
**Feasibility Study for Possible Shared Services
For Emergency Services
For FMERPA
(Fort Monmouth Economic Revitalization Planning Authority)**

**Task 3A
Ambulance/First Aid
Shared Services
Final Report**

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TASK 3A – FIRST AID SHARED SERVICES

TASK 3A SUMMARY

On May 1, 2008 Jersey Professional Management (JPM) entered into a contract with the Fort Monmouth Economic Revitalization Planning Authority (FMERPA) to conduct a Feasibility Study for Shared Services for Emergency Services. Task #3 of this study encompassed several emergency services, one of which involved First Aid Services. This portion of the overall study and of Task #3 in particular became known as Task #3A. Throughout this report the terms of EMS (Emergency Medical Services), First Aid Squads and Ambulance Services will be used interchangeably.

Recognizing that the planned September 2011 closure of Fort Monmouth will have an impact on the Fort's Host Municipalities of the Borough of Eatontown, the Borough of Oceanport and the Borough of Tinton Falls, FMERPA developed a Request for Proposals to study this impact and to evaluate the potential for the creation of shared emergency services approaches to address this challenge. The impact is actually a dual impact involving:

1. The loss of a full time paid EMS service provider within the confines of Fort Monmouth, as well as,
2. The eventual assumption on the part of the Host Municipalities of the responsibility for EMS response within the current Fort Monmouth land mass.

This latter impact includes the responsibility for serving all of the uses that will be part of the Fort Monmouth revitalized lands that have been identified in the draft Fort Monmouth Reuse and Redevelopment Plan.

Task #3A is centered on the Host Municipalities, but there will be references to Neighboring Municipalities in this section of the overall report. The term "Study Area" will refer to both the Host Municipalities and the Neighboring Municipalities. Task #4 which deals exclusively with Neighboring Municipalities will provide in greater detail the dynamics associated with the shared emergency models that are outlined in this section that have the potential to be extended to one or more Neighboring Municipalities.

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The immediate closure of Fort Monmouth will have a minimal impact on local first aid services since the Fort's Fire/EMS unit, with limited exceptions, does not currently respond to first aid calls off the base. However, as the Fort Monmouth Reuse and Redevelopment Plan is implemented, there will be a demand for EMS services from those replacement uses, and there will no longer be a Department of Defense funded EMS service to handle this responsibility. The Fort Monmouth Model includes having EMS services provided by Fire/EMS Personnel.

Although the EMS section of the overall report is intended to address the potential for shared EMS models, this report will make recommendations that can benefit both the Host Municipalities and the Neighboring Municipalities through the establishment of regional or shared emergency medical services, but in several cases this same approach or similar approach could be implemented on an individual basis.

This section of the overall report is focused on Basic Life Support (BLS) services and is based upon an analysis of each squad individually with respect to its infrastructure, including headquarters, apparatus, specialized equipment, communications systems, personnel and training. With that foundation, the emphasis of the Study Team then transitioned to the development of shared emergency service approaches that are designed to address both present challenges as well as future challenges. These future challenges are based upon continuing municipal development, as well as the eventual build out of the Fort Monmouth lands for both private and other governmental uses. These governmental uses could include a FEMA office building, County Government facilities for a fire academy, a police shooting range, etc.

The primary recommendation contained in this section centers on addressing the delays in response to calls during weekday, daytime hours. This situation will only be exasperated as the Fort Monmouth Reuse and Redevelopment Plan is implemented and as the difficulty of recruiting and retaining volunteers available during these hours grows.

The primary recommendation involves a regional approach and involves entering into a joint contract with a private ambulance service for paid, daytime service only, 6 a.m. to 6 p.m., Monday through Friday. This approach is fully outlined in the recommendation portion of this EMS section of the overall report.

Following the presentation of the primary recommendation is a series of auxiliary recommendations. These recommendations that are also more fully outlined later in this EMS section of the overall report are as follows:

- Development of an enhance dispatch protocol that would involve a more immediate notification of the possible need for mutual aid being incorporated into that protocol.

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- Establish a program whereby radios would be provided to all active volunteers for immediate communication capability with the County E911 Center
- Study Area universal use of the County E911 Center as the sole entity providing dispatch for EMS calls and with this recommendation ideally being extended to all County EMS squads
- Utilization of crews in service on return to squad headquarters as the primary unit to be dispatched to a new call in the Study Area
- Pursuit of acquisition of Fort Monmouth EMS vehicles and equipment for the benefit of the Host Municipality squads
- Rescue function (extrication from vehicles, contained spaces, etc.) being shifted to the local Fire Department where applicable or minimally being a shared responsibility between the First Aid Squad and the Fire Department
- Establishment of a Uniform Recordkeeping System throughout the Study Area and beyond to provide for a comprehensive and consistent data base
- Creation of a volunteer standby program to minimize the disruption to the personal lives of the volunteers
- Establishment of an improved and coordinated recruitment program

RECOGNITION OF THE EMS VOLUNTEERS

The JPM Study Team wishes to acknowledge the cooperative spirit demonstrated by all of the volunteer officers and members of the Host Municipality EMS/First Aid/Ambulance Squads with whom we had the pleasure of interacting throughout the course of this study. Every effort was made to respond to our questions and requests for information and to meet with us and communicate with us freely.

It is recognized that the dedicated individuals, who give so freely of their personal time to protect the health, safety and lives of others, are already making a significant sacrifice, as are their families. Their efforts extend beyond emergency responses to administrative responsibilities, equipment care and maintenance, and fund raising. It is this fact that made their gracious reception to the Study Team members all the more appreciated.

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It is also appropriate to note that the facilities, vehicles and equipment in each of the squads were well maintained thus reflecting the high degree of pride the respective volunteers have in not only the services they provide, but also the their tools that are essential to maintaining these services.

The Study Team commends these dedicated volunteers and respects their significant contribution to their municipalities.

METHODOLOGY

As part of the data and information gathering process, Jersey Professional Management (JPM) in early May, began collecting each squad's pertinent information including emergency response statistics, apparatus inventory, volunteer complement information, training information and financial information. After attending the kickoff meeting at the Eatontown Borough Hall in early May, initial contact with each squad was made. In order to organize the gathering of information, the First Aid Study Team made a site visit to each squad to meet one or more designated representatives and to explain our goals and objectives. The plan was to open a constructive and meaningful dialogue regarding the makeup and operation of each squad. The site visits provided the study team with an opportunity to meet each captain and to discuss the purpose of the study, the time frame for its completion and to view their facilities and equipment.

STATE OF NEW JERSEY EMS LANDSCAPE

In the State of New Jersey, there is no legal mandate imposed upon municipalities to provide Basic Life Support (BLS) services. BLS generally refers to ambulance service, initial response, EMTs and ability to transport. There exists a State of New Jersey Office of Emergency Medical Services (OEMS). The basic function of OEMS as set forth from their website is “maintains the certification of more than 22,000 Emergency Medical Technician-Basics (EMT-B's) and 1,500 Emergency Medical Technician-Paramedics (EMT-P's) as well as the provider licensure of mobility assistant vehicles, ambulances, mobile intensive care units, specialty care transport units and air medical units totaling more than 4,500 vehicles.”

The New Jersey Highway Safety Act does impose upon the officers of every volunteer first aid squad a responsibility to annually write a letter to the respective governing body of their jurisdiction attesting to their volunteer membership having met established training requirement and certifying that their equipment meets Federal standards. However, there is no penalty for non-compliance with this regulation and there is no

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oversight responsibility with regard to this requirement within the NJ Department of Health and Senior Services.

The controlling statute in the State of New Jersey is N.J.A.C. 8:40. The first paragraph of this code underscores its non-applicability to “volunteer” ambulance services and reads as follows:

“These **rules shall apply to** any person, public or private institution, agency, entity, corporation, general hospital and/or business concern that operates, or seeks to operate, a **non-volunteer** mobility assistance vehicle or basic life support **ambulance service** within the State of New Jersey.”

Key definitions in this code read as follows:

“Non volunteer” means a non volunteer basic life support ambulance service. Includes those agencies that bill patients or insurers for services, hospital-operated services, proprietary services, municipally-operated ambulance services, services operated by a paid municipal fire department, services operated by a paid municipal police department, industrial first aid squads or State-operated ambulances.

“Volunteer ambulance, first aid or rescue squad” means, in accordance with N.J.S.A. 27:5F-20, an ambulance, first aid or rescue squad that provides emergency medical services without receiving payment for those services. Whether the members of a squad provide their services for free or are compensated by the squad is irrelevant to a squad's volunteer status.

N.J.A.C. 8:40 goes on to provide for a specific exemption for volunteer first aid and ambulance squads that reads as follows:

8:40-2.4 Exemptions from licensing requirements (a) In accordance with the provisions of N.J.S.A. 26:2H-2b, this chapter shall not apply to BLS ambulance services provided by volunteer ambulance, first aid or rescue squads as defined in the New Jersey Highway Traffic Safety Act of 1987, N.J.S.A. 27:5F-18 et seq. In accordance with the provisions of N.J.S.A. 30:4D-6.5, this chapter shall not apply to MAV services provided by volunteer ambulance, first aid or rescue squads as defined in the New Jersey Highway Traffic Safety Act of 1987, N.J.S.A. 27:5F-18 et seq.

In terms of the primary recommendation (Recommendation #1), proposed is the development of a Request for Proposals. N.J.A.C. 8:40 should be referenced in any such an RFP to insure that compliance with these regulations is required.

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With respect to volunteer BLS services, the State of New Jersey's role centers on training as opposed to regulation. There is no reporting relationship between the providers of BLS services and the State of New Jersey, thus making the collection of data to assist in this study a difficult task and a limiting factor.

In September 2007, the State of New Jersey Department of Health and Senior Services took delivery of a report entitled *The State of New Jersey EMS System Review, DHSS, OEMS* as was prepared by TriData. In this report, many of the limiting factors encountered by the JPM Study Team were encountered by TriData, particularly the absence of any uniform reporting format and the absence of any reporting requirement.

The State of New Jersey EMS System Review, DHSS, OEMS report is presently under active review, with the introduction of legislation anticipated in the fall of 2008. Among other things, this would regulate volunteer BLS service providers. It is uncertain if this will happen, and if it does happen, it is not clear as to what form these regulations would take. If legislation is introduced, it is also uncertain how it may be amended as it goes through the multiple levels of the legislative review process. Finally, it is not clear if any such measure would actually be adopted into law. Therefore, there is no way to evaluate the potential impact of any possible new regulations.

With respect to Advanced Life Support (ALS) services, the State of New Jersey Commissioner of the Department of Health names sole providers of this service in designated geographic areas. The Monmouth-Ocean Hospital Service Corporation (MONOC) is the ALS provider in all of Monmouth and Ocean Counties. The basic distinction between these two types of services is that BLS units are required to be staffed by Emergency Medical Technicians (EMT) while ALS units are staffed by paramedics. Federal standards call for two EMT's to be on each BLS unit, but it is not uncommon in New Jersey to have only one EMT on a crew.

There is also the New Jersey State First Aid Council that is made up of volunteer First Aid Squads throughout the State of New Jersey. According to their web site, their mission is "to bring together members of First Aid and Rescue Squads in order to discuss methods of betterment for the ambulance service, the reduction of the loss of life, the development of a better service through an educational program, and to foster a spirit of harmony and friendship among the various non-profit volunteer squads."

New Jersey is broken into Districts that go into the overall make up of the New Jersey State First Aid Council. All of the Host Municipalities and the Neighboring Municipalities are in the 16th District and all are members of the New Jersey State First Aid Council. In the 16th District, there are a total of 17 squads with 14 of those choosing to be members of the Council. There are four Districts in the County of Monmouth.

