Category 1: Governance and Administration

For purposes of this category, governance is defined as the recognition of the authority that allows an organization or agency to legally form and operate. In fulfilling this responsibility, the legal entity that oversees this formation process reflects the public interest, protects the agency from undesirable external interference, determines basic policies for providing services, and interprets the agency's activities to its constituency. Administration is defined as the activities that carry out the implementation of the policies established by the authority having jurisdiction. In fulfilling this responsibility, the agency or organization carries out the day-to-day operations.

The legal entity and governing authority define the duties and responsibilities of the agency in an official policy statement. An organization's charter or local or state/province general statutes likely contain an agency's official policy statement.

The chief executive or chief fire officer should provide staff leadership in developing policy proposals for the legal civil authority having jurisdiction so those officials can take action to implement public policy based upon knowledgeable input from public safety leadership. Keeping an elected governing board and/or high-ranking individual informed on all matters affecting the agency and delivery of emergency services is the primary responsibility of agency leadership.

It must be recognized that other organizations participate in the governance of the agency, such as the state/provincial and federal governments through legislation, regulations, and funding procedures, and other organizations through associations and bargaining units. The governing board coordinates all these diverse interests to set the direction of the agency.

The agency administration exercises responsibility for the quality of the agency through an organized system of planning, staffing, directing, coordinating, and evaluating. The agency administration is entrusted with the assets and is charged to uphold its mission and

programs, to ensure compliance with laws and regulations, and to provide stability and continuity.

For many volunteer fire service organizations, the governing board is within the municipal or county government and is the executive/legislative body for municipal or county governance, some elected directly by the public, such as special districts. In the absence of a municipally appointed fire chief or chief executive officer, for purposes of accreditation, the duly elected or appointed volunteer fire chief shall be the individual responsible for the criteria and performance indicators.

In many city or county municipal organizations a separation of powers exists that give the governing body legislative responsibility while giving administrative responsibility to a strong mayor or city manager. The chief fire officer/chief executive officer in such organizations generally reports directly to the mayor, manager, or designee. It is vital that the leadership of every agency understand who sets policy for the government structure they are working in and their role in implementing that policy.

Criterion 1A: Governing Body

The governing body and/or agency manager is legally established to provide general policies to guide the agency, approved programs and services, and appropriated financial resources.

Summary:

The City of Lawrence has all governmental, corporate, and proprietary powers to provide municipal services. The department is legally established and organized within the City's Charter and Ordinances. The department collaborates with the City Manager's Office, the Human Resources Director, City Attorney, and Finance Director to provide guidance concerning federal, state, and local mandates concerning aspects of department operations. The City Manager approves the organization structure of the department which includes five divisions: administration, operations, prevention, EMS, and training. This structure allows the department to carry out its mission.

Performance Indicators:

CC   1A.1   The <u>agency is legally established</u>.

Description

The legal charter from the State of Kansas declares the City of Lawrence as a city of the first class. The City of Lawrence has all governmental, corporate, and proprietary powers to provide municipal services. The department is legally established and organized within the City's Charter and Ordinances.

On December 16, 1996, the City of Lawrence entered into an inter-local agreement with Douglas County to merge the existing Lawrence Fire Department and Douglas County Ambulance Service into a combined agency as Lawrence-Douglas County Fire Medical Department. Pursuant to this agreement, the City of Lawrence adopted Chapter VIII, Article I, section 8-101 of the municipal code that legally establishes with the City of Lawrence the "Lawrence-Douglas County Fire Medical Department."

Appraisal

The agreement between the City of Lawrence Commission and Douglas County Commission for the service provision has worked well. The agreement was reviewed and updated on June 23rd, 2021, by both the City of Lawrence and Douglas County.

Plan

The department, in conjunction with the City Attorney's Office, will continue to monitor state and federal guidelines to ensure compliance to continue its legal establishment.

References

Chapter VIII, Article I of the City Code: Section 8-101

City Ordinance 6880 – Establishing the Lawrence-Douglas County Fire and Medical Department

Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021

CC   1A.2   The agency has a <u>methodology in place</u> for recognizing and reacting to changes in <u>legal requirements</u> of local, state/provincial and federal governments (i.e., inspection reports, regulatory references, meeting minutes and legal opinions).

Description

The department collaborates with the City Manager's Office, the Human Resources Director, City Attorney, and Finance Director to provide guidance concerning federal, state, and local mandates regarding aspects of department operations. The City Employee Handbook remains compliant with federal and state laws that include but are not limited to equal opportunity, Family Medical Leave Act, and Worker's Compensation.

Appraisal

The department has been provided legal guidance relevant to department operations by the City Attorney, Finance Director, and Human Resource Director. The department has demonstrated regulatory compliance through adherence of the City Employee Handbook. These resources have adequately met the departmental needs.

Plan

The department will continue to work with the City Manager's Office, and the associated assets, to comply with all regulatory statutes and laws concerning the operation of the department. The department will amend any policies or procedures that conflict with federal, state, or local laws.

References

Legislation information from the City Attorney's Office
City of Lawrence Employee Handbook (available on-site)

1A.3   The <u>governing body</u> of the agency periodically <u>reviews and approves services and programs</u>.

Description

The City Commission is the governing body for the City of Lawrence. It appoints a City Manager as the chief executive officer of the organization. The City Manager is responsible for the management of city personnel, as well as the administration of city business, including the review and approval of the programs and policies of all city departments on an on-going basis. The fire chief is directly responsible to an Assistant City Manager for the performance of the department and receives a formal performance review on at least an annual basis. The fire chief participates as a member of the Executive Team and meets four times a month to discuss any current projects, programs, or policies for review or implementation.

The city manager, with staff assistance, ensures adherence to all City policies. Furthermore, the fire chief must annually submit a formal operating budget and capital improvement request for review by the city manager and once adopted by the City Commission, it becomes the blueprint for any changes in department programs during the subsequent fiscal year. The fire chief, with the approval of the city manager, may address the City Commission directly on department or community issues of special interest or importance to the Commission.

The department, through the City of Lawrence, uses a program prioritization process called Priority-Based Budgeting (PBB). This system assigns a program score of alignment with the City of Lawrence's Strategic Plan. These programs scores are evaluated against other city programs to determine priorities for funding and adaptation. The three department programs in PBB are operations, support services, and community risk reduction.

Appraisal

The City Commission has exercised appropriate oversight of the programs and policies of the department through the city manager system of government. This system has relied largely on the role of the City Manager to act as the chief executive by the direction of City

Commission policy decisions. The City Commission/City Manager model of governance has worked well in providing the necessary administrative oversight of the department.

The PBB system has worked adequately to identify program priority of fire medical programs comparatively to other City programs. Community Risk Reduction and Operations programs scored in the first quartile. However, the department has not had success with funding support relative to program scores (station expansions).

Plan

The fire chief will continue to work closely with the city manager, as well as the City Commission, as needed, to ensure the proper and effective implementation of all applicable city policies.

The department will continue to follow the City's direction for cost allocation and program scoring for strategic planning alignment annually.

References

City Commission Agenda Item Report May 17, 2022: 2023 PBB Program Scores (page 34)

City of Lawrence Organization Chart

2023 City of Lawrence Budget

2022-2026 Adopted Capital Improvement Plan (page 1)

LDCFM City Commission Annual Presentation 2022

1A.4   The <u>role and composition</u> of various policymaking, planning and special purpose bodies are defined by the <u>governing body in an organizational chart</u>.

Description

The City of Lawrence utilizes an extensive system of policy-making, planning and special purpose bodies. Examples of special purpose bodies include:

- Aviation Advisory Board
- Multi-modal Transportation Commission
- Sister Cities Advisory Board

The City of Lawrence organizational chart delineates that all boards and commissions report directly to the City Commission rather than through the City Manager's Office. Articles 10 through 25 of the City Code specify the role and composition of these boards.

Appraisal

The current organizational chart for the City of Lawrence has provided a clear illustration of the lines of authority and responsibility within the City government while showing how the departments and committees can work together to provide the best possible services. Properly placed systems ensure proper approval and execution of policies. All policymaking, planning, and special purpose bodies have reported directly to the City Commission to provide recommendations and input for many of the decisions and/or actions under consideration by these elected officials.

The City Code has provided a clear illustration of the lines of authority and responsibility within the City government while showing how departments and committees work together.

Plan

The department will continue to work closely with all policy-making, planning, and special purpose bodies within the existing framework of city government and will continue to actively participate in those bodies where specific department representation is needed or desired.

References

List of City Advisory Boards

City Code, Chapter 1 Articles 10 through 25

City of Lawrence Organizational Chart

City of Lawrence Strategic Plan

1A.5   The governing body or designated authority <u>approves</u> the organizational structure that carries out the agency's mission.

Description

The City Manager approves the organization structure of the department which includes five divisions: administration, operations, prevention, EMS, and training. This structure allows the department to carry out its mission. The organizational structure is identified in department policy.

Appraisal

The organizational structure was designed in the 1990s and needs to be reviewed to improve work design across the entire organization. Mission creep occurs routinely between several divisions creating inefficacies and miscommunication.

Plan

The fire chief will work with the City Manager's Office to review the organizational structure and propose a plan for improvement in 2023.

References

SOP 102.10: Organizational Chart

1A.6   The governing body adheres to an <u>approved conflict of interest policy</u> that is applicable to the governing board members and staff.

