Agenda for the Board of Fire Commissioners

Commissioner Workshop

Conducted remotely via Zoom and with in-person attendance at Station 31
(1231 Franz ST SE, Lacey, WA 98503)

Click here to join the meeting:
https://us06web.zoom.us/j/743870521
Meeting ID: 743 870 521

May 11th, 2024
8:00 AM

I. CALL TO ORDER / FLAG SALUTE

II. APPROVAL OF THE AGENDA
A. Additions / Deletions

III. HEARING OF THE PUBLIC / MEMBERS PRESENT

IV. WORKSHOP DISCUSSION ITEMS
A. Executive Staff Transition Process & Timelines
B. BLS Narcan Administration and Related Protocol Evaluations
C. Community Risk Reduction Division Buildout

V. ADJOURNMENT
- ***Next Regular Meeting: May 16th, 2024, at 5:30 PM.***

Executive Staff Planning and Transitions Timeline

Q1 2024:

- January:
  - Fire Chief Annual Review and Goal Setting: Completed
  - BoFC Notification of Planned Retirement and Proposed Transition Plans: Completed
- February:
  - BoFC Review and Evaluation of Proposed Transition Plans: Completed
  - BoFC Interview of DC Schmidt for Fire Chief Succession: Completed
- March:
  - Membership Notification of Retirement and Transition Plans: Completed
  - Partner Agency Notifications of Retirement and Transition Plans: In Progress/Ongoing
  - Initiate Recruitment Processes for CRR and EMS Assistant Chief Positions: Completed

Q2 2024

- April:
  - 75th Anniversary Celebration: Completed
  - Reengage with Nisqually Tribal Leadership for Mid and Long-Range Planning: In Progress/Ongoing
  - Initiate Labor Contract Negotiations with Local # 2903: In Progress/Ongoing
  - Evaluate Impacts and Develop Strategies for Addressing WSRB PC Rating Results: In Progress/Ongoing
  - Provide Detailed Updates and Plans to Full Membership: Completed
  - Conduct Assessment Center for AC CRR Position: Completed
- May:
  - Conduct Assessment Center for AC EMS Position: In Progress
  - Conduct Planning Workshop with BoFC: In Progress
  - Select Finalist and Initiate Hiring of AC CRR Position: In Progress
  - State Chiefs Conference/Presentation/Role Transition
  - Completion of VRF Expansion and Ribbon Cutting
- June:
  - Select Finalist and Initiate Hiring of AC EMS Position
  - Initiate Preliminary 2025 Budget Planning
  - Conduct Chiefs Interviews for 2nd Battalion Chief Appointments in 2025

Q3 2024

- July:
  - Installation of AC CRR and EMS Positions
  - Initiate Position Review and Identify Selection Process for DC OPS
  - Reach Tentative Agreement on Labor Contract
  - Planned Expansion of IT Division and Evaluation of Enterprise Opportunities
- August:
  - Complete Labor Contract Updates and Present for Approvals
  - Recruit for DC OPS and Finalize Assessment Center Process
  - Establish Plans for Backfill of Chief Officer Promotions
- September:
  - Complete 1st Draft 2025 Budget
  - Finalize Labor Contract
  - Complete DC OPS Assessment Center and Select Candidate

Executive Staff Planning and Transitions Timeline

Q4 2024

- October:
  - Initiate Fire Chief Contract Negotiations
  - Finalize 2025 Draft Budget
  - Initiate New Firefighter Hiring Process for 2025 Recruit Academy
  - Installation of DC OPS
  - Strategic Plan Review and Updates
- November:
  - Public Hearing and Adoption of 2025 Budget
  - Training and Transitions for DC OPS
- December:
  - Initiate Transition of Roles and Responsibilities for Fire Chief
  - Finalize Firefighter Hiring Process for 2025 Recruit Academy
  - Finalize Strategies and Timing for Station 32 Staffing

Q1 2025

- January:
  - Formal Transition of Fire Chief Roles and Responsibilities
  - New Hire EMT Course & Recruit Academy Kick-Off
- February:
  - Finalize Executive Staff Hand-Off/Transitions
- March:
  - Former Fire Chief Retirement

MENTAL/EMOTIONAL/PSYCH

Mental/Emotional/Psych

PERTINENT SUBJECTIVE FINDINGS

- Acute onset of underlying illness or injury
- Underlying psychiatric disorders
- Baseline level of function for patient
- Medication compliance
- Weapons
- Suicidal ideation/overt attempts
- Delusions
- Hallucinations
- History of substance abuse
- Recent abstinence from an abused substance
- Recent stressors in the patient's environment
- Bizarre behavior
- Depression
- Anxiety

