

# WASHOE COUNTY HEALTH DISTRICT

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ENHANCING QUALITY OF LIFE

## EMS Oversight Program FY19 Annual Report

November 2019



**Public Health**  
Prevent. Promote. Protect.

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The EMS Oversight Program would like to extend their appreciation to the EMS Partners of Washoe County for the quality emergency care they continue to deliver to the visitors and residents of Washoe County and for contributing to this report by providing their agency's highlights and accomplishments for FY19.

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## When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

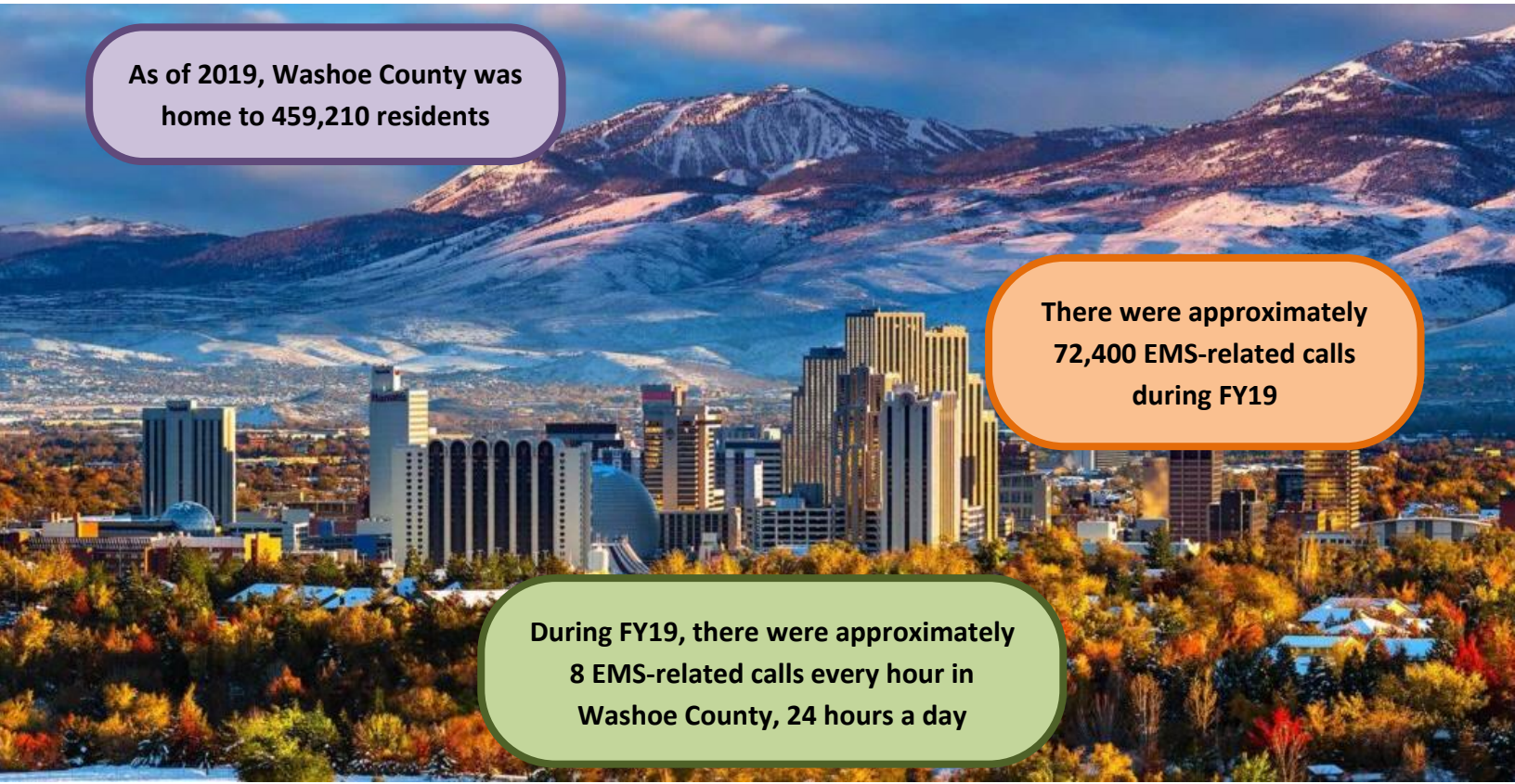
## When NOT to call 9-1-1

- ✗ Medical emergencies that do NOT require emergency department care.
- ✗ For information or directions.
- ✗ Earthquakes or power outages.
- ✗ Crimes when you have NO suspect information.
- ✗ Crimes that occurred hours or days before.
- ✗ Noise disturbances or parties.
- ✗ Lost or injured pets.
- ✗ Complaints against neighbors or businesses.

Visit [ThinkBeforeYouDial.com](http://ThinkBeforeYouDial.com) for non-emergency phone numbers in the region.

## Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2018 through June 30, 2019 (FY19). The report contains seven major sections highlighting the EMS system within Washoe County, including how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY20.



**As of 2019, Washoe County was home to 459,210 residents**

**There were approximately 72,400 EMS-related calls during FY19**

**During FY19, there were approximately 8 EMS-related calls every hour in Washoe County, 24 hours a day**

## Washoe County's 9-1-1 and EMS System

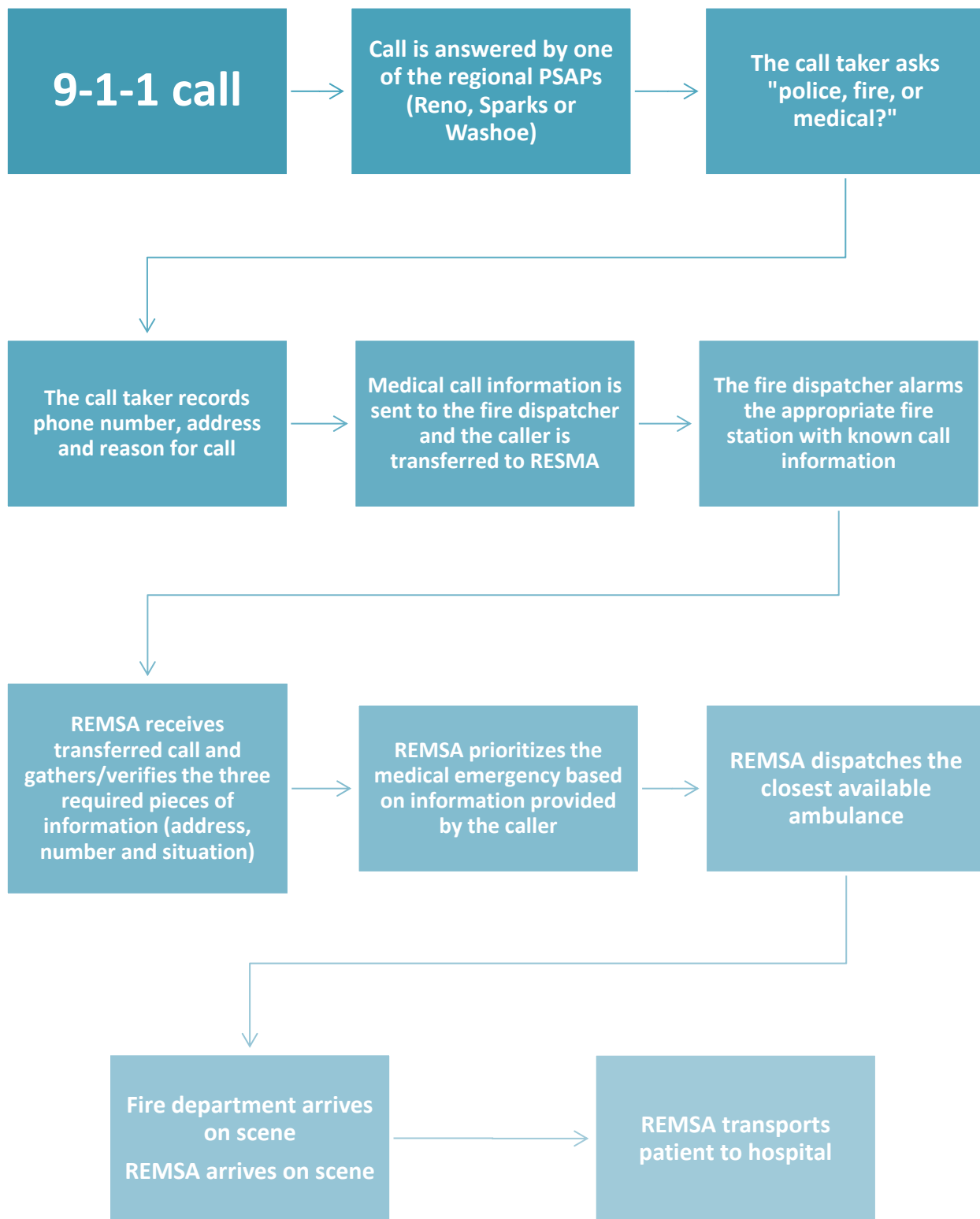
Washoe County has a two-tiered response system for emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP) where the call taker then will determine if the person in need of services is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to the REMSA dispatch center for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the county. While fire is being dispatched, the caller is questioned by REMSA's call takers through a structured EMD process to determine the call priority and dispatch the closest ambulance.