Description

The City of Lawrence has adopted Resolution No. 7346, also known as the City Ethics Policy. The policy requires that all city officials and employees be independent, impartial, and responsible to citizens of Lawrence. The policy prohibits the use of public office for personal gain and promotes ethical conduct on the part of all city officials and employees. All new city employees receive a copy of the policy as part of their onboarding and, which is also accessible on the city's intranet webpage.

Appraisal

The policy has been effective in clarifying the expectations of all city employees and officials in relation to real or perceived conflicts of interest.

Plan

The department will continue to adhere to the policy and any future changes to the ethical standards as described. When any changes are made to the policy, the administration will ensure all department employees are made aware through a Vector Solutions (the department's online training website) training assignment.

References

[City of Lawrence Resolution No. 7346; City Ethics Policy](#)

1A.7 A <u>communication process is in place</u> between the <u>governing body and the administrative structure</u> of the agency.

Description

The department uses regularly scheduled meetings with both the City Manager's Office and the governance committee between the City of Lawrence and Douglas County. These meetings, scheduled in March and September, aid in planning and steering through the governmental process.

Appraisal

The governance committee meetings have been effective in getting both the City and County together, but only one meeting has occurred since the adoption of the governance structure. The meeting did aid in preparing both the City and County for plans and organizational changes.

Plan

The department will continue to communicate through management channels through the City of Lawrence Manager's Office and Douglas County Administrator as part of the governance committee structure.

References

Administrative Memorandum of Understanding (MOU)

March 2022 Governance Meeting Agenda

Criterion 1B: Agency Administration

The organizational structure aligns with or supports the agency's mission, purposes, goals, strategies, and objectives.

Summary:

The department's mission is "We are committed to saving and protecting lives and property through service to our community," and its administrative structure is designed to meet its mission. The department is comprised of five divisions: administration, operations, prevention, EMS, and training. The department's organizational structure is described and shown in SOP 102.10 Organizational Chart.

Performance Indicators:

CC   1B.1   The <u>administrative structure</u> and <u>allocation of financial, equipment and personnel resources</u> reflect the agency's mission, goals, objectives, size and complexity.

Description

The fire chief is responsible for the overall administration of the department as provided by Code of Ordinance 8-103. The department's mission is "We are committed to saving and protecting lives and property through service to our community," and its administrative structure is designed to meet its mission. The department is comprised of five divisions: administration, operations, prevention, EMS, and training.

The administration division, managed by a division chief, is supported by three administrative civilian personnel. This division is responsible for accounts payable, purchasing, facility maintenance, fleet management, accounting and finance operations, website management, accreditation, performance management, records management, risk management, workers compensation, and uniforms and equipment.

The operations division is structured with three shifts, each with two operations chief officers, either division chiefs or battalion chiefs. Tactical and task level support is performed by captains, lieutenants, engineers, and firefighters. All sworn personnel are required to be Kansas State Certified Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic.

The prevention division, managed by a division chief, is supported by a captain and lieutenant. The division is responsible for fire code enforcement, oversight of company-level inspection coordination, fire investigations, high hazard inspections, night consultant program, and planning and engineering.

The EMS division, consisting of a division chief and three ambulance billing civilian personnel, are responsible for patient care reporting and quality review, medical director liaison, medical facility liaison, recruitment and hiring, coordination of special event

standbys, health and wellness, medical supply and equipment ordering, and Douglas County emergency first responder oversight.

The training division, managed by a division chief, is supported by a captain and lieutenant. The division is responsible for employee development and training, mentoring, explorer/cadet program, Douglas County Emergency Responder EMS training, promotional assessment process, and public education/speaker program (community CPR).

Appraisal

The department's organizational structure needs to evolve from its legacy design to the growing needs of the community and agency. The department has requested numerous (38) positions, across various divisions, through the budgeting process as part of a reorganization.

Plan

The department will evaluate its organizational structure with the new fire chief in the fall of 2022. A new structure will be proposed again through the City Manager's Office and Governance Committee in the fall 2022.

References
2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan; Mission (page 7)
2023 Fire Medical Value Proposition Worksheet

1B.2   Personnel functions, roles, and responsibilities are defined in <u>writing and a current organization chart</u> exists that includes the agency's relationship to the governing body.

Description

The department's organizational structure is described and shown in department Policy – SOP 102.10: Organizational Chart. The department defines roles and responsibilities of personnel in SOP 102.20: Program Management Assignments and job descriptions for position in the organization are available on the city intranet. The City of Lawrence organizational chart illustrates the department's relationship to the City of Lawrence governing body.

Appraisal

The City has provided position descriptions to define functions, roles, responsibilities, and qualifications. The organizational chart has remained current and has reflected the primary functions of each division.

Plan

The fire chief will continue to evaluate the organizational structure and job descriptions of the department. Any changes of the structure will be established in concert with the City Manager's Office and the Human Resources Department.

References

SOP 102.10: Organizational Chart

SOP 102.20: Program Management Assignments

City of Lawrence Organizational Chart

Category 2: Assessment and Planning

Assessment and planning are defined as the processes used to identify the community's fire protection and other emergency service needs to identify potential goals and objectives. All agencies should have a basic source of data and information to logically and rationally define the organization's mission. Assessment and planning are critical to the establishment of service level objectives, standards of cover, and ultimately, the quality of program outcomes.

The overall purpose of using these processes is to establish a long-range general strategy for the operation of the system.

Criterion 2A: Documentation of Area Characteristics

The agency collects and analyzes data specific to the distinct characteristics of its legally defined service area(s) and applies the findings to organizational services and services development.

Summary:

The department conducted a comprehensive risk assessment of the community served as part of the 2022 Community Risk Assessment Standard of Cover (CRASOC) document. This assessment included analyzing existing department resources: facilities, apparatus, equipment, and personnel.

The department has identified fourteen (14) geographical planning zones in which to analyze risk and forecast future needs. There bv are seven (7) urban planning zones, which include the City of Lawrence, City of Eudora, and Baldwin City, and seven (7) rural planning zones located in Douglas County. Demographic, socio-economic, and risk information is utilized to provide a thorough description of each planning zone.

Infrastructure information such as roads, transportation systems (rail, highway, air), public transportation, water systems, and electrical stations are all documented within the CRASOC. Topography and geological aspects of the community are also considered in the risk assessment process.

Incident response data from the previous five years is used in a risk assessment methodology to categorize and classify risk across all service provisions. Additionally, critical task analysis for each incident type has been developed and are included in the CRASOC.

Performance Indicators:

2A.1   Service area boundaries for the agency are identified, documented, and legally adopted by the authority having jurisdiction.

Description

On December 16, 1996, the City of Lawrence entered into an inter-local agreement with Douglas County to merge the existing Lawrence Fire Department and the Douglas County Ambulance Service into one combined agency. This combined agency was named Lawrence-Douglas County Fire and Medical. Pursuant to this inter-local agreement, the City of Lawrence adopted Chapter VIII, Article I, section 8-101 of the municipal code that legally establishes within the City of Lawrence, Lawrence-Douglas County Fire and Medical.

As a result of the combining of the two agencies, the department became the sole EMS provider for all of Douglas County. This has been managed through a cooperative agreement between Douglas County and the City of Lawrence in 2021. The agencies agreed to governance obligations, a specified financial obligation including cost share breakdown, and other items related to EMS resources.

On August 6, 1957 the governing body of the City of Lawrence adopted Ordinance No. 2725, which established that the City agreed to furnish firefighting service to Grant Township. This agreement, between Grant Township and the City of Lawrence, has been updated multiple times since its inception, to make necessary adjustments regarding reimbursement and payment. The most recent agreement concerning the provision of fire services by the City of Lawrence to Grant Township was entered into on November 22, 2021 and is set to terminate on December 31, 2022.

Appraisal

The service area boundaries for each service provision have been formally identified, documented, and legally adopted, however, the department sees potential for the provisions of Hazardous Material Response and Technical Rescue services to be more specifically addressed in a formal document.

Plan

The 2021-1122 Grant Township Fire Services Agreement expires at the end of 2022. Therefore, the authorities having jurisdiction will need to review and propose a new agreement. The Governance Committee will continue to monitor the effectiveness of the 2021 EMS Cooperative Agreement and propose amendments as needed.

The department will work through the governance committee and with external agencies to evaluate an opportunity for a formal agreement regarding hazardous material and technical rescue responses throughout Douglas County.

References

2021-1122 Grant Township Fire Services Agreement

Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021 (2021 EMS Cooperative Agreement)

Chapter VIII, Article I, Section 8-101

Ordinance 5087

Ordinance 5471

Ordinance 2725

2A.2   <u>Boundaries for other service responsibility areas</u>, such as automatic aid, mutual aid, and contract areas, are <u>identified, documented, and appropriately approved</u> by the authority having jurisdiction.

Description

The department identifies and defines boundaries for service responsibility areas within the Community Risk Assessment Standards of Cover (CRASOC). The department is the sole EMS provider within Douglas County and only provides fire suppression to the City of Lawrence and Grant Township.

The department also provides HazMat services under the Douglas County EOP - Resolution 89-47. The department does not operate under a formal agreement for Technical Rescue. The department supplements the county departments during technical rescue incidents, county-wide.