TRENDS IN THE PROVISION OF BLS SERVICES

There is a Statewide as well as a nationwide trend involving the increasing inability of volunteer Emergency Medical Service units (First Aid Squads, Ambulance Corps, etc.) to respond in a timely fashion to calls for service, particularly during daytime hours and more particularly on weekdays. Factors that contribute to this trend include the following:

- Difficulty in attracting new volunteers due to a wide variety of factors including the nature of this work (exposure to health risks, exposure to trauma situations, etc.), call-outs at all hours in addition to other factors highlighted below.
- Significant mandated training requirements (both initial training and continuing education to maintain certifications).
- Conflict with professional lives with more families having dual wage earners who often work at locations distant from their home municipality and who are unable to respond to calls for service during their working and commuting hours.
- Conflicts with personal lives as leisure time becoming more valuable, particularly with dual income families.
- Demand for volunteer's time beyond response to emergency calls to include significant fund raising activity, training, standby at community events and participation in drills.
- Infrequent positive reinforcement from the community for the contribution being made by these EMS volunteers.
- Abuse of this volunteer service whereby volunteers are summoned to calls that do not necessitate an emergency response.

The State of New Jersey EMS System Review, DHSS, OEMS report cited above states that a "...decline in volunteer membership, lack of comprehensive legislation, and a weakened Advanced Life Support (ALS) system have placed the EMS system in a state of near crisis." This has undoubtedly contributed to a trend in recent years involving more and more municipalities and/or First Aid Squads adopting some form of a partially or fully paid EMS system. There are a wide variety of approaches to the implementation of a paid program, and within these basic approaches are many variations. Some of the variations found throughout New Jersey are identified below:

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- Operation by municipality or a non-profit EMS squad, or a hospital or an independent service that operates on either a profit or non-profit basis. These hospital or independent services are frequently engaged through a contract let through a municipality or through a non-profit EMS squad.
- The common hours of operation involve one of the following:
 - a. A daytime (typically 6 a.m. to 6 p.m.) paid service operated Monday through Friday
 - b. A daytime (typically 6 a.m. to 6 p.m.) paid service operated seven days per week.
 - c. Twenty-four hour paid service seven days per week
- EMS functions being performed by existing municipal personnel, often by paid Fire personnel.
- Shared service arrangements involving multiple municipalities or municipal First Aid Squads joining forces to secure the services of a single BLS provider to realize the benefits of an economy of scale.
- Municipal or First Aid Squad subsidized paid services and self-supporting paid services.

PAID SERVICE MODELS IN THE COASTAL MONMOUTH AREA

In the Coastal Monmouth County area, there are several paid service models, all differing from each other to varying degrees. Below is an overview of the paid service models in the greater Fort Monmouth area based upon information the respective agencies were willing to share based on their individual methodology of recordkeeping:

Fort Monmouth

All EMS calls are handled through a 40-member paid Fire Department. Whenever there is an EMS call for assistance, both an ambulance and a fire truck are dispatched. There is no billing to patients for services rendered. Fort Monmouth officials stated that there is no response outside the borders of the Fort unless there are special circumstances such as

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a multiple motor vehicle accident in close proximity to Fort. This statement was then supported by the supply of the following data with respect to EMS calls outside the borders of the Fort property:

FORT MONMOUTH FIRE DEPARTMENT EMS CALLS BY YEAR

YEAR	EATONTOWN	OCEANPORT	TINTON FALLS	W LONG BRANCH
2004	0 calls	0 calls	0 calls	0 calls
2005	1 calls	2 calls	3 calls	0 calls
2006	2 calls	1 calls	0 calls	0 calls
2007	3 calls	1 calls	1 calls	1 calls

The above represents all of the Fort Monmouth EMS calls outside their boundaries, and only in one case was there a call that was responded to outside the boundaries of the Host Municipalities. This data is consistent with the representation that Fort personnel generally would only respond to an exterior EMS call if it were to be in close proximity to the Fort property (just outside one of the gates) and necessitated a response by Fort personnel.

Previously (within just the past ten years) the Fort's EMS response involved the utilization of a private BLS ambulance service that was contracted to provide this service. It was only changed within the past ten years and this function was assumed by the Fire Department.

No firm data has been able to be secured with respect to the number of average EMS calls answered each year, but a Fort Monmouth Fire Department representative stated that there are less than 200 EMS calls per year. Additionally, it was represented that there is a significant number of none transport calls that fall more into the category of the administration of first aid. This is not surprising given that there is no charge for the services rendered, there is a high safety consciousness factor in existence, and there is the availability of paid personnel on site to willingly perform this function.

Tinton Falls Paid Service Model

The basic model Tinton Falls utilizes involves the two volunteer squads (Tinton Falls North EMS and Tinton Falls South EMS) partnering to provide a daytime (6 a.m. to 6 p.m.) paid service seven days per week. This paid service is not provided as a municipally sponsored service, but as a Joint Squad sponsored service. There is a part time Administrator of the program who oversees numerous part time paid EMT

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responders. Additional details of this program are provided in this EMS section of the overall report.

Wall Township Paid Service Model

The Township of Wall has two volunteer First Aid Squads, but as daytime response on weekdays became increasingly delayed and calls for mutual aid became more frequent, the Township realized that action was needed to remedy this situation. In the late 1990's the Township studied the options available in coordination with the two First Aid Squads. In 2000, the Township launched a paid program.

Wall Township utilizes a model similar to the Tinton Falls model with the exception that the paid service is provided five days per week (Monday through Friday), is municipally operated and includes the employment of two full time employees with the remainder being part time. They also have a specific prohibition from any Wall Township volunteer being a member of any paid crew. They have found recruitment of employees to be easy. The call volume averages approximately four calls per day.

The Wall Township revenue generation from insurance payments has ranged between \$250,000 and \$300,000 after the costs associated with the third party billing agency are factored out. This revenue stream has been high enough to support all of the direct program expenses including the purchase of new ambulances. In the first five years of the program, ambulances were purchased annually for the paid service and then provided to the two volunteer First Aid Squads on a rotating basis after the unit was one year old. Now that all of the equipment has been updated, new ambulances will only be purchased as mileage and mechanical conditions warrant. The other direct expenses include wages, benefits and supplies. If indirect expenses such as general administrative support were to be taken into consideration, the revenue flow might be negative.

The impact of the implementation of this program had no negative impact upon the EMS volunteers. Officials stated that the volunteers had a new sense of empowerment with the elimination of a burnout factor that had existed prior to the implementation of the paid program. The volunteers remain as the primary backup to the paid service. The Township has continued the same level of financial support for the two squads as had been in place prior to the implementation of a paid service.

Long Branch Paid Service Model

There has been a paid ambulance service in the City of Long Branch since October 1999. At that time and continuing through today there are two volunteer First Aid Squads, the Long Branch First Aid Squad operating north of Cedar Avenue and the Elberon First Aid Squad operating south of Cedar Avenue. In 1999, due to a lack of available volunteers,

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the Long Branch First Aid Squad developed and implemented a paid service while the Elberon First Aid Squad continued as a volunteer squad without any paid element, a situation that still exists today.

The Long Branch First Aid Squad volunteers administer a twenty-four hour per day paid service, seven days per week. It operates with twelve hour shifts (7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m.) utilizing only part time employees paid \$10/hour and receiving no benefits. Mutual aid is provided to the Elberon section. The Long Branch First Aid paid service has two levels of back-up (the MONOC BLS service and the Elberon First Aid Squad, in that order). If there were to still be no response, mutual aid from surrounding communities would be requested.

Last year the Long Branch First Aid Squad's paid unit responded to approximately 3,600 calls, but only 2,600 to 2,800 of them were billable calls. The other calls involved response to fire scenes, presence at City sponsored events, courtesy transports and similar type calls. With \$276,000 in income and a \$240,000 payroll, there is not enough excess funds to operate including the cost of vehicles, equipment and supplies without continued fund raising and a City government subsidy.

With a \$450 per call charge plus the cost of oxygen and the significant call volume experienced, the revenue still falls short of what is needed to operate since a significant percentage of calls are billed to Medicare and Medicaid that pay less than the \$450 per call charged by Long Branch. As an urban center, there is also a significant caseload where the fees charged are uncollectible. Although there is a collection process in place, the percentage of write-offs is significant.

City of Asbury Park Paid Service Model

The City of Asbury Park has a full time paid Fire Department. Similar to the Fort Monmouth Model, the City of Asbury Park utilizes their paid firefighters to operate their emergency medical service. They respond to 4,500 to 4,700 calls per year with approximately 3,500 of those calls being billable.

With only \$281,000 in income in 2006, the City of Asbury Park officials are disappointed with collections and in particular with the Third Party Agency handling the collection process. They are hoping to establish some pre-qualification bidding requirements in the hopes of engaging a more effective firm in the future. They are also considering a practice of balance billing non-residents for any charges not covered by insurance.

Neptune Township “Semi-Paid” Service Model

The Township of Neptune utilizes an approach to providing weekday, daytime coverage. Just as there is a Veteran’s Preference element to the Civil Service hiring system, Neptune utilizes an EMT Preference system in their hiring practices. In the State of New Jersey, there is a requirement that local government employers release non-emergency employees during working hours to respond to both Fire and EMS emergency calls. Neptune not only willingly permits this, but they embrace this approach.

Neptune has a system in which employees, who are EMT’s and members of the First Aid Squad, rotate so that different employees are “more or less” on stand-by on a day to day basis to respond to EMS calls for service during weekday, daytime hours. These employees generally come from the Public Works Department or one of the administrative offices.

This approach works for Neptune, since they recognized the challenges of weekday, daytime response. They have had this system in place long enough to have a good complement of employees who are volunteer EMT’s. However, this approach is not without its costs. The paid employees, who respond, are generally compensated better than those who work as paid EMT’s in Tinton Falls, Wall or Long Branch. When they are providing the BLS service, they are not performing their regular municipal work. This can be disruptive to the work flow, and often takes municipal vehicles utilized by these employees out of service. Finally, there is no revenue for the Township in the form of payments from insurance companies.

The Neptune model outlined above does address the safety needs of that municipality, but it is not considered to be a viable approach for any of the Host Municipalities or for any of the Neighboring Municipalities. The weekday, daytime needs in the Host Municipalities and the Neighboring Municipalities is more immediate, and it would be difficult to quickly transform the current employees into employees/EMS responders.

EXISTING SHARED SERVICE RELATIONSHIPS

Eatontown Borough – Shrewsbury Township

There is an informal relationship between the Eatontown Volunteer Ambulance Corps, Inc. and the Township of Shrewsbury that dates back longer than some can remember, but there is a general consensus that it has been in existence for over 25 years. The Eatontown Volunteer Ambulance Corps provides coverage in the Township of Shrewsbury without any formal agreement in place and in return, the Township of Shrewsbury makes an annual contribution to the Eatontown Volunteer Ambulance Corps.

Tinton Falls EMS North – Tinton Falls EMS South

Although two separate non-profit corporations, these two squads have long been the primary back-up for each other. In July 2005, they partnered in the launch of a seven-day per week, paid, daytime BLS service program. This partnership is highlighted in the next section of this report.

Mutual Aid

All area First Aid Squads, including those in the Host Municipalities, have had long standing mutual aid relationships. One problem with the mutual aid model involves unwillingness on the part of any totally volunteer squad to have a neighboring paid squad provide mutual aid that will send bills for those services. Accordingly, the Tinton Falls paid service does not provide mutual aid to the Host Municipality of Eatontown and the Long Branch paid squad does not provide mutual aid to the Host Municipality of Oceanport.

