1 calls to EMS that occur each year. Montgomery County Fire and Rescue Services (MCFRS), Montgomery County Department of Health and Human Services, Shady Grove Adventist Hospital, Suburban Hospital—Johns Hopkins Medicine, Washington Adventist Hospital, and other facilities have partnered to reduce the number of EMS calls and unnecessary ED visits by addressing the unique health and social needs for each enrolled patient. The program was launched in 2016, and the home visit component was implemented in March 2017. In the early stages of the program, a 55% reduction in 9-1-1 calls was seen by the limited number of enrolled patients. In addition, data collected for calendar year 2017 indicated a promising reduction of 42% in emergency department visits by 167 enrolled patients.

Montgomery County leadership supports the Montgomery County Non-Emergency Intervention and Community Care Coordination (MCNICS) Program through dedicated funding in the county’s budget, with in-kind nursing services provided by partner hospitals. There are plans to add a full-time social worker to this program in FY 2018.

There are two modes by which the MCNICS reaches out to patients to get them enrolled in the program. Most of the patient referrals are made by field providers through their encounters with high-utilizers of the 9-1-1 system. The field provider will identify a possible candidate for the program and contact a case management worker who will determine what services that patient needs. The case management worker will generally stay in contact with the patient until their contact with EMS for non-emergency calls diminish. The second mode involves identifying patients with multiple hospital readmissions. These patients are identified during monthly meetings between MCFRS and local hospitals, and are assigned a transitional care nurse and paramedic who conduct a home visit for a health and safety review. The paramedic continues to be the patient’s primary point of contact until they are in place with the appropriate health and wellbeing services.

Program Manager Captain Jamie K. Baltronsky is thrilled to see the impact the MCNICS program is having on county residents and EMS providers. “This is such rewarding work,” she said during a recent interview, “it is wonderful to hear from patients who have benefited from the program how much it has impacted their lives for the better. It is also provides some relief to the EMS providers who have been, for so long now, bridging the gap between these patients and the services they really need.”

Salisbury-Wicomico Integrated FirstCare Team (SWIFT)

This MIH program is a partnership between the Salisbury Fire Department and Peninsula Regional Medical Center designed to incrementally reduce the number of EMS calls received each year over a three-year period. The program launched in October 2017, and has enrolled about 20 patients so far. The City of Salisbury and the Wicomico Health Department also participate in this program, which is only currently funded through its first year of operation.

The collaborators hope to serve about 250 patients, primarily individuals who lack access to health care due to socio-economic factors, over the program’s three-year pilot phase. Prospective patients for the program are identified through a quality assurance database search in addition to recommendations from field providers. A paramedic or nurse or nurse practitioner conduct an initial home visit for a health and safety assessment, after which the patients are referred to the appropriate services that can better meet their needs. For about a month after the initial visit, the MIH program stays connected with the patient before they are transferred to a community health care worker.

Salisbury Fire Department’s EMS Lt. Chris Trait had this to say about the SWIFT program: "The biggest impact I have seen is in the feedback directly from the patients," He continued, "They are overwhelmed that there are people who care about them and that they’ve finally found a way to connect with the medical and social services that they desperately need.”

(Continued on page 7)

Montgomery County Fire and Rescue Services, Montgomery County Department of Health and Human Services, Shady Grove Adventist Hospital, Suburban Hospital—Johns Hopkins Medicine, Washington Adventist Hospital, and other facilities have partnered to reduce the number of EMS calls and unnecessary ED visits. Shown here are team members with some of their community partners from Health and Human Services and the Mansfield-Kaseman Clinic. Photo credit - Montgomery County Fire and Rescue Services
Expanding EMS Response in Maryland: Why the Paradigm Shift?

Population in Maryland is growing at a rapid rate, including in areas that are already densely populated like Prince George’s and Montgomery Counties and Baltimore City. More people means greater need for health care services, which are already being stretched to their limits. In the more rural regions of Maryland, the challenges are proximity to health care and social services that may not be easily accessible to the populations that need them. Consequently, citizens looking for help for chronic illnesses or mental health issues are reaching out to emergency medical services, encountering EMS and hospital systems with non-emergency conditions.

If there is a call to 9-1-1 for EMS, an EMS crew will respond. What happens when the crew arrives depends on a number of factors, which in turn has cost implications for both EMS and hospitals. The vast majority of patients who are treated by EMS are transported to local emergency departments. Historically, health care payers (Medicare, Medicaid, and private insurers) have considered EMS as a transportation benefit – not a health benefit. As a result, EMS is not reimbursed by these payers unless a transport actually occurs. This model makes EMS reimbursement dependent upon transport of patients to hospital emergency departments – a high cost environment for delivery of health care services, particularly for patients with low-acuity or chronic conditions that can be treated in other, alternative health environments. Currently, there is no ability for EMS to be reimbursed for providing services for low-acuity patients at the patient’s home or obtaining services for patients in other less costly environments. If EMS responds to a 9-1-1 call and treats the patient who then refuses to be transported to a hospital, the EMS must absorb the costs of treating that patient.

If a patient with low-acuity or chronic illness is transported to an emergency department, the patient often must endure a long wait in the ED before they are treated because hospital EDs are designed to treat the most serious patients first. Non-emergency patients can also contribute to ED overcrowding and ambulance diversion, where ambulances must be redirected to other, less busy hospital EDs. Also, the Emergency Department is a high cost environment for delivery of health care, especially for patients with conditions that could be treated in other, less costly environment. The Maryland Health Care Commission reported the average charge for an outpatient ED visit in FY 2017 was $1,052.

In Maryland, new models of EMS care delivery, including Mobile Integrated Health Programs and Alternative Destination Programs can provide timely, cost-effective care for low acuity 9-1-1 patients in an appropriate health care setting other than an ED.

Although several of the programs in Maryland are in the early stages of operation, early results from all programs indicate that they have a positive impact on patient well-being and reduce costs. See page 3 for more information about the actual and projected cost-benefits of these programs.

In addition to the benefits discussed above, MIH and Alternative Destination programs in Maryland help ensure EMS personnel and apparatus are available for true emergency incidents rather than being otherwise engaged in treating low-acuity medical conditions better served by alternative services.

EMS Providers Essential to Maryland MIH Programs

(Continued from page 2)

There are a number of reasons that EMS providers are critical to the success of Maryland’s MIH programs. They are already trained to work in austere conditions and out-of-hospital locations, are experts in triaging emergency and non-emergency situations, are widely trusted by the public, are familiar with the available health care resources in their communities, and are sometimes a patient’s only connection to health care. Furthermore, public safety EMS providers in Maryland are already required to submit electronic patient care reports (eMEDS), which may soon link to the state’s health information exchange (HIE) and/or mined for data used in measuring effectiveness of MIH programs in operation.

Maryland’s EMS providers are uniquely positioned to provide health care in environments outside clinical settings, which defines the mission of many mobile integrated health programs. The EMS Agenda for the Future: A Systems Approach, envisioned that EMS providers could be at the forefront for addressing issues in access to health care while helping to minimize its associated costs. Maryland EMS leaders agree with this assertion, and are working toward ensuring that EMS providers are included in the future of MIH program development throughout the state.

Profiles of Maryland’s MIH Programs

(Continued from page 6)

Although the program is still in its early stages of operation, I.T. Trott noted that they have seen a 75% reduction in 9-1-1 calls and 50% reduction in hospital emergency room readmissions by the currently enrolled patients.

Frederick County Mobile Integrated Health Care Program

Frederick Memorial Hospital, Frederick County Health Department, and Frederick County Fire and Rescue Services are partnering to identify the top utilizers of EMS services in the county. The MIH program, which is expected to be launched in March 2018, is intended to provide structured, multidisciplinary care to those who have chronic conditions and connect others with non-emergency medical needs to the appropriate services and resources.

Funded partially by Frederick Memorial Hospital, Frederick County Fire and Rescue Services plans to fill a full-time position with a dedicated MIH medic. This medic will conduct an initial home visit to enrolled patients, and then will connect them with the appropriate services at Frederick Memorial Hospital’s acute care clinic and those available through the Frederick County Health Department.

EMS Battalion Chief Michael Cole of Frederick County Fire and Rescue Services hopes that the program will help alleviate an increase in volume of non-emergency EMS calls in the county. “We believe,” Chief Cole stated in an interview with MIEHSS, “that these patients will benefit from receiving the appropriate care in their home settings rather than in the hospital.”

As of January 2018, program administrators have already identified 125 potential patients through eMEDS, primarily those who have frequent non-emergency interaction with 9-1-1 or chronic conditions that would benefit from long-term care. Cross-referencing these records with hospital patient records, Fire and Rescue Services has
Improving Quality of Life With Mobile Integrated Health

Mobile integrated health, and other similar alternative EMS response and delivery of care programs, offers many benefits, not the least of which are patient health and quality of life. Reducing health care costs and enhancing delivery of services are benefits that contribute to overall patient health.

In Maryland, a surge of 9-1-1 calls and emergency department visits has been seen in densely populated regions, where reduced capacity in health care facilities and staffing shortages are contributing to patients' difficulties in timely access to health resources. Consequently, individuals with chronic health conditions can often use emergency medical services to obtain care in hospital emergency departments, which contributes to emergency department overcrowding.