The department provides services to three major urban population density areas: City of Lawrence, City of Eudora, and Baldwin City. All city and county boundaries are incorporated into the department's deployment model to mobilize resources based on approval by the authority having jurisdiction.

Appraisal

The department's lack of clarity and formal agreements with Douglas County regarding the hazardous materials and technical rescue services has created uncertainty in the department's role and responsibilities for upholding these provisions. The department is recognized as the primary response agency for mitigating hazardous materials incidents and is funded accordingly, however, there has not been an updated agreement since 1989.

The department's current agreement with Grant Township does not support the department's perspective of a fair funding level. In 2021, the department conducted a financial analysis regarding the current and proposed fire services agreement between the City of Lawrence and Grant Township. The agreement for 2021 did not accurately reflect what the department and city felt like were fair.

Plan

The department will continue to maintain defined service boundary areas and re-evaluate as necessary to improve response capabilities. The department will consider discussing the opportunity to establish updated agreements depicting service responsibility areas in relation to hazardous materials and technical rescue incidents. Discussions between the department, AHJ, and Grant Township will continue regarding future renewal regarding the coverage of Grant Township.

References

2022 Community Risk Assessment Standards of Cover (CRASOC)

2021-1122 Grant Township Fire Services Agreement

Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021

EOP Base Plan Douglas County

Resolution No 89-47 (HazMat)

2022 City of Lawrence Grant Township Fire Service Agreement Analysis_Final

Douglas County Tender Response Auto Aid Agreement

Kansas Mutual Aid System Overview

CC 2A.3   **The agency has a <u>documented and adopted methodology</u> for organizing the response area(s) into geographical planning zones.**

Description

The department currently has urban and rural geographical planning zones throughout all of Douglas County. The current zones are correlated with the primary response district for each fire medical station. These geographical planning zones are documented and formally adopted in the 2022 CRASOC.

Appraisal

The fourteen (14) geographical planning zones currently utilized by the department were designed to coincide with station response areas. These planning zones were used to develop the 2022 CRASOC. While developing this document, it was determined that the current planning zones are too large and need to be reduced in size. This reduction would enable to the department to capture additional data about the community served, response performance gaps and additional needs related to community risk reduction.

It has been the department's intent to redesign the current planning zones in conjunction with station expansion. Changes related to the redesign of planning zones has not been completed because station expansion has not yet been funded. The department has also identified opportunities to redesign the planning zones to align with mutual aid agencies.

Plan

The department sees potential in adjusting the geographical planning zones in order to enhance communication to the authority having jurisdiction related to response performance and service gaps. When funding for station expansion is identified, the department will work to complete short term recommendation #1 in the CRASOC and recommend a new design for planning zones. Re-evaluating geographical planning zones will increase the department's ability to provide higher quality community risk reduction efforts and aid in inter-agency initiatives. The department needs to develop a secondary plan and timeline to rethink planning zones in the event that station expansion is unfunded.

References

2022 CRASOC Draft – Planning Zones (page 3, pages 53-54, and pages 66-95)

2022 CRASOC Final – Planning Zones (page 3, pages 57-58 and pages 70-98)

CC 2A.4 **The agency <u>assesses</u> the community <u>by planning zone</u> and <u>considers the population density</u> within planning zones and population areas, as applicable, for the purpose of developing total response time standards.**

Description

In the department's 2022 CRASOC, all planning zones within Douglas County are evaluated. The department serves seven (7) urban population density areas along with seven (7) rural population density areas in Douglas County. Population densities are taken using United States Census data and Environmental Systems Research Institute (ESRI) Geographic Information Systems (GIS) software. On an annual basis, documented in the Annual Compliance Report, the department reports response performance related to High Risk Fire, High Risk EMS, and Moderate Risk EMS incidents for each relevant planning zone. The CRASOC identifies benchmark service level objectives and baseline performance.

Appraisal

The department has annually assessed the response performance for each planning zone. The department's critical response gap areas within the City of Lawrence and Douglas County were identified in the CRASOC, using the coverage of the 4-minute travel time and 10-minute travel time polygons. Recommendations on department coverage capabilities were produced to address these gap areas. It has been identified that the current planning zones are broad in nature, and would not be suitable for effective planning and community risk reduction efforts.

In 2021, a CRASOC task force was formed by operations and administrative employees to analyze the community's need for hazard mitigation and has identified updated critical tasking related to call natures. Through the critical tasking activity, the task force considered incident location potential and correlated resource needs.

Plan

As the community and response area grows, the department plans to re-evaluate and re-design planning zones throughout the entire county. The accreditation manager and fire chief will monitor and coordinate efforts to do so.

The department will work with the AHJ to review and adjust, if necessary, response performance benchmarks for all planning zones.

References

2022 CRASOC Draft – Planning Zones (pages 53-54 and pages 66-95)

2022 CRASOC Final – Planning Zones (pages 57-58 and pages 70-98)

2022 CFAI Annual Compliance Report (pages 15, 20-21)

CRASOC Work Session Review Notes

2A.5   Data that include <u>property, life, injury, environmental, and other associated losses</u>, as well as the <u>human and physical assets preserved and/or saved</u>, are recorded for a minimum of three (initial accreditation agencies) to five (currently accredited agencies) immediately previous years.

Description

The department collects and records incident data using the record management system (RMS), ESO. The data is recorded in the Fire Incidents module for any incident that has loss or saved values. ESO is a cloud-based system and is contracted to retain the data while the department retains an active user agreement. The department has created a quality control mechanism that includes multiple reporting tool documents and a quality control daily report. The reporting tool documents are located on the department's intranet and available to all employees. The quality control daily report is created by the Administrative Division and provided to command staff. The command staff communicates with report writers to ensure quality control compliance.

The department transitioned to the ESO RMS for Fire Incident Reports in 2021. Incident data from 2017-2020 was recorded in Firehouse RMS. The City of Lawrence Information Technology group has exported this data and is kept in an in-house database.

Appraisal

The department collects data related to property, life, injury, environmental, and other associated losses, as well as human and physical assets preserved and/or saved. Annually, the department conducts a program appraisal that includes this information. The program appraisals have been beneficial for creating a standardized template to communicate program effectiveness. The appraisal has been used to influence and steer budget requests through operational funding proposals, enhanced community risk reduction efforts, and station expansions. Formal reports are made on an as needed basis.

Plan

The City Information Technology (IT) Department plans on using the newer governing technology policy (draft) and corresponding procedures for technology-related and physical assets. Document retention will continue to adhere to the State of Kansas policy

and local city government procedures. The department will continue to maintain quality incident data within the ESO RMS system and archived Firehouse records. This data will be utilized to develop future community risk reduction efforts in order to target areas in which greater loss is being recorded.

The department will continue to evaluate the effectiveness of the department's quality control mechanisms and reporting tool documents. The department will continue analyzing loss/save numbers to quantify its ability to prevent, mitigate, and plan for hazards in the community.

References

Kansas Records Retention Schedule website

Quality Control Daily Report

LDCFM ESO Fire Training Manual

NFIRS Codes and Descriptions 2022

NFIRS 5.0 Complete Guide January 2015

2021 Fire Suppression Program Appraisal

Firehouse RMS (available on-site)

2A.6   The agency utilizes its <u>adopted planning zone</u> methodology to identify response area characteristics such as population, transportation systems, area land use, topography, geography, geology, physiography, climate, hazards, risks, and service provision capability demands.

Description

The department has adopted fourteen (14) planning zones. This includes seven (7) urban and seven (7) rural planning zones. As documented in the 2022 CRASOC, these planning zones are each described using various data sets that include: population totals, median age, household information (household totals, average household income, average household size), persons with 1+ disability, households with no vehicles, and number of businesses.

Additionally, the department has described characteristics unique to each planning zone in the CRASOC that includes building type profiles, area land use, transportations systems, special hazards, and associated risks.

To stay current on information related to planning zones, the department collaborates with the City's IT Department to utilize GIS data and mapping capabilities.

Appraisal

The utilization of planning zone characteristics and datasets in the 2022 CRASOC has enabled the department to communicate current and future needs within the service area to the community and authority having jurisdiction (AHJ). The department would like to increase the use of planning zone characteristics to influence deployment and enhanced community risk reduction efforts.

Plan

Using the 2022 CRASOC, the department will collaborate with internal and external partners to update the planning zones throughout Douglas County. Updated planning zones will be used to coordinate community risk reduction activities with our regional

partners. This has been identified within the 2022 CRASOC Short Term Recommendation #2.

The department will continue utilizing the CRASOC task force to evaluate potential for bolstered deployment and resource management recommendations. Response area characteristics will be used to guide recommendations. The department will work through management channels to communicate and propose the recommendations.

References

2022 CRASOC Draft – Planning Zones (pages 53-54 and pages 66-95)

2022 CRASOC Final – Planning Zones (pages 57-58 and pages 70-98)

2022 CRASOC – Short Term Recommendation #2 (page 3)

CRASOC Work Session Review Notes

2A.7   <u>Significant socioeconomic and demographic characteristics</u> for the response area are identified, such as key employment types and centers, assessed values, blighted areas, and <u>population earning characteristics</u>.

Description

The department participates with the city executive team, other city departments, strategic plan outcome teams, and county groups to evaluate and plan future service needs. The planning process includes an in-depth study of economic indicators, which includes population earning characteristics.