OVERVIEW OF HOST MUNICIPALITY FIRST AID SQUADS

Oceanport First Aid Squad

The Oceanport First Aid Squad is a 100% volunteer squad of approximately 35 persons under the command of a Squad Captain. The membership has been maintained at this level for the past three years. The squad does not bill patients for its services. The squad provides ambulance and rescue services and can respond to mass casualty incidents. They give and receive mutual aid primarily to Eatontown, Little Silver and West Long Branch. The squad's call history is shown in the table below:

	Total calls	6am to 6pm calls	6pm to 6 am calls	% of night calls
2005	570	333	237	42%
2006	589	360	229	39%
2007	666	418	248	37%

ALS services are provided by MONOC. Personnel training are provided in-house. The squad owns its building and equipment. All insurances are covered through the Borough's JIF.

The Oceanport First Aid squad is located in a 7,000 square foot two story building used exclusively by the squad. The building has three front bays and two bays in the rear. The building was built in 1979 and they are currently adding space to the second floor.

The lower floor includes the garage area with the bay door where they house the ambulances, rescue truck, Homeland Security trailer, and rescue boat with trailer. Also located on the first floor is:

- A large, well equipped kitchen
- Training/meeting room with a working fireplace
- Shower rooms
- Bathroom facilities
- Washer-dryer area

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- Utilities room
- Supply bins

Equipment

A review of the equipment list and on sight observation indicates the squad is well equipped to perform their functions. This equipment list includes three ambulances, one rescue truck, one Homeland Security vehicle for mass casualties, a rescue boat, special cots, cots for aged persons, and the basic first aid gear. Office equipment includes a computer, copying machine, Fax, file cabinets and training devices.

Budget

The entire budget for 2008 is \$154,900 of which \$39,000 is contributed by the Borough. Two fund raisers are conducted: a Christmas tree sale which nets about \$12,000 annually and a mail solicitation to the residents. Expenses are for first aid supplies, vehicle maintenance, and property repairs. The highest expense is \$42,000 per year for the mortgage.

Alarm Reporting

The protocol for Monmouth County Dispatch Center for EMS dispatching is to tone out a crew, and tone out a second time after five minutes. The third tone out takes place in five more minutes, and is also the call for mutual aid. This is a policy in the county; the County doesn't know if this is a statewide policy. This agency dispatches for over 20 ambulance squads in the county.

Oceanport police dispatching that dispatches for the Oceanport First Aid Squad uses a protocol of three minutes between tone outs. The third tone out is for mutual aid.

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Eatontown First Aid Squad

The Eatontown First Aid Squad is an all volunteer squad of approximately 8 persons under the command of a Squad Captain. The squad does not bill patients for its services. The squad provides ambulance and rescue services. Under a long-standing arrangement, the squad provides first aid coverage to Shrewsbury Township for which they receive a municipal donation of \$1500 per year. They give and receive mutual aid primarily to West Long Branch, Tinton Falls, and Oceanport. The squad responded to approximately 1400 calls in 2007 of which 1220 were daytime calls. ALS services are provided by MONOC. Personnel training are provided in-house. Eatontown Borough owns the squad's building and equipment. All insurances are covered through the Borough's JIF.

The Eatontown First Aid Squad shares housing with the Eatontown Fire Department located at 47 Broad Street, Eatontown, New Jersey. The firehouse is a 10, 674 square foot building with two floors. The ambulance squad has an office on the first floor and keeps its ambulances and rescue truck in the garage on the first floor. The squad members have access and use of the entire building. The office used by the ambulance squad is approximately 196 square feet. The computer and radio system is in this room.

Equipment

The squad has two ambulances, a rescue truck and two Dodge Durangos. It has portable and mobile radios, as well as pagers. First aid gear includes defibrillators, stretchers, cots, first aid supplies. Office equipment consists of a computer, file cabinets, fax, copier and a safe.

Budget

The entire budget for 2008 is \$33,000 of which \$29,000 is contributed by the Borough. Additionally, Shrewsbury Township provides a donation of \$1500 per year.

Alarm Reporting

The protocol for Monmouth County Dispatch Center for EMS dispatching is to tone out a crew, and tone out a second time after five minutes. The third tone out takes place in five more minutes, and is also the call for mutual aid. This is a policy in the county; the County doesn't know if this is a statewide policy. This agency dispatches for over 20 ambulance squads in the county.

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The protocol for the Eatontown Police Dispatchers who dispatch for the Eatontown Volunteer Ambulance Squad, use 5 minutes after the first tone out, and the third tone out after five more minutes is for mutual aid. Eatontown dispatchers will shorten the time if they believe the call is serious. The tone out is then every three minutes.

Tinton Falls North

The Tinton Falls North First Aid Squad is an all volunteer squad of approximately 15 persons under the command of a Squad Captain. The squad does not bill patients for its services. The squad provides ambulance services, primarily at nights and weekends. The Tinton Falls Paid First Aid Squad provides daytime coverage from 6:00 AM to 6:00 PM, seven days per week, to all of Tinton Falls (See below). The North Squad gives and receives mutual aid to primarily Tinton Falls South, Red Bank and Shrewsbury. The squad responded to approximately 200 calls in 2007. ALS services are provided by MONOC. Personnel training are provided by MONOC and Jersey Shore University Medical Center. The squad owns its building and equipment. All insurances are covered through the Borough's JIF.

Equipment

A review of the equipment list and on sight observation indicates the squad is well equipped to perform their functions. This equipment list includes two ambulances. Office equipment includes a computer, copying machine, Fax, file cabinets and training devices.

Budget

The entire budget for 2008 is \$75,000 of which \$35,000 is contributed by the Borough. Three fund raising mailings are conducted each year in conjunction with the Tinton Falls South Squad and the proceeds are split between the two squads.

Alarm Reporting

The squad is dispatched by the Monmouth County police/fire dispatch.

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Tinton Falls South

The Tinton Falls South First Aid Squad is an all volunteer squad of approximately 21 persons under the command of a Squad Captain (One Tinton Falls South volunteer is also a Tinton Falls Borough paid employee). The squad does not bill patients for its services. The squad provides ambulance services, primarily at nights and weekends. The Tinton Falls Paid First Aid Squad provides daytime coverage from 6:00 AM to 6:00 PM, seven days per week, to all of Tinton Falls (See below). The South Squad gives and receives mutual aid to primarily Tinton Falls North. The squad responded to approximately 300 calls in 2007. ALS services are provided by MONOC. Personnel training are provided by MONOC and Jersey Shore University Medical Center. The Borough owns the squad's building and the squad owns its equipment. All insurances are covered through the Borough's JIF.

Tinton Falls EMS South is housed in a 6912 square feet one-story building located at 1 Volunteer Way, Tinton Falls, New Jersey. There are two bay doors in the rear onto Volunteer Drive and there are three bay doors onto a driveway leading to Asbury Road. Aside from the bay-garage area that houses the ambulances, the building includes: One well-equipped kitchen, meeting room – training room, shower room with washer and dryer, office, rest rooms, storage rooms and a general club- meeting room. The building is 17 years old and in excellent shape. The building is owned by Tinton Falls and cannot be rented out to the public. The building is insured by Tinton Falls.

Equipment

A review of the equipment list and on sight observation indicates the squad is well equipped to perform their functions. Their equipment includes a 2006 Ford, Unit # 60 Ambulance with 17, 200 miles and in good shape; a 2007 Ford, Unit # 61 Ambulance with 10,420 miles, and a 2002 Ford Crown Victoria. They also have standard office equipment (printers, fax, phones etc).

Budget

The entire budget for 2008 is \$50,000 of which \$35,000 is contributed by the Borough. Three fund raising mailings are conducted each year in conjunction with the Tinton Falls North Squad and the proceeds are split between the two squads.

Alarm Reporting

The squad is dispatched by the Monmouth County police/fire dispatch.

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Tinton Falls Paid

The Tinton Falls Paid First Aid Squad provides daytime coverage from 6:00 AM to 6:00 PM, seven days per week, to all of Tinton Falls. The paid squad generally responds to between 85 and 90 calls per month. They bill \$500 per call and ultimately accept whatever insurance pays. The paid squad uses a 3rd party billing agency that sends invoices/notices for 90 days (3 notices); 15% of total billing is on average uncollectible. The patient doesn't get billed, only the insurance company. The squad has a fee sharing arrangement with MONOC for ALS calls where the Tinton Falls paid crew provides the transportation and BLS response.

Although there was no formal shared services study, the Tinton Falls North EMS and the Tinton Falls South EMS Squads did evaluate their 24-7 volunteer model within the last five years and made a determination to enter into a shared service agreement with each other to provide for a daytime paid BLS service seven days per week. This review by the Tinton Falls Squads occurred in 2004 and 2005 with the paid service being implemented as of July 1, 2005. There was initial opposition/resistance from some volunteers and residents but that opposition/resistance disappeared after the first 12 months of operation.

Paid revenue covers operating expense but not building overhead and capital, although this may be changing in the near future. Tinton Falls North and South each put up \$45,000 in start-up funds that is only now slowly starting to be repaid to the 2 Squads.

The goal is that there can be payment made to off-set the costs associated with the full purchase of supplies and a pro rata share of the depreciation of vehicles and equipment as well as funds to off-set building overhead expenses. The ability to do this will largely depend upon future call volume or the ability to expand the paid service outside the borders of Tinton Falls.

The Tinton Falls paid service generally does not presently provide any services outside the Tinton Falls borders. The volunteer squads in Neighboring Municipalities value their independence and are somewhat averse to having any charges for Basic Life Support (BLS) ambulance services assessed against the population they serve

All paid personnel work 12 hour shifts and no more than 3 shifts per week. No benefits are provided. The paid service administrator is paid hourly and generally works 15 or fewer hours per week.

ALS services are provided by MONOC. Training of personnel is provided by MONOC and Jersey Shore University Medical Center. This paid squad uses Tinton Falls North's building and equipment. All insurances are covered through the Borough's JIF.

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Equipment

A review of the equipment list and on sight observation indicates the squad is well equipped to perform their functions. This equipment list includes two ambulances. Office equipment includes a computer, copying machine, Fax, file cabinets and training devices.

Budget

Budget information was requested, but not supplied other than to state that the program is being run on a breakeven basis with some of the initial investment on the part of the two sponsoring squads beginning to be repaid.

Alarm Reporting

The squad is dispatched by the Monmouth County police/fire dispatch.

ANALYSIS OF HOST MUNICIPALITY FIRST AID SQUAD OPERATIONS

General Comments

As referenced earlier, a limiting factor in the review of the Host Municipalities involved the lack of any consistent and uniform database utilized by the respective squads with for the tracking of call data. Since there is no reporting requirement in the State of New Jersey with respect to volunteer Basic Life Support (BLS) services, nor is there any uniform record keeping requirement, it was difficult to ascertain the exact volume of calls as well as the exact nature of those calls and the time of the day or week of the response to those calls on the basis of the information that was provided.

In basic terms, all of the Squads are providing BLS services with all but the Tinton Falls Squads also providing rescue services. All volunteer agencies are well trained and well equipped, and accordingly, they are all capable of providing a high level of service when responding to an emergency situation. However, the key in ultimately evaluating the existing level of service rests not with the responses, but with those occasions when there is an inability to respond due to the lack of available volunteers, particularly during weekday, daytime hours. Only the two Tinton Falls Squads have addressed this shortcoming through the implementation of a paid response that not only covers weekday, daytime hours, but also covers weekend, daytime hours.

The exact costs to the participant municipalities are difficult to determine since municipal contributions such as the portion of the various forms of insurance provided are not easily separated from the overall insurance premiums. However, this is not material since those categories of expenditures would remain constant under both the current model for the provision of BLS services or under any future model that may be developed or implemented.