PERTINENT OBJECTIVE FINDINGS

- Suicidal traumatic injuries
- Impairment from ingested substances
- Fever
- Hypothermia
- Hyperthermia
- Vomiting

ASSESSMENT/DIFFERENTIAL DIAGNOSIS

- AEIOUTIPPS:
  - **A**lcohol/acidosis
  - **E**pilepsy/electrolytes/endocrine
  - **I**nsulin (hypo/hyperglycemia)
  - **O**verdose
  - **U**remia/underdose
  - **T**rauma
  - **I**nfection
  - **P**sychosis
  - **P**ump/poison
  - **S**troke/shock
- Psychiatric disorders:
  - Schizophrenia
  - Depression
  - Mania
  - Anxiety
  - Dementia
  - Hyperactive delirium with severe agitation
  - Acute psychosis

ALS UPGRADE REQUIRED FOR

- Violent/combative patient
- Or requiring restraint for transportation from the scene to the hospital

PLAN/TREATMENT

1. General patient care procedures
2. If altered or decreased mental status, check blood glucose (Appendix J)
3. Restrain violent patients (Appendix J)

continued next page

Mental/Emotional/Psych Cont.

ALS TREATMENT

1. ***IV***
2. ***Monitor***
3. ***Chemical restraint:***
    - ***Midazolam 5-10 mg IM or IN***
    - ***Ketamine 2-4 mg/kg IM***
    - ***Haloperidol 5-10 mg IM***
    - ***Droperidol 5 mg IM***
4.

Overdose/Poisoning (Toxic Exposure)

PERTINENT SUBJECTIVE FINDINGS

- Substance exposed to
- Time of exposure
- Route of exposure
- Duration of exposure
- Concentration or dose
- Number of people exposed (consider WMD)
- Nausea/vomiting
- Alcohol
- Street drugs
- Suicidal ideation/note
- History of mental illness
- Are weapons present or accessible?

PERTINENT OBJECTIVE FINDINGS

- Respiratory distress
- Altered or decreased mental status
- Difficulty swallowing
- Empty containers
- Pill bottles
- Seizure
- Signs or symptoms of ACS
- Drug paraphernalia
- Unusual odors
- Gag reflex (present/absent)
- SLUDGE symptoms:
  - **S**alivation
  - **L**acrimation
  - **U**rination
  - **D**efecation
  - **G**astrointestinal
  - **E**mesis

(See Appendix M for signs and symptoms of specific poisoning syndromes)

ASSESSMENT/DIFFERENTIAL DIAGNOSIS

- Adrenergic agonists
- Antihistamines
- Beta blockers
- Cholinergic agents
- Ethanol/sedative withdrawal
- Hallucinogens
- Opioid compounds
- Opioid withdrawal
- Cyclic antidepressants
- Ethanol/sedatives
- Salicylate compounds

ALS UPGRADE REQUIRED FOR

- Polypharmacy
- Intentional overdose with prescription meds
- Seizure associated with street drug use
- Follow recommendation of Washington Poison Center

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Overdose/Poisoning (Toxic Exposure) Cont.

PLAN/TREATMENT

1. Decontaminate externally as necessary
    - Dry chemicals: brush off, then rinse with copious amounts of water
    - Wet chemicals: rinse with copious amounts of water
2. General patient care procedures
3. Check gag reflex
4. Contact Washington Poison Center at 800-709-0911

ALS TREATMENT

1. ***Consult with Washington Poison Center***
2. ***Administer proparacaine 30-60 seconds prior to eye irrigation***

UNCONSCIOUS/SYNCOPE

Unconscious/Syncope

PERTINENT SUBJECTIVE FINDINGS

- Vomiting/aspiration
- Seizure activity
- Trauma
- Medications
- History of diabetes/seizure
- Recent illness
- Drug or alcohol use
- Onset (prodrome)
- Chest compressions or rescue breathing

PERTINENT OBJECTIVE FINDINGS

- Medic Alert™ tag
- Abnormal breathing pattern
- Fever
- Track marks/drug paraphernalia
- Foley catheter
- Diaphoresis
- Pallor
- Incontinence (bladder/bowel)
- Signs of trauma
- Insulin, other hypoglycemic medications

ASSESSMENT/DIFFERENTIAL DIAGNOSIS

- AEIOUTIPPS:
  - **A**lcohol/acidosis
  - **E**pilepsy/electrolytes/endocrine
  - **I**nsulin (hypo/hyperglycemia)
  - **O**verdose
  - **U**remia/underdose
  - **T**rauma
  - **I**nfection
  - **P**sychosis
  - **P**ump/poison
  - **S**troke/shock
- Orthostatic:
  - Dehydration
  - Internal bleeding
- Syncope
- Vasovagal
- Cardiac dysrhythmia
- Stroke
- Hyperventilation
- Head bleed
- AAA

ALS UPGRADE REQUIRED FOR

- Altered or decreased mental status
- Severe abdominal or back pain
- Severe headache

PLAN/TREATMENT

1. General patient care procedures
2. Check blood glucose level (Appendix J)

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Unconscious/Syncope Cont.