The department uses the 2022 CRASOC to document the community's significant socioeconomic and demographic characteristics, including population earning characteristics (median family income and median household income), and housing data. Additionally, the CRASOC documents the top ten largest employers in Douglas County and their related employment type (i.e. manufacturing, government, healthcare).

Appraisal

The department has worked extensively with the City of Lawrence's Planning and Development Services in previous studies, such as the 2020 Station Optimization Analysis, to identify growing population trends within the City of Lawrence. The department has identified several socio-economic and demographic characteristics for the response area and provided them in the CRASOC (pages 23-28 and 66-95). However, the department has not had a standardized process of utilizing community and population characteristics to directly impact community risk reduction efforts and initiative recommendations.

Plan

As the City of Lawrence continues to grow and expand, the department will continue to work with the City's GIS team to re-evaluate developing areas to ensure all demographics are current and reflective for the response area annually. The department will utilize non-traditional community data to build more collaborative systems for a safer community.

References

2022 CRASOC Draft – Planning Zones (pages 23-28 and pages 66-95)

2022 CRASOC Final – Planning Zones (pages 24-30 and pages 70-98)

2A.8   The agency <u>identifies and documents</u> all safety and remediation programs, such as fire prevention, public education, injury prevention, public health, and other similar programs, currently active within the response area.

Description

The department uses annual program appraisals to identify and document all safety and remediation programs. Program managers are identified and documented in SOP 103.30 Continuous Improvement System and SOP 102.2 Program Management-Assignments. The program appraisals are reviewed at the command staff level during the budget proposal period to identify opportunities for funding to enhance program effectiveness.

The department's Prevention and Training Divisions primarily lead the safety and remediation programs. The Prevention Division performs several activities related to safety and remediation, such as: burn permits and requirements, code enforcement, fire investigations bureau, home fire safety inspection program, plans review, night consultants, and occupant services. The oversees several programs specific to community education and outreach: public education visits, public CPR, safety and hazard house, wheeled sports safety program, and youth fire setter prevention and intervention program.

Appraisal

Program appraisals are updated on an annual basis, reviewing the previous year. Using quantifiable data within program appraisals has enabled the department to evaluate effectiveness in a standardized manner. The department has maintained a commitment to utilize data to influence recommendations to the AHJ on business practices. Value would be added if the program appraisals were easier to digest by internal reviewers to implement changes.

Plan

The accreditation manager will review the program appraisal process and propose a way to institutionalize the review and usage of the program appraisals to fit into the Continuous Improvement System by updating SOP 103.30 Continuous Improvement System with proposed changes in 2023. The department will continue to utilize quantifiable data for program review and evaluation.

References

SOP 103.30 Continuous Improvement System

SOP 102.20 Program Management Assignments

2021 Public Education Program Appraisal

2021 Community Risk Reduction Program Appraisal

2A.9   The agency <u>defines and identifies infrastructure</u> that is considered critical within each planning zone.

Description

The department defines and identifies critical infrastructure within the City of Lawrence and Douglas County in the 2022 CRASOC. The department has identified important public infrastructure that supports emergency response. Infrastructure is an essential resource that plays a role in determining the department's ability to reach, control, and terminate an emergency incident. Planning zone profiles are listed in the 2022 CRASOC and depict zone characteristics along with minor infrastructure information.

The Prevention Division communicates changes in critical infrastructure to the department through emails.

Appraisal

The Prevention Division has been involved in the development process as early as the Initial Inquiry and concept or pre-submittal meetings. Through these meetings the need for waterlines, hydrant placement, street size, access needs, and utility locations are determined. Regular feedback is provided as plot plans, subdivision, preliminary and final development plans, and site plans are submitted. Special consideration has been given to underground utility locations, notably pipelines. Development projects and review comments are managed within the City Innoprise Community Development software program which has been available to staff and developers.

Information related to infrastructure was used within the 2022 CRASOC to highlight essential resources that play a role in determining the department's ability to reach, control, and terminate an emergency incident.

Plan

The department will work with Planning and Development Services to identify critical infrastructure within planning zones as the City of Lawrence expands.

The department will work the Planning and Development Services and the Municipal Services and Operations Departments to create a streamlined process to communicate when there are changes made to critical infrastructure. The department will evaluate the potential of utilizing geographical information systems (GIS) to access and display critical infrastructure information (i.e. hydrant status).

References

2022 CRASOC Draft (pages 12-16 and 66-95)

2022 CRASOC Final (pages and pages 70-98)

Innoprise Community Development Software (available on site)

Criterion 2B: All-Hazard Risk Assessment and Response Strategies

The agency identifies and assesses the nature and magnitude of all hazards and risks within its jurisdiction. Risk categorization and deployment impact consider factors such as cultural, economic, historical and environmental values, as well as operational characteristics.

Summary:

The department has documented the adopted methodology for identifying, categorizing, and classifying all risks in the recent publication of the 2022 Community Risk Assessment Standards of Cover. Using the three-axis risk methodology with agreed upon metrics, the department is working to re-assess, categorize, and classify risks in Douglas County. The three-axis model includes probability of occurrence, consequence to the community, and impact to the organization.

Performance Indicators:

CC 2B.1   **The agency has a <u>documented and adopted methodology</u> for identifying, assessing, categorizing and classifying all risks (fire and non-fire) throughout the community or area of responsibility.**

Description

The department has documented the adopted methodology for identifying, categorizing, and classifying all risks in the 2022 CRASOC. Using the three-axis risk methodology with agreed upon metrics, the department is working to re-assess, categorize, and classify risks in Douglas County. The three-axis model includes probability of occurrence, consequence to the community, and impact to the organization. This methodology uses Heron's formula modified for tetrahedrons to calculate a measure of risk by incorporating three values. The scores are inserted into the formula to create a risk rating. The risk rating is equivalent to the surface area. The department utilizes the scores to assign a category of risk, based on the degree (low, moderate, high, or maximum).

Appraisal

In 2022, the department updated its risk scoring to include call natures that were adopted after the publication of the 2017 CRASOC. Some of these include Structure Fire Level 1, Structure Fire Level 2, Arcing Line, Powerline Down, Stabbing Level 1, Shooting Level, 1, and Hazardous Materials Level 1.

Additional enhancements were recognized as needed through the evaluation of the risk scoring and assigned to a task force, the CRASOC Task Force, to propose updated risk methodology scoring matrices and related deployment alterations. Thus far, the task force has crafted updated risk matrices, refined the call nature list, and critical tasked every incident type.

Plan

Critical tasking of incident types is being updated by the 2022 CRASOC task force and will be used to update SOP 202.10 Alarms and Responses. The task force will present the

recommendations to the department's command staff after reconciling technical implications and process changes with the Douglas County Emergency Communications Center. Operational changes will follow. The department will be working collaboratively with the City of Lawrence Information Technology team, the Douglas County Sheriff's Office Information Technology team, and the Douglas County Emergency Communications Team to update and implement the new alarms and responses procedure.

The department's CRASOC task force is working towards an enhanced risk scoring for all call types. The task force is creating a list of recommended call natures, updated deployment models, risk scoring matrices, and associated critical tasking.

References

2022 CRASOC Draft (Module 3, pages 53-100)

2022 CRASOC Final (Module 3, pages 57-104)

Updated 3 axis risk scoring matrices

SOP 202.10 Alarms and Responses

CRASOC Work Session Review Notes

2B.2   The historical emergency and nonemergency <u>service demands frequency for a minimum of three immediately previous years</u> and the <u>future probability</u> of emergency and non-emergency service demands, by service type, have been identified and documented by planning zone.

Description

The department analyzes historical response time performance against risk category and class. High-risk fire and EMS incidents of a period of the last five years are mapped and published in the 2022 CRASOC. The map identifies the location and frequency of quality response time responses.

The department identifies and documents emergency and non-emergency service demands by incident type on an annual basis. Reports including historical datasets are created on an as-needed basis. The department evaluates projected population growth, proposed annexation areas, and historical service demands to evaluate future probability. On an annual basis, documented in the Annual Compliance Report, the department reports response performance related to High Risk Fire, High Risk EMS, and Moderate Risk EMS incidents for each relevant planning zone. The department also utilizes GIS mapping to visualize the frequency of all incidents, emergency incidents, and incidents per classification and category.

Appraisal

The maps in the CRASOC have assisted the department to identify where response gaps are in the community, and where these gaps may be impacted by community development. This information was used to assist in the formulation of time-based recommendations to maintain or enhance response time quality to the community.

The focus on organizational demands has been on emergency response performance. Non-emergency demand has not been evaluated from the stand point of how it impacts the standard of cover. The impact of non-emergency medical transfers should be monitored

closely. The commit time of units on these incident types is significant due to definitive care facilities being located thirty miles or more away from the City of Lawrence. Emergency resources are used for non-emergency incident type responses.

The department has identified an opportunity to utilize historical emergency and non-emergency data to influence community risk reduction efforts and increase communication to AHJ. Communication to the AHJ has primarily focused on emergency response performance data within each planning zone and annual call count in a broad sense. Utilizing more specific data related to service demand frequency and planning zones could help create a more holistic representation of department activity.

Plan

The Administrative Division will aggregate emergency and non-emergency data to be visualized on maps to supplement future probability forecasting of resource demands. Incorporating this data could help create a more holistic representation of department activity. This data will influence recommendations moving into the future related to resource needs. The accreditation manager will collaborate with City GIS staff to continue to expand these maps to include other risk classifications and categories.