In terms of public tax dollars, it is safe to state that in no case is there a significant portion of any of the municipal budgets being devoted to the provision of BLS services. Under Recommendation #1 of the EMS section of this overall report, items such as insurance, building overhead and LOSAP (length of service award program) contributions will remain unchanged. Items such as vehicle replacement costs, vehicle maintenance and supply acquisition should decrease, but in many cases this will involve a savings to the squad as opposed to the municipality. The level of monetary contributions is a matter of local determination and cannot be addressed as to whether there is likely to be increased, decreased or level funding in the future.

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The training being provided by all of the squads in the Study area meets all State and Federal requirements. There are State Training Funds available to support this function. For some squads, the training at the local level, as opposed to an outside agency, is a source of local pride and should continue. There is also the availability of inter-squad training opportunities. There is no sharing or consolidation of the training function that is recommended beyond that which already exists.

In the Host Municipalities, the EMS function is independent from both Fire and Emergency Management, unlike the Fort Monmouth model. However, there is a high degree of coordination between the emergency services. Given the demands on the time of the volunteers in both the local EMS and Fire Departments, an integration of these functions is not recommended.

New Jersey law does mandate that municipalities and other local government entities release non-emergency employees from their municipal assignments to respond to volunteer emergency calls. However, there is only one person in all of the Host Municipality squads that fits this situation and accordingly, this factor did not enter into the Study Team's analysis.

Eatontown Volunteer Ambulance Corps, Inc.

The Eatontown Volunteer Ambulance Corps is comprised of a dedicated, but small, complement of eight active volunteers. They have indicated that they have volunteers who are generally available for daytime responses, but with an active membership of only eight individuals, there are a number of risks including an inability to respond in a timely fashion to weekday, daytime calls. The other significant risk involves a burnout factor when such a vital public safety function falls on the shoulders of a small group of volunteers.

With the rescue function also belonging to the Eatontown Volunteer Ambulance Corps membership, the responsibilities handled by so few individuals only becomes more pronounced. This factor has been addressed in that the volunteer Fire Department has a dual function of fulfilling the rescue function as an adjunct to the rescue services provided by the Ambulance Corps.

The Eatontown Volunteer Ambulance Corps is well equipped and well trained. They have solid working relationships with both the Eatontown Volunteer Fire Department and surrounding EMS/First Aid Squads. They also have a sound mutual aid plan that involves the call-out of different neighboring squads dependent upon the quadrant of the Borough in which there is a call for service. They do not respond to medical emergencies within the Fort Monmouth boundaries.

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The Borough of Eatontown has enjoyed a significant and balanced development pattern, but with that development pattern has come a significant need for emergency services. With respect to the EMS response, Eatontown's overall population, higher density development (apartment complexes and mobile home parks), a regional mall, significant commercial development in addition to the regional mall and an expansive industrial park; the importance of a solid EMS service is underscored. This significant non-residential development pattern coupled with the high volume of traffic on arterial roadways has led to a high daytime population situation.

With the closure of Fort Monmouth, there will be an absence of any Fort Monmouth EMS response team coupled with the added responsibility to provide ambulance services on what are now Fort Monmouth lands. As the Fort Monmouth lands are redeveloped, the current situation of the volunteer resources in Eatontown being significantly stretched will only be exasperated. It is recognized by both Fort Monmouth officials and the Eatontown Volunteer Ambulance Corps officials that there is a minimal response by the Fort Monmouth EMS personnel outside the boundaries of the Fort. Discounting the absence of the Fort Monmouth paid personnel, the redevelopment of the Fort Monmouth lands will result in an increased demand for BLS ambulance services.

Without a significant recruitment of new volunteers, the Eatontown Volunteer Ambulance Corps is not in a good position presently to provide consistent weekday, daytime BLS ambulance service. Furthermore, the Eatontown Volunteer Ambulance Corps is not well positioned to address the future needs of the Borough of Eatontown with redeveloped Fort Monmouth lands.

Oceanport First Aid & Rescue Squad

The Oceanport First Aid & Rescue Squad has an impressive membership roster as well as a similarly impressive building, inventory of equipment and recruitment and training program. The one issue of this Squad is the lack of a consistently available weekday, daytime response. In the process of interviewing Oceanport First Aid & Rescue Squad representatives, they readily recognized that they do not have any members consistently available during weekday, daytime hours. There are occasions when one of their members is not at work during those hours, or is working locally and able to break away from work, but this was reported to be the exception as opposed to the rule.

As with Eatontown, the Oceanport First Aid & Rescue Squad does not respond within the gates of Fort Monmouth, nor does the Fort Monmouth paid EMS personnel provide any significant level of BLS assistance within the Borough of Oceanport. However, with the closure of the Fort a new challenge will come to the Oceanport First Aid & Rescue Squad in the form of a responsibility for a significant land mass that is now a portion of Fort Monmouth's Main Post. As the Fort Monmouth Reuse and Redevelopment Plan is implemented, the demands upon the Oceanport First Aid & Rescue Squad will only grow.

The Oceanport First Aid & Rescue Squad is already faced with multiple challenges within the land area they are presently servicing, particularly those associated with the response to the senior citizen complex and the response to the Monmouth Park Racetrack when the Track's paid crew requires assistance. When the Fort closes and civilian and governmental uses replace the present military uses, the Oceanport First Aid & Rescue Squad is not well poised to assume this added responsibility given their limited volunteer daytime resources.

The situation of limited volunteer resources during weekday, daytime hours is only complicated by the primary rescue function provided by the Oceanport First Aid & Rescue Squad. There is a degree of shared responsibility with the local Fire Departments, but the Squad's limited volunteer resources are only stretched to a greater degree when an EMS response also calls for rescue resources.

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Tinton Falls EMS North

Serving the area of the Township north of Route 36, Tinton Falls EMS North is reasonably well poised to take on the added responsibilities that will come with the implementation of the Fort Monmouth Reuse and Redevelopment Plan. The Tinton Falls acreage is wholly within the area served by Tinton Falls EMS North. The factors contributing to the conclusion that Tinton Falls EMS North is able to take on this added responsibility is based upon:

- The Fort Monmouth land area in Tinton Falls is considerably smaller than the land area in either Eatontown or Oceanport.
- There is a paid service responding during all daytime hours, seven days per week.
- There are strong mutual aid relationships, particularly with Tinton Falls EMS South.
- Tinton Falls EMS North not having any rescue function required to be performed in addition to BLS services.

The major concern rests with the ability of Tinton Falls EMS North to retain their current members and to attract new members. The secondary concern centers on the ability to respond to an added number of calls. This includes new development in the section of the Township they serve, but also includes providing mutual aid in the area served by Tinton Falls EMS South. This is developing at a faster rate, with that development involving uses that have a high demand for BLS services.

Tinton Falls EMS South

Tinton Falls EMS South will experience no direct impact as a result of the closure of Fort Monmouth since no portion of Fort Monmouth is in the Tinton Falls EMS South service area. Additionally, development that will occur as a result of the Fort Monmouth Reuse and Redevelopment Plan will have no direct impact on the Tinton Falls EMS South Squad. However, as the primary mutual aid responder for the Tinton Falls EMS North Squad, there will be an indirect impact.

The pressing challenges facing Tinton Falls EMS South relate to the development that has, is and will continue to take place in their service area. Higher density housing developments, age restricted housing developments, assisted living facilities and regional commercial centers all have an impact on BLS services. All of these types of development either exist in the Tinton Falls EMS South service area, or are in the process of being constructed. There is additional development of this nature in the pre-construction or planning phases.

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Within the Tinton Falls EMS North analysis section above, the factors (bullet points above) that guard against an overload situation are equally applicable to the Tinton Falls EMS South Squad. Tinton Falls EMS South has a strong operation in terms of their volunteer personnel, physical facilities, vehicles, equipment, and daytime support making them poised to face future challenges. However, many of the recommendations that follow, if implemented by Tinton Falls EMS South, put them in an even stronger position to face future challenges.

Tinton Falls EMS Paid

With respect to the Host Municipalities of Eatontown, Oceanport and Tinton Falls, only Tinton Falls operates with a paid service to supplement their volunteer service. The model Tinton Falls utilizes involves the two volunteer squads (Tinton Falls North EMS and Tinton Falls South EMS) partnering to provide a daytime (6 a.m. to 6 p.m.) paid service seven days per week.

The average monthly daytime call volume in Tinton Falls is reported to be 87, or roughly three calls per day or one call every four hours. It is important to note that emergency calls are not evenly spaced and that the success of the paid service in Tinton Falls is inextricably linked to a daytime volunteer response, both from Tinton Falls North EMS and Tinton Falls South EMS as well as from neighboring communities through mutual aid agreements.

From the call volume noted above, one can conclude that there is an ability of this paid service to absorb additional calls without the need to add a second crew and a second ambulance. This conclusion is based upon the experience and call volume in both Wall Township and the City of Long Branch. Both of these municipalities serve a greater population and both respond to more calls each year than is the case with the Tinton Falls paid crew.

The closest comparison can be made with Wall Township. Wall is a suburban community that like Tinton Falls, has a responsibility to provide BLS service to a portion of the Garden State Parkway as well as a portion of Routes 138 and 195. Wall's land area (31 square miles) is twice the size of Tinton Falls. Wall's 2007 estimated population of 26,891 is over 50% greater than that of Tinton Falls. Wall's call volume for a five day per week paid service is 33% greater than the call volume experience by Tinton Falls for an equivalent five day per week paid service (Wall averages four calls per day and Tinton Falls averages three calls per day).

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The present paid EMS service in Tinton Falls is poised to absorb additional call volume resulting from the redevelopment of the portion of Fort Monmouth situated in the Borough as well as the additional call volume resulting from the construction of 151 age-restricted housing units at the site of the former CECOM building as well as other approved and likely future development in the Borough. It is important to note that the present development (1,048 housing units) and planned future development (approximately 350 housing units) at Seabrook Village should be solely serviced by MONOC Basic Life Support ambulances, but the reality to date is that Tinton Falls North EMS and Tinton Falls South EMS, as well as the Tinton Falls paid service, do respond to Seabrook Village calls regularly. There are no performance standards set in the agreement between Seabrook Village and MONOC.

RECOMMENDATIONS

Recommendation #1 – Contracted Paid Weekday Daytime Service

The Study Team recommends the establishment of a paid weekday, daytime only Basic Life Support (BLS) Emergency Medical Service that, at minimum, includes two of the Host Municipalities, namely the Borough of Eatontown and the Borough of Oceanport. This will address delayed BLS responses during all weekday, daytime hours. Although this recommendation may not be able to be implemented on an immediate basis (within three months of the issuance of a Final Report on Shared Emergency Services), it is not recommended that the implementation of this recommendation be delayed until there is a full closure of Fort Monmouth. It is recognized that implementation of this recommendation may necessarily involve time to handle the necessary logistics ranging from identifying the number of municipal squads that would participate to the specifics of how such a program would operate.

With respect to the Borough of Tinton Falls, their two Squads already enjoy a shared services relationship, and there is no compelling reason to dissolve or otherwise alter this shared services relationship. However, this does not preclude the Tinton Falls Squads from possibly becoming a part of this primary recommendation as is more fully referenced later in this section.

Broad Overview of Recommendation

- The volunteer squad members would continue to provide service on weekends and Monday through Friday, 6:00 p.m. to 6:00 a.m.
- The paid service would be in operation from 6:00 a.m. to 6:00 p.m. Monday through Friday.
- The provider of the paid service would be determined through a formal Request for Proposal process.
- Control and oversight of the paid service program would be through the existing First Aid Squads.

