I. Department / Operations

1) Who is the current EMS provider at the BLS level? at the ALS level? Who provides transport services?

2) What is the fire department's current role in EMS provision?

3) Are there vacant positions within the department at this time? What is the on duty minimum?

4) What are the costs associated with hiring? (medical examination, etc.)

5) Are personnel hired from an established list? (i.e. Civil Service List)

6) Can the hiring process be modified to require a paramedic certification in order to integrate EMS into the department?

7) Provide the number of fire apparatus and staffing (including the level of EMS training).

8) How many persons are trained in EMS and to what level are they trained?

9) Provide current pay scales and the EMPLOYER cost for all benefits (i.e. what does the city pay for your medical insurance, what portion of your salary do they match with a pension contribution, etc.)
10) How many calls are made annually by all emergency responders?

<table>
<thead>
<tr>
<th>A. Fire Department</th>
<th>Total Runs</th>
<th>Total Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Suppression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) EMS</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>a. ALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. BLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Non-Trans.</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Private Provider</th>
<th>Total Runs</th>
<th>Total Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) EMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. ALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. BLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Non-Trans.</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

11) Provide average response times and 90% fractile (if available) for both the fire department and the current provider.

12) Are there any paramedics on the job now, if so what are the ranks of those individuals? Are they allowed to function as paramedics?

13) Does the department currently operate a first responder automatic external defibrillator program? If yes, what model of AED do you currently use? Are they upgradeable to manual defibrillation units?

14) How many additional personnel will be required to staff the following positions should the department fully integrate emergency medical services?

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administration</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>b. Training</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>c. Quality Assurance/Improvement</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>d. Apparatus Maintenance</td>
<td>______</td>
<td>_____</td>
</tr>
</tbody>
</table>

15) What is the departmental staffing factor? If the staffing factor is not available, provide the average hours worked / week, average vacation time, holidays, average sick leave, average line-of-duty injury leave, and average miscellaneous leave.
16) If the current EMS provider is other than the fire department, the provider agreement / contract will be needed. The contract should contain a fee structure, staffing levels, total billings, total collections, and subsidy information.

17) If the current EMS provider is other than the fire department, is the current provider employees represented by a bargaining unit? If so, what bargaining unit represents these employees?

18) If there is a private EMS provider give the number of apparatus and staffing.

19) Operational Cost (non-personnel) for additional units and / or call volume? (fuel etc.)

20) Does the department have any heavy rescue vehicles? Are they transport capable?

21) Does the department own transport capable vehicles?

22) Does the department have a Medical Director? Who acts as the Medical Director?

23) What is the length of a fire suppression shift? And what is the rotation? (i.e. 24 on / 48 off, 2 days on / 2 nights on / 4 days off)

24) Provide annual reports, audits, or other budget information as is available.

25) Provide a current labor / management agreement.

26) If you can obtain a breakdown of your area's payer mix, provide the payer types (HMO, Medicare, Medicaid, Private Insurance, Self-Pay), number of patients for each payer, collection rates from each payer, and average fee paid by the payer for transport service.
27) Provide the name of your County, the Medicare 'Billing Method' (1, 2, 3, or 4), and the Medicare 'Locality Number' for your area if known.

**II. Communication**

1) Will additional equipment be required in the communication facility to handle the increase in call volume? If yes, what type of equipment and at what cost?

2) Can the communication facility house additional personnel, if necessary?

3) How many additional personnel will be required to handle the increased call volume associated with EMS Integration?

4) What type of communication system does the fire department use? (i.e. 800 MHz, including a CAD and GPS system)

5) Does the communication system have enough channels to handle dispatch, tactical operations and medical communications with an on-line Medical Director?

6) What is the dispatch time requirement? (time from caller notification / address verification to dispatch of equipment)

7) What is the personnel turnout time for response?

8) What is the department's definition of response time? (i.e. dispatch to scene arrival)

**III. Education**

1) What is the length of fire suppression training? Is this training completed in-house or by another agency? What is the maximum class size for fire school? Is training staff assigned or filled with line personnel as needed? What is the cost to put a class through fire school?
2) What agency / institution in the area can provide EMS training? What is the length of this training? What is the maximum class size? What is the schedule? (weekdays, nights, weekends)

3) Provide a list of available Paramedic Training Programs, and a contact number for each. If available, what is the cost associated with paramedic training? (tuition, books, etc.) What is the maximum class size? What is the schedule? (weekdays, nights, weekends)

4) How will potential paramedics be selected from the current fire suppression work force?

5) What are the requirements for continued EMS certification? (i.e. continuing education credits) Will continuing education be completed on duty?

**IV. Area Demographics**

1) Provide a map of the fire department’s jurisdiction, including street names.

2) Indicate on the above map the location of fire stations and EMS units.

3) List the addresses and names of the nearest cross streets for fire and EMS stations.

4) Indicate, by station, the type of active units and staffing of those units.

5) Provide the average speed of fire/EMS units within their first response area.

6) Provide any response time objective or criteria for first due units, and full initial alarm assignments to fire and/or EMS calls.
V. Miscellaneous

1) Are there any EMS equipment requirements unique to your jurisdiction (i.e. a special city / county ALS equipment list)? If so, please include.

2) Will any other IAFF Local be impacted by the outcome of this analysis? Provide a list of these Locals.