.

References
2022 CRASOC Draft (pages 147-158, 162-163)
2022 CRASOC Final (pages 153-164, 168-169)
2022 CFAI Annual Compliance Report

2B.3   Event <u>outputs and outcomes are assessed</u> for three (initial accrediting agencies) to five (currently accredited agencies) immediately previous years.

Description

The department utilizes the annual program appraisals to evaluate and document outputs and outcomes for fire suppression, emergency medical services, hazardous materials, and technical rescue programs.

The 2022 CRASOC and related recommendations consider the adopted emergency response performance benchmarks. Understanding that time directly impacts the severity of risk during emergency events, the department and AHJ recognize the correlation between response time capabilities and expected community outcomes. Therefore, the community's expected outputs and outcomes from emergency response performance drive department resource recommendations, of life and property related to mitigation time of an incident is considered.

Through the city's strategic plan, the department has specific key performance indicators (KPI's) that are tied to program outcomes. The programs that are specifically addressed include EMS, fire suppression, and community risk reduction. The department reports on the outcomes to the following KPI's:

SaS-3: Percent of fires contained to their room of origin

SaS-4: Percent of cardiac arrest patients with pulsatile rhythms upon arrival to a hospital

SaS-5: Number of responses to a mental health crisis per 1,000 residents

SaS-8: Percent of residents rating trust in emergency services departments as satisfied or very satisfied (Fire)

Opportunities for program improvement are identified and incorporated into the department's budget proposal.

Appraisal

The process of reviewing event outputs and outcomes has been evaluated at the program level on an annual basis and has the potential to be enhanced if conducted on a more frequent basis. The department has maintained a commitment to utilize data to influence recommendations and communicate to the AHJ on quality practice standards. Value would be added if the program appraisals were easier to digest by internal reviewers to implement changes.

Plan

To align actionable change with the outputs and outcomes identified in the program appraisals, the department will review the program appraisal process. Through the evaluation, the department will aim to create a system to utilize program appraisals in a more beneficial way.

References

2021 Fire Suppression Program Appraisal

2021 Emergency Medical Services Appraisal

CIP Request Fire Medical Station Number 6

City's Strategic Plan Safe and Secure KPI's (https://lawrenceks.org/strategic-plan/)

CC 2B.4 The agency's risk identification, analysis, categorization, and classification methodology has been utilized to <u>determine and document</u> the different categories and classes of risks within each planning zone.

Description

Documented in the 2022 CRASOC, the department identifies and analyzes calls for service by risk categories and risk classifications based on the three-axis risk methodology scores. The department's risk categorization and classification are analyzed per planning zone. The department's risk classifications include fire, emergency medical services, technical rescue, and hazardous materials. The department's risk categorization includes low, moderate, high, and maximum. Not all risk classifications have a maximum risk category. The department identifies risk categorization and classification for each call nature (dispatching call type) and incident type (NFIRS codes).

Appraisal

The department utilized the call nature list to identify risk scoring using the three-axis methodology. Each call nature and incident type categorization and classification have been established and uses for risk identification, analysis and remedial action recommendations.

Additional enhancements were recognized as needed through the evaluation of the risk scoring and assigned to the CRASOC Task Force to propose updated risk methodology scoring matrices and related deployment alterations. Risk categorization and classifications may look different with the work completed through this process. Thus far, the task force has crafted updated risk matrices, refined the call nature list, and critical tasked every incident type.

Plan

Risk categorization and classification in each planning zone will continue to be utilized to analyze department demand, hazard potential, and response capabilities to mitigate. The department will continue utilizing the established risk categorization and classification lists until the recommended updates are approved.

Critical tasking of incident types is being updated by the 2022 CRASOC task force and will be used to update SOP 202.10 Alarms and Responses. The task force will present the recommendations to the department's command staff after reconciling technical implications and process changes with the Douglas County Emergency Communications Center. Operational changes will follow. The accreditation manager will work to incorporate more specific data related to service demand frequency and planning zones could help create a more holistic representation of department activity.

References

2022 CRASOC Draft (pages 53-100)

2022 CRASOC Final (pages 57-104)

Updated 3-axis risk scoring matrices

2022 CRASOC Task Force Risk Scoring Work

CRASOC Work Session Review Notes

2B.5 Fire protection and detection systems are <u>incorporated into the risk analysis</u>.

Description

The city maintains a database of locations within the City of Lawrence that have fire protection and detection systems. Currently, the department does not incorporate these systems into the risk analysis. These items are not currently used when deploying emergency resources. The department's deployment package for a structure fire does not differentiate between a building with a suppression system and one without. The current call natures and associated deployment packages do not differentiate between any building characteristics. The call natures for structure fire include Structure Fire Level 1, Structure Fire Level 2, and Structure Fire Level 3.

The department is working with the City of Lawrence GIS team and Douglas County Emergency Communications Center to investigate the viability of incorporating GIS data to influence deployment of emergency resources.

Appraisal

Through the 2022 CRASOC work sessions, the department collaborated with the city's Information Technology team and the Douglas County Emergency Communications Center and discussed the opportunities related to enhancing call natures and associated deployment packages to better utilize and manage resource resiliency. The department has identified the opportunity to enhance the deployment model and resource allocation through the usage of GIS data to determine if a location has fire protection or detection systems.

Plan

The department will be moving forward through collaborative efforts with the emergency communications center and the city's GIS team to implement the enhanced deployment model that aligns with the department's critical tasking. Critical tasking of incident types is being updated by the 2022 CRASOC task force and will be used to update SOP 202.10 Alarms and Responses. The task force will present the recommendations to the department's command staff after reconciling technical implications and process changes

with the Douglas County Emergency Communications Center. Operational changes will follow.

References

2022 CRASOC Draft (pages 53-100)

2022 CRASOC Final (pages 57-104)

SOP 202.10 Alarms and Responses

CRASOC Work Session Review Notes

Proposal Risk Matrix Draft

2B.6   The agency <u>assesses critical infrastructure</u> within the planning zones for

capabilities and capacities to meet the demands posed by the risks.

Description

The department defines and identifies critical infrastructure within the City of Lawrence and Douglas County in the 2022 CRASOC. The department has identified critical infrastructure that supports emergency response. Planning zone profiles are listed in the 2022 CRASOC and depict zone characteristics, along with minor infrastructure information. The infrastructure within each planning zone is considered when evaluating deployment and resource capabilities.

Appraisal

Currently, the department and Planning and Development Services (PDS) work primarily independent of each other when analyzing critical infrastructure and associated risk. Progress has been made on the integration and collaboration related to critical infrastructure information through the use of GIS. The department's collaboration with the city's GIS team has been beneficial in regards to the additional information provided relative to infrastructure throughout the City of Lawrence.

Plan

The department will work with Planning and Development Services to identify critical infrastructure within planning zones as the City of Lawrence expands. Efforts to utilize critical infrastructure information relative to department capabilities and capacities will be considered in future deployment recommendations.

References

2022 CRASOC Draft (pages 29-52 and pages 66-95)
2022 CRASOC Final (pages 31-56 and pages 70-98)

2B.7　The agency engages other disciplines or groups within its community to <u>compare and contrast risk assessments</u> in order to identify gaps or future threats and risks.

Description

The department's 2020 Station Optimization Analysis kicked off collaborative efforts between the department and other groups in the community. Internal and external stakeholders exchanged data and maps. Douglas County Public Health, Lawrence Police Department, Planning and Development Department, and the City's GIS group were amongst the contributors. The department has continued to build on these relationships through collaborative efforts when developing the 2022 CRASOC. Specifically, city GIS and the Douglas County Emergency Communication Center's staff were present through the work sessions facilitated by the Technical Advisors Program (TAP) and have continued to provide integral data and information to the department.

The department participates in the Douglas County Data Sharing Collaborative. The group meets monthly to review and discuss risk and areas of focus within the Douglas County health system. The department participates in agency and system-wide high-utilizer studies. To identify patient treatment gaps, the department uses My Resource Connection software to aid in real-time data sharing between the local public health agencies.

Appraisal

Currently, the process to compare and contrast risk assessments is very reactive. The work to identify gaps or future threats and risks is performed on an as-needed basis. The Douglas County Data Sharing Collaborative has the potential to be an effective resource for enhanced risk assessment identification projects. The Douglas County Emergency Management team conducts a risk assessment every five years. This risk assessment was not utilized when the 2022 CRASOC was developed.

Plan

For the future development of the CRASOC, the department will collaborate with internal and external partners and utilize other risk assessment publications to develop a more comprehensive and collaborative document. Other risk assessment publications will also be considered when organizational and deployment related recommendations are made.

References

2022 CRASOC Draft

2022 CRASOC Final

Defining High Utilizers and Understanding the System's Impact on Patient Outcomes

Criterion 2C: Current Deployment and Performance

The agency identifies and documents the nature and magnitude of the service and deployment demands within its jurisdiction. Based on risk categorization and service impact considerations, the agency's deployment practices are consistent with jurisdictional expectations and with industry research. Efficiency and effectiveness are documented through quality response measurements that consider overall response, consistency, reliability, resiliency, and outcomes throughout all service areas. The agency develops procedures, practices, and programs to appropriately guide its resource deployment.