The mobile integrated health programs in Maryland seek to improve health in their communities so that patients do not have to make unnecessary calls to 9-1-1 or trips to hospital emergency departments. In order to measure how successful they are at improving health and wellbeing, the Maryland programs incorporate quality improvement metrics that target actual patient health outcomes. The National Association of EMTs has developed a quality improvement workbook that indicates certain patient health goals. Some of these goals include:

- Better medical inventory, reconciliation, and communication between patients and their primary care physicians (PCP)—so patients are taking the right medication at the right time for their conditions.
- Increase the number of patients who have a documented plan of care with their PCPs.
- Increase the number of patients who are referred to appropriate community services for non-emergency conditions or social/behavioral needs.
- Increase the number of patients who establish a connection with therapeutic case management services.
- Improve systems that promote self-care and self-management of chronic illnesses.
- Reduce overall patient visits to emergency departments.
- Reduce unplanned patient readmissions to emergency departments.
- Reduce patients' length of stay in hospital.
- Reduce the number of patients unable to access non-emergency health care and social services due to lack of capacity in those facilities.
- Increase patient satisfaction with their health care providers, behavioral health services, and interactions public safety personnel and other community resources.

Many of Maryland's MIH programs incorporate these health care improvement goals in addition to avoiding unnecessary costs and reducing operating budgets.

Sources: www.NAEMT.org MIH-CP Measures Group, MIH Measures Workbook

Profiles of Maryland’s MIH Programs

(Continued from page 7) already identified about 30 patients that they hope to enroll in the program.

Alternative Destination Programs

A partnership between the City of Baltimore Fire Department and University of Maryland Medical Center is the foundation of Baltimore City's alternative destination program, which is anticipated to launch in 2018. The program developed out of an analysis showing that one-third of all the city's EMS calls were considered low-acuity. This program will transport certain patients, with their consent, to the University of Maryland Urgent Care Center instead of the emergency department. If their medical conditions are determined to be more appropriate for urgent care based on a nationally-recognized protocol. A similar program has been developed by Montgomery County Fire & Rescue, in partnership with Holy Cross Health. MCFR response to an apparent low-acuity call to 9-1-1 will include a specially trained nurse who will determine if the patient is a candidate to be transported to Holy Cross Hospital Express Care, instead of the Emergency Department. Like the Baltimore City Program, the patient must consent to be transported to the alternative destination. The program will be implemented in 2018.

MIEMSS, Maryland EMS News
653 W. Pratt St., Baltimore, MD 21201-1536

Governor Larry Hogan
Lt. Governor Boyd Rutherford

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653 W. Pratt St., Baltimore, MD 21201-1536
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Design & Layout: Gail Kostas; Photography: Jim Brown & Brian Slack (unless noted otherwise for specific photos)
March 14, 2018

All Officers, Committee Chairs and Organizations Representatives:

President Mark Bilger has scheduled his next meeting of the Executive Committee of the Maryland State Firemen's Association for Saturday, April 14, 2018 at the Midland Fire Company #1, Inc. 14823 Broadway Ave., Midland, MD. The meeting will be called to order promptly at 0900 hours.

For those desiring to stay overnight, arrangements have been made at the Comfort Inn & Suites, 1216 National Highway, La Vale, MD. A block of rooms is being held for MSFA at a reduced rate. Each individual is responsible for making their own arrangements. For reservations, call 1-301-729-6400. Rooms are $89.00 per night, using code MSFA Group.

A “Welcome Reception” is planned for Friday evening April 13th at the Comfort Inn and Suite, 1216 National Highway, La Vale, MD where you will have a chance to mingle with all. The reception will be hosted by the Allegany and Garrett Counties Fire and Rescue Association between the hours of 7:00 p.m. and 9:00 p.m.

President Bilger announced for those not participating in the meeting on Saturday, the ladies are planning some activities. Details will be announced at the Welcome Reception on Friday evening.

Attached you will find a copy of the Agenda for Committees and EMSOF Partners reporting. If for some reason, you are unable to report as schedule, contact Executive Committee Chairman Charles Simpson.

Remember - All Committee Chairs, Organizations and Agencies are reminded that your reports must be sent electronically to the Secretary’s Office at report@msfa.org no later than February 17th, 2018. You are also requested to have fifteen (15) copies of your report prepared for distribution prior to your reporting time and should be turned into the Secretary’s Office as soon as possible.

As in the past, any budget request must be submitted to Chairman Stephan Cox at budget@msfa.org.
President Bilger has announced that this will be a one day only meeting.

Everyone is encouraged to attend and participate in these meetings of the Executive Committee so that you can be better informed and updated on the various emergency services issues, to better serve the citizens of Our Great State.

Respectfully submitted,

Doyle E. Cox

Doyle Cox, P.P., Secretary
Joseph A. Cooper, Assistant Secretary Emeritus
Shirley Copado, Assistant Secretary
Nancy Cox, Assistant Secretary
Michelle Malin, Assistant Secretary
Nancy Scott, Assistant Secretary
Thomas W. Scott, III, Assistant Secretary
Maryland State Firemen’s Association
Executive Committee Meeting Agenda

Saturday-April 14, 2018
Midland Volunteer Fire Company

Call to Order 0900 hours (Chairman Simpson)
Invocation and Pledge to Flag (Chaplain/Asst. Chaplain)
Welcome by Midland Vol. Fire Company (President)
President’s Initial Welcome (President Bilger)
Recognition of Past Presidents, Board of Trustees, Executive Committee members present,
Guests and State Partners, (2nd Vice President Faust)
   LAMSFA Officers: (President’s Rpt. with introduction) (President
      Vivian Boyd)
   Bessie Marshall Fund (Patricia Dehmond, Kathy Knipple)
   Miss Fire Prevention

OFFICER REPORTS
President’s Report (President Bilger)
1st Vice President’s Report (1st Vice President Blair)
2nd Vice President’s Report (2nd Vice President Faust)
Secretary’s Report (Secretary Cox, PP)

FINANCIAL TEAM REPORT
Treasurer’s Report (Treasurer Slarnicki)
Financial Secretary’s Report (Secretary Vocke)
Budget Chairman Report (Chairman Steve Cox, PP)

Board of Trustees Report (Chairman Carpenter)
Chaplain’s Report (Chaplain Rev. Long)
Attorney’s Report (Atty. Farlow)
Parliamentarian’s Report (Parliamentarian Brooks)
Executive Director (Director Mr. Mahan)
   1. SAFER Grant Oversite Comm. (Chairman Justin Towles)
   2. Marketing and Events Comm. (2nd VP Faust)
   3. Strategic Planning Steering Comm. (Chairman Doug Simpkins)

Partners/Appointed Positions Reports:
MFRI / MSFA Training Committee — Director Michael Cox/Chair Leon Fleming
MICRB — Barbara Knippenburg/Dan Stevens
MFRETC — John Jerome/Bob Cumberland
MFSPQB – Donald Lee Howard/Dan Stevens
Training and Safety Branch – Leon Fleming
Training Committee – Combined with MFRI Report
Safety Committee
High School Tech Program
Rural Water Supply Committee
Standards Committee
MEMA – Exec. Director Russell Strickland/Terry Thompson
MD State Police – Col. William Pallozzi/ Capt. Mc Minn
R. Adams Cowley Shock Trauma – Karen E. Doyle/Diana Clapp
MIEMSS / MSFA Emergency Medical Services – Co-Directors Dr. R. Alcorta, Pat Gainer
MSFA Emergency Medical Services Branch – Eric Smothers
EMS Committee – Combined with MIEMSS Report
ALS Sub-Committee
BLS Sub-Committee
SEMSAC – Linda Dousa
EMS Board – Fred Cross, PP
LUNCH (1200hr) Prayer for Lunch – Chaplain Call back to Order (1245hr)

Administrative Branch – Joe Antoszewski (Report immediately after Lunch)
Volunteer Company Assistance Fund Committee –
SAFER Grants Oversight Committee – (Combined with Exec. Director Report)
Constitution and By-Laws Committee
Grants Committee – Steve Barry
Sergeant-at-Arms

Partners/Appointed Positions Reports Cont.
MD Office of the State Fire Marshal – Brian Geraci
MD DNR Forestry Service – Monte Mitchell
State Interoperability Executive Committee – Chip Jewell
National Heritage Foundation – Wayne Powell
Md. Military Department – Major General Linda Singh
Maryland Fire Chiefs Association – President Hugh Owens
Anti-Terrorism Advisory Council – H. Ed Woods
MSFA Foundation – Terry Thompson, PP
Maryland Fire Rescue Memorial Foundation – Gene Worthington, PP
National Fallen Firefighters Foundation – Ron Siarnicki/Bob Jacobs
Local Assistance State Team – Michael Pfaltzgraff

Branch/Committee Reports: (1400hr)
The Chairman or anyone acting in his stead shall acknowledge those Committees that have not submitted a report for any reason and shall have the option of striking that Committee from the Agenda on the Authority of the Executive Committee Chair, The President or the Committee Chair.