ALS TREATMENT

1. ***Check blood glucose (Appendix J)***
2. ***Administer Narcan if opiate use is suspected***
3. ***Consider RSI for GCS less than 9***
4. ***If patient acutely decompensates, showing signs of impending brainstem herniation (unilateral dilated pupil, posturing, decreasing GCS) adjust ventilation to maintain end-tidal CO_2 near 30 mm Hg***

PEDIATRIC TREATMENT

1. ***Any awake and alert child who has a blood sugar less than 60 mg/dL (40 mg/dL in newborns) should be given oral glucose or allowed to feed***
2. ***Dextrose 10%***
3. ***Administer Narcan if opiate overdose is suspected***

NALOXONE (NARCAN®)

Naloxone

DESCRIPTION	***Opioid antidote***
INDICATIONS	***Opioid overdose***
CONTRAINDICATIONS	***None in emergent setting***
PRECAUTIONS/SIDE EFFECTS	***Will cause withdrawal symptoms in the chronically habituated. These can include vomiting and agitation/combativeness*** ***May require repeat or higher dosing depending on substance/potency/intent***
ADULT DOSAGE/ROUTE	• ***0.4-2 mg IV/IO/IN/IM/SL/ET*** ***Repeat as needed***
PEDIATRIC DOSAGE/ROUTE	• ***0.1 mg/kg IV/IO/IN/IM/SL/ET*** ***To max single dose 2 mg*** ***Repeat as needed***

NITROGLYCERIN (NITROTAB, NITROSTAT)

Nitroglycerin

DESCRIPTION	***Vasodilator***
INDICATIONS	***Chest discomfort from suspected ACS*** ***Symptoms similar to previous cardiac event*** ***Hypertensive pulmonary edema***
CONTRAINDICATIONS	***Patients taking any ED drugs such as Viagra, Cialis, or Levitra in the past 48 hours*** ***Severe bradycardia (HR <50)*** ***Tachycardia (HR >100)*** ***BP less than 100 mm Hg systolic***
PRECAUTIONS/SIDE EFFECTS	***May cause hypotension and headache*** ***May cause cardiovascular collapse in setting of RV infarct***
ADULT DOSAGE/ROUTE	• ***ACS*** ***0.4 mg SL Q 3 min until pain relief*** • ***CHF*** ***0.4 mg SL Q 3 min until SBP <150***
PEDIATRIC DOSAGE/ROUTE	• ***Not indicated for pediatric patients***

NITROGLYCERIN OINTMENT (NITROBID)

Nitroglycerin Ointment

DESCRIPTION	***Vasodilator***
INDICATIONS	***Chest discomfort from suspected ACS*** ***Symptoms similar to previous cardiac event*** ***Hypertensive pulmonary edema***
CONTRAINDICATIONS	***Patients taking any ED drugs such as Viagra, Cialis, or Levitra in the past 48 hours*** ***Severe bradycardia (HR <50)*** ***Tachycardia (HR >100)*** ***BP less than 100 mm Hg systolic***
PRECAUTIONS/SIDE EFFECTS	***May cause hypotension and headache***
ADULT DOSAGE/ROUTE	• ***Given for ACS*** ***1 inch to anterior chest wall*** • ***Given for CHF*** ***2 inches to anterior chest wall*** ***Hold/remove for SBP <100***
PEDIATRIC DOSAGE/ROUTE	• ***Not indicated for pediatric patients***

NOREPINEPHRINE (LEVOPHED)

Norepinephrine

DESCRIPTION	***Alpha- and beta-adrenergic agonist*** ***Vasoconstrictor and inotrope***
INDICATIONS	***Hypotension with signs of shock***
CONTRAINDICATIONS	***Ventricular fibrillation*** ***Tachydysrhythmias*** ***Pheochromocytoma*** ***MAOI therapy***
PRECAUTIONS/SIDE EFFECTS	***Use caution or reduce dose with pre-existing hypertension, preexisting hypothyroidism, peripheral vascular disease, pregnancy*** ***Avoid extravasation as this may cause tissue necrosis***
ADULT DOSAGE/ROUTE	• ***2-50 mcg/min until blood pressure is at 90 mm Hg***
PEDIATRIC DOSAGE/ROUTE	• ***0.05-2mcg/kg/min***

Community Risk Reduction
Division Roles and Responsibilities

Strategic Service Mission:
The mission of Lacey Fire District 3 is Service with Excellence. The District vision is to be trusted professionals in our community and experts in our field who specialize in emergency preparedness, prevention, and response.