Summary:

The department uses the Community Risk Assessment Standards of Cover to identify and incorporate risk, service areas, demographics, and socio-economic factors which serve as the basis for the current response deployment. This risk assessment includes hazards associated with fire, emergency medical services, technical rescue, and hazardous materials to develop a consistent response strategy for all service programs.

Deployment levels and capabilities are evaluated and communicated annually to the Authority Having Jurisdiction (AHJ). Emergency response performance is assessed and measured against established benchmarks to determine effectiveness and areas for improvement.

Guidance is established within department policies and procedures and evaluated through operational deployment. The department has identified the need for more consistent and agile performance evaluation and solution implementation.

Performance Indicators:

CC 2C.1   Given the levels of risks, area of responsibility, demographics, and socio-economic factors, the agency has <u>determined, documented, and adopted a methodology</u> for the consistent provision of service levels in all service program areas through response coverage strategies.

Description

The department uses the Community Risk Assessment Standards of Cover to identify and incorporate risk, service areas, demographics, and socio-economic factors which serve as the basis for the current response deployment. This risk assessment includes hazards associated with fire, emergency medical services, technical rescue, and hazardous materials to develop a consistent response strategy for all service programs. SOP 103.20 Response Performance and Outcomes establishes outcome objectives for each risk class. A compliance methodology is in place to monitor and identify trend that may negatively impact service quality.

Each year, the department updates the demand and performance tables. The strategic plan is also updated on an annual basis to document progress on goals and objectives. This information is used to influence budget initiatives and proposals.

The department is in the soft launch phase of deploying an operational dashboard. The dashboard displays active incidents, incident count, unit availability and status, and a map with incident and unit locations. The map is currently being used and evaluated by operations chief officers. The objective of the map is to provide the department, specifically chief officers, with a visual representation and understanding of resource commitment and dispersion.

Appraisal

The department has performed several tasks which were included in the formulation of risk identification, classification, and categorization. Specifically, critical tasks to mitigate hazards associated with risk classes which influence the quality of outcomes to the community. While exploring opportunities relative to potential deployment changes,

additional enhancements were recognized through the evaluation of the current risk scoring. To continue developing ideas brought up throughout the creation of the current CRASOC, the CRASOC task force identified the need to further update the risk methodology matrices and recommend updates to the department's deployment model. Thus far, the task force has crafted updated risk matrices, refined the call nature list, and critical tasked every incident type. The department has recognized that specific service level expectations relating to coverage strategies and outcome quality, versus output quality should be discussed with the AHJ if funding for deployment enhancements is not secured.

Plan

The command staff will update SOP 103.20 Response Performance and Outcomes to accurately reflect outcomes and alignment with the city's strategic plan. Service level expectations, related to emergency response performance will be discussed with the AHJ.

The CRASOC task force will continue its efforts to update deployment relative to department capabilities and risk management. The task force will present the recommendations to the department's command staff after reconciling technical implications and process changes with the Douglas County Emergency Communications Center. Operational changes will follow.

The department will continue working through the soft launch of the operations dashboards with a goal of department-wide implementation within each station in 2023. This will enhance the department's ability to have access to real-time information and increase resource dependability.

References

SOP 103.20 Response Performance and Outcomes

2022 CRASOC Draft (pages 66-95)

2022 CRASOC Final (pages 70-99)

CRASOC Work Session Review Notes

ESRI GIS Dashboard (available on-site)

CC 2C.2 **The agency has a <u>documented and adopted methodology for monitoring</u> its quality of emergency response performance for each service type within each planning zone and the total response area.**

Description

SOP 103.20 Response Performance and Outcomes documents the department's methodology for monitoring its quality of emergency response performance. This methodology primarily relies on the accreditation manager to produce and monitor data which is communicated to the command staff.

The current methodology includes monitoring of annual response performance for the whole response area and the reliability of benchmark response travel time on High Risk Fire, High Risk EMS, and Moderate Risk EMS events by relevant planning zone. Additional monitoring of service type performance within each planning zone is conducted on an as-needed basis.

The department evaluates all risk classification and categorization emergency response performance metrics and reports on significant baseline performance in the annual compliance report. Low classification risk data and small datasets for risk classification/categories are excluded from the ACR baseline performance tables. The tables are used to establish the departments baseline performance levels.

Appraisal

The department's SOPs that cover response performance and outcomes have created a standardized way of capturing and evaluating data. The department has identified a need to increase its capabilities related to compliance monitoring through both human and technology resources. This need extends beyond the position of the data analyst in order for the department to effectively and sustainably monitor how the rapidly growing community is affecting response time quality and outcomes.

Plan

The department will work towards creating a standardized process to evaluate service type performance outputs and outcomes within each planning zone to more effectively

communicate the department's need for deployment evolution and community risk reduction efforts. The department will also work to create depth within the Administrative Division to produce and monitor data to show emergency response performance.

The department will continue to explore tools within ESO records management system to increase accessibility to response performance data. The department will also continue to collaborate with the city's Information Technology Department to explore data analysis tools. Microsoft PowerBI has been mentioned throughout city-wide tool discussions.

References

SOP 103.20 Response Performance and Outcomes

SOP 103.21 Response Performance and Outcomes Appendix A, Baseline

SOP 103.22 Response Performance and Outcomes Appendix B, Benchmarks

2022 CFAI Annual Compliance Report (pages 13-29, 149, 152, and 153)

2C.3   Fire protection systems and detection systems are <u>identified and considered</u> in the development of appropriate response strategies.

Description

The City of Lawrence GIS team and the department has identified the presence of fire protection systems within the City of Lawrence; however, the department does not currently incorporate fire protection and detection systems into the deployment of emergency resources. The department's deployment package for structure fires does not differentiate between a building with a suppression system and one without.

The department is working with the City of Lawrence GIS team and Douglas County Emergency Communications Center to investigate the viability of incorporating GIS data to influence deployment of emergency resources.

Appraisal

The department has recognized an opportunity to enhance deployment and increase data intelligence information like the presence of fire protection systems and detection systems. Through the 2022 CRASOC work sessions, the department collaborated with the city's Information Technology team and the Douglas County Emergency Communications Center and discussed the opportunities related to enhancing call natures and associated deployment packages to better utilize and manage resource resiliency. The department has identified the opportunity to enhance the deployment model and resource allocation through the usage of GIS data to determine if a location has fire protection or detection systems.

Plan

The 2022 CRASOC task force will continue to make recommendations for integration of various datasets to enhance response deployment. The task force will present the recommendations to the department's command staff after reconciling technical implications and process changes with the Douglas County Emergency Communications Center. Operational changes will follow. The department will work through management channels to discuss data integration through the IT Governance Committee.

References

2022 CRASOC Draft (pages 66-95)

2022 CRASOC Final (pages 70-99)

SOP 202.10 Alarms and Responses

Fire Suppression Systems Map

Proposal Risk Matrix Draft

CC 2C.4   **A critical task analysis of each risk category and risk class has been conducted to determine the first due and effective response force capabilities, and a process is in place to validate and document the results.**

Description

The department uses a critical task analysis for each call type, relative to the risk category and class. These critical tasks are found in the 2022 Community Risk Assessment Standards of Cover (2022 CRASOC) document. The resulting staffing and apparatus needs are then incorporated into the Effective Response Force (ERF). There is an established ERF for each risk classification and category.

The department revised critical tasking with the development of the 2017 CRASOC for all risk classifications and categories. These lists were revised by department employees who were assigned to complete the 2017 CRASOC. The lists were then reviewed by chief officers and revisions were made to reflect consensus, and ultimately published in the document.

The department evaluates performance capabilities through multi-company evolutions during training. Annual skill evaluations using scenario-based training and checklists are conducted to evaluate the accuracy of the critical task analysis.

Appraisal

During the development of the 2022 CRASOC, the department identified room for improvement relative to resource deployment and critical tasking. Specifically, it was recognized that the department may be under-deploying to certain incidents, and over-deploying to others. It was identified that the 2022 CRASOC task force would update and re-evaluate the risk assessment methodology and subsequent critical tasking. Working with the Center for Public Safety Excellence Technical Advisors Program was beneficial

to the department because of the facilitation and third-party perspective on critical tasking and deployment.

The CRASOC task force has worked on evaluating risk scoring and critical tasks associated with current call natures. A new call nature list has been created for recommendation with an associated critical tasking exercise. The recommendations that are being proposed by this task force have been evaluated on actual risk mitigation activities. Using real-life scenarios, the task force identified task assignments and related resource needs to mitigate each type of incident. These scenarios led to the creation of a compiled list of call natures and revised deployment packages when the team saw opportunity for improvement. Department resiliency and reliability were considered during the exercises.

The COVID-19 pandemic created challenges by limiting multi-company training opportunities. Scenario-based training at the departments drill field was limited to single company evolutions and required members to maintain social distancing. Through the redistribution of department personnel, specifically in the Training Division, the department was limited in the ability provide innovate and effective training. Consequently, the effectiveness of deployment relative to critical tasking was not able to be conducted as it had been done previously. Continuing past the pandemic, the Training Division continues to experience these challenges.

Plan

The 2022 CRASOC task force will work through management channels to recommend an updated deployment model that includes a revised risk scoring matrix and critical tasking. The task force will present the recommendations to the department's command staff after reconciling technical implications and process changes with the Douglas County Emergency Communications Center. Operational changes will follow. Once finalized, adjustments will be made to the 2022 CRASOC.