Next Generation Committee - Ron Block, Chair
Search Committee for Exec Dir – Charles Simpson, Chair  
Fire Prevention & Life Safety Branch – Teresa Crisman  
  Fire Prevention and Life Safety Committee  
  Miss Fire Prevention Sub-Committee  
  Junior Miss Fire Prevention Region Coordinator  
  Risk Watch Sub-Committee – Cindy Wright-Johnson  
  Residential Sprinkler Initiative Committee – Dave Keller  
  MD State Fire Prevention Commission – C. Daniel Davis, PP  
Legislative Branch – Steve Cox, PP  
  Legislative Committee  
  Federal Legislative Oversight Sub-Committee – B. Cumberland  
  Fire Laws Books  
  17 State Circle Committee  
  Out of State Events Coordinators – B. Cumberland  
Strategic Initiatives Branch – Jim Seavey  
  Strategic Planning Steering Committee - Combined with Executive Director  
  Past Presidents Committee  
  Risk Management Committee –  
Public Information Branch – Mike Dixon  
  Public Relations Committee  
  Volunteer Trumpet Committee  
  Historical & Archives/Vol Firefighter Room Committee  
  Marketing and Events – Combined with Executive Director  
Member Benefits Branch – Charles Simpson  
  Recruitment & Retention Committee – (Joe Larson)  
  Scholarship Committee – Dale Fishack  
  Cancer Support Committee – Jim Seavey, Marcia Roth  
  National Volunteer Fire Council – Dave Lewis  
  Wills for Heroes Program – Roger Powell  
  Incentives Programs Committee (LOSAP) – Stu Carter  
Transportation Branch – Mitch Vocke  
  Transportation Committee  
  Presidents Vehicle Committee  
Awards – Doyle Cox, PP  
  Awards Committee  
  Firefighter of the Year Committee  
  Hall of Fame Committee  
  Robert Shimer, PP Administrative Award Sub-Committee  
Financial – Ron Siarnicki  
  (Presented with Treasurer Report)  
  Budget and Revenue Committee – Combined with Financial Team  
  Financial Committee – Combined with Financial Team  
  Ways and Means Committee  
Convention Branch – Ron Siarnicki/Tom Mattingly  
  Convention & Conference Committee  
  Administration Sub-Committee
Exhibits Sub-Committee
Financial Sub-Committee
Production Sub-Committee – Tom Mattingly
Program Sub-Committee – Tom Mattingly

Information/Technology – 2nd VP Mike Faust
Data Systems Committee
Public Address System Group
Credentials Committee

Resource Management Branch – Bill Hildebrand
MEMA Fire Service Personnel Group
Search and Rescue Committee

Old Business

New Business

1. Articles of MSFA Amendment 2018 Charter proposal

Good of the Order

(President Presentation to Host Company)

Drawing

Reports from Executive Committee Members

Benediction / Adjournment

NEXT MEETING: June TBA, 2018 Ocean City Convention Center
Executive Committee Meeting

William M. Singerly Steam Fire Engine and Hook & Ladder Company No. 1 of Elkton Cecil County, Maryland, Inc.
300 Newark Ave
Elkton, Md. 21921

February 24, 2018

The Executive Committee of the Maryland State Fireman’s Association was called to order at 0903 hours by Chairman Charles Simpson. He advised the members present that this was a noise and time sensitive meeting and pointed out the exits.

Executive Committee members present: Chairman Charles Simpson, Vice Chair Richard Hemphill, Timothy Dayton, Wayne Toms, Ex Officio Member Michael A Davis PP, Ronald A Block, Dan Stevens, Richard Smith. Officers in attendance: President Bilger, First Vice President Blair, Second Vice President Faust, Secretary Cox, Assistant Secretary Malin, Treasurer Siarnicki, Assistant Treasurer Cross, Assistant Treasurer Donaldson, Assistant Secretary Jacobs, Financial Secretary Vocke, Assistant Financial Secretary Aaron, Chief Chaplain Rev. Long, Chaplain Hetz, Chaplain Jackson. Trustees: Carpenter, Alexander, J. Thompson, Kurz and T. Thompson.

Chaplain Jackson welcomed all and gave the opening prayer. Rev Jackson also went through many prayer requests.

The Pledge was said by all

Welcome by the hosting the President of Singerly.

President Mark Bilger gave his opening remarks thanking Singerly Fire Company and Auxiliary for hosting the meeting.
2nd VICE PRESIDENT MIKE FAUST: Introduced Past Presidents in attendance - Bob Cumberland, Joe Robinson, Fred Cross, C. Daniel Davis, Jr, Gene Worthington, Terry Thompson, Bobby Jacobs, Frank Underwood, Roger Powell, Doyle Cox, John Denver, Johnny Roth, Mike Davis, Tom Mattingly.

Board of Trustees Present: Dan Carpenter, Douglas Alexander, Jeff Thompson, Benjamin Kurtz and Terry Thompson. Also introduced all partners and guests in attendance.

A short presentation by California Casualty was given by Roxanne Dean, Aleena Fagerman, Amy Grasso and Michelle Harris.

LAMSFA PRESIDENT VIVIAN BOYD (see report) Introduced her officers present as well as past presidents in attendance. She also gave her report and introduced new Bessie Marshall Fund Chairpersons.

PRESIDENT MARK BILGER: (see report). Again welcomed everyone. Thanked the Harford-Cecil association for their reception the previous night at the hotel. Recognized Ron Siarnicki for his help being the liaison between the Leonard King family and the MSFA. Thanked all the companies that he has visited during his term for their hospitality during his visits. Discussed MSFA leadership summit, SAFER grant committee and the budget cycle in Annapolis.

*A request by Secretary Doyle Cox to appoint Michelle Malin, United Community Volunteer Fire Company as Assistant Secretary.

A MOTION WAS MADE BY VICE CHAIR RICK HEMPHILL TO APPROVE THE APPOINT OF MICHELLE MALIN AS ASSISTANT SECRETARY. 2ND BY MEMBER TIM DAYTON.......MOTION PASSED

*New MSFA Assistant Secretary Michelle Malin sworn in by PP Fred Cross.

*Committee Appointments: Two new committees – Reaching the next generation Ron Blockwill be chairing that committee. Executive Director search committee –Chairman will be Charles Simpson, Ron Block, Jim Seavey, Ron Siarnicki and Skip Mahan.

*Thanked and welcomed new Director of MFRI Mike Cox.

1st VICE PRESIDENT RICHARD BLAIR: (see report) Condolences to Leonard King's family as well as to the Cohen Family.

2nd VICE PRESIDENT MIKE FAUST: (see report)

President Bilger made the following presentations:
*Chip Jewell certificate of special recognition for his service to Frederick County and the State of Maryland

*Robin Hawn certificate of recognition for her years of service to the MSFA meetings and receptions.
*Harford Cecil Association - recognition for hosting the reception the previous night.
*Singerly Fire and Auxiliary - recognition for hosting.

SECRETARY DOYLE COX: (See report) Letter to the Governor inviting him to the convention has been sent.

*Approval of minutes of the Kent Island VFD Executive Committee meeting on December 2, 2017

MOTION BY MEMBER RON BLOCK TO APPROVE THE MINUTES FROM PREVIOUS MEETING DATED DECEMBER 2, 2017. MOTION SECONDED BY MEMBER TIM DAYTON......MOTION PASSED

*Secretary Cox advised that he had received a request from the Dorchester County Volunteer Fireman's Association to become an Associate Member.

MOTION BE MEMBER DAN STEVENS TO APPROVE REQUEST FROM DORCHESTER COUNTY TO BE AN ASSOCIATE MEMBER. 2ND BY MEMBER RICHARD SMITH......MOTION APPROVED.

FINANCE TREASURER RON SIARNICKI: (see report) All 1099's and W2G's have been distributed and financial filing has been done with the IRS and payment has been made to the IRS. Next step is the financial review. That document should be ready for the June Executive Board meeting.

*Transmitted almost 300 pages to the Maryland Military Dept.

*$200,000.00 increase to the appropriations fund, $100,000.00 additional work under the stipulations of the legislation, $100,000.00 for Executive Directors Position.

*SAFER grant expenditures a lot of work to do a budget modification and a grant amendment between the MSFA and the Fire Chiefs entire proposal sent to FEMA and approved by them.

*Marketing campaign kicking off March 1st relative to SAFER grant.

*Question by Chairman Simpson regarding impact of SAFER grant ending in September on MSFA budget.

*Answer from Ron Siarnicki is No, Due to funds are not going towards existing projects of the MSFA.
FINANCIAL SECRETARY MITCH VOCKE: Dues top priority. On December 15 created and mailed out 299 dues invoices. On February 15 sent out just 24 reminders.

*Assistant Bobby Erin waiting on receipts from IT Committee

BUDGET COMMITTEE STEVE COX: (see report) Report by Ron Siarnicki who sends his regrets for his absence due to a member funeral.

WAYS AND MEANS MITCH VOCKE: Current raffle we have $17, 454.00 in the bank, that is $3,536.00 more than this time last year. Brings us back to normal. Should be about $55,000 in the raffle.

*Sell those tickets!

*Need help at Spring Fest in Ocean City May 3rd through May 6th

President Mark Bilger recognized Mitch Vocke on his retirement after 44 years of service to the Harford County Government.