Figure 1 on the following page, illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and, if warranted, REMSA transporting the patient to a hospital.

**Figure 1: 9-1-1 Call Routing in the REMSA Franchise Area\***



\*See REMSA Franchise area map on page 7

## Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the EMS needs of the community are met. The EMS partner agencies include:

- City of Reno<sup>1</sup>
- City of Reno Fire Department
- Reno Public Safety Dispatch
- City of Sparks<sup>1</sup>
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District<sup>1</sup>
- Washoe County<sup>1</sup>
- Washoe County Health District<sup>1</sup>
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. Pyramid Lake Fire Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary and outside of Pyramid Lake Paiute Tribal Lands is covered by Gerlach Volunteer

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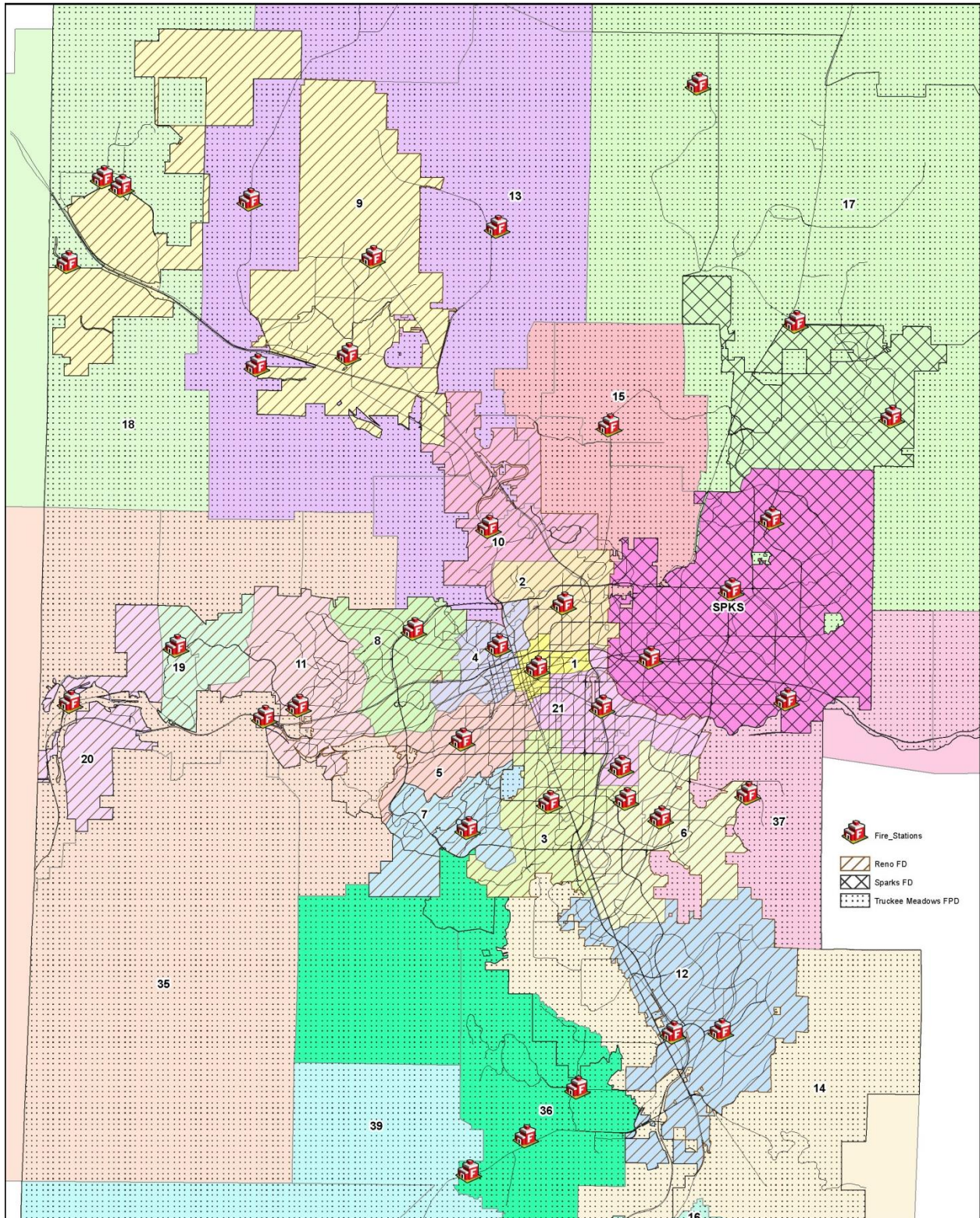
<sup>1</sup> Signatory of the ILA for EMS Oversight.



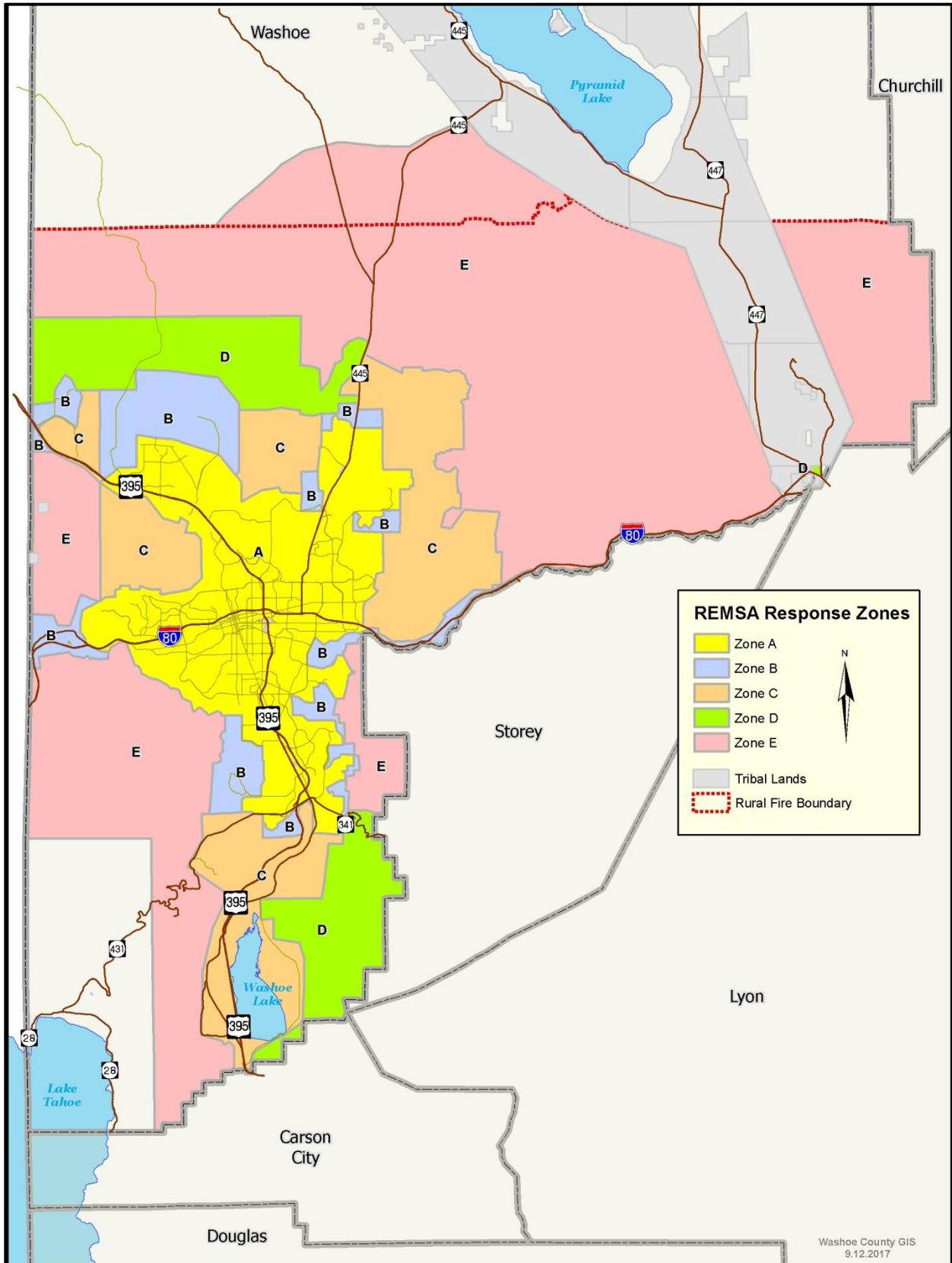
Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3).

**Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District**



**Figure 3: REMSA Franchise Response Map**



## Partner Agency EMS Highlights & Accomplishments FY19

Partner agencies provided their EMS related highlights for FY19, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

### City of Reno Fire Department Highlights for FY19

The fiscal year of 2018-19 was a typically busy year for the Reno Fire Department. The emergency medical services aspect of our operations blends into every part of our operations and response. Of the 41,000+ calls RFD responded to, over 28,000 were EMS related calls.