The department will create a standardized way to incorporate a validation and verification procedure to support critical tasks and associated resource specifications relative to the department's capabilities.

References

2022 CRASOC Draft (pages 96-100)

2022 CRASOC Final (pages 100-104)

CRASOC Work Session Review Notes

CC 2C.5   **The agency has <u>identified the total response time components</u> for delivery of services in each service program area and found those services consistent and reliable within the entire response area.**

Description

Total response time components for delivery of services in each program area has been conducted and are published in the CRASOC. Historical data is published in the document and identified as Baseline data. The baseline data is compared to the department's identified Benchmarks to assess performance. The total response time performance components are used to identify specific areas for improvement. The department delineates service areas between urban and rural population densities. The total response time component benchmarks are not being met in the entire response area. The gaps have been communicated to the AHJ.

Appraisal

During the annual presentation to the AHJ, the total response time components are reviewed and discussed. The department has recognized the gap in response time performance relative to the adopted benchmarks. The gaps have been communicated to the AHJ during the annual presentation. The department has also used the CRASOC to communicate the service capability / capacity gaps to the AHJ. The department has experienced challenges in ability to review and produce reports. Response performance review has not been consistent outside of the annual compliance report. This is due to a lack of resources in the Administrative Division.

In 2018, the department received a strategic recommendation from the Commission on Fire Accreditation International to continue working collaboratively with Douglas County Emergency Communications Center (DGECC) to establish time-based performance objectives for alarm answering and alarm processing. The process changes were focused on facilitating faster processing times within the Primary PSAP. In June 2021, DGECC implemented the new call handling process through collaboration with the department. The department has seen a fluctuation in response time performance, specifically in alarm handling and turnout time. There is still room for improvement within the process.

Plan

The department plans to continue its efforts to communicate gaps and propose solutions to improve response time performance. The fire chief will utilize the EMS Governance committee to address response time gaps and create actionable solutions to incorporate into budget requests. The department will continue working on increasing department-wide trust in the new alarm handling process through education and communication. The department will collaborate with the DGECC to aid in this work.

The department will continue working with the current administrative resources to conduct data analysis reports as necessary. Through the budget request process, the department will continue to communicate the need for more resources within the Administrative Division.

References

2022 CRASOC Draft (pages 102-103, 105-106, 109, and pages 123-136)

2022 CRASOC Final (pages 106-107, 109-110, 113, and pages 127-140)

Cooperative Agreement Regarding the Provision of Emergency Medical Services in

Douglas County 2021

DCECC Alarm Handling Benchmark Meeting Minutes

Dispatch Call Processing Timeline

2C.6   The agency <u>identifies outcomes for its programs</u> and ties them to the community

risk assessment during updates and adjustments of its programs, as needed.

Description

The department identifies and documents the outcomes for its emergency response programs in SOP 103.20 Response Performance and Outcomes. All department programs are evaluated on an annual basis and include outcomes. The department utilizes program appraisals and outcome metrics to influence budget requests and enhancements. The department aims to align outcome goals with department prioritization.

Through the city's strategic plan, the department has specific key performance indicators (KPI's) that are tied to program outcomes. The programs that are specifically addressed include EMS, fire suppression, and community risk reduction. The department reports on the outcomes to the following KPI's:

SaS-3: Percent of fires contained to their room of origin

SaS-4: Percent of cardiac arrest patients with pulsatile rhythms upon arrival to a hospital

SaS-5: Number of responses to a mental health crisis per 1,000 residents

SaS-8: Percent of residents rating trust in emergency services departments as satisfied or very satisfied (Fire)

Appraisal

Program appraisals are updated on an annual basis, reviewing the previous year. Currently, the department does not have a seamless way to integrate recommendations from the program appraisals into operations. Value would be added if the program appraisals were easier to digest by internal reviewers to implement changes. Incorporating outcome goals with department prioritization through resource support, the department's ability to create sustainable and long-term initiatives has been difficult due to lack of continued funding for items outside basic operational activities.

The city's strategic plan key performance indicator reporting process was identified as insufficient, by city leadership. The process was never standardized and did not create an environment for actionable items. The city's commitment and outcome champions have begun work to revamp how the city supports, implements, evaluates, and reports on key performance indicator-related initiatives and data.

Plan

The accreditation manager will review the program appraisal process and propose a way to institutionalize the review and usage of the program appraisals to fit into the Continuous Improvement System by updating SOP 103.30 Continuous Improvement System with proposed changes. The department will continue to propose budget requests and provide support showing alignment with identified outcome objectives. The department will work to enhance communication of resource support relative to the sustainability, and overall success, of initiatives related to outcome goals.

The department will remain active in the city's strategic planning process moving forward and report to KPI's.

References

SOP 103.20 Response Performance and Outcomes

City's Strategic Plan Safe and Secure KPI's (https://lawrenceks.org/strategic-plan/)

2021 Emergency Medical Services Program Appraisal

2021 Fire Suppression Program Appraisal

2C.7 The agency has <u>identified the total response time components</u> for delivery of services in each service program area and assessed those services in each planning zone.

Description

The department does assess the service level quality by planning zone pertaining to reliability of high risk first due travel time response quality for both EMS and fire. This data is documented in the department's annual compliance report and used to communicate response performance to the AHJ. The department breaks emergency total response times down to show alarm handling time, turnout time, and travel time (distribution and ERF). This is conducted for all risk categories and classes.

Appraisal

The department's emergency response performance review, broken down by alarm handling time, turnout time, and travel time has been effective in understanding resource capabilities. Identifying and analyzing total response time components has enabled the department to analyze data at the granular level to determine areas for improvement.

With the implementation of the new alarm handling procedures utilized by the Douglas County Emergency Communications Center (DCECC), the department began reviewing response time components on a monthly basis to track new procedure performance and identify trends. Value was identified by reviewing response time component performance outside the annual review. Other response performance review has not been consistent outside of the annual compliance report. This is due to lack of resources in the Administrative Division.

Plan

The department will continue to report on and analyze response time components to bolster the identification of process improvement opportunities annually. Performance, compared to the set benchmarks for each component of the total response time will continue to be communicated to the AHJ on an annual basis.

The department will continue working with the current administrative resources to conduct data analysis reports as necessary. Through the budget request process, the department will continue to communicate the need for more resources within the Administrative Division. Additional tools, like technology tools will be explored to enhance performance evaluation and aim to create more real-time performance review.

References

High Risk Fire, High Risk EMS, Moderate Risk EMS Response Performance Maps (2022 LDCFM CFAI ACR Exhibits 1, 2, and 3)

2022 CFAI Annual Compliance Report

2017-2021 Emergency Response Data (available on-site)

Alarm Handling Response Performance Sample

Alarm   Handling   Data   (available   on-site)

CC 2C.8 **The agency has <u>identified efforts to maintain and improve its performance</u> in the delivery of its emergency services for the past three (initial accreditation agencies) to five (currently accredited agencies) immediately previous years.**

Description

The department's progressive outlook on providing emergency services can be seen through SOP 103.3 Continuous Improvement System. SOP 103.30 Continuous Improvement System is a great benchmark for the department and provides a specific timeline of when adjustments should be made. This SOP is set to be reviewed and updated every two years to stay relevant. The timeline depicts appropriate months for changes to be made in order for seamless and thorough implementation.

To drive innovation, the department utilizes response performance and demand data from the five immediately previous years. Analyzing trends in emergency call volume, non-emergency requests, and other department responsibilities, the department identifies gaps and areas for improvement. The department considers its mission, vision, and values when determining innovation alignment. The department's guiding documents prioritize organization evaluation, strategic planning, sustainability, and holistic approaches to a full analysis.

Appraisal

The identification of need for alignment throughout guiding documents has been beneficial to sustain momentum in the direction of focused continuous improvement. Through the use of Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, department efforts have been contained to specifically identified gap areas. The implementation of changes has not been fully executed. In recent years, the department has been better at dedicating resources to move recommendations forward for operational change. The department's lack of resources impacts its ability to constantly evaluate and innovate performance in the delivery of its emergency services.

Plan

The department will continue to update SOP 103.30 Continuous Improvement System and identify areas where innovation can impact services to the community. The department will also continue to work with the city commitment and outcome champions to institutionalize processes that support efficiency and effectiveness of services provided.

The identification of department needs will continue to be evaluated and communicated through management channels. Process improvements at a micro level will be implemented to facilitate future organizational change. Using the department's guiding documents, tasks forces will continue to work towards identified goals.

References

SOP 103.30 Continuous Improvement System

2022 CFAI Annual Compliance Report

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan (SWOT Analysis Appendix 3, page 40)

2C.9   The <u>agency's resiliency has been assessed</u> through its deployment policies, procedures, and practices.

Description

The department assesses its resiliency on its ability to manage emergency resources. Understanding that current department practices, related to resource management, are not standardized or automated, create instability in the department's resiliency.

SOP 109.10 Staffing-Shift and Events addresses drawdown and exhaustion deployment levels. The department does effectively follow SOP 109.10 Staffing-Shift and Events. Operations chief officers manage resources based on anticipation of unit availability.

The department's operations chief officers are solely responsible for resource management and resource requests. To aid in this, the department utilizes an ESRI GIS operations dashboard to assist in the visualization of resource commitment and location. Having an EMS service area of 475 square miles, the department's ability to track medic units and associated response time is difficult.