BOARD OF TRUSTEES DAN CARPENTER:

*Coulborn Cup- Deadline is May 1

*Thanked the treasurers office, Ron Siarnicki for taking care of sending out notices and financial stuff to the Board of Trustees.

*Claims – 1 claim from 2015 in the line of duty. He is permanently disabled and has been moved to permanently disabled on the board of trustees.

*At this time we have 3 currently on the permanently disabled LOD list. We have 29 widows, 1 dependent child, 2 that are in education.

BOARD OF TRUSTEES SECRETARY JEFF THOMPSON: It has been an honor to serve on the board for the past 5 years and I would like to announce my candidacy for reelection this coming June at the convention.

CHAPLAINS REPORT CHAPLAIN LONG: (see report) We will have 8 special tributes that we will be doing in Ocean City. Please take note of picture quality as what is being submitted is terrible.

ATTORNEYS REPORT MIKE FARLOW:
*Pending lawsuits: liquor store is suing over a check we had written to someone who was receiving funds from the trustees she got an extra check and was notified of that and went ahead and cashed it anyway. The case has been postponed a few times because we added her as a third party defendant and we are having trouble getting her served. Case is marked for March 22 but will probably be postponed again.

*Tax incentive- eligibility

*We are having difficulty finding out what the original language of our charter is.

**PARLIMNETARIANS REPORT RICHARD BROOKS:**

*If you are going to change standards in a company change in bylaws well in advance of election time

**EXECUTIVE DIRECTOR SKIP MAHAN:** (see report)

*SAFER grant under control

*Quarterly report submitted

*Tuition assistance

*Mr Ron Block is now the Chairman of the Next Generation Committee

**MISS FIRE PREVENTION REPORT LAUREN CAUDLL:** (see report)

*Miss Fire Prevention (Sarah Paul) her mother is in the hospital.

**MFRI DIRECTOR MICHEAL COX:** (see report)

*Total students over 34,000 in 1756 programs

*Learning management program continues to work well

*EMT-B program still has some issues

*NFPA standards to watch Mr. Preston will go over them

• Active shooter incidents
• Will not be tested on EMS standards to get Fire Officer Certification
• NFPA 1006 the rescue tech standard was published and has many problem
MSFA TRAINING LEON FLEMING (see report)

* Training at convention

* Reduction of classes offered

* OC Fools Program Chip Jewell is now the liaison with this program will bring back information on May 6.

* Ten year plan is now on the training committee web page at MSFA.org

MICRB MIKE STEVENS- Meet on April 18

MFRETC BOB CUMBERLAND: (see report)

* New Chairman, Chief Clemens stepped down

* At October meeting we endorsed MRFL's request to do away with the medical survey and go more with the physical

* Active assailant education

* Next meeting Feb 27 at Howard County Public Safety Training Center at 10 AM

MFSPQB DAN STEVENS- We will meet in Ocean City

MEMA EXECUTIVE DIRECTOR STRICKLAND- (see report)

* 20% reduction in personnel

* Active assailant program
* 2018 Maryland Emergency Management Association Symposium in Ocean City
* 2017 Hurricane Season Support
* Operation Command Center
* Planning Branch- consequence management changed from ESF to state coordination effort
* Training and education branch continuing to move forward with programs for that.
* Mitigation program totally rebuilding staff

MSP AVIATION COMMAND CAPT. KIETH McMINN:

* LODD in Prince Georges County this week
Transported 2008 patients, conducted 184 search and rescue missions and 702 Law Enforcement homeland security missions
* Additional Initiatives:
  Med part- New Chief Flight Paramedic
  Five new rescue techs
  Middle of recruitment for flight medics
  2017 new Director of OPS
  Flight Training Devise
  2/23/18 Deputy Director of Aviation who will be the number 2 in the organization

SHOCK TRAUMA DIANE CLAPP: (see report)

MIEMMS CO EXECUTIVE DIRECTOR PAT GAINOR: (see report)

* Continuing search for Executive Director and have hired a firm that specializes in placement of physician executive placement. Hope to have filled by end of June
* Obtained $200,000.00 in pass through money from opioid operational command center that will go to jurisdictions to help them with the recouping of cost for naloxone.

EMS COMMITTEE CHAIR ERIC SMOOTHERS:

* We need to continue to support the bills that are going through the legislature.
* 50/50 grants are out there for your monitors, your AEDs.

* Regional affairs meeting on Thursday

* State highway grand is out there TTEC is really big right now

Chairman Simpson made two announcements prior to breaking for lunch. Please buy 50/50 raffle tickets and the VCAF meeting is going to be at the coat room during lunch break.

Call for recess be back at 1300.

Benediction by Rev Jackson

Meeting called back to order at 1308 by Chairman Simpson

VCAF CHAIRMAN JOE ANROSZEWSKI: (see report)

* Woodland Beach VFD – 2.5 million loan was withdrawn from committee.

*Darlington VFD – Loan application for SCBA's for $209,304.00 putting up 25%, loan to be paid off in 2020

  MOTION BY WAYNE TOME 2nd BY TIM DAYTON THAT THE LOAN TO DARLINGTON VFC FOR THE AMOUNT OF $209,304.00 BE APPROVED.....PASSED UNANIMOUSLY.

*Longmeadow VFC – Loan application in the amount of $888,750.00 for an addition to the fire station

  MOTION BY VICE CHAIR RICHARD HEMPHILL 2nd BY RICHARD BLOCK THAT THE LOAN TO LONGMEADOW VFC FOR THE AMOUNT OF $888,750.00 BE APPROVED ......PASSED UNANIMOUSLY.

*Morningside VFC – Loan application in the amount of $720,000.00 to refurbish and rechassis
a tractor drawn ariel unit will be titled a 2018 work to be done by Pierce 20 year payback at 1%

MOTION BY DAN STEVENS 2nd BY TIM DAYTON THAT THE LOAN TO MORNINGSIDE VFC FOR THE AMOUNT OF $720,000.00 BE APPROVED ....... PASSED UNANIMOUSLY.

*Lakeshore VFC – Loan application in the amount of $308,408.00 for a new rescue engine 15 years at 1%

MOTION BY RON BLOCK 2nd BY VICE CHAIR RICHARD HEMPHILL THAT THE LOAN TO LAKESHORE VFC FOR THE AMOUNT OF $308,408.00 BE APPROVED....... PASSED UNANIMOUSLY

*Eldorado-Brookview VFC- Loan application in the amount of $33,750.00 10 year payback at1%, Grant application in the amount of $25,561.00 for purchase of rescue equipment and another grant application in the amount of $105,000.00 to purchase a used engine and to replace their rescue tools.

MOTION BY RICHARD SMITH 2nd BY TIM DAYTON THAT THE GRANT APPLICATION TO THE ELDORADO-BROOKVIEW VFC FOR THE AMOUNT OF $105,000.00 BE APPROVED.....PASSED UNANIMOUSLY

MOTION BY RICHARD SMITH 2nd BY VICE CHAIR RICHARD HEMPHILL THAT THE LOAN TO ELDORADO-BROOKVIEW VFC FOR THE AMOUNT OF $33,750.00 BE APPROVED.....PASSED UNANIMOUSLY.

MOTION BY RICHARD SMITH 2ND BY TIM DAYTON THAT THE GRANT APPLICATION TO THE ELDORADO-BROOKVIEW VFC FOR THE AMOUNT OF $25,561.00 BE APPROVED.....PASSED UNANIMOUSLY.

*Midland VFD #1 – Loan application in the amount of $193,264.00 Grant application in the amount of $257,686.00 to purchase a new engine

MOTION BY RICHARD BLOCK 2nd BY TIM DAYTON THAT THE GRANT APPLICATION TO THE MIDLAND VFD #1 FOR THE AMOUNT OF $257,686.00 BE APPROVED..... PASSED UNANIMOUSLY.

MOTION BY TIM DAYTON 2nd BY VICE CHAIR RICHARD HEMPHILL THAT HE LOAN APPLICATION TO THE MIDLAND VFD #1 FOR THE AMOUNT OF $193,264.00 BE APPROVED ..... PASSED UNANIMOUSLY.

* Next meeting will be March 18th at Odenton at 10AM – discussion will be ways to streamline

*Current funds in the bank are $4,054,257.68
MOTION BY TIM DAYTON 2nd BY RICHARD BLOCK TO APPROVE THE REQUES FROM VCAF FOR ADDITIONAL FUNDING THROUGH LEGISLATURE....MOTION PASSED UNAMIOUSLY.

MOTION BY TIM DAYTON 2nd BY WAYNE TOME TO APPROVE THE REQUEST TO REQUEST APPROVAL FOR THE PRESIDENT TO PERSUE LEGISLATIVE CHANGES TO THE LAW THAT GOVERNS VCAF, MOSTLY WORDING CLEANUP.....PASSED UNAMIOUSLY.

BEYER MARSHALL FUND CO CHAIRS PAT DAMON AND KATHY KNIPPLE:

- Due to unfortunate death of Chair Marty Neal LMSFA President Vivian Boyd asked Pat Damon and Cathy Knipple to act as co-chairs.