The following are highlights of some of RFD's EMS related advancements and program developments in the recent fiscal year.

#### Academy Completion

RFD graduated a four month academy which provided a compliment of a total of 16 new firefighters to the department. Among them were 6 new paramedics, 4 Advanced EMTs and 6 EMTs.



#### New Paramedic Companies

The addition of newly hired paramedics along with RFD members who completed paramedic training from other programs, allowed for the opening of 2 new paramedic companies; Engine 11 (northwest) and Engine 6 (southeast) are both now staffed full time for paramedic response.

#### Wildland EMS

Over 30 RFD personnel have been qualified as wildland fire "Line-Medics". This specialized training along with a full complement of ALS equipment and supplies allows these medics to work alongside firefighters in remote and austere conditions and provide high levels of medical care in the event of a serious injury or illness. Additionally, RFD has implemented a REM (Rapid Extraction Module) Team with the compliment of an off-road UTV vehicle, which can provide care, rescue and transportation to injured firefighters and victims in remote locations.



#### EMS Training

RFD held 3 Advanced Emergency Medical Technician (AEMT) classes (1 class per each shift) for the department's EMTs, graduating 16 new AEMTs.

Division level training was conducted for all 200+ line personnel, involving a firefighter down scenario. This was a night drill with a fire fighter (fully dressed manikin), succumbing during simulated live fire operations. His crew effected a rescue, providing uninterrupted CPR while removing turnouts and SCBA and then initiating advanced life support (ALS) care.

Active Assailant/Rescue Task Force (RTF) training was conducted with the Reno Police Department (RPD) and REMSA. All line personnel, Investigators and Battalion Chiefs received NFPA 3000-Tactical Emergency Critical Care (TECC) training dealing with the response, treatment and extrication of victims of an active shooter event. Live simulated exercises involving dozens of volunteer victims were executed with RFD, RPD and REMSA. The outcome helped establish more coordinated, effective responses to an active shooter event.

RFD EMS Division conducted 3 internal Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS) refresher courses to maintain the nearly 70 paramedic certifications.

### **Additional Training**

- Radioactive shipment response and mitigation,
- Swift water Rescue for RFDs “WET” Team,
- AMTRAK Train emergency response
- Building Collapse and Rescue, “Tech-Team”



### **Community Participation in EMS**

The Reno Fire Department is engaged with regions higher education institutions through its participation in the proctorship of over 150 EMT and AEMTs students annually from Truckee Meadows Community College (TMCC) as well as Western Nevada Community College (WNC) for their required clinical “ride-alongs”.

RFD is an active participant in UNR’s College of Public Health’s internship program providing much needed internship opportunities for 2 undergraduate level students each semester. These students area of focus is on community health and are assigned such projects as community cardiac arrest outcomes and homeless population health issues.



RFD is actively involved in the regions EMS efforts through regular participation in the following organizations: National Association EMT's (NAEMT) State Advocacy, the State EMS Advisory Committee, Northern Nevada Fire Chiefs EMS Committee, Inter-Hospital Coordinating Council (IHCC), Mass Casualty Incident Plan (MCIP) Committee, EMS Regional Protocol Sub-Committee, Low Acuity Calls Sub Committee, Emergency Department (ED) Consortium, WCHD Point of Distribution (POD) set up, among others.

### **Grants**

During the last fiscal year RFD had applied for and/or received a number of grants which provided assets to complement our EMS mission.

- Firehouse Subs, 1 ZOLL X Monitor Defibrillator
- Assistance for Firefighters Grant (AFG) 4 ZOLL X Monitor Defibrillators
- LEPC/United We Stand Grants, 3 trauma and rescue training manikins.



## **City of Sparks Fire Department Highlights for FY19**

### **Paramedic Level Services**

During FY19, The Sparks Fire Department expanded its Advanced Life Support Services (ALS) to Fire Station 3. This progressive implementation of ALS services follows the plans set forth by Sparks City Council. Currently, stations 2, 3, 4, and 5 provide ALS services with the upcoming goal of providing paramedic services to fire station 1. These services initially began in March of 2017 at fire stations 4 and 5 in the northern portion of the city. To date, patient care opportunities and feedback have been very positive.

### **New Hires**

SFD hired 1 firefighter/paramedic, bringing the total number of paramedics in the department to 26. Additionally, three Sparks Firefighters attended paramedic school and successfully completed state and national exams to increase their skill sets and enhance the department's number of paramedics. These paramedics are in addition to the 48 advanced EMTs currently in the department.

### **Trainings**

Training and education of the department's EMS providers continues to be facilitated by the SFD Training Division through in-service skills training, online and classroom education, and by attending paramedic refreshers hosted by: North Lake Tahoe Fire Protection District, North Lyon

County Fire Protection District, or REMSA. Additional training was achieved through multi-agency scenario-based training with REMSA.

SFD personnel also trained with members of the Sparks Police Department to staff Rescue Task Forces (RTFs) as a preparedness measure during special events.

### **Continuous Improvement with Washoe County's first Regional EMS Protocols**

SFD participated in the continual improvement of Regional EMS protocols. The regional protocols were implemented in March 2018 but have undergone revision to include new skills, equipment, medications, and procedures. This regional approach to improvement benefits the citizens and visitors of the region.

SFD providers deployed on many wildland fire incidents throughout the west as Medical Unit Leaders.

### **Regional Committee Participation**

- Inter-Hospital Coordinating Council
- Low Acuity Work Group
- Emergency Department Consortium
- Regional Protocol Committee
- Northern Nevada EMS Chiefs Group
- Nevada State EMS Committee
- Washoe County MCI Plan Review and Update

The Sparks Fire Department continues to increase the level of EMS care provided to the citizens and visitors to the City of Sparks, while working collaboratively with our regional partners.

## **Truckee Meadows Fire Protection District Highlights for FY19**

### **Expanded Hazardous Materials Response Capability**

The TMFPD has designated Station 44 as an official Hazardous Material Technician station. This addition will double the response capability for those within the district, as well as serve as a better supplement to the Regional Hazardous Material Response Team (TRIAD) in Washoe County. The staff at Station 44 will join those of Station 33 as Hazardous Material Toxicology Paramedics, referred to as "Tox-medics", and serve a specialized role on the TRIAD team to provide advanced level care to patients in a hazardous materials incident.

### **Hired New Firefighter/Paramedics**

The District has added 2 new employees to the line staff to bring a total of 84 State of Nevada certified Paramedics in various positions throughout the district. The ability to have paramedics serving in multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

### **Additional Apparatus**

The TMFPD has added 2 new Type-1 structure engines, 2 water tenders, and 2 specialized first-responder UTVs to the list of equipment available to respond to all types of emergencies within our district.

### **Implemented a Rapid Extrication Module Support (REMS) Team**

To expand our high level EMS service to the wildland firefighting realm, TMFPD has added a REMS team to our response capabilities. This team is an Advanced Life Support level group that is equipped with specialized rescue equipment and technical training to safely remove injured firefighters from the scene of wildland fires. This team provides a valuable resource for use on our local fires and any fires across the nation that require their expertise.

### **Increased Active Shooter / Hostile Threat Response Training**

To prepare for the unfortunate increase in hostile events across the country, the TMFPD has purchased upgraded ballistic protective gear for all first responders. This equipment will help protect our employees so they can access those suffering from life threatening injuries that would normally die on scene before responders could treat them. The addition of this new equipment coupled with specially trained personnel and rapid trauma kits on every engine will allow the TMFPD to provide the most efficient care in these dangerous situations.

### **Development of a Peer Support Team**

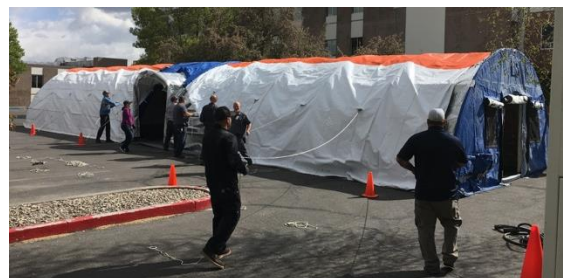
The TMFPD is proud to have our own employee Peer Support Team. The daily stresses placed on our firefighters can have a cumulative affect and negatively impact their overall health and wellbeing. The team is made up of 27 members, 3 Chaplains and a Psychologist, and is available to all firefighters within the TMFPD as well as other jurisdictions. This team helps create the support network necessary for the mental health of all of our regions first responders.

## **REMSA & Care Flight Highlights for FY19**

### **DIVISION: EMS GROUND OPERATIONS**

#### **Ground Field Operations**

REMSA Ground renewed its fleet with five new/remounted ambulances and a brand-new supervisor truck. The ILS division grew from three interfacility transfer units to five to better meet the needs of the region's hospital partners.



REMSA conducted and participated in 10 disaster preparedness exercises (five tabletop and five full size). One of the full-scale exercises was an Alternate Care Site exercise in which REMSA partnered with the local Interhospital Coordinating Committee to deploy the Disaster Management Facility (DMF) tents at Renown Regional, Saint Mary's and Northern Nevada Medical Center. REMSA provided patient actors in moulage to simulate a surge in patients. The hospitals staffed the tents and provided every aspect of care. The exercise included the opportunity for REMSA to train a large number of hospital employees on



how to set up and tear down the DMF tents. This ensures that another local resource, in addition to REMSA is capable of deploying the DMF tents (which REMSA stores at its facility).