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Specific Recommended Program Elements

- Each participating volunteer first aid squad (minimum of the two Host Municipalities plus any of the Neighboring Municipalities who would wish to participate) would appoint trustees (number to be determined during implementation phase dependent upon total number of squads participating) to serve on a Contracted EMS Implementation, Operation and Oversight Board.
- Specifications would be developed for the purpose of engaging an independent company to provide a paid service that would be in operation from 6:00 a.m. to 6:00 p.m. Monday through Friday. The bid specifications/request for proposals should include the following:
 1. Performance standards
 2. A requirement that there be full compliance with all applicable State and Federal Regulations
 3. Maximum fees that could be charged
 4. A process whereby disputes involving underperformance on the part of the contractor, or other violations of the RFP conditions that would be addressed should such a situation arise
 5. Ability to terminate contract for cause
- A bid or request for proposals would be advertised and distributed, bids or proposals would be received and a contract would be awarded.
- It is recommended that one of the participating squads serve as the lead agency under which a contract would be let under the direction of a Board of Trustees with representation from all of the participating First Aid Squads. An alternative to this approach would be to form a new, non-profit corporation to be established for the purpose of the award of a contract and the oversight of the program. Under either approach, the Board of Trustees would be made up of representatives of the respective participating First Aid Squads so that all participants had an equal voice.
- Volunteers would remain as daytime back-up to the paid ambulance unit utilizing the enhanced protocol outlined in the recommendation for immediate implementation outlined in this section. It is important to note that with the appropriate performance standards being a part of any contract awarded for paid daytime services, the need for daytime volunteer response should be largely limited to situations involving overlapping calls and calls requiring the response of multiple ambulances.

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- The secondary back-up should be established as the paid ambulance units in neighboring jurisdictions (Tinton Falls and Long Branch) and similarly it is recommended that the newly created paid service act as a back-up for Tinton Falls and Long Branch. The responding BLS unit or the responding ALS unit in the case of a dual response would bill for the services rendered even if the call was outside their jurisdiction. In the event of an ALS response, there would be a fee cost sharing arrangement devised in advance.

Advantages of Paid Daytime Ambulance Service

- **Public Safety** – First and foremost, in the evaluation of any of the emergency services, public safety should outweigh other considerations, including cost savings when designing the delivery system for the respective emergency service. On the basis of the data collected and on the basis of the interviews conducted, it is clear that there is a shortage of volunteers available to handle daytime calls, particularly Monday through Friday, and an increased need to rely on mutual aid. This situation necessarily leads to an increased lapse of time between the dispatch of a call and the ultimate response to that call. The utilization of a paid daytime ambulance service will provide a consistent availability of an ambulance with a crew and at the same time will provide for an immediacy of response at the time of dispatch.
- **Valuing the Volunteer** – Even with a paid daytime ambulance service response, the role of the volunteers would still be significant. With 168 hours in a week, the volunteers under the recommended model would still be the sole responders during 108 of those hours or almost two-thirds of each week. At the same time, with a modified expectation to respond during daytime hours; it is less likely that there would be a burnout factor, particularly as it relates to the small number of volunteers available during those hours. This may also make the process of recruiting and retaining volunteers easier. There is no greater asset to a municipality in terms of the delivery of services than a zero cost associated with the personnel portion of the service delivery equation.
- **Squad Savings** – First Aid/EMS Squads are under increasing pressure to raise funds to financially support the services they provide. This fund raising effort further taxes the volunteers who are already giving of their time selflessly. A fewer number of responses would translate to less wear and tear on the squad's vehicles that in turn would translate into less expense associated with vehicle maintenance and a less frequent need for vehicle replacement. Additionally, the supplies utilized by the paid unit would be provided by that paid service that would again equate to a savings to the local squad. With a slightly reduced

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operating budget and a reduced demand on the personal time of the volunteers, the time involved in the volunteer's efforts to raise funds would be less onerous.

- **Squad Ownership** – By having the local First Aid/EMS Squads be the entity contracting for and overseeing the operation of the paid service, there would be less of a likelihood of a feeling of the loss of control of the emergency medical services that these volunteer squads have so proudly and selflessly provided over the long histories of these squads. Based upon the Tinton Falls North and South EMS experience, there was an initial hesitancy and reluctance to initiate a paid daytime service; however, that hesitancy and reluctance quickly dissipated and was largely absent after the first year of operation. In Tinton Falls, there was thought to having this paid service operated through the Police Department, but the local squads sought to retain ownership of the full emergency medical service program, and they now point with pride to the combined paid/volunteer system they have developed.

- **No Need For A Dominant Squad** – If one of the participating First Aid/EMS Squads was serving as the central location for the operations, and/or supplying and/or housing the ambulance utilized by the paid crews, they would be viewed as the dominant squad that could in turn lead to other participants not having the feeling of ownership referenced above. The utilization of an outside service that does not require use of any of the squads' equipment or facilities eliminates the potential for a single squad being dominant or being viewed as dominant. Even with a lead squad under which the contract would be let, that squad would have no greater voice than any of the other squads.

- **Zero Upfront Investment** – If there were to be a decision to directly manage a paid daytime service as opposed to contracting out for a paid daytime service, there would be a myriad of details that would have to be addressed including, but not limited to, the following:
 1. What building would house the ambulance utilized for the paid service as well as the paid crew providing that service?

 2. Would a new or used ambulance, to be utilized by the paid service, have to be acquired, or would one or more of the ambulances utilized by the volunteers be utilized by the paid crews?

 3. How would the expenses associated with building overhead, insurance, wages of paid crews, payroll processing, maintenance of equipment,

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purchase of supplies, and other related direct operating expenses be funded initially?

4. With the need for initial operating funds pending the receipt of a revenue stream from insurance proceeds, how would the initial upfront investment be funded?
5. Would someone have to be hired to oversee the program, particularly the aspects of the program dealing with hiring and scheduling of personnel, the interactions with a third party billing company, the purchasing of supplies, and related program details?
6. How would any potential shortfall in revenue be funded?

In Tinton Falls, both of the EMS Squads provided \$45,000 in seed money to support a directly managed operation. These squads serve the same municipality, are generally treated equally by the Borough of Tinton Falls, do joint fund raising, and have served as the primary back-up service for each other. This same dynamic would not be present with two or more squads from multiple municipalities. The effort to devise a formula for the assessment of upfront investment dollars with a consortium of municipal first aid squads as opposed to one or more squads from a single municipality could undo such an effort prior to it ever being launched. With a contracted paid service, the primary details that would fall to the volunteer squads would involve the initial development of a framework to manage the program (Board of Trustees referenced earlier), the development of specifications for a contracted paid service, and the monitoring of the paid service's performance against the performance standards established in the specifications. There would be no significant upfront capital or operating cost. For any potential costs associated with professional development of specifications, the establishment of a new non-profit umbrella organization or attorney review of any of these documents; there is the potential of these costs being funded by the municipal governing bodies involved through a State of New Jersey SHARE implementation grant. Only if a new, non-profit corporation were to be formed would there be a need for professional fees to handle its creation and for professional liability insurance to protect the Board of Trustees. Again, these types of expenses could potentially be covered through a State of New Jersey SHARE implementation grant.

A good example of this Implementation Grant is the Somerset Ambulance Shared Services Agency (SASSA) created approximately 5 years ago to provide a similar service for 4 towns in Somerset County.

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- **No Revenue Shortfall** – On the basis of the Study Team’s contact with potential bidders in a bidding or request for proposal process for a paid daytime BLS ambulance response, there is a strong likelihood of a bid/proposal that would involve a zero cost for the services being solicited. Additionally, prior to the launching of such a program through the award of a contract, this indication that there would be a zero cost would be known.

- **Minimal Administrative Responsibility** – As referenced above, after the initial development and implementation of the program, there would be a minimal demand on the volunteer representatives to expend effort to monitor and oversee the program. The Board of Trustees should initially meet monthly to review the prior month statistical report that would be required of the contracted agency against the performance standards established. Prior to the expiration of each single or multi-year contract, there would then need to be a review and potential modification of the specifications and the solicitation of new bids/proposals. An oversight role as opposed to an active management (hiring, on-going personnel management, scheduling, payroll, billing, collections, Medicare/Medicaid/private insurance compliance, equipment maintenance, purchase of supplies, etc.) is far less demanding on the part of the Board of Trustees. It is important to stress that any agency billing for insurance reimbursement for services rendered is subject to audit and to fines, penalties and even prosecution for insurance fraud if all of their regulations are not strictly followed. Medicare in particular conducts periodic audits. This is an onerous responsibility for a volunteer agency to assume this makes the approach of contracting for a paid ambulance service all the more attractive.

- **No Personnel Administration** – With a fully contracted paid service, there would be no need to be concerned about personnel administration issues including hiring, supervision, discipline, dismissal, and potential litigation.

- **Reduced Demand on Other Emergency Services** – The first emergency service to reach the scene of a medical services emergency, fire or accident is generally a municipal police officer. In the case of a medical services emergency, the responding police officer(s) will generally remain on the scene until the ambulance crews either transport the patient or determine that no transport is required. Delays in response not only affect public safety in terms of the patients trauma, and the trauma of their loved ones, but it also prevents the responding police officer(s) from being available to address other public safety needs. A more immediate daytime response would reduce the demand on police services, and when the emergency response also involves a fire/rescue response, those emergency services personnel could also be released earlier.

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- **System of Paid Crews backing-up Paid Crews** – Although the primary back-up would be the local squad, the secondary level of back-up could and should be area paid crews. Presently, neighboring paid crews are not utilized in a back-up capacity due to the sensitivities associated with the promotion by local squads that they provide a 100% free, volunteer service. While a laudable objective, the overriding objective needs to center on public safety. The use of neighboring paid crews as the secondary level of back-up addresses the public safety issue. With Tinton Falls and Long Branch already having paid daytime crews, it is only logical that the new paid weekday, daytime system recommended to be established in two or more municipalities (located between Tinton Falls and Long Branch) have a shared service arrangement for mutual aid back-up.

- **Abusive or Frivolous Call Reduction** – The emergency medical services are not immune to individuals who abuse the services they so generously provide. As individuals such as this come to be aware of a fee based BLS system, the expectation would be that the number of abusive or frivolous calls would be reduced.

- **Protection of Volunteer Status** – Any EMS Squad contemplating the institution of a fee for service program should consult legal counsel to ensure that their volunteer and non-profit status is not jeopardized. It is believed that a contracting relationship avoids any jeopardy in this regard. Under the definition section of N.J.A.C. 8:40 is the following:

"Volunteer ambulance, first aid or rescue squad" means, in accordance with N.J.S.A. 27:5F-20, an ambulance, first aid or rescue squad that provides emergency medical services without receiving payment for those services. Whether the members of a squad provide their services for free or are compensated by the squad is irrelevant to a squad's volunteer status.

Since no Squad would receive payment for their services, it is believed that their volunteer and non-profit status would be protected, but this should be further evaluated by legal counsel.