- Fund raising projects discussed

- Money received and expenses

FIRE MARSHALL KEN BUSHEAR: (see report)

- Thank you for all of your condolences and support with the LODD of Deputy Chief Cohen

- 5 sworn and 4 civilian openings

- 7 fire fatalities so far for 2018

- 974 total investigations in 2017

- New smoke alarm law is now in full effect

Some discussion was held on the 508 funding also there was much discussion concerning the new smoke alarm law.

DNR/FORESTRY MONTE MITCHELLE: (see report)

MARYLAND FIRE CHIEFS ASSOCIATION HUGH OWENS:

Thanked the organization for it's continuing cooperation with the Fire Chiefs Association making the Fire Service a powerful force.
*Discussed lack of enrollment in classes offered

* New valor award in Leonard King's name.

*Next meeting April 7th hopefully at Arbutus

ANTI TERRORISM ADVISORY COUNCIL H. ED WOODS: (no report submitted)

* Last meeting was last Tuesday discussed ideas to provide joint fire, ems and police training together

MARYLAND FIRE RESCUE MEMORIAL FOUNDATION GENE WORTHINGTON:

*All upgrades completed at the memorial site. We will go into a major fund raising campaign
*Gala will be Sept 22 at Milestone Event and Catering in Easton, MD host hotel will be Quality Inn.

NATIONAL FALLEN FIREFIGHTERS FOUNDATION RON SIARNICKI:

*Went over restructuring of foundation and new positions

*Continuing to push on fund raising

*Growth is continuing

*Long term care needs of first responders injured in the line of duty

*Survivor wellness conference will be held in Blue Ash Ohio April 8-10

*FDNY 911 report 278 responders have died of post 911 disease 23 FDNY members will be honored in October more than 2000 providers nationwide are now being monitored

FIRE PREVENTION AND LIFE SAFETY TERESA CRISMAN:

*Addressed new smoke alarm laws. And getting the word out

*No fire prevention grants allowed this year

*Next meeting will be March 24 at MFRI headquarters

*Vision 20/20 update symposium is in April.
*NFPA May 19th home fire sprinkler day

RISK WATCH: (see report)

LEGISLATIVE BRANCH JOHNNY ROTH:

*Fire Caucus is now the Fire and EMS coalition

OUT OF STATE EVENTS COORDINATOR AND FEDERAL LEGISLATIVE SUBCOMMITTEE BOB CUMBERLAND:

*Urge you to support House bill 531, Senate bill 445 protects highway workers, mowers and tow association.

*Federal legislation report submitted

STRATEGIC INITIATIVES JIM SEAKEY: Nothing to add at this time

PUBLIC INFORMATION BRANCH MIKE DIXON: (see report)

MEMBER BENEFITS STU CARTER: (see report)

*In December edition of the Trumpet all rules of the tax break program were listed.

*Recruitment and Retention April 15 state wide recruitment day.

CANCER SUPPORT RON BLOCK:

*Upcoming 5k Hope Awareness walk

*Cancer Care bags with Executive Committee

TRANSPORTATION MITCH VOCKE:

*Presidents car is good.
*On January 12 President Bilger submitted a letter to MVA stating we had the go ahead on the new design for the tags. They sent a sample tag to Chairman Flynn who says they are very crisp and look great.

CONSTITUTION AND BYLAWS HARVEY:

*Minor flaw recently uncovered. Nowhere is there a requirement that any amendment be presented to the Bylaws committee for review

CONVENTION COMMITTEE RON SIARNICKI:

*Convention construction project they are still working on it. It will not affect us this year but is expected to impact us in 2019.

*Exhibit packages went out

*Working on seminars

*Issue with caucus space has been addressed

*Production and Programs Tom Mattingly how to upgrade program from last year.

*Have executed contract for next year for the convention they want us to contract for 3 years.

*Air show will be in town the same weekend

*All family events being scheduled and worked on

*Trailer parking permit

*Banquet scheduled at the Clarion Hotel, Installation will be at the Performing Arts Center

*Next meeting March 27 at Odenton

*Ken Bush program is just about set.
AWARDS COMMITTEE DOYLE COX: (see report)

*We need more nominations

INFORMATION TECHNOLOGY: No report

SEARCH AND RESCUE TODD: (see report)

MEMA: (see report)

OLD BUSINESS: None

NEW BUSINESS:

*Mike LeCompte and Pat Rooney

Safety committee meeting tomorrow at Kent Island Fire Company

*Full time position recruitment and retention officer for the volunteers for the town of Ocean City.

*Pat Rooney on Traffic Incident Management training

MOTION BY WAYNE TOME 2nd BY VICE CHAIR RICHARD HEMPHILL TO APPROVE RESOLUTION OF MARYLAND TRAFFIC INCIDENT MANAGEMENT TRAINING WITH THE CHANGE THAT IT MUST BE SIGNED BY THE SECRETARY.......PASSED UNANIMOUSLY.

*Submitting Bylaw change proposal change standing committee, remove planning committee and replace with strategic planning steering committee, members of committee as specified, and the committee duties replaced in conjunction develop short and long range goals and plans and replaced it with strategic planning steering committee shall develop short and long range goals and plans

MOTION BY VICE CHAIR RICHARD HEMPHILL 2nd BY RICHARD BLOCK TO ADOPT THE BYLAW PROPOSAL CHANGE.......PASSED UNANIMOUSLY

GOOD OF THE ORDER:

*Presentation of check to President of Singerly Fire Company for food and hospitality.
*Raffle drawing winner Lois Hetz, prize of $180.00

REPORTS FROM EXECUTIVE COMMITTEE:

*Wayne Tome- President Hahn suggests you stop at a restaurant on the way home, Greetings from Harford Cecil President Briscoe from Chesapeake City and President Ire from Harford County.

*Dan Stevens- Thanked Singerly for hospitality and Harford Cecil for hospitality last night. One county in Maryland that is 100% volunteer and they have decided to hire, so now no more all volunteer counties left in the state. Mr and Mrs Stevens will become Grandparents next Wednesday
*Tim Dayton - Thanked Harford Cecil and Singerly for hospitality

*Ron Block - Greeting from Anne Arundel County and Tim Hall President Anne Arundel County Fireman's Association. Thanked Harford Cecil and Singerly for their hospitality.

*Frank Underwood- On behalf of Chuck Walker who is now home, Next county Association meeting will be March 14 at Beltsville.

*Richard Smith- Greeting from Talbot and Dorchester. Both counties are in the process of appearing before the council with their budget presentation presumably everyone will get what they are asking. Dorchester County is also hosting the Eastern Shore school on May 12. Talbot County is hosting a golf tournament on July 18th at Hog Neck.

*Mike Davis -- Thanks and greetings from Baltimore County. Thanked Singerly for their hospitality. The EMS thing, we all would like to let it pass by, but we shouldn't.

*Vice Chair Richard Hemphill -- Greetings from Frederick and Washington Counties. Thank everyone for coming out especially Singerly, the meal was wonderful. Everyone have a safe trip home.

President Bilger- Everyone have a safe trip home/

Chairman Simpson- From Carroll County and Howard County I say thank you all and thank you particularly Singerly for a great meal, great hospitality. It was a really good meeting. Thank the members of the board who showed up today for their hard work and getting a lot of things done. We made some great accomplishments today.

BENEDICTION GIVEN BY REVERAND HETZ

MEETING ADJOURNED
Respectively submitted,

Michelle Malin
Assistant Secretary

MOTION SUMMARY

Executive Committee Meeting

February 14, 2018

A MOTION WAS MADE BY VICE CHAIR RICK HEMPHILL TO APPROVE THE APPOINT OF MICHELLE MALIN AS ASSISTANT SECRETARY. 2ND BY MEMBER TIM DAYTON......MOTION PASSED

MOTION BY MEMBER RON BLOCK TO APPROVE THE MINUTES FROM PREVIOUS MEETING DATED DECEMBER 2, 2017. MOTION 2ND BY MEMBER TIM DAYTON......MOTION PASSED

MOTION BE MEMBER DAN STEVENS TO APPROVE REQUEST FROM DORCHESTER COUNTY TO BE AN ASSOCIATE MEMBER. 2ND BY MEMBER RICHARD SMITH......MOTION APPROVED.

MOTION BY WAYNE TOME 2ND BY TIM DAYTON THAT THE LOAN TO DARLINGTON VFC FOR THE AMOUNT OF $209,304.00 BE APPROVED.....PASSED UNANIMOUSLY.

MOTION BY VICE CHAIR RICHARD HEMPHILL 2ND BY RICHARD BLOCK THAT THE LOAN TO LONGMEADOW VFC FOR THE AMOUNT OF $888,750.00 BE APPROVED ......PASSED UNANIMOUSLY.
MOTION BY DAN STEVENS 2ND BY TIM DAYTON THAT THE LOAN TO MORNINGSIDE VFC FOR THE AMOUNT OF $720,000.00 BE APPROVED ..........PASSED UNANIMOUSLY.

MOTION BY RON BLOCK 2ND BY VICE CHAIR RICHARD HEMPHILL THAT THE LOAN TO LAKESHORE VFC FOR THE AMOUNT OF $308,408.00 BE APPROVED ..........PASSED UNANIMOUSLY.