### **Special Operations**



REMSA continues to invest in the community through its Special Operations Division. Included in this is the Tactical Emergency Medical Services (TEMS) team. Two REMSA TEMS medics competed in the 2019 National Tactical Medic Competition in Charlotte, NC. The competition evaluated the team's physical fitness, clinical knowledge, rope skills, and critical thinking. SOARescue put on the competition and said it was the closest first, second and third place in their history. REMSA's team missed first place by a single point. In addition,

REMSA TEMS assisted RPD and RFD in training more than 700 students (RPD, RFD, REMSA) in Rescue Task Force concepts to improve coordination in response to active assailant incidents.

REMSA's Special Events Division worked with regional law enforcement, fire departments, and promoters to improve response to large scale planned events like the Rib Cookoff, the Air Races and Hot August Nights. Additions to these events included wheelchair teams, triage area inside, preplanned access points, and plans to address hostile events at the venues. These improvements reduced the impact to the 9-1-1 system.

Finally, REMSA SAR responded to 108 Search and Rescue calls and attended 83 trainings. These calls ranged from summer and winter backcountry calls, to swiftwater rescue, dive rescue, helicopter hoist rescue and wildland fire evacuations. REMSA SAR medics all received advanced wilderness medicine training and are part of a small group of paramedic-level medical providers in the United States that have undergone this type and level of rescue training.

### **DIVISION: RURAL HEALTH**

#### **Rural Healthcare**

REMSA's Rural Health Division provided Community Health Paramedic response in conjunction with Nye County Emergency Medical Services, through a contract with the Northern Nye County Hospital District. REMSA Tonopah Community Paramedics responded to 450 requests for service and transported 158 patients while providing Advanced Life Support care in a Nye County Volunteer EMS Ambulance. This service undoubtedly improved the EMS response model in Northern Nye County while directly attributing to increased survival rates within this rural/frontier region of the state. REMSA reviewed 100% of patient care records; 34 of the 158 transports were captured as clinically indicated reviews.

As part of the partnership, REMSA provides a dedicated seven-digit Nurse Health Line number for the citizens of Northern Nye County and surrounding areas. Numerous efforts to publish the number for utilization of patients with low acuity injury/illness resulted in 445 calls to REMSA's Nurse Health Line from Northern Nye County's dedicated line. In FY 2018-19, REMSA's Tonopah Community Paramedics received an overall satisfaction rate of 4.9 on a scale of one to five, with five representing excellent care.

The Tonopah Community Paramedic program in Northern Nye County provided on scene medical support to 23 Special Events within the region. Visual improvements (a new paint scheme and exterior wrap) were made to REMSA's Community Paramedic response truck.

Protocols were developed to provide telehealth services to the citizens and visitors to Northern Nye County when a clinic is closed or unavailable. REMSA was successful in receiving a joint USDA grant with Renown Regional Medical Center for a Global Med, state-of-the art telehealth device. This device has a planned implementation of October 2019, and will provide a new and innovative care delivery model to the region.

These types of innovative services helped the Northern Nye County Hospital District receive the AIMHI Award for EMS Innovation at the national Pinnacle conference in Orlando, FL.

**DIVISION: INNOVATION**

**Community Health**

The Community Paramedic program signed new contracts with hospice groups and home health groups. In addition, REMSA launched a new hospice registry program which allows hospice patients to have their information entered into REMSA's CAD. If a call comes in from a hospice registrant, the dispatcher will share this information with the responding crew ensuring proper care is given and the appropriate people are notified.

**DIVISION: CARE FLIGHT**

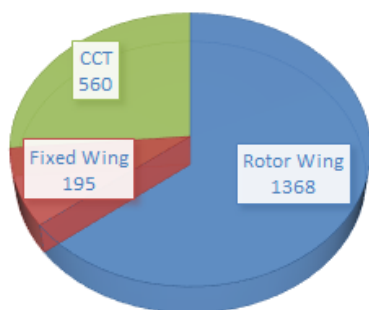


**Critical Care**

Care Flight Critical Care Services transported a total of 2,123 patients via three modes - rotor wing aircraft (1,368 patients), fixed wing aircraft (195 patients) and ground critical care ambulance (560 patients).

More than 640 responses for transport across all three modes occurred within Washoe County; 91 of these were for rotor wing. Patients being brought in to Washoe County for care, from outlying areas totaled 1,197.

**CARE FLIGHT TRANSPORTS  
CRITICAL CARE DIVISION**



Care Flight added four critical care nurses and one critical care paramedic; all completed Care Flight's rigorous orientation program. Care Flight also added a nurse educator through the education and clinical departments. This nurse navigator brings extensive experience and most recently worked at Yale New Haven Medical Center. She will work as a clinical development / continuous quality improvement coordinator focused on maintaining and enhancing Care Flight's high standard of care. Multiple community outreach, education and safety training events were held throughout the region.

## Care Flight- Plumas County EMS Division

Care Flight Ground Operations in Plumas County took the lead in getting Quincy designated as the first HEARTSafe Community in California, in addition to being recognized by Nor Cal EMS as having the highest cardiac arrest survival rate in northern California that year. Through the HEARTSafe Committee formed by Care Flight and community partners, fundraising for the purchase and placement of AEDs throughout the communities continues with great success. More than 450 people were trained and certified in CPR within the local communities.

In addition to providing top-notch rural emergency care to the local area(s), Care Flight Ground continues to improve the standards of rural healthcare through innovative partnerships. One example is with Plumas District Hospital. Care Flight Ground staff work in the hospital emergency department and assists with providing interim psychiatric care to a number of patients until they can be placed in a longer-term facility.

Care Flight Ground provided medical support for five large wildfires, including the Camp Fire in Paradise, CA last year. In June, Care Flight Ground, along with REMSA provided an ambulance task force to assume emergency medical coverage for a neighboring county in California when their EMS program experienced a tragedy with one of their employees. The task force leader and a total of five Care Flight and REMSA ambulances provided coverage to the area for three days, ensuring there were no gaps in EMS coverage in that county, while maintaining normal staffing in our respective areas.

## DIVISION: EDUCATION

### Center for Prehospital Education

REMSA's Paramedic Education program hosted a site visit for reaccreditation by the Commission on Accreditation of Allied Health Programs. The program had zero violations or citations during the site visit; a distinction held by approximately just 70 of the 600 accredited paramedic programs. The program was granted five-year reaccreditation status.



REMSA Education collaborated with the regional fire departments to create its first-ever fire paramedic program that is available to paid firefighters and takes place on a fire B shift schedule. The first program is getting ready to graduate all of the students who enrolled in the program, making it a very successful endeavor.

### General REMSA Education Statistics for FY 2018-19

- Paramedic students graduated: 22
- AEMT students graduated: 31
- EMT students graduated: 42
- EMR students graduated: 28
- CPR training under training center: 17,861
- ACLS training under training center: 1,607
- PALS training under training center: 1,001
- ITLS training under training center: 32

- PHTLS training under training center: 82
- Kid Care babysitting: 166
- Pedestrian Safety outreach events: 16
- Health fair outreach events: 17

Point of Impact Program held ten events, inspected 338 car seats, installed 428 car seats, distributed 63 car seats through donations and certified nine new technicians.

Cribs for Kids Program held eight trainings where 39 people were trained. More than 630 Safe Sleep Kits were distributed statewide and REMSA’s Education Manager and Public Education Coordinator presented at the Safekids National Conference.

The Education Manager worked with JTNN and CASAT to educate more than 200 community members about opioids and opioid-related overdose, as well as provide training about the administration of Naloxone.

**DIVISION: CLINICAL COMMUNICATIONS**

**Center for Clinical Communications**

REMSA Clinical Communications was granted reaccreditation for its Accredited Center of Excellence (ACE) by the International Academy of Emergency Dispatch (IAED). This reaccreditation marks 18 consecutive years of being named a Center for Excellence. REMSA is one of only 11 centers worldwide to achieve this recognition from the IAED.

REMSA’s Clinical Communications department continues to advance the technical components of its AED delivery partnership with drone operator, Flirtey. The department is developing protocols about how to provide CPR instructions as well as information about how callers should retrieve and administer the AED.

REMSA Communications became a One Call Solution Center for regional agencies to request aircraft. Any agency can call REMSA/Care Flight’s aviation communications specialists and they will find and contact the closest aircraft to the patient regardless of whether or not it is a Care Flight aircraft. This allows agencies to only have to make one call to get the closest available aircraft for their patients.

Educational presentations about REMSA’s SEND protocol were given to 116 people within the local PSAP and casino security industry. These presentations educate people about what information is important to obtain from those on scene with the patients and how to provide it to REMSA’s Clinical Communications Center to ensure proper prioritization of resources and response.