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Possible Disadvantages of Paid Daytime Ambulance Service

- **Volunteer Resistance** – It may be anticipated that volunteers who have given so willingly of their time in maintaining a long tradition of service to their community, may view any introduction of a partially paid emergency medical service program with both resistance and skepticism. As referenced earlier, this was certainly the case with the Tinton Falls EMS South and Tinton Falls EMS North experience, but this resistance and skepticism disappeared relatively quickly and has now virtually disappeared. This same dynamic was the case based upon interviews with other area representatives of paid services, where volunteer services were previously in existence. In fact, Study Team members were advised that the volunteers not only experienced a sense of relief, but also a sense of empowerment.
- **Resident Resistance** – Tinton Falls also referenced a degree of resident resistance was present at the time of the initiation of their program. In Tinton Falls, they indicate that there is no longer any perceived level of resident resistance, and in fact, they have not experienced any drop in resident contribution that could be a clear indicator of resident resistance.
- **Paid vs. Free Service** – There is no way to avoid the reality that with a paid daytime ambulance service, what was once provided for free would come with a cost once such a service were to be implemented. However, when there is a medical services emergency, the thoughts of the patient and his/her loved ones do not center on costs but on the immediacy of response. During daytime weekday hours, there are a disproportionate number of calls that are from non-residents (motorists traveling through a local municipality or non-resident employees working in a local municipality). At the same time, a significant number of local residents have migrated to jobs outside their home municipality, and if they were to have a need for ambulance services, they would be receiving them from the services available in that municipality. With a trend of an increasing number of paid daytime services, these traveling and working residents of the Host or Neighboring Municipalities could well be subject to charges for this response, regardless of the practice in their home municipality. During the hours that local residents are more likely in their homes (evenings, nights and weekends), it would still be volunteers responding as opposed to a paid service. In many cases, the patient will never see a bill. For all persons with some form of insurance (Medicare/ Medicaid/Private Policy), it is the insurance company that is initially billed as opposed to the patient.

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Program Alternatives

Although the recommended program involves the Boroughs of Eatontown and Oceanport, and any or all of the Neighboring Municipalities contracting for a paid ambulance service weekdays from 6:00 a.m. to 6:00 p.m., there are a variety of other options that could be explored including, but not limited to, the following:

- **Seven Day per Week Paid Service** – The recommended paid program is based upon the availability of volunteers as has been communicated to the Study Team. However, the Tinton Falls EMS South and Tinton Falls EMS North Squads determined that a seven day per week service addressed what they determined was a similar shortage of volunteers during weekend daytime hours. The Study Team is neutral with regard to whether or not there should be a five day or seven day paid daytime service, and defers that ultimate determination to the participating EMS/First Aid Squads.
- **Tinton Falls Inclusion** – Although the Borough of Tinton Falls has developed a well functioning paid daytime service, it necessarily involves administration and use of squad resources that would not be the case with the paid emergency medical services model recommended in this study. However, at such time that the insurance funds due to the Tinton Falls Squads, would equal or exceed the funds still due each of the Squads from the \$45,000 seed money they each provided, the Borough of Tinton Falls would be an excellent partner in a consortium of EMS/First Aid Squads given their high and consistent volume of daytime calls that a contracted ambulance service would find attractive.
- **Tinton Falls as a Contractor** – Since Tinton Falls has already developed a successful paid emergency medical services program, they could be considered as a potential bidder for the provision of these services to a consortium of the remaining Host Municipalities and all participating Neighboring Municipalities. The potential downside to this type of approach would be their current utilization of a single paid crew and their geographic separation from some of the likely consortium participants. However, if they would have an interest in providing this service and had an ability to meet the performance standards established, they should certainly be given consideration.
- **Direct Operation** – As referenced in earlier sections of the primary recommendation, a contracted approach to the provision of a paid daytime ambulance service as opposed to the direct operation of a paid daytime ambulance service is considered to be in the interests of all parties concerned, but this should not preclude a consortium of interested EMS/First Aid Squads in the Fort Monmouth Study Area from evaluating the direct operation of such a service.

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Extent of Municipal Involvement

Based on the “Squad Ownership” highlighted above under program advantages, it is not recommended that any of the Host Municipalities become directly involved in the operation of a paid EMS program. This recommendation that there be no direct municipal involvement is based upon the following factors:

1. All EMS/First Aid services in the Host Municipalities have traditionally been provided through volunteer squads.
2. The paid program presently working out of the Tinton Falls North EMS building is operating well and is a testament to the fact that a paid model can be implemented without any direct municipal involvement.
3. Through development and oversight of a paid program, volunteer squads will feel a sense of empowerment that will in turn encourage their continued volunteer service that is crucial to the success of a paid/volunteer combined EMS system.
4. A reduced cost of operation (no costs associated with the provision of weekday, daytime service) will provide the possibility of better and newer equipment and a reduced need to be involved in fund raising activity.
5. If the squads were to elect to go to the Tinton Falls model, operation through a non-profit agency (First Aid Squad) eliminates higher costs that would be associated with municipal wage and benefit scales.
6. If the squads were to elect to go to the Tinton Falls model, selection of a 3rd Party Billing Agency is handled by selection of a firm with a proven track record as opposed to selection based on low bid. First Aid Squads are not subject to the Public Bidding Laws.

Recommendation #2 – Enhanced Dispatch Protocol

The common protocol for the dispatch of an ambulance is for the Squad for the municipality in which an emergency exists to be called (toned out) either directly by the County 911 Dispatch Center or by the local police department that receives the call from the County 911 Dispatch Center. If there is no response, it is the common protocol to tone out the local squad a second and third time at five-minute intervals before calling for mutual aid on the occasion of the third call. This general protocol does vary slightly from municipality to municipality. Given that volunteers have to generally respond from their homes and that there needs to be two responders present prior to the ambulance being put

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into service, there can be significant delays prior to a BLS ambulance arriving on the scene of the emergency.

The immediate recommendation is that this protocol be revised in a manner that would tone out mutual aid from a neighboring squad within three minutes of the time that the local crew was toned out for the first time. Available responders would then notify the appropriate dispatch center if they were to be available and would stand-by at their home, place of work or other present location pending a determination that no local crew was available. If a local crew were to become available, those on stand-by would be released. Otherwise, the mutual aid crew would be advised that their services were needed and would be instructed to proceed to their squad headquarters. In the event that there were no responses received from either the local or primary mutual aid squad, dispatch would know at an early stage to seek assistance from the secondary neighboring squad.

This enhanced protocol should not apply to the hours between 11:00 p.m. and 6:00 a.m. out of respect for the need of the volunteers to be able to sleep soundly during the night. It is during these hours that the local squad is likely to have volunteers available without any need for mutual aid.

Recommendation #3 – Radio Acquisition

Although some squads assign radios to every non-probationary member, this is not a universal practice. In many squads, only the officers are assigned radios in part due to a cost factor and in part due to a concern over non-emergency communications taking place over the airwaves. However, instead of a volunteer responder being able to advise the dispatcher in a timely fashion that he or she is in route to the Squad Headquarters, dispatch is often not advised until that volunteer responder reaches the Squad Headquarters and is able to communicate via an ambulance radio.

The lack of a more immediate communication between the responding volunteer and dispatch results in a lack of information on which to make a decision as to whether or not mutual aid assistance will be necessary. If those able to respond to the call do not have the ability to communicate with each other, there is again a breakdown that complicates the emergency response.

New laws in the State of New Jersey with respect to the use of all but hands-free cell phones while driving, has made communication by the volunteer responder that much more difficult without the benefit of a radio. Although this is not a direct “shared service” recommendation, it ties directly into Recommendation #2 that calls for an enhanced dispatch protocol for all of the squads.

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For those squads that have not issued radios to each volunteer, a phased in approach could be pursued since the cost of such a program could be substantial dependent upon the number of active volunteers on the roster. In the interim, an on-call system could be established that would place radios only in the hands of those who are on call during any particular period of time.

In conjunction with this recommendation, a strict radio protocol would have to be established to limit radio communications to only necessary transmissions directly tied to the emergency situation.

Recommendation #4 – Use of County Dispatch

The means of dispatch in the overall Study Area (Host and Neighboring Municipalities), ranges from:

- Direct dispatch from the County 911 Dispatch Center to the squad volunteers
- Dispatch from the County 911 Dispatch Center to the local police department and then to the squad volunteers
- Dispatch sometimes being handled sometimes directly from the County 911 Dispatch Center to the squad volunteers and sometimes with the local police department being an intermediary

It is recommended that there be a uniform utilization of the County 911 Dispatch Center with direct dispatch then being made to the squad volunteers. The use of an intermediary party is costly in terms of time and the potential loss of information as the call is relayed through multiple parties. This recommendation is also tied to the next recommendation.

Recommendation #5 – Mutual Aid Involving Crews in Service

A system should be developed whereby an ambulance already in service, but returning from a scene or returning from an area hospital could be requested to respond to a new emergency EMS call regardless of the town in which that call was originating. In certain cases, a crew that is already assembled and mobile will be able to respond to an EMS call in their area more quickly than a crew that has to be assembled from volunteers having to come from their homes, places of work, or other points of origin. This approach would involve each local squad relinquishing some of their local control, but that would be a small price to pay for a more timely response to a critical call when minutes could be the difference between life and death.

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A more enhanced approach to this recommendation would involve equipping each ambulance in the Study Area with GPS tracking equipment tied directly to the County 911 Dispatch Center. Since this could be a costly endeavor, it is recommended that the GPS approach only be pursued if grant funding were to become available.

Recommendation #6 – Acquisition of Fort Monmouth EMS Vehicles and Equipment

Although it has been represented that there will be no surplus equipment made available to interested parties from the inventory of Fort Monmouth equipment, the Host Municipalities should nevertheless formalize a request for the donation by the Federal Government of all EMS related vehicles, equipment and supplies. In any such request, it should be stated that vehicles, equipment and supplies, originally thought to be needed by other Federal agencies, sometimes end up in a Federal Surplus inventory being sold for a small fraction of their value. When the costs associated with the transport and sale are taken into consideration, it is more cost effective to dispose of them for one dollar to the Host municipalities that have supported Fort Monmouth throughout its long history.

Recommendation #7 – Concentration on Basic Life Support

Some of the First Aid Squads in the study area, in addition to BLS Service, also provide the primary rescue function, while in some situations the rescue function is shared between the First Aid Squad and the Fire Department. In other instances, the First Aid Squad has the primary responsibility for the rescue function. It is recommended that the First Aid Squad either have no responsibility for the rescue function or that it be an intra-municipal shared service between the First Aid Squad and the Fire Department.

With increasing pressures on First Aid Squads to recruit and retain members, the added responsibility of rescue, while having some allure, is a distraction to the primary function of the First Aid Squad which is the provision of emergency medical services. Inclusion of a rescue function involves added training requirements on top of what is already a significant training requirement imposed on EMT's. Additionally, the difficulties that are encountered in securing a crew for a BLS call are only exasperated if the rescue function falls to the same volunteers.

Recommendation #8 – Establishment of a Uniform Recordkeeping System

As was referenced earlier in this review of the emergency medical services in this Study Area, there is no uniform recordkeeping system being utilized. This is problematic not only with respect to the Study Team’s inability to secure consistent type of information to conduct this review, but it is also problematic on other levels including the following:

1. In the process of implementing Recommendation #1, any potential party who would like to present a proposal to provide a contracted BLS service during weekday, daytime hours would first want to know the number of calls. Also, they would want to have a sense of how many of those calls would result in the ability to generate a bill to the patient’s insurance carrier. The ability to secure a zero bid would be directly tied to the ability to provide this type of information.
2. In the delivery of any service, the way to evaluate the delivery of that service is through an analysis of performance data. In the absence of comprehensive performance data, there can be no reliable evaluation of service delivery.

Through the resources of the New Jersey First Aid Council, there are a variety of tracking models in use by other squads. It is recommended that squads with such models be contacted with the expectation that they could readily provide their computer tracking system to the requesting party at no cost. The type of information that would be beneficial to maintain includes:

- Calls by blocks of time (four hour time blocks are suggested)
- Calls by day of week
- Type of call (MVA, coronary, allergic reaction, etc.)
- Location of call (by quadrant, major development, etc.)
- Disposition of call (transport to hospital, treatment at scene, etc.)
- Volunteer individual responses
- Time from dispatch to arrival on scene
- Involvement of ALS

This type of recordkeeping system should be designed to perform multiple sorts. If, for instance, Tinton Falls wanted to know the number of calls by time, day of the week and nature of the call for Monmouth Mall in anticipation of the opening of the new Tinton Falls Outlet Center; the requested information would be available in a format that would be familiar to Tinton Falls.