MOTION BY RICHARD SMITH 2ND BY TIM DAYTON THAT THE GRANT APPLICATION TO THE ELDORADO-BROOKVIEW VFC FOR THE AMOUNT OF $105,000.00 BE APPROVED ..........PASSED UNANIMOUSLY.

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MOTION BY VICE CHAIR RICHARD HEMPHILL 2ND BY RICHARD BLOCK TO ADOPT THE BYLAW PROPOSAL CHANGE ..........PASSED UNANIMOUSLY.
Announcements

MSFA Recruitment Campaign - Sign Up for Recruitment Day ASAP, Casting Call for Your Members & Complete Your Department's Profile

Good afternoon,

The Maryland State Firemen's Association SAFER grant-funded recruitment efforts include features to bolster your department's presence on our soon-to-be revamped statewide recruitment website: MDVolunteer.org, as well as a casting call for volunteers who showcase the best of what our fire service has to offer.

First and foremost, we're looking to finalize the list of departments participating in the annual statewide recruitment day April 15 — an event we will be marketing extensively via social media, web marketing and radio to your local communities. If you have not decided to participate, there's still time.

If your department is planning to participate, please complete the department registration form at https://www.firstarriving.com/md2018/ by Wednesday, March 28.

Some ideas for the event include providing station tours, information about the benefits and requirements of joining your department, demonstrations and other activities to get prospective recruits interested in joining your department. For more information and ideas contact your county's MSFA R&R committee member.

We're asking for your help on these two other fronts:

CREATE YOUR NEW DEPARTMENT RECRUITMENT PROFILE
https://www.firstarriving.com/maryland/

- Our revamped site will soon include searchable profiles of departments seeking volunteers throughout the state.
- The profile includes key information about your department, what type(s) of volunteers you are seeking, multimedia including featured photos and videos, as well as real-time content from your social media channels.
- We ask you please have your department's recruitment lead complete this form by Monday, April 2. It should only take about 10-15 minutes.
- Prospective volunteers will be able to search by their location, interest and more; learn about your department and submit an interest form about volunteering that will go directly to your department's recruitment team. As the site gears up, we will be using a variety of channels going forward to drive prospective volunteers to it and to your department's profile as well via locally-targeted online marketing campaigns.

CASTING CALL FOR FEATURED VOLUNTEERS & THOSE WITH UNIQUE STORIES
https://www.firstarriving.com/md-casting-call/

We are seeking to identify 15-20 volunteer firefighters, first responders, support and administrative volunteers, Juniors and explorers to be showcased across a variety of our recruitment marketing channels.
- These members may be included in photo shoots, videos and more to tell the story about why they became a volunteer, why they love it and what they'd tell others interested in learning more about joining the Maryland fire/EMS service.
- If you are a volunteer interested in being among the faces of the Maryland Volunteer fire/EMS service (or know someone who should be), please complete our casting call form at https://www.firstarriving.com/md-casting-call/
- We ask you submit the form by Friday, March 30th.
- Did you join the volunteer fire service because of a personal experience? A family connection? Your love for community? Or do you just love being a volunteer firefighter or fire service team member and want to help spread the word and grow our state's volunteer ranks? We want to hear from you.

These efforts are being developed by First Arriving, the marketing team we've partnered with to lead these creative recruitment marketing programs.

If you have any questions, please email md@firstarriving.com.

Record Details

Created on 03/12/2018 at 4:41 PM by Member of Member Company Dave Iannone
Recruitment and Retention Update - Association Meeting 2/15/18

Smoke Signals- Have you watched the new episode? We are looking for stations to host these monthly videos and we need your station volunteers to read parts on camera when your company is the host

VOLUNTEER STRONG CHALLENGE – NEW DATE
Sunday May 6, 2018 1 pm
Recruitment Challenge and Skills Challenge registration will be up by the first week of April...watch for details and share with company members

PICNIC- SAVE THE DATE 8/25/18 from 12-4 pm at Antietam Recreation, watch for more details about how to register

TRAINING/SCHOLARSHIP OPPORTUNITIES:
- 4/19-22 International Assoc of Fire Chiefs Eastern Division Conference in Baltimore
- 5/19-20- We’re in This Together Recruitment and Retention Training held here in Washington County. To register go to: http://reimbursementform.volunteerfirefighter.org/workshopRegistration.php?a=16&s=MD

Contact Nicole for any info need about these Scholarship/Tuition assistance programs
Charles W Riley Firefighter and Ambulance/Rescue Squad Scholarship
Kenneth E Butts Memorial Scholarship (EMS)
J.R. Haines Memorial Scholarship (Fire)
MSFA SAFER Grant Tuition Reimbursement up to $2,000 per semester
For more information contact Nicole at wcvfrarr@verizon.net

MSFA- Statewide Recruitment Day and Casting Call for volunteers –See Attached

I encourage you to use every single public interaction as a recruitment opportunity whether that opportunity presents itself in the firehouse, on the fire scene or in the grocery store.

Respectfully submitted by: Nicole Stotelmyer, R & R Coordinator, WCVFA
The International Association of Fire Chiefs
Volunteer and Combination Officers Section and Volunteer Workforce
Solutions presents:

Fire Rescue Organizational Guidance
for Volunteer Leaders

Topics include analyzing and understanding the fire department's people, processes, and culture. At the conclusion of the course, participants will have practical guidelines that are customized to their organization that can be immediately implemented upon returning home.

Join the Prince George's County Volunteer Fire & Rescue Association for this free *two-and-a-half-day hands-on leadership workshop.

Friday, March 23, 2018 from 6:00PM-10:00PM,
Saturday, March 24, 2018 from 8:00AM-5:00PM and
Sunday, March 25, 2018 from 8:00AM-5:00PM

*Please note that attendance to all three days is encouraged.

Maryland Fire and Rescue Institute
4500 Campus Drive
College Park, MD 20742

Register online at:
FROGPG.eventbrite.com
by March 9, 2018

www.iafc.org
www.whatfuelsyourfire.org
2nd Annual Public Safety Awards

NOMINATION FORM— Submission Deadline 5/4/18

Date: _______________________

Submitted by: ______________________________________________

Dept.: ____________________________________________________________________________

Nominee: __________________________________________________________________________

Dept.: ____________________________________________________________________________

Current Assignment: __________________________________________________________________________

Select One Category (Descriptions found on reverse side):

☐ FIRE/RESCUE: Fire, EMS, DES

☐ LAW ENFORCEMENT: MSP, HPD, Sheriff, Hancock, Boonsboro, Smithsburg.

☐ CORRECTIONS: All three correctional facility locations.

☐ PUBLIC HEALTH: ER, Health Department, Urgent Care.

☐ TELECOMMUNICATIONS

☐ GOOD SAMARITAN AWARD

☐ HERO AWARD

Instructions: In order to properly evaluate this request, please complete this form (front and back) and provide a detailed account of the incident/performance and why you believe it’s deserving of the award or acknowledgement, if you feel necessary. Attach any paperwork related to the incident/performance that supports your request. Category winners will be selected by the Washington County Chamber of Commerce Public Safety Awards Review Committee.

The award breakfast is scheduled for Thursday, June 28th.

INCLUDE WITH THIS APPLICATION:

• Detailed description of incident

• Supervisor’s comments, if necessary

Supervisor’s Signature: ___________________________ Date: ___________________________
Description of Awards

- **UNIT ACHIEVEMENT AWARD (1 Winner from Each Category):**
  This honor is awarded to any bureau, division, section, unit, or squad exhibiting extraordinary performance, attention to duty, and for an outstanding contribution to the department or to the welfare of our citizens.

- **PUBLIC SAFETY DISTINGUISHED SERVICE AWARD (1 Winner from Each Category):**
  This award is presented to a responder who is distinguished from all others of their rank or position. He or she performs above expectation, demonstrates responsibility, and initiated a credible accomplishment in the previous year.

- **COMMUNITY SERVICE AWARD (Only 1 Person or Group is Able to Receive This Award Regardless of Category):**
  This award is presented to an individual, group or organization who has worked to better the lives of those in Washington County, either inside or outside of normal job duties, or has performed a single outstanding community service activity. Examples include: Education, mass education courses, crime reduction, self-defense, prevention. Programs like "Coats for Kids", etc.

- **LIFETIME ACHIEVEMENT AWARD (Only 1 Person of Group is Able to Receive This Award Regardless of Category):**
  The individual awarded this honor encompasses leadership and an exceptional work ethic. He or she has consistently performed above & beyond normal expectation throughout their career.

- **MEDAL(s) OF VALOR AWARD**
  - **Gold:** This award recognizes an act of bravery involving extreme personal risk that is clearly above and beyond the call of duty or an incident of valor that results in serious injury or death.
  - **Silver:** This award recognizes acts of bravery involving great personal risk beyond the call of duty.
  - **Bronze:** This award recognizes acts of bravery involving unusual personal risk beyond expectation while performing the usual responsibility. Bronze-level recognition may also be awarded to a member who demonstrates unusual judgement, zeal, or ingenuity during an emergency situation when such an act is beyond that normally expected in the line of duty.