The International Academy of Emergency Dispatch (IAED) requested that REMSA Clinical Communications Center become a mentor site as a resource for other agencies that are going through the process to become ACE accredited. REMSA Clinical Communications will work with these



agencies to assist them with building policies and procedures and implementing programs to meet the 20 accrediting standards.

## **DIVISION: COMMUNITY RELATIONS**

### **Digital Media**

REMSA continues to expand and enhance remsahealth.com. The site hosted more than 121,000 sessions and more than 303,000 page views last year. Visitors to the site spend an average of just under two minutes and visit 2.5 pages. Members of the public are engaging with our public safety content regularly and in meaningful ways.

In addition, REMSA invites dialogue through its social media channels as well. These include Facebook, Twitter, LinkedIn and YouTube. Social media is an ideal way to inform the public about important safety and wellness news such as proper handwashing and heat-related illness, as well as a way for the organization to share compliments and good news about field providers.

### **Media Relations**

Developing strong and meaningful relationships with regional media is an importance focus of the Public Affairs department. As a healthcare and public safety organization, building trust with the community through the media is critically important. We rely heavily on their coverage to raise awareness about important safety and health topics.

In addition to ridealongs and personnel features, media coverage for REMSA in 2018/2019 included following such as: air quality precautions, infant safe sleep, infant car seat safety, bleeding control, avalanche safety, heat-related illness, regional special event EMS coverage, first responder safety, cold-weather safety tips, Alpha/Omega 911 calls and stroke recognition.



### **Community Engagement**

Collaborating and innovating to improve health in our community is a key priority for REMSA. This engagement included visits to schools, information-sharing with educators, educational programs at hospitals, career fairs and meet and greets with providers.



REMSA makes a financial contribution to support the Food Bank, gathers food donations, and volunteers at the Food Bank's annual holiday food drive. In addition, this year, REMSA offered a community-wide, enter-to-win contest, "Save the Heart You Love" to promote heart health. Also, as a way to continue dialogue with special needs populations to ensure that the organization always provides appropriate, compassionate, respectful EMS care, REMSA hosted a Cookies and Cocoa Christmas party for children with Cerebral Palsy.

REMSA is proud of its outstanding field providers and compassionate dispatchers. We welcome tours throughout the year for adults and children alike. This year we hosted international visitors from Turkmenistan as they learned about emergency preparedness.

### **Partnerships**

REMSA is proud to partner with key organizations in the community to enhance and innovate wellness. As the AED drone delivery partnership with Flirtey advances, REMSA hosted a press conference on their behalf to announce the approval to fly beyond the line of sight - an important development in the program.

REMSA also partners throughout the year with the American Heart Association. As the agency that responds to more than 5,000 cardiac arrest and chest pain calls every year, anything we can do to raise awareness about heart health is critically important. This partnership includes staffing their special events with providers, teaching hands-only CPR, hosting lunch-and-learn sessions and sharing their message across media and social channels.

Another important partnership is the EMS Memorial Bike Ride - an event honoring EMS personnel through long-distance cycling to memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties and those who have died in the line of duty. A selection of REMSA employees supports the event by riding a portion of distance.



### **DIVISION: CLINICAL SERVICES**

#### **Clinical Care**

REMSA welcomed a new medical director to its staff - Dr. Jenny Wilson, who provides medical oversight to the ground field providers. Dr. Wilson has been practicing emergency medicine for more than 20 years and brings experience from some of the nation's most well-known and highly regarded medical schools and hospitals. Dr. Wilson joins Dr. Lee & Dr. Gonda who make up part of REMSA's medical leadership team.

For the fourth year in a row, REMSA was recognized with the American Heart Association Mission: Lifeline Gold Award. This acknowledges excellent STEMI care in EMS. The clinical department launched a performance improvement project to improve patient contact to 12 lead time to less than 10 minutes, the current performance is that 95% of the time, crews will obtain a 12 lead within 10 minutes of patient contact.

REMSA continues to expand its clinical partnership across the community. An example of this includes quarterly joint training scenarios with area fire departments. Training topics highlighted during those

joint scenarios included a ketamine scenario and a pediatric drowning scenario. Another example of clinical partnership development includes EMS ridealongs for staff from the area's emergency rooms.

REMSA encouraged friendly competition and clinical excellence by hosting a Clinical Competition during EMS Week. ALS level crews partnered up and worked through a variety of stations, testing skills such as airway management, high quality CPR, medication administration and critical med infusion and hemorrhage control. First, second and third place winners were determined, and prizes awarded. We anticipate making this an annual event.

Finally, Clinical Services successfully planned and held Community Health Program orientation program for expansion of CHP program in Tonopah, to include advanced clinical procedures such as suturing.

**DIVISION: EMPLOYEE INITIATIVES**

**EMS Week**

Every May, across the country, EMS is celebrated during EMS Week. REMSA uses this opportunity to thank and celebrate employees across our organization. From the billing office to the mechanics, from the administrative staff to the providers and dispatchers - day-to-day contributions are recognized and beyond the call service is honored.



This year, in addition to the recognition lunch, REMSA hosted new activities for employees including yoga and visits from pet therapy dogs.

**Appreciation Events**

Employees are the cornerstone of our organization. We value their engagement and are committed to their safety, development and success. Throughout the year, Human Resources hosts appreciation and engagement events such as a winter Frost Fest for families, a poker night and an outing to an Aces home game.



**Wellness**

REMSA also launched an Employee Wellness Action Committee which focuses on the overall health and wellness, physically, mentally, emotionally and spiritually for all employees. Initiatives to formalize this program are planned for 2019/2020.

**Stars of Life at the Nevada Legislature**

REMSA honored six Stars of Life as outstanding mobile healthcare professionals. They were recognized for their high performance, dedication, clinical excellence and important contributions to the EMS industry. They were recognized at the Nevada Legislature and had the opportunity to meet Governor Sisolak.



## **Gerlach Volunteer Fire & EMS Department Highlights for FY19**

The Gerlach Combination Fire Department (GFD) is a unique fire station operated by Washoe County. GFD is charged with providing fire and emergency medical services 24/7 to the surrounding areas, and is primarily focused on the Empire and Gerlach communities.

### **Fire House Subs Grant**

The Gerlach Fire Department was awarded a grant for new Hurst battery powered electric extrication equipment. These new tools are self-contained and run on a Lithium Ion battery and do not require a hydraulic power unit or hoses to use. The new equipment was placed on the first out ambulance and will allow more efficient extrication and take up less space than traditional extrication tools. The new spreader and cutter are also rated for the new boron steel and other new alloys that are in newer vehicles allowing for faster extrication than older tools.

### **New Volunteer Firefighter**

The Gerlach Fire Department has recruited a new Volunteer Firefighter, Timothy Edgecomb, who is starting his training to become an all risk volunteer. Gerlach Fire Department is continuously recruiting new volunteers.

### **Fire Protection Officer**

Fire Protection Officer, Matthew Lund completed his probation in April and is now a permanent member of the Gerlach Fire Department.

### **New Leadership**

On July 1st 2019 the Truckee Meadows Fire Protection District has taken over management of the Gerlach Fire Department from Washoe County Emergency Management and is working on improving service delivery to the citizens of the Gerlach and Empire area. TMFPD is also working with the current staff and volunteers to improve the operations of Gerlach Fire Department.

## **Mt. Rose Ski Patrol 2018-19 Ski Season Highlights**

The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. The Mt. Rose Ski Patrol staff has been increased for the 2019-20 ski season. The current staffing allows the Patrol to provide a minimum of 14 paid patrollers 7 days per week. The Patrol is augmented on weekends and holidays with National Ski Patrol volunteers. During the off season two of our Patrol's EMS Instructors provided an EMR course for 12 volunteers in order to enhance their ability to care for our guests. Besides the Patrol's role as EMS



providers, the patrol is responsible for providing a safe skiing environment for its many guests through avalanche control, proficiency in chairlift emergencies and evacuations, general hill safety, rope rescue and over snow patient transport. The Patrol has created unique methods and devices in order to provide efficient advanced life support to sick or injured patients wherever the emergency may occur.

The current Professional Ski Patrol staff consists of the following personnel under the supervision of Dr. Lisa Nelson, Medical Director:

- 25 Emergency Medical Technicians
- 12 Paramedics
- 7 Advanced EMTs
- 2 EMS RNs

There is a minimum of 1 paramedic scheduled per weekday 2 on weekends and holidays. Also, during the 2018-19 season, the Patrol adopted an electronic patient care reporting system.

The following list provides a brief summary of the calls received for service. Of note, there were less total requests for service from the 2017-18 season due to 8 days of weather related closures and 21 days where high winds required closing of 4 chairlifts.

- Total Ski Patrol Requests for Service: 889
- Total Patients Treated: 718
- Adults: 458
- Minors: 260
- Trauma/Falls/Extremity/Snow Related: 86%
- Medical/Cardiac/Stroke/Non-Trauma/Injury: 14%
- Treated, Transported by Ground Ambulance: 86 (12.6%)
- Treated, Transported by Air: 2 (0.3%)
- Treated/Released/AMA/Refusal/Parental Release 630 (86%)
- ALS/Paramedic Assessment/Treatment 98 (13.6%)

## EMS Performance Analyses

EMS-related calls are reported by REMSA and three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County). Gerlach Volunteer Fire and EMS Department data are provided through Truckee Meadows Fire Protection District's data reporting. The EMS-related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. This allows EMS partners to better assess opportunities for improvement.