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Even if the only purpose was for each squad to be in a position to evaluate their own operations on the basis of a sound data base as opposed to utilization for the purpose of developing a sound RFP, this type of data base should not only be developed and maintained on a consistent basis, but it should also regularly be reviewed and evaluated. It is recommended that the Host Municipalities and the Neighboring Municipalities develop such a program with all of the District 16 squads.

Recommendation #9 – Creation of Volunteer Standby Program

Again, this recommendation is not necessarily part of any “shared services” recommendation. However, it does relate to the retention of volunteers. Much as a medical doctor in a practice will be on call during specific non-office hours, a system could be developed from 6:00 p.m. to 6:00 a.m. for only designated volunteers to be on standby. Each volunteer could do this around their own personal schedule, thereby eliminating an excessive time expectation of all volunteers essentially being on call at all times. This could significantly contribute to the elimination or reduction of the “burnout” factor

Recommendation #10 – Enhanced Recruitment Program

Recruitment of new volunteers is an on-going challenge. There are many ways citizens become enticed to join the ranks of the EMS squads including the following:

1. Word of Mouth – This is perhaps an effective recruitment technique since the personal approach can be a compelling approach.
2. Family Tradition – Similar to word of mouth, this is an effective means by which new recruits are identified. The volunteer complement in the Borough of Eatontown is heavily influenced by there being one extended family with a long tradition of emergency medical service to the community.
3. Public Appeal – This often takes the form of notices on signboards, inserts in solicitation for donation mailings and notices in municipal newsletters.
4. Public Education – When local squads open up CPR and EMT classes to area residents, those who sign up for these programs can often be a prime source for recruitment efforts.
5. Public Service Announcements in local media

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6. Public Speaking – Service clubs are regularly seeking individuals to come to their meetings to speak. The audience is already comprised of individuals with a service orientation and can be prime candidates for recruitment into the emergency medical services.

7. Cadet Programs – Cadets who are properly supervised have a sense of idealism and the energy of youth. They can be a great asset.

Within the public education avenue cited above, the Study Area first aid squads could join forces to sponsor these types of training sessions in the hope that these educational sessions would not only be well received, but also well attended. If a volunteer from each of the Study Area municipalities was present and involved in these sessions, they could also wear the hat of a recruiter. The advertising and promotion of these types of educational sessions can be accomplished more effectively with the participation of multiple squads.

Similar to public education, public service announcements would be received by media outlets if they were to be approached by a broad based entity such as the 16th District. The District could also establish a Speaker's Bureau so that those with the ability to make public presentations would be the ambassadors for the Study Area's first aid squads.

All of the Host and Neighboring Municipalities are a part of regional school systems. These regional school systems are good locations to recruit cadets. The involvement of cadets in a squad can also lead to other family members developing an interest and stepping forward as volunteers.

FINANCIAL ANALYSIS

Recommendation #1 – Contracted Paid Weekday Daytime Service

EMS/First Aid Squads in the Fort Monmouth Study Area conduct their respective operations with a minimal infusion of public tax dollars, particularly considering the level of service that is being provided to their respective communities. It is not anticipated that there would be any significant savings of public tax dollars that could be realized through the implementation of a paid daytime emergency medical service. This is true with respect to both the Host Municipalities and the Neighboring Municipalities.

Within the Host Municipalities and the Neighboring Municipalities, there are a variety of forms of municipal financial support; some of the more common forms include the following:

1. Monetary contribution
2. Worker’s compensation insurance
3. Building and content insurance
4. Vehicle insurance
5. Building utility expense
6. Building maintenance expense
7. Vehicle maintenance expense
8. Fuel for vehicles
9. LOSAP (Length of Service Award Program) contributions
10. Vehicle acquisition costs

It is important to note that generally none of the Fort Monmouth Study Area municipalities provide all of these means of support, and that the respective squads support many of their expenses through their own fund raising efforts.

The practice of a municipality with respect to the support of the EMS/First Aid Squad servicing their community would not likely change in any significant or material way with the implementation of paid daytime ambulance service program. The EMS recommendation in this study is based upon “public safety” as opposed to “public savings”. However, the need for increased financial support of the respective municipalities is considered to be unlikely. This observation does not apply to normal inflationary increases that are applicable to some of the items listed above.

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Cost Savings

There is a limited potential for savings, but this potential savings is not considered to be significant in terms of any of the overall municipal budgets. Some of the areas where there is a potential for modest savings include the following:

- Less frequent vehicle replacement
- Less frequent vehicle maintenance
- Less fuel consumption
- Reduced supply cost

Data from the respective EMS/First Aid Squads was not readily and consistently available to calculate the financial saving that might be realized, but again, the goal of this recommendation relates to public safety as opposed to public savings. The true savings to the respective municipalities has already been realized through the years of the existence of volunteer EMS/First Aid Squads. That savings should be measured in the sense of cost avoidance of not having to hire municipal employees to carry out that function.

As referenced earlier, with the potential of some modest savings, the pressure on the volunteer squad members to raise private funds to support their operations would be lessened. Additionally, the added burden of fund raising on the personal time of the volunteers would be slightly more acceptable once the burden of daytime response to emergency calls were to be handled by an outside paid agency.

The transitional costs associated with moving to the contracted, weekday, daytime paid service model relate to:

- The securing of legal advice relative to the protection of each squad's volunteer non-profit status.
- Legal and accounting services that would be needed if a new non-profit corporation were to be formed.

Between the resources of the municipal and squad officials, it is anticipated that these types of professional services could be secured as a donation from a professional in one of the participating communities.

The on-going costs of operation with a new non-profit arrangement would be a professional liability insurance policy to protect the Board of Trustees, plus accounting services to file annual returns with the Internal Revenue Service. If the Board of Trustees simply operated as a Joint Committee, there would be no need for incurring professional

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fees or insurance costs. For this reason, the recommended option is to operate as a Joint Committee so that legal protections would continue to be provided through each Squad's professional liability insurance policy, and the IRS compliance issues would remain the same as they are now. Under this recommended approach, there would be no need for a significant operating budget in the first or in subsequent years, but there should be an allocation up to \$10,000 for legal services and other incidental expenses, which could be paid for by SHARE Grant.

Recommendation #2 – Enhanced Dispatch Protocol

There is no need for a budgetary allocation to implement this recommendation.

Recommendation #3 – Radio Acquisition

The cost would be totally dependent upon the local acceptance of this recommendation and the means they would select to implement this recommendation. The cost of each new radio with a charger is approximately \$1,000.

Recommendation #4 – Use of County Dispatch

Since 9-1-1 calls are already received by the County 911 Dispatch Center, and since the cost of this service is already billed to each individual municipality, there would be no new costs incurred. There would be a lessened dispatch responsibility on police departments, but this does not equate to any cost savings.

Recommendation #5 – Mutual Aid Involving Crews in Service

There is no need for a budgetary allocation to implement this recommendation.

Recommendation #6 – Acquisition of Fort Monmouth EMS Vehicles and Equipment

There is no need for a budgetary allocation to implement this recommendation.

Recommendation #7 – Concentration on Basic Life Support

There is no need for a budgetary allocation necessarily required to implement this recommendation.

Recommendation #8 – Establishment of a Uniform Recordkeeping System

The Squad should not “reinvent the wheel” and that through the resources of the New Jersey First Aid Council, an existing recordkeeping system could be identified and provided to the District 16 squads at no cost.

Recommendation #9 – Creation of Volunteer Standby Program

There is no need for a budgetary allocation to implement this recommendation.

Recommendation #10 – Enhanced Recruitment Program

Dependent upon the extent of the recruitment program that would be developed, the financial implications of this recommendation could range from zero to tens of thousands of dollars. Professional quality audio and video PSA’s can be expensive. However, with resources such as Monmouth University and the local cable television providers, there could be a zero cost associated with the implementation of this recommendation.

TIMELINE FOR IMPLEMENTATION

The scheduled closure of Fort Monmouth has little to no relationship to the recommendations contained in the EMS section of the overall report. It is suggested that within three months of the release of this overall shared emergency services report there be a “Summit” or “Retreat” that would include representatives from each of the municipal governing bodies, the respective Ambulance/First Aid/EMS Squads and each police department so that the recommendations contained in this report could be fully discussed. The initial goals would be to develop a broad consensus with respect to the merits of each of the recommendations, with the expectation that there could be a consensus on the implementation of the recommendations of this report. Once there is a consensus, programs similar to the ones being recommended could be implemented within six to twelve months of the date of consensus.

The timeline benchmarks for each of the recommendations contained in the EMS Section of this overall Shared Emergency Services Report are as follows:

Recommendation #1 – Contracted Paid Weekday Daytime Service

2 months	Summit/Retreat to build consensus
1 month	Establish working committee
2 months	Committee develops plan and RFP to reflect established plan
1 month	Individual squad review and approval of RFP
1 month	Advertise/Solicit proposals
1 month	Sign contracts and initiate service

Recommendation #2 – Enhanced Dispatch Protocol

2 months	Summit/Retreat to build consensus
1 month	Establish working committee
2 months	Committee develops an enhanced dispatch protocol
1 month	Individual squad review and approval of proposed dispatch protocol
1 month	Implementation

Recommendation #3 – Radio Acquisition

There is no proposed timetable for this recommendation since it is a recommendation that is individual to each squad as opposed to a shared emergency services recommendation. Each squad should consider this recommendation and if accepted, would develop their own timetable for implementation based upon the following variables:

- Number of active volunteers presently without radios
- Number of volunteers determined to be in need of a radio as may be influenced by factors such as percentage of calls answered and whether or not a standby program is implemented
- Available funding through the squad and/or the municipality
- Decision as to whether there would be a need to phase in this recommendation

Recommendation #4 – Use of County Dispatch

2 months	Summit/Retreat to build consensus
1 month	Internal determination by each squad to accept this recommendation
1 month	Notice to County and local police department that implementation will be effective January 1, 2009

Recommendation #5 – Mutual Aid Involving Crews in Service

2 months	Summit/Retreat to build consensus
1 month	Establish working committee
2 months	Committee reviews and refines, if appropriate, the recommendation
1 month	Notice to County and local police department that implementation will be effective in thirty days

Recommendation #6 – Acquisition of Fort Monmouth EMS Vehicles and Equipment

Make an immediate request, for any related equipment or vehicles, followed by extensive lobbying efforts through the time of the actual dissolution of the Fort Monmouth Fire/EMS Department. This request should be made jointly by all Host Municipalities and their respective EMS/First Aid/Ambulance Squads,

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Recommendation #7 – Concentration on Basic Life Support

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| 2 months | Intra-municipal meeting involving all providers of emergency services to review recommendation and to build a consensus regarding the benefits to that individual municipality |
| 1 month | If recommendation is accepted, establish working committee to further review recommendation and to develop an internal timetable and methodology for its implementation. |

Recommendation #8 – Establishment of a Uniform Recordkeeping System

- | | |
|----------|--|
| 2 months | Summit/Retreat to build consensus |
| 1 month | Establish working committee |
| 4 months | Committee develops system that hopefully is able to involve the use of an existing system available at no cost that may or may not need modification |
| 1 month | Individual squad review and approval |
| 1 month | Implementation of a uniform recordkeeping system |

Recommendation #9 – Creation of Volunteer Standby Program

- | | |
|----------|-------------------------------------|
| 2 months | Intra-municipal meeting to consider |
| 1 month | Establish working committee |
| 2 months | Committee develops plan |
| 1 month | Squad review of plan |
| 1 month | Implementation of plan as approved |

Recommendation #10 – Enhanced Recruitment Program

- | | |
|----------|---|
| 2 months | Summit/Retreat to build consensus |
| 1 month | Establish working committee |
| 2 months | Committee develops plan of implementation and makes contact with media outlets and schools |
| 1 month | Presentation of plan of implementation to individual squads |
| 4 months | Development of Public Service Announcements and other forms of outreach and full implementation |

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

These recommendations could be implemented without any outside assistance; however, professional assistance in the implementation of these recommendations would assist in keeping the progress on track, fair and balanced for all towns included, and relieve the volunteers of some of the responsibilities throughout the implementation process. We note the State of New Jersey has a Share Grant program (SHARE) for implementation assistance, which could allocate up to \$200,000 for this purpose.