- **TELECOMMUNICATION AWARD (Telecommunications Category Only):**
  This individual, through their outstanding dedication and service has demonstrated an exceptional contribution to the improved delivery of emergency medical, fire and law enforcement services to the citizens and visitors of Washington County.

- **VOLUNTEER ACHIEVEMENT AWARD (1 Winner from Each Category):**
  This honor is presented for volunteer dedication and initiative above and beyond the call of duty over a period of time that has affected and benefited the citizens of Washington County and beyond.

- **GOOD SAMARITAN AWARD:**
  This award recognizes a non-uniformed, untrained citizen who clearly goes above and beyond, performing an act of selflessness and bravery during an emergency situation.

- **HERO AWARD:**
  This award honors an individual or team whose actions attempted to save or succeeded in saving a human life. Recipients demonstrate strong knowledge of medical and rescue efforts, quick action, and a commitment to service on and off duty.
FREE Retention and Recruitment Workshop in Hagerstown!
May 19th & 20th, 2018

Workshop Location
Ramada Plaza
1718 Underpass Way
Hagerstown, MD 21740
Cumberland Room

Hotel Accommodations
Ramada Plaza
1718 Underpass Way
Hagerstown, MD 21740
301-797-2500
Room block name:
Bowie Volunteer Fire Department

The Cost of the Workshop
There is NO cost to attend the workshop; mileage, 2 nights of lodging and per diem for attendees will be reimbursed upon completion of the workshop.

The R&R Workshop is designed to facilitate open discussion about the local volunteer firefighter retention and recruitment issues. We urge Volunteer/Combination Departments to send 2-3 people to this workshop.

Register today to reserve your seat!

---

**Workshop Topics**
Over the weekend, anticipate learning valuable take-aways, including:

- Leadership challenges & management skills
- Effective retention & recruitment incentives & funding ideas
- Identify & communicate local volunteer need to the public
- Develop & implement a local marketing plan

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**Questions?**
Contact Kate!
(855) VOL-FIRE or Kate@volunteerfirefighter.org

VolunteerFirefighter.org, 1775 W. State Street, #225, Boise, ID 83702

SafeUnsubscribe™ wcvfrarr@verizon.net
Forward this email | Update Profile | About our service provider
Sent by kate@volunteerfirefighter.org in collaboration with

Constant Contact
Try it free today
FIRE SERVICE ORGANIZATIONS RELEASE
BEST PRACTICES FOR PREVENTING
FIREFIGHTER CANCER

March 6, 2018

Cancer is increasingly recognized as one of the most dangerous threats to firefighters. Studies have shown that firefighters are at increased risk for many types of cancer as compared with the general population. The toxins and carcinogens firefighters are exposed to on the scene and through residual effects of firefighting are better understood now than ever before. A new resource is now available to help firefighters understand their risks and proactively protect themselves from occupational cancer.

The National Volunteer Fire Council (NVFC) Cancer Subcommittee and the International Association of Fire Chiefs (IAFC) Volunteer and Combination Officers Section (VCOS), along with the Fire Service Occupational Cancer Alliance, the Firefighter Cancer Support Network (FCSN), and with support from California Casualty, have developed a poster of the best practices for preventing firefighter cancer.

"Firefighters are contracting cancer at an alarming rate, and we need to take action to protect our brothers and sisters," said Chief Brian McQueen, co-chair of the NVFC Cancer Subcommittee and cancer survivor. "Fortunately, there are specific things we can do to lessen our risks and prevent exposure. The NVFC, IAFC VCOS, Fire Service Occupational Cancer Alliance, FCSN, and California Casualty strongly encourage you to adopt these best practices in your department immediately and ensure all firefighters are adhering to these policies."

"We call upon department leaders and all personnel to make cancer prevention a priority in your department," said Jim Seavey, board member of the IAFC VCOS, co-chair of the NVFC Cancer Subcommittee, and cancer survivor. "We owe it to each firefighter, to their families, and to the community to take every step necessary to keep our firefighters healthy and to ensure they come home safely. Together we can stop firefighter occupational cancer."

The poster provides all fire department leaders and firefighting personnel with specific actions that must be taken in order to address the cancer epidemic and protect firefighters. These best practices are as follows:

1. Full protective equipment (PPE) must be worn throughout the entire incident, including SCBA during salvage and overhaul.
2. A second hood should be provided to all entry-certified personnel in the department.
3. Following exit from the IDLH, and while still on air, you should begin immediate gross decon of PPE using soap water and a brush, if weather conditions allow. PPE should then be placed into a sealed plastic bag and placed in an exterior compartment of the rig, or if responding in POVs, placed in a large storage tote, thus keeping the off-gassing PPE away from passengers and self.

4. After completion of gross decon procedures as discussed above, and while still on scene, the exposed areas of the body (neck, face, arms, and hands) should be wiped off immediately using wipes, which must be carried on all apparatus. Use the wipes to remove as much soot as possible from head, neck, jaw, throat, underarms, and hands immediately.

5. Change your clothes and wash them after exposure to products of combustion or other contaminates. Do this as soon as possible and/or isolate in a trash bag until washing is available.

6. Shower as soon as possible after being exposed to products of combustion or other contaminates. “Shower within the Hour.”

7. PPE, especially turnout pants, must be prohibited in areas outside the apparatus floor (i.e. kitchen, sleeping areas, etc.) and never in the household.

8. Wipes, or soap and water, should also be used to decontaminate and clean apparatus seats, SCBA, and interior crew area regularly, especially after incidents where personnel were exposed to products of combustion.


10. Tobacco products of any variety, including dip and e-cigarettes should never be used at anytime on or off duty.

11. Fully document ALL fire or chemical exposures on incident reports and personal exposure reports.

The poster is now available as a resource for all fire departments. Use these best practices as the basis for fire department standard operating procedures, and hang a copy at the station as a reminder of the actions every firefighter needs to follow. Download the poster here: https://www.nvfc.org/wp-content/uploads/2017/12/Preventing-Cancer-poster.pdf (http://www.nvfc.org/wp-content/uploads/2017/12/Preventing-Cancer-poster.pdf)

The NVFC Cancer Subcommittee and IAFC VCOS are currently developing a ribbon report to further address cancer in the fire service and the cultural change needed to ensure the safety of all personnel. The report will be released later this year.

Washington County
Citizens' Emergency Preparedness Day
sponsored by Washington County Emergency Management Corps in partnership with Lowe's Home Improvement Store and Hobby Lobby, Wesel Boulevard

Saturday, September 29, 2018
10:00 am – 2:00 pm

PARTICIPANT REGISTRATION FORM

Name of Agency/Organization:

Mailing Address:

Contact Name:

Phone: 
Cell: 
Fax: 

E-mail:

Are special accommodations required? □ Yes □ No If yes, please specify below:
(Please request any special accommodations no later than 10 days prior to the event.)

Number of tables needed Electricity needed? □ Yes □ No

Are you able to provide a minimum of 100 items for inclusion in personal emergency preparedness bags? □ Yes □ No If yes, what is the item?

Are you able to donate a raffle prize? □ Yes □ No If yes, what is the prize?

Briefly explain your display, i.e., information, demonstration, apparatus (include the type and size of the apparatus), etc.

Please return your completed application no later than September 1, 2018, to:

Elaine Rose
Washington County Health Department
1302 Pennsylvania Avenue
Hagerstown, MD 21742
Phone: 240.313.3355
Fax: 240.313.3301
Email: elaine.rose@maryland.gov

We appreciate your participation!
Washington County Citizens’ Emergency Preparedness Day
Saturday, September 29, 2018 – 10:00am to 2:00pm
Location: Lowe’s Home Improvement Store and Hobby Lobby Parking Lots
off Wesel Boulevard, Hagerstown, MD
September is “National Preparedness Month” Learn how to keep your family safe in the event of a real emergency!

- Free Raffle Drawing
- Demonstrations
- Mascots
- Free Food
- Emergency Apparatus
- Kids’ Zone
  Hands-on activities for the kids
- Preparedness Information
  15+ exhibitors with informative handouts and lots of freebies
- DJ
- Fun and Learning For All

Citizens’ Emergency Preparedness Day sponsored in partnership by:
Washington County Emergency Management Corps and Lowe’s Home Improvement Store #0471
FIRE SERVICE ORGANIZATIONS RELEASE BEST PRACTICES FOR PREVENTING FIREFIGHTER CANCER

March 6, 2018

Cancer is increasingly recognized as one of them most dangerous threats to firefighters. Studies have shown that firefighters are at increased risk for many types of cancer as compared with the general population. The toxins and carcinogens firefighters are exposed to on the scene and through residual effects of firefighting are better understood now than ever before. A new resource is now available to help firefighters understand their risks and proactively protect themselves from occupational cancer.

The National Volunteer Fire Council (NVFC) Cancer Subcommittee and the International Association of Fire Chiefs (IAFC) Volunteer and Combination Officers Section (VCOS), along with the Fire Service Occupational Cancer Alliance, the Firefighter Cancer Support Network (FCSN), and with support from California Casualty, have developed a poster of the best practices (wp-content/uploads/2017/12/Preventing-Cancer-poster.pdf) for preventing firefighter cancer.