The regional analyses presented in this section utilize the EMS calls for service, reported in SFD's, RFD's, or TMFPD's jurisdictions from July 1, 2018 through June 30, 2019. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

### REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun. However, either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

**Table 1** - Total number and percent of fire calls matched to REMSA calls by REMSA priority.

REMSA Priority	RFD		SFD		TMFPD		Total	
	#	%	#	%	#	%	#	%
<b>0</b>	215	0.7%	48	0.5%	39	0.5%	302	0.6%
<b>1</b>	16,864	53%	4,673	49%	3,046	42%	24,583	51%
<b>2</b>	11,799	37%	3,092	32%	2,723	37%	17,614	36%
<b>3</b>	2,402	8%	1,465	15%	1,236	17%	5,103	11%
<b>9</b>	417	1%	302	3%	264	4%	983	2%
<b>Not Matched</b>	1,347	4%	187	2%	307	4%	1,841	4%
<b>Total</b>	31,697	100%	9,580	100%	7,308	100%	48,585	100%

**Table 2** - Travel time for fire (time from when fire goes en route to fire arrives on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Year	Median	Mean	90 <sup>th</sup> Percentile	Number of Calls Analyzed
<b>FY18</b>	04:19	05:03	07:51	37,046
<b>FY19</b>	04:36	05:17	08:20	37,135

**Table 3** - Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Year	Median	Mean	P90	Number of Calls Analyzed
FY18	05:52	06:56	11:29	51,796
FY19	05:33	06:25	10:24	40,468

**Table 4** - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

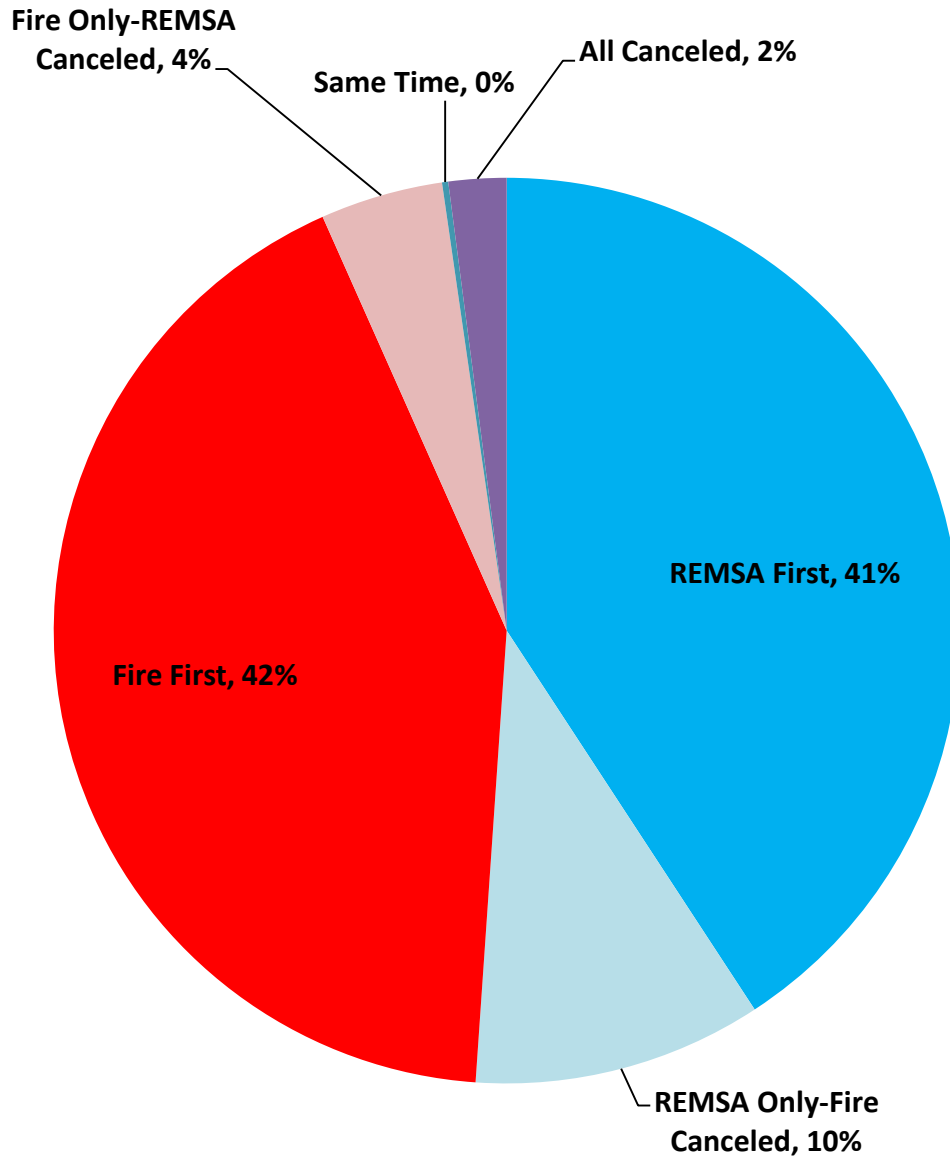
REMSA Priority	Patient Perspective Median Time	
	FY18	FY19
0	06:26	06:55
1	05:52	06:20
2	06:25	06:44
3	07:13	07:21
9	07:51	07:50
All	06:14	06:36
<b>Number of Calls Analyzed</b>	<b>50,680</b>	<b>47,583</b>

**Table 5** – Arrival on scene depicts the various possible combinations for the arrival of first responders to an EMS call. This analysis included all REMSA call priorities for all calls matched to Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District.

Arrival On Scene	REMSA Priority										Total	
	0		1		2		3		9		#	%
REMSA First	9	3%	11,490	47%	6,703	38%	1,404	28%	205	21%	19,811	41%
REMSA Only-Fire Canceled	2	1%	2,356	10%	2,012	11%	476	9%	168	17%	5,014	10%
Fire First	2	1%	10,102	41%	7,389	42%	2,570	50%	461	47%	20,524	42%
Fire Only-REMSA Canceled	165	55%	394	2%	893	5%	594	12%	81	8%	2,127	4%
Same Time	0	0%	66	0%	37	0%	4	0%	0	0%	107	0%
All Canceled	124	41%	175	1%	580	3%	55	1%	68	7%	1,002	2%
<b>Total</b>	<b>302</b>	<b>100%</b>	<b>24,583</b>	<b>100%</b>	<b>17,614</b>	<b>100%</b>	<b>5,103</b>	<b>100%</b>	<b>983</b>	<b>100%</b>	<b>48,585</b>	<b>100%</b>

Figure 4 – Illustrates the total column percentages provided in Table 5.

**Figure 4: Arrival on Scene  
Percent of All Matched Calls between REMSA and RFD, SFD, and TMFPD  
(combined), FY19**



## Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Program is tasked with “Monitoring the response and performance of each agency providing EMS in the region.” Each fire jurisdiction has defined standards to measure performance. Those performance metrics are presented within this section.

### Reno Fire Department

The City of Reno’s Master Plan, approved December 13, 2017, includes metrics to assess performance, although the Master Plan states these are not performance standards. The following statement is used to gauge and measure progress toward the guiding principles and goals of the City of Reno Master plan<sup>2</sup>:

*Maintain or decrease the fire service average response time of 6 minutes 0 seconds.*

Response time measured from enroute to arrival

**There were 28,501 completed calls reported by the Reno Fire Department where at least one responding unit arrived on scene, resulting in an average call response time of 5 minutes 13 seconds.**

Additional sets of response time performance measures are outlined in the City of Reno Master Plan<sup>3</sup>:

*Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.*

*Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.*

**Unable to perform due to lack of the designation “urban” or “suburban” in data received.**

### Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The number and percent of calls classified within each of the SFD priorities are provided in Table 6. The travel time (response time) as measured from enroute to arrival for each of the Sparks Fire Department (SFD) stations are provided in Table 7.

**Table 6 – SFD FY19 calls by priority.**

<b>Table 6: Number and Percent of Calls by SFD Priority, FY19</b>		
<b>SFD Call Priority</b>	<b>#</b>	<b>%</b>
1	5,462	55%
3	4,446	45%

<sup>2</sup> REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

<sup>3</sup> REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

**Table 7** – SFD travel time performance. Travel time is the time the responding unit leaves the station, or is enroute to the incident, to the time of arrival on scene. Only incidents that occurred within each station’s response district are included in the analyses.