Task 3A – First Aid Shared Services
Final Report
Respectfully Submitted

JERSEY PROFESSIONAL MANAGEMENT

John D. Middleton
Senior Vice President
Task 3A Team Leader
July 7, 2008

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

	TINTON FALLS-N	TINTON FALLS-S	TINTON FALLS-P	EATONTOWN	OCEANPORT
DAY TIME SHIFT SCHEDULE	6-6	6-6	6-6 7 days	5-10	Volunteer
#OF VOLUNTEERS	15	21		8	35
#ACTIVE DURING DAY	6		2		Unknown
#ACTIVE DURING NIGHT	12				Unknown
MEMBERS PAID BY SQUAD POSITION HELD	No	No		No	No
MEMBERS PAID AS TWP. EMP. POSITION HELD	No	Yes Fire Marshall	No	No	No
RELEASE TIME PAID/UNPAID		Yes/Paid			
MEMBERS PAID BY COUNTY POSITION HELD	No	No	No	No	No
RELEASE TIME PAID/UNPAID					
PAID SERVICES YES/NO	Yes	Yes	Yes	Yes	Yes
IF YES WHO?	MONOC	MONOC	TFEMS-P	MONOC	MONOC
PAID BY WHOM?	Insurance	Insurance	Insurance	Insurance	Insurance
TYPES OF SERVICES YES/NO					
AMBULANCE/FIRST AID	Yes	Yes	Yes	Yes	Yes
RESCUE TEAM	No	No	No	Yes	Yes
MASS CASUALTY TRAILER	No	Yes	No	No	Yes
OTHER					
NUMBER OF CALLS IN 2007	218	432	860	1400	570
# OF DAYTIME CALLS	***	***	~85/month	1219	***
# OF NIGHTTIME CALLS	***	***		181	***
SQUAD HANDLED CALLS	***	***		***	***
# OF DAYTIME CALLS	***	***		***	***
# OF NIGHTTIME CALLS	***	***		***	***

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

	TINTON FALLS-N	TINTON FALLS-S	TINTON FALLS-P	EATONTOWN	OCEANPORT
MUTUAL AID CALLS					
TOP 3 GIVEN BY SQUAD	TFEMS-S Red Bank Shrewsbury	TFEMS-N *** ***	N/A N/A N/A	West Long Branch Tinton Falls Shrewsbury	Eatontown West Long Branch Little Silver
TOP 3 RECEIVED BY SQUAD	TFEMS-S Shrewsbury Red Bank	TFEMS-N *** ***	N/A N/A N/A	Oceanport Shrewsbury	Little Silver Eatontown West Long Branch
OWNER OF BUILDING	Squad	Tinton Falls	Squad (TFEMS-N)	Eatontown	Squad
RESCUE VEHICLES					
BLS RIGS OVER 3 YRS. OLD				***	
WHO OWNS?	Squad	Squad	Squad(TFEMS-N)	***	Oceanport
BLS RIGS UNDER 3 YRS. OLD				***	
WHO OWNS?	Squad	Squad	Squad(TFEMS-N)	***	Oceanport
RESCUE TRUCKS				***	
WHO OWNS?				***	
OTHER VEHICLES		Captain's Car		***	Boat & Trailer
WHO OWNS?		Tinton Falls		***	Squad & County
ANNUAL BUDGET	~\$75,000	\$ 50,000	***	\$ 33,000	\$155,000
MUNICIPAL CONTRIBUTIONS					
YEARLY DONATION	***	***	N/A	***	***
CAPITAL PRUCHASES	***	***	N/A	***	***
PAID SERVICES	***	***	N/A	***	***
PAID EMPLOYEES	***	***	N/A	***	***
OTHER LOCAL FUNDING	***	***	N/A	\$ 1,500 Shrewsbury Twp	Yes
CHARGE FOR SERVICES YES/NO	No	No	Yes	No	No
VOLUNTEER SQUAD PICK UPS					
MUTUAL AID PICK UPS					
PAID SERVICE PICK UPS					\$500/call

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

	TINTON FALLS-N	TINTON FALLS-S	TINTON FALLS-P	EATONTOWN	OCEANPORT
TRAINING PROGRAMS					
EMT - COUNTY/OTHER	Jersey Shore/MONOC	***	Jersey Shore/MONOC	In-house	In-house
CPR - IN HOUSE/COUNTY/OTHER	Red Cross	***	Red Cross	In-house	In-house
RESCUE TRAINING - IH/C/O		***		In-house	In-house
OTHER TYPES OF TRAINING		***		In-house	In-house
INSURANCE COVERAGE					
WORKMAN'S COMP	Yes	Yes	Yes	Yes	Yes
INSURER	Tinton Falls	Tinton Falls	Tinton Falls	Eatontown	Oceanport
VEHICLES	Yes	Yes	Yes	Yes	Yes
INSURER	Squad	Tinton Falls	Tinton Falls	Eatontown	Oceanport
SQUAD BUILDING	Yes	Yes	Yes	Yes	Yes
INSURER	Tinton Falls	Tinton Falls	Tinton Falls	Eatontown	Oceanport
MAINTENANCE OF VEHICLES					
CLEANING	Squad	Squad	Squad	Squad	Squad
MECHANICAL	Squad	Squad	Squad	Squad	Oceanport
LOSAP PROGRAM YES/NO					
RATE	Yes	Yes \$1000/yr		Yes	Yes
OTHER INCENTIVE PROGRAMS					
CLOTHING ALLOWANCE YES/NO	Yes	No	No	No	No
AMOUNT	\$1000/yr				\$1150/yr
OTHERS	No	No	No	No	No

NOTE: *** Indicates data not received as of 7/01/2008



**FMERPA SHARED EMERGENCY SERVICES STUDY
FIRST AID/AMBULANCE SQUAD SURVEY FORM**

NAME OF SQUAD: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE #: _____ EMAIL: _____

ALTERNATE CONTACT PERSON: _____

PHONE #: _____ EMAIL: _____

1. What do you consider to be your daytime shift?

- _____ 6 a.m. to 6 p.m.
- _____ 7 a.m. to 7 p.m.
- _____ Other (please specify hours) _____

2. What is your complement of active volunteers?

- _____ Available for weekday daytime response
- _____ Available for weekday evening/night response
- _____ Total number of active volunteers

Jersey Management, 23 North Avenue East, Cranford, NJ 07016
908-276-2777 Fax 908-276-2777 jerseyprof@aol.com

3. Are any of your members paid by the squad for any services rendered?

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

Yes
 No

4. Are any of your members paid public employees in your municipality or school district, in a neighboring municipality or school district, or in Monmouth County?

Yes
 No

5. If the answer to Question #4 was yes, please state the position(s) held, the municipality in which they work, whether or not their employer will release them to respond to calls and if released whether the time off is paid or unpaid?

Position Held	Employer	<u>Release</u> Yes or No	Paid or Unpaid

6. Other than MONOC, are there any paid ambulance services (emergency, not transport) that operate in your service area?

Yes
 No

7. If the answer to #6 is yes, please provide the name of the provider(s) and a brief description of the service provided and the means by which the paid agency is compensated (please use the reverse side of this page or a separate sheet of paper).

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

8. Please indicate the types of services provided by your squad.

Emergency Ambulance/First Aid Services

Yes

No

Ambulance Transport Services (Out of County)

Yes

No

Rescue Team

Yes

No

Mass Casualty Response (indicate yes only if you have specialized equipment for that purpose)

Yes

No

Other (please specify) _____

9. Who owns your vehicles?

Squad

Municipality

Other (please specify) _____

10. Who owns your building?

Squad

Municipality

Other (please specify) _____

11. Briefly describe the adequacy of your present building

12. From highest to lowest, what other squads do you assist most often in providing mutual aid assistance outside your service area?

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

13. From highest to lowest, what other squads respond most often for mutual aid assistance in your service area?

14. In what ways if any do any agencies associated with Fort Monmouth provide assistance to your squad?

15. What are your primary means of fund raising (mailings, door to door solicitation, coin toss, etc.)?

16. Do you charge for any of the services you provide?

- Yes
- No

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

17. If the answer to #16 is yes, for what services is there a charge?

18. Who provides for vehicle maintenance and repairs?

- Squad
- Municipality
- Other (please specify) _____

19. Who provides for vehicle cleaning?

- Squad
- Municipality
- Other (please specify) _____

20. Do you have a LOSAP program?

- Yes If yes, what is the annual contribution? \$ _____
- No

21. Is there a clothing allowance?

- Yes If yes, what is the amount? _____
- No

22. Are there any other incentive programs?

- Yes (If yes, please describe them) _____

- No

Completed by _____ **Date** _____

Phone # _____ Email address _____

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

FMERPA SHARED EMERGENCY SERVICES STUDY
FIRST AID/AMBULANCE SQUAD
SUPPLEMENTAL SURVEY FORM

NAME OF SQUAD: _____

1. Please provide your equipment inventory (vehicles/trailers only).

Year	Make and Model	Mileage	Condition

2. Please provide statistical call information for the 2007 calendar year (include all responses whether they were in your service area or provided as part of a mutual aid pact).

_____ Total number of calls
_____ Number of daytime calls
_____ Number of evening/night calls

3. Please provide statistical mutual aid call information for the 2007 calendar year.

Mutual aid calls where you responded for another squad:

_____ Total number of calls
_____ Number of daytime calls
_____ Number of evening/night calls

Mutual aid calls where another squad responded to your service area:

_____ Total number of calls
_____ Number of daytime calls
_____ Number of evening/night calls

4. Briefly describe the greatest challenges you are presently facing (recruitment of volunteers, securing operating funds, replacement of equipment, dealing with building issues, handling daytime calls, training, etc.).

5. Please provide budget information as follows:

TASK 3A – FIRST AID SHARED SERVICES
FEASIBILITY STUDY FINAL REPORT PREPARED FOR FMERPA

- _____ Annual Operating Budget (____ 2007 or ____2008)
- _____ Annual Capital Budget for Equipment Replacement
(average over last five years)
- _____ Annual Capital Budget for Building Improvement
(average over last five years)
- _____ Revenue derived from fund raising in 2007
- _____ Revenue provided through municipal contribution in 2007
- _____ Revenue provided through insurance companies in 2007
- _____ Other revenue (indicate any major sources) in 2007

6. Please provide the following information related to your insurance program:

- What company provides your worker’s comp coverage? _____
- Who funds your worker’s compensation coverage? _____
- What company provides your vehicle insurance coverage? _____
- Who funds your vehicle insurance coverage? _____
- What company provides your building insurance coverage? _____
- Who funds your building insurance coverage? _____

7. Please provide information related to how you handle training.

TYPE OF TRAINING	TRAINING PROVIDER	FUNDING PROVIDER
EMT		
CPR		
RESCUE		
Other		
Other		

8. Please describe your building characteristics – ownership, square footage, number of bays, description of rooms (i.e. kitchen, meeting/training room, office, etc.), general condition, etc.