Tactical Service Mission:
With emphasis in emergency preparedness and prevention services, Lacey Fire District 3 will staff a Community Risk Reduction Division to provide community outreach, inspections, preplans, community education outreach, investigations, and code enforcement. The District collaborates with the City of Lacey Community and Economic Development Department to provide these services to residents and business owners within the city limits. The District also collaborates with the Thurston County Community Planning and Economic Development Department to provide the same level of services to county residents and business owners.

Timeline:

- ***2024***
  - *Establish CRR Division to include Assistant Chief Division Leadership.*
  - *Collaborate with AHJ stakeholders to develop an annual inspection fee schedule.*
  - *Complete a business inventory analysis and identify a projected fee collection budget.*
  - *Develop business inspection tools, processes, and training plan.*
  - *Migrate Community Outreach Office within Community Risk Reduction (including all current functions and responsibilities).*
  - *Establish a list for hire/promotion of up to 3 additional positions.*
  - *Management of Building Inventory Preplan Programs*
  - *Coordinate Agencies EPCRA Compliance (Tier II reporting)*
- ***2025***
  - *Initiate Business Inspection Program*
  - *Liaison to County Emergency management?*
  - *Establish a communication / public information program and position.*
  - *Coordinate Community Risk Assessment for District*
  - *Liaison to Community and Economic Development – City of Lacey*
  - *Liaison to Community Planning & Economic Development – Thurston County*
- ***2026***
  - *Finalize Community Risk Assessment.*
  - *Review and coordinate revisions of Standards of Cover.*
  - *Review and assess 3rd party agency accreditation.*

Areas of Responsibility:
Community Risk Reduction is comprised of 4 distinct service models that are uniquely equipped to provide preparedness and prevention services.

- *Community Outreach*: Community Outreach functions to provide prevention and education resources to the community.

- The Districts Incident Support Unit is comprised of District volunteers who facilitate the Senior Safe at Home Program as well as response support resources for firefighters at complex emergencies.
- Community Outreach collaborates with local businesses, community groups, schools, and other venues to identify and coordinate the delivery of safety education programs. Community Outreach manages bike safety, child car seat, heart safe community and other safety initiatives for the District.
- Inspections: Inspections are a core service delivery function that ensures fire safety inspections are satisfied based on the type of business occupancy within the community. Within the Districts city limits and urban growth areas (City of lacey), there is an estimated 1,900 businesses. It is estimated that within the Districts unincorporated boundaries, there are 200-300 additional businesses. The City of Lacey comprises over 85% of the business population of the District.
- Preplans: Preplans are managed and made available to first responders for up-to-date information when responding to incidents throughout the District. Access to preplans from neighboring jurisdictions is also managed to ensure automatic and mutual aid response agencies have access to critical response information.
- Investigations: Fire investigation programs and processes are managed by Community Risk Reduction.
- Code enforcement: Through collaboration and coordination with city and county jurisdictions, code enforcement programs are monitored and resolved. Code enforcement programs are specific to conditions that would propagate fire hazards or access to control fire hazards. Code enforcement matters are referred to the appropriate AHJ for action and resolution.
- Public Information: Public information is a collaboration and coordination between operations and administration in an effort to provide effective information and communications on behalf of the District.
- 3rd Party Review: Insurance ratings and accreditation are functions of 3rd party review for the Districts core service mission. Insurance ratings are coordinated in part by the Washington Survey and Ratings Bureau (WSRB). Accreditation through the Center for Public Safety Excellence (CPSE). Combined, these reviews ensure transparency and accountability for the Districts service delivery and business services provided to the community.
- Collaboration with Thurston County Local Emergency Planning Commission (LEPC).

Division of Labor / Capacity

- The CRR Assistant Chief will be assigned to the Deputy Chief Administration for the District. That position is forecasted as a bargaining unit member and assigned to a non-exempt 40-hour work week.
- The CRR Division staffing is proposed to be funded in part by a planned safety inspection fee schedule. The CRR Assistant Chief and Community Outreach Office will be funded through taxes assessed to the District.
- Conservative estimates project that a certified fire inspector can complete 20 inspections per week, and production capacity of 40 weeks annually. This accounts for other duties assigned, accrued leave usage, and training capacity for each inspector. Up to 3 certified fire inspectors should be sufficient to manage 2400 fire inspections per year.
- Public Information management is an identified area of improvement for the District. The CRR Division will be an integral component to District communications and communication outreach.

Division Impact Scatter Map