<b>Table 7: Median Travel Time by Station and SFD Priority, FY19</b>						
<b>SFD Call Priority</b>	<b>Station 1</b>	<b>Station 2</b>	<b>Station 3</b>	<b>Station 4</b>	<b>Station 5</b>	<b>Total</b>
All Priorities	03:51	04:02	05:08	04:34	04:26	4:12
SFD Priority 1 Calls	03:24	03:38	04:21	04:07	04:01	3:43
SFD Priority 3 Calls	04:35	04:55	06:08	05:40	04:43	5:01

## **Truckee Meadows Fire Protection District**

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is as follows:

### **Regional Standards of Cover Response Time Recommendations<sup>4</sup>**

**Call Processing Time:** PSAP → Fire Dispatch

*Improve call processing times at the dispatch center so that response units are notified of the emergency within 60 seconds of the receipt of the call.*

**Turnout Time:** Fire Dispatch → Fire Enroute

*For 85 percent of all priority responses, the Region fire agencies will be enroute to the incident in 90 seconds or less, regardless of incident risk type.*

PSAP → Fire Arrival on Scene

#### **First-Due Service Tier One**

*Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.*

*Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.*

*Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.*

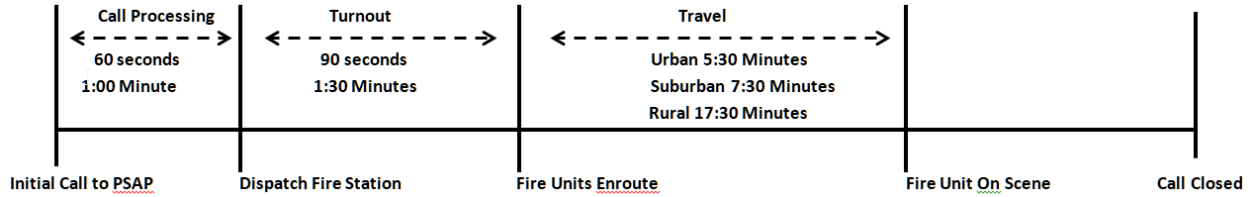
*Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical, based on the best effort of response forces.*

Although the Regional Standards of Cover measures the first-due service for tier one from receipt of call to the arrival on scene, this does not allow for an independent measure of true travel time, which is the

<sup>4</sup> Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

time from enroute to arrival. Therefore, this report breaks each of the call segments out into 1) Call Processing; 2) Turnout; and 3) Travel, as illustrated in Figure 5.

**Figure 5: Segments of Time Measured for Performance**



**Table 8** – Illustrates the number and percentage of TMFPD EMS calls for service during FY19 that were measured and meet performance standards. Inclusion criteria for calls considered for measurement are as follows:

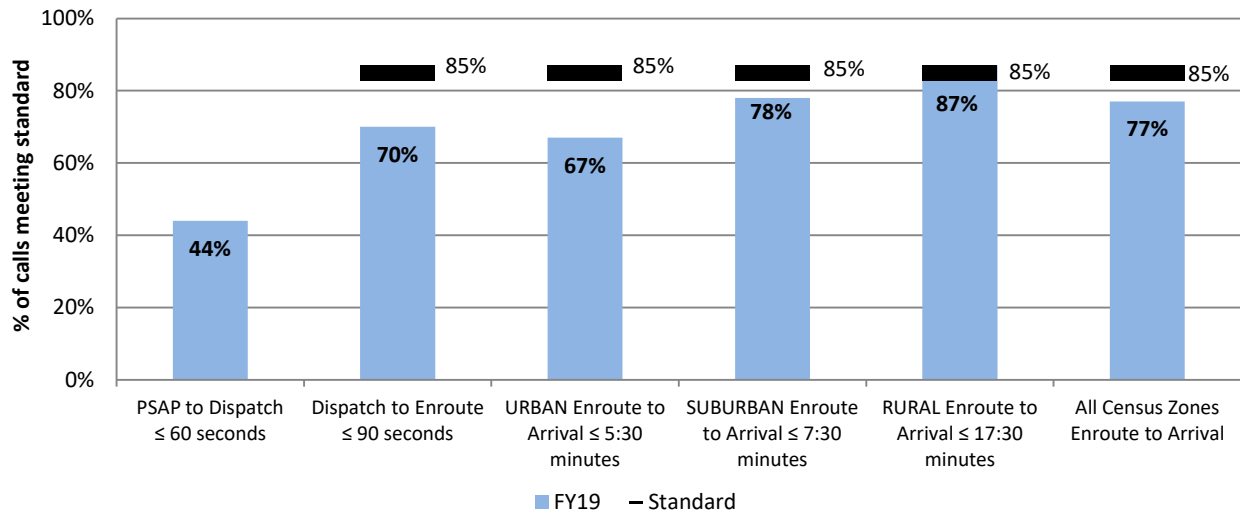
1. TMFPD calls for service within each fire response district.
2. Calls that matched to REMSA and were categorized as a Priority 0, Priority 1, or Priority 2 through REMSA’s EMD process.
3. Time stamps measured must be populated.

**Table 8: TMFPD Calls within each Career Fire Response District that Matched to REMSA Priority 0, 1, or 2 Calls, FY19**

Measurement	Standard	Expected	Calls Used	Met Standard	Median Time	Average Time	
		%	#	#			%
PSAP to Fire Dispatch	60 seconds or less	-	4,712	2,062	44%	01:05	01:37
Fire Dispatch to Enroute	90 seconds or less	85%	4,712	3,284	70%	01:10	01:22
<b>Fire Enroute to Arrival</b>							
Urban	5:30 minutes or less	85%	690	464	67%	04:25	05:38
Suburban	7:30 minutes or less	85%	3,445	2,677	78%	05:13	05:54
Rural	17:30 minutes or less	85%	522	456	87%	08:41	10:16
<b>ALL: Fire Enroute to Arrival</b>	depends on density	85%	4,657	3,597	77%	05:20	06:21

**Figure 6** – Illustrates the proportion of TMFPD EMS calls that met the performance standards.

**Figure 6: TMFPD Calls within each Career Fire Response District that Match to REMSA Priority 0, 1, or 2 Calls, Performance Relative to Regional Standards of Cover, FY19**



NOTE: There is not an explicit percentage defined for call processing, measured from PSAP to Dispatch.

## Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the median time is provided in Table 9 for the three major time segments, call processing, turn out time, and travel (response) time.

Table 9: Median Time for All Calls, Day Calls, and Night Calls, Gerlach Volunteer Department, FY19				
Time Interval	Median Time			# of Calls Measured
	All Calls	Day (0900 - 1800)	Night (1801 - 0859)	
Call Processing (PSAP to Dispatch)	01:12	01:09	01:17	94
Turn Out (Dispatch to Enroute)	03:10	01:52	06:58	88
Travel/ Response (Enroute to Arrival)	03:44	03:46	02:46	72

### Special Area of Interest - Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580, just north of Carson City. There are 13 total household addresses located within the defined area of interest. Duck Hill homes are within an 8-minute drive to the nearest hospital, Carson Tahoe Regional Medical Center. In the event of a medical emergency, phone towers connect a 911 call from that location to the Washoe County Sheriff's Office dispatch center, where the call would be answered by the dispatchers for Truckee Meadows Fire Protection District (TMFPD). Table X provides a summary of the number of calls each agency has responded to each year. Only EMS calls were included in the table and there were too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times.

**Table 10** – Provides the EMS call summary to 13 households located on Duck Hill from 2010 through FY19

Table 10: Number of EMS Calls for Service, Carson City Fire District, Truckee Meadows Fire Protection District, and REMSA, 2010-FY19												
Location	'10	'11	'12	'13	'14	'15	'16	'17	Jan- June 30, 2018	July 1, 2018 - June 30, 2019	Total calls for service	Total calls arrived
CCFD Station 51	~	~	~	~	~	~	~	2	0	0	2	Unknown
CCFD Station 52	0	0	0	0	1	0	0	2	0	0	3	3
TMFPD Station 30	~	~	~	0	0	0	1	1	0	1	3	3
TMFPD Station 16	~	~	~	2	0	0	1	2	0	0	5	5
REMSA	1	2	0	2	2	1	1	1	2	1	13	8
~calls not available												



## About the Washoe County EMS Oversight Program

On August 26, 2014, an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, Washoe County Health District, and Truckee Meadows Board of Fire Commissioners. The ILA created the EMS Oversight Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)<sup>5</sup>
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)<sup>2</sup>

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA include:

### EMS Program Roles & Responsibilities

1. Monitor the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommend regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaborate with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identify sub-regions to be analyzed and evaluated for recommendations regarding EMS response

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<sup>5</sup> DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

### **Signatory Partner Roles & Responsibilities**

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface<sup>6</sup>
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory Board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submit recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

## **EMS Oversight Program Accomplishments FY19**

### **Regional Multi-Casualty Incident (MCI) Tabletop Exercise November 2018**

The EMS Coordinator partnered with Quad-County Public Health Preparedness and East Fork Fire Protection District to develop a Regional Multi-Casualty Incident (MCI) Tabletop Exercise that focused on on-scene coordination for fire/EMS if a major incident occurred in Washoe County and mutual aid was not available from partner agencies due to other system demands. The exercise was held on November 2, 2018 and had more than 24 attendees and representation from Fire, EMS and hospitals from all five counties. This was a starting point for working beyond jurisdictional boundaries for disaster and preparedness planning.