"Firefighters are contracting cancer at an alarming rate, and we need to take action to protect our brothers and sisters," said Chief Brian McQueen, co-chair of the NVFC Cancer Subcommittee and cancer survivor. "Fortunately, there are specific things we can do to lessen our risks and prevent exposure. The NVFC, IAFC VCOS, Fire Service Occupational Cancer Alliance, FCSN, and California Casualty strongly encourage you to adopt these best practices in your department immediately and ensure all firefighters are adhering to these policies."

"We call upon department leaders and all personnel to make cancer prevention a priority in your department," said Jim Seavey, board member of the IAFC VCOS, co-chair of the NVFC Cancer Subcommittee, and cancer survivor. "We owe it to each firefighter, to their families, and to the community to take every step necessary to keep our firefighters healthy and to ensure they come home safely. Together we can stop firefighter occupational cancer."

The poster provides all fire department leaders and firefighting personnel with specific actions that must be taken in order to address the cancer epidemic and protect firefighters. These best practices are as follows:

1. Full protective equipment (PPE) must be worn throughout the entire incident, including SCBA during salvage and overhaul.
2. A second hood should be provided to all entry-certified personnel in the department.
3. Following exit from the IDLH, and while still on air, you should begin immediate gross decon of PPE using soap water and a brush, if weather conditions allow. PPE should then be placed into a sealed plastic bag and placed in an exterior compartment of the rig, or if responding in POVs, placed in a large storage tote, thus keeping the off-gassing PPE away from passengers and self.

4. After completion of gross decon procedures as discussed above, and while still on scene, the exposed areas of the body (neck, face, arms, and hands) should be wiped off immediately using wipes, which must be carried on all apparatus. Use the wipes to remove as much soot as possible from head, neck, jaw, throat, underarms, and hands immediately.

5. Change your clothes and wash them after exposure to products of combustion or other contaminants. Do this as soon as possible and/or isolate in a trash bag until washing is available.

6. Shower as soon as possible after being exposed to products of combustion or other contaminants. "Shower within the Hour."

7. PPE, especially turnout pants, must be prohibited in areas outside the apparatus floor (i.e. kitchen, sleeping areas, etc.) and never in the household.

8. Wipes, or soap and water, should also be used to decontaminate and clean apparatus seats, SCBA, and interior crew area regularly, especially after incidents where personnel were exposed to products of combustion.


10. Tobacco products of any variety, including dip and e-cigarettes should never be used at anytime on or off duty.

11. Fully document ALL fire or chemical exposures on incident reports and personal exposure reports.

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The NVFC Cancer Subcommittee and IAFC VCOS are currently developing a ribbon report to further address cancer in the fire service and the cultural change needed to ensure the safety of all personnel. The report will be released later this year.

Safety Committee Meeting Minutes  
January 9th, 2018 @ DFES

Call To Order
A. Call To Order
   At 1835, Chairman Richard Hopkins called the January Washington County Health and Safety Committee Meeting to Order. Present were Chairmen Richard Hopkins and Richard Prather, and Guest and Members Steve Mohl, Harry Gossard, Garth Coe, Dale Hill, William King, Sam Anderson, and Paul Neal. Secretary Dixie Pierce absent due to Work.
B. Minutes Approval
   December minutes were approved as written after motion by Harry Gossard and 2nd by Richard Prather.

Roundtable
1) Sam Anderson
   a. Asked about the PATT Tag and Physicals and who ran the programs. It was advised this is still under Rick Hemphill.
   b. Sam brought up a safety issue that occurred on the Daley Road Fire. New firefighter helmet came in contact with a service line coming into the house. The firefighter was scared to bring it to the attention of the officer. Sam found out a week later. We need to make sure the younger guys know they don’t need to be afraid of notifying an officer of incidents like this. Educate them better that they won’t be in trouble!
   c. Advised Hiring process for County Firefighters is near completion. Second round of interviews are complete and almost ready to issue conditional offers to hire.
2) Paul Neal
   a. Suggested we put out “Near Miss” reports to the departments to help with the education process.
   b. Still seeing issues with slips trips and falls and a lack of hydration on incidents.
3) Steve Mohl
   a. Reminder to personnel to watch washing apparatus in the low temperatures. Apparatus icing up after being washed, just to be more cautious.
4) Garth Coe
   a. Air Unit has carpeting in the back of the new unit. Concerned with getting carcinogens on the carpeting causing future issues.
   b. Air Unit continuing to educate personnel to spray down the air bottles when brought to the truck.
5) Richard Prather
   a. Wanted to put an important reminder out the OIC’s and Safety Officers need to be aware of fire under the floor where crews are working.
6) Dale Hill- Nothing to report
7) William King
   a. Brought up the Card System Waynesboro ALS used on the 3rd Alarm. Firefighters had to bring a card to the Rehab Unit before they could get food.
8) Harry Gossard
   a. Reminder to be cautious with possible Ice Rescues due to the weather.
9) Richard Hopkins
   a. Still working on gathering info from the incident with Quint 27 where it came in contact with electrical lines. Trying to put together information to put together a report so we can educate others to prevent further incidents.
Safety Committee Meeting Minutes  
January 9th, 2018 @ DFES

Old Business

A. Richard Prather is still looking together info on asbestos exposure issues. Unable to find documentation on what is an exposure. What is small to what is significant as far as a safety issue? Paul Neal advised Montgomery County leaves it up to the Safety Officer to decide. But nothing definitive states anything so this is still a work in progress.
   i. Sam Anderson advised in the event gear is contaminated in any way, DES is working to have 30-60 sets of gear available to loan out if needed.

B. Injury Stats
   i. Prather advised injury stats are down this past year. No specific numbers at this time.
   ii. Backing incidents still a big issue that needs addressed.

New Business

A. Steve Mohl
   a. Company 69 having both Ambulances re-chasied. 69-1 getting a regular chasi, 69-2 is getting a 4x4 chasi.

B. Harry Gossard
   a. Company 19 is looking to be in the new station sometime in February

Good of the Committee

A. Dale Hill asked Richard Prather to continue to be Chair of the Safety Committee and he agreed.
B. Steve Mohl reminded crews to check the House Meters to confirm electric to the house is secured.
C. Paul Neal
   i. On Deck Issues- Concerned with crews being broken up and not managed. Still too much freelancing and lack of accountability. Also no RIT Team assignments, Poor Management and poor crew integrity and crew management. Had a discussion as far as there is a need for better education for better accountability with Command and resource management issues. Lack of understanding as far as what Blue Card and lack of operational crews sticking together.
   ii. Brought up a possible need for Driving Recertification- Concerned if we need to look into recertifying all drivers. Brief discussion on whether we need something to insure the integrity of the operators County Wide. William King brought up that Rehab 255 Drivers are re-evaluated yearly per the Association Standard by a Chief Officer of Rehab. Right now it is unknown if any other companies do anything similar or not.
   iii. Thinks we need to look back into doing Safety Messages & Lessons Learned. Currently looking into recent incidents involving a May Day issue in Berkeley County and a Burn Incident in Smithsburg on an Incident.

Meeting Adjorned at 19:48 hours on a unanimous vote after the motion by Steve Mohl and 2nd by Richard Prather
Title: UTV/ATV Standard

WCVFRA Approval: 03/15/2018
Original Date: 03/15/2018  Supersedes Date: N/A
Standard Number: 200-17  Number of Pages: 2

01. Purpose:
These are to be considered as minimum requirements and any department can and are encouraged to set higher standards for their department as they see fit.

02. Minimum Equipment:
The following equipment must be carried, either on the UTV/ATV or in a support/tow vehicle.
1. UTV/ATV with annual inspection certification by an authorized mechanic
2. Portable FRC Radio
3. Helmet for each rider
4. Hand light
5. ABC fire extinguisher, if carrying flammables, a 5 lb. BC is required
6. Glow Sticks to mark trail at night
7. First aid bag that meets the current MIEMSS Voluntary Ambulance Inspection Program (VAIP)
   First Responder guideline

8. EMS Type UTV:
   a. Stokes basket
   b. Backboard with appropriate straps, head immobilization device and extrication collar
   c. D sized oxygen cylinder with regulator, 1 each adult and pediatric non rebreather, 1 each adult and pediatric nasal cannula, 1 each adult and pediatric BVM, 1 set OPA & NPA—may be obtained from another unit on scene or a tow vehicle (EMS UTV)
   d. Manually operated portable suction unit (V Vac or Res Q Vac)
   e. Appropriate system to secure the patient to the UTV
   f. 2 Blankets
   g. Spare tire and rim for each wheel/tire configuration/size {1}

9. Fire Type UTV/ATV:
   a. 1 fire rake
   b. Fire pump with wildland fire rated suppression hose
   c. Spare tire and rim for each wheel/tire configuration/size {1}

10. Optional Equipment:
   a. Electric winch
   b. Gas powered chainsaw
   c. Secondary Talk about style radio (walkie)
   d. Spotlight
03. Implementation & Review:
This standard will be considered enforceable 6 months after approval by the WCVFRA. The standard will undergo review by the WCVFRA Chief's Committee with recommendations made to the WCVFRA Standards Committee 12 months after approval by the WCVFRA and at other times as determined by the WCVFRA or any of its subcommittees thru the Standards Committee.

Approved
WCVFRA: Dale Hill, President