### **Pediatric Training December 2018**

A Texas A & M Engineering Extension Service (TEEX) Pediatric Disaster Response Training was held on December 12-13, 2018. This course addressed pediatric emergency planning and medical response considerations for agencies at the local level. The training was provided to 35 first responders,

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<sup>6</sup> CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

healthcare employees, emergency managers and public health personnel to help prepare our community to respond to pediatric disasters.

#### **Regional Advocate Response Plan January 2019**

A team comprised of regional partners developed an annex to the Active Assailant Response Protocols, focused on the advocacy and reunification elements of a mass casualty/mass fatality incident. Partner agencies in the four month project included the Federal Bureau of Investigation, Reno Police Department, Sparks Police Department, Trauma Intervention Program, Washoe County District Attorney's Office, Washoe County School District, Washoe County Sheriff's Office, and the University of Nevada, Reno Police Department. The plan was approved by all agency Command staff.

#### **Regional Multi-Day Tabletop Exercise May 2019**

A regional team was created and over a six month period of time planned a regional multi-day tabletop exercise (TTX). The premise was to take the region from "steady state" through the incident and back to a "steady state." The exercise tested regional plans, specifically related to EMS were the Multi-Casualty Incident Plan and the Mutual Aid Evacuation Agreement. The exercise was held from May 22-24, 2019 with six individual modules to ensure the appropriate regional partners could attend the section specific to them. The scenario wove through the six modules for continuity of information. In total, the TTX had 156 attendees logged between all the sessions, with one individual session at 46 participants.

#### **Updated the EMS Strategic Plan**

During this fiscal year, the EMS Oversight Program led a 10-month redevelopment of the EMS strategic plan. The Washoe County EMS Strategic Plan is a requirement of the ILA. The mission of the EMS Strategic Plan is to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers. The plan was approved in May 2019 by both the EMS Advisory Board and the District Board of Health.

#### **Updated the Mutual Aid Evacuation Agreement (MAEA)**

The Mutual Aid Evacuation Agreement (MAEA) is a plan specifically for healthcare facility evacuations due to a natural or technological disaster. Beginning August 2018, EMS Program staff worked with healthcare partners and EMS agencies to complete several revisions the MAEA. The most notable being the enhancement of the evacuation forms, and the establishment of a phone application that will be used for redundant communications. Plan revisions were approved by the District Board of Health on June 27, 2019.

### **Text to 9-1-1**

Regional partner agencies from the City of Reno, City of Sparks and Washoe County collaborated to officially roll out the Text to 9-1-1 service in the Truckee Meadows region. Text to 9-1-1 is the ability to send a text message to reach 9-1-1 emergency call takers from a mobile phone or device. The new technology is advantageous in certain emergency situations and for citizens with disabilities. The regional partners held a press conference with the media to share the information and to stress the importance of calling when you can, texting when you can't.

### **Alpha MCI Plan Kit and Command Vehicle Kit Distribution**

Beginning in August 2018, in conjunction with the ASPR grant for Healthcare Preparedness Partners, 13 Alpha kits were strategically placed throughout the county for first responder access during an MCI event. These kits contain supplies intended to provide basic support and care for victims of an MCI. In addition, 90 Command Vehicle Kits, containing basic Stop the Bleed items, have been distributed to law enforcement and EMS agencies for first responder use during an incident.

### **Updated the Washoe County EMS Protocols**

The Washoe County EMS Protocols is a regional patient care document for EMS providers. This project began in 2017 and was objective 5.1 of the Washoe County Five-Year EMS Strategic Plan (2017-2021). The protocols task force is comprised of two representatives from each fire/EMS agency and meets on a quarterly basis to review and revise the existing protocols. In early 2019, Storey County Fire Protection District joined the review process and is now an active participant. The task force produced an updated set of protocols that was approved by the first responding agency's Medical Directors with an effective date of July 1, 2019.

### **Conducted a Community Assessment for Public Health Emergency Response (CASPER)**

The EMS Oversight Program Statistician led Washoe County Health District staff in conducting a Community Assessment for Public Health Emergency Response (CASPER) from March 12 through March 17, 2019. The CASPER was designed to assess the community's level of preparedness and identify opportunities for improving existing systems and processes to preserve and prevent loss of property and life in the event of a natural disaster or other emergency. CASPER survey questions captured household level information related to the community's evacuation readiness, emergency preparedness, and household basic needs in the event of an evacuation. Households were randomly selected to participate

in the household survey in accordance with the CDC Community Assessment for Public Health Emergency Response (CASPER) Toolkit version 2.0.<sup>7</sup>

The CASPER results provide beneficial information for emergency management and shelter considerations, as well as help inform updates to plans utilized in the event of a disaster. Select tables of results from the CASPER surveys are provided in this report, for a full summary of findings contact the Washoe County Health District EMS Oversight Program at [EMSProgram@washoecounty.us](mailto:EMSProgram@washoecounty.us).

Over one in four households (26.86%) felt the household was well prepared for an emergency, while the majority of households (56.66%) felt somewhat prepared for an emergency, and over one in ten households (14.49%) felt they were not at all prepared (Table 11). In the event of an emergency, the majority of households (74.11%) reported the primary method of communication would be through phone call and over one in five households (21.51%) indicated the primary method of communication would be through text message (Table 12). CodeRED is the emergency alert telephone notification system that Washoe County Emergency Management utilizes, however the majority of households (52.04%) reported they had not heard of CodeRED (Table 13).

**Table 11: Household Perceived Preparedness Level**

Perceived Preparedness Level	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Well Prepared	60	26.79%	44,123	26.86%	(20.6%, 33.1%)
Somewhat Prepared	129	57.59%	93,054	56.66%	(49.5%, 63.9%)
Not at all Prepared	31	13.84%	23,807	14.49%	(9.2%, 19.8%)
Don't Know	4	1.79%	3,262	1.99%	(-0.1%, 4.0%)

**Table 12: Primary Method of Communication During an Emergency**

Primary Method	Frequency (n=224)	Unweighted Percent	Projected Households (n=164,246)	Projected Percent	95% CI
Phone Call	166	74.11%	121,725	74.11%	(68.9%, 79.3%)
Text Message	49	21.88%	35,322	21.51%	(15.4%, 27.6%)
Social Media	6	2.68%	5,025	3.06%	(0.6%, 5.5%)
Other	3	1.34%	2,175	1.32%	(-0.2%, 2.9%)

<sup>7</sup> Centers for Disease Control and Prevention (CDC). Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second Edition. Atlanta, GA. Accessed July 2018 [https://wcms-wp.cdc.gov/nceh/hsb/disaster/casper/docs/cleared\\_casper\\_toolkit.pdf](https://wcms-wp.cdc.gov/nceh/hsb/disaster/casper/docs/cleared_casper_toolkit.pdf).

<b>Aware of CodeRED</b>	<b>Frequency (n=224)</b>	<b>Unweighted Percent</b>	<b>Projected Households (n=164,246)</b>	<b>Projected Percent</b>	<b>95% CI</b>
Yes	85	37.95%	62,402	38.00%	(30.2%, 45.8%)
No	116	51.79%	85,477	52.04%	(43.9%, 60.2%)
Don't Know	23	10.27%	16,367	9.97%	(4.7%, 15.2%)

## **EMS Oversight Program Goals for FY20**

The EMS Oversight Program is working with regional partners to achieve the following objectives within the next fiscal year.

### **Automatic Vehicle Locator (AVL)**

A goal of the region is to work toward the implementation of AVL technology. This is a project that could span multiple years as there are equipment and other potential factors to consider for dispatching. Individual agencies will be assessing their existing capabilities, version products and technology barriers. The EMS Oversight Program will utilize that information to verify and revise the regional assessment completed in April 2018.

### **Radio Communication Interoperability**

Statewide there is a change in the radio systems to Harris P25, with Washoe County not anticipated to be impacted until 2021. However, a comprehensive migration interoperability plan for the Washoe County Regional Communication System that outlines the enhancement of the radio communications system to include completion of upgrades, maintenance of REMSA gateway connection, and identified equipment needs will need to be drafted. REMSA and regional public safety partners will utilize that information to develop an internal plan to upgrade their systems when appropriate.

### **CAD-to-CAD Interface**

The City of Reno and REMSA continue to work to implement the CAD-to-CAD data exchange. This project continues to span multiple years, as the technology to build the exchange continues to change. After the exchange is built, dispatch centers will be requested to develop policies, processes and train staff on the system.

### **Continuous Quality Improvement**

A regional continuous quality improvement (CQI) team will be created to determine goals and identify performance measures, utilizing individual agency metrics, which will be used for the CQI Program. This

program is affiliated with the Prehospital Medical Advisory Committee (PMAC) and any identified recommendations would be sent to the regional protocols task force for discussion.

### **Hospital Data**

The Emergency Department Consortium is working to identify data available for submission to the EMS Oversight Program for cardiac, stroke, and STEMI patients. This will allow the EMS Oversight Program to have the continuum of data from 911 calls through hospital dispatch. Information obtained will be used as a pilot for the FY20 annual report.

### **Recurrent Callers**

The EMS Oversight Program will continue to work with EMS partner agencies to identify recurrent callers and utilize a system for handing off patient information for more appropriate follow-up other than 9-1-1.