Appraisal

In January 2020, the department added a second operations chief officer to each shift. This addition has improved resource management by strengthening the response capability during high-risk incidents. When the department has a high-risk incident that includes a chief officer, the department is now better equipped to fully deploy to meet the effective response force (ERF).

Maintaining an adequate number of resources during high call volume times throughout Douglas County has been difficult. Operations chief officers individually managing resource levels has led to inconsistent and ineffective department resiliency.

The department's collaboration efforts to enhance resource management with the DCECC are in progress through the CRASOC task force recommendations. The department has

met with the DCECC director to discuss possible automation with incident location flagging and resource management.

Plan

To standardize the drawdown and exhaustion deployment levels, the department will continue to evaluate solutions to better manage consistency across all shifts.

The department will deploy the ESRI GIS operations dashboard throughout the organization and will enable employees to have real-time access to incident information, unit status, and response time performance metrics. Other resource management tools will be assessed and integrated, when possible.

The department will continue its efforts to collaborate with the DCECC on enhanced resource management to include automation. Recommendations from the 2022 CRASOC task force will address the department's need for an improved deployment process.

References

SOP 109.10 Staffing-Shift and Events
ESRI GIS Operations Dashboard (available on-site)
CRASOC Work Session Review Notes

Criterion 2D: Plan for Maintaining and Improving Response Capabilities

The agency has assessed and provided evidence that its current deployment methods for emergency services appropriately address the risk in its service area. Its response strategy has evolved to ensure that its deployment practices have maintained and/or made continuous improvements in the effectiveness, efficiency, and safety of its operations, notwithstanding any external influences beyond its control. The agency has identified the impacts of these external influences and communicates them to the authority having jurisdiction.

Summary:

The department has a published methodology for monitoring performance adequacies, reliabilities, resiliencies, and opportunities for improvement. The department utilizes SOP 103.20 Response Performance and Outcomes to provide general guidelines regarding operational response performance benchmarks, baselines, and the compliance methodology in meeting those goals. The 2022 CRASOC is the department's guiding document to analyze community wide risks and department capabilities.

Total response time performance and department programs is evaluated on an annual basis in conjunction with the annual compliance report. The use of standardized program appraisals maintains consistency throughout the evaluation process. It has been identified that the current process for appraising programs lacks sustainability when tied to actionable items. The department hopes to develop a program appraisal process that is more useful and frequent. The department's strategic plan, used in concert with the city's strategic plan, enables the department to remain focus on identified goals and objectives.

Performance Indicators:

CC 2D.1   **The agency has a <u>documented and adopted methodology for assessing</u> performance adequacies, consistency, reliability, resiliency, and <u>opportunities for improvement</u> for the total response area.**

Description

Published methodology for monitoring performance adequacies, reliabilities, resiliencies, and opportunities for improvement is documented in SOP 103.20 Response Performance and Outcomes. A compliance methodology is in place to monitor and identify trends that may negatively impact service quality.

The department has identified emergency response benchmarks for each risk classification and category. The benchmarks have not been updated recently. The department utilizes the ESO RMS software to report incident data and export raw data from NFIRS incident reports into spreadsheets. The raw data is used to identify a multitude of items such as trends in incident types, trends in response times, and deficiencies in report writing / completion.

Appraisal

Emergency response performance evaluation has not been consistent outside of the annual compliance report. This is due to lack of resources in the Administrative Division. The department has maintained a sufficient level of quality control (QC) to comply with the NFIRS standards and requirements. Additional QC and report detail could be accomplished with more Administrative Division staffing and increased involvement from department members. The current process does not directly address quality of content, rather, focus has been on completing fields required by the system. The department has identified the QC process to be limited in scope.

With the implementation of the new alarm handling procedures utilized by the Douglas County Emergency Communications Center (DCECC), the department began reviewing response time components on a monthly basis to track new procedure performance and

identify trends. Value was identified by reviewing response time component performance outside the annual review.

Plan

The command staff will update SOP 103.20 Response Performance and Outcomes to create an achievable performance evaluation and compliance strategy. The department has identified that the utilization of a diverse team to assist in the QC process would produce positive outcomes.

The department will continue to follow the standardized documented and adopted methodology for performance review and identify opportunities for improvement.

References

LDCFM ESO Fire Training Manual

SOP 103.20 Response Performance and Outcomes

Alarm Handling Response Performance Sample

Alarm Handling Data (available on-site)

2D.2   The agency <u>continuously monitors, assesses, and internally reports, at least quarterly</u>, on the ability of the existing delivery system to meet expected outcomes and identifies and prioritizes remedial actions.

Description

The department reviews capabilities and capacities relative to outcomes on an annual basis using program appraisals. The department does not continuously monitor, assess, and internally report on these metrics quarterly. SOP 103.20 Response Performance and Outcomes identifies compliance teams, responsibilities, and schedule.

Appraisal

Response performance review has not been consistent outside of the annual compliance report. This is due to lack of resources in the Administrative Division. The compliance monitoring schedule has not been followed. The department has identified this as a significant gap and has communicated to the AHJ to request additional support.

Plan

The department's Administrative Division and accreditation manager will work to identify a process to continuously monitor, assess, and internally report on the performance relative to outcome measurements and identify and recommend remedial actions on a quarterly basis. The department will continue working with current administrative resources to conduct data analysis reports as necessary. Through the budget request process, the department will continue to communicate the need for more resources within the Administrative Division.

References

SOP 103.20 Response Performance and Outcomes
2023 Program Improvement Request Form LDCFM Support Services

CC 2D.3   **The performance monitoring methodology identifies, <u>at least annually</u>, future external influences, altering conditions, growth and development trends, and new or evolving risks, for purposes of analyzing the balance of service capabilities with new conditions or demands.**

Description

The department utilizes annual program appraisals to review service capabilities and influencing factors, such as community growth, demand trends, external and internal stakeholder relations, and evolving risks. Operational gaps are communicated to the AHJ through the annual presentations, given by the fire chief and accreditation manager.

The department's 2022 Community Risk Assessment Standards of Cover identifies risk hazards that have and could impact emergency service capabilities. The department works with the city's Information Technology GIS team to review changes related to projected population growth, annexation developments, and demographic information.

The department stays updated on developments within the city and county that might contribute to a changing community dynamic and emergency response demand.

Appraisal

The program appraisals have been successful in documenting qualitative and quantitative data related to capabilities and dynamic demands on department resources. The ability to pivot quickly in operational activity, based on this information has been delayed due to internal processes at the department and city levels.

The department has identified current and future trends of external influences to prepare and plan for evolving resource needs. The department has communicated the associated gaps and risk potential to the AHJ but recommended solutions have not been funded, at this time.

Plan

Performance monitoring utilized by the department will be bolstered through a redesign to create an attainable workflow process. The department's accreditation manager will work

with command staff to re-evaluate and design a stronger integration between the continuous improvement model and identified goals. The objective will be to create a streamlined process to integrate enhancements into department operations.

The department will continue to participate in and stay up to date in community development and changes that could impact demand on emergency resources. This will be done through management channels, project teams, and city strategic plan outcome and commitment teams.

The department will utilize updated data to evaluate department deployment gaps and recommend solutions for increased reliability and resilience. The department will continue requesting resource needs through the budgetary process.

References

2022 CRASOC Draft (pages 17-28, 66-95, 162-163)

2022 CRASOC Final (pages 18-30, 70-99, 168-169)

May 3rd, 2022 City of Lawrence Commission Agenda Item H4 Annual Update Presentation

2D.4   The <u>performance monitoring methodology supports</u> the assessment of the efficiency and effectiveness of each service program at least annually in relation to industry research.

Description

Department program performance monitoring is conducted annually within the program appraisals. The department has incorporated outcome measures and monitoring along with the program outputs. Performance monitoring related to outcomes is not routinely performed outside of the annual update. For the annual compliance report, the department evaluates all components of total response time for all risk categories and classification.

To analyze performance on cardiac arrest incidents, the department reports to the Cardiac Arrest Registry to Enhance Survival (CARES) system and receives annual performance summaries. This data is used to push community risk reduction efforts and spread awareness to the public.

The department's participation in the city's strategic plan performance indicator reporting is completed annually. The programs that are specifically addressed include EMS, fire suppression, and community risk reduction. The department reports on the outcomes to the following KPI's:

         SaS-3: Percent of fires contained to their room of origin

         SaS-4: Percent of cardiac arrest patients with pulsatile rhythms upon arrival to a
               hospital

         SaS-5: Number of responses to a mental health crisis per 1,000 residents

Appraisal

The department has not routinely evaluated outcome quality in relation to industry research or benchmarking outside of the city's strategic plan performance indicator comparison.

The City of Lawrence's Strategic Plan's implementation has not been successfully implemented to impact organizational action. Because the city is working to make data

driven decisions that align with strategic activities which will directly impact the performance indicators, focus on influencing outcomes is vital. The city's commitment and outcome champions have begun work to revamp how the city supports, implements, evaluates, and reports on key performance indicator-related initiatives and data.

Plan

The accreditation manager will review the program appraisal process and propose a way to institutionalize the review and usage of the program appraisals. Specifically, the department will utilize the identified outcome objectives, to fit into the continuous improvement process and align with the city's strategic plan.

The department will remain active in the city's strategic planning process moving forward and report to KPI's.

References

SOP 103.20 Response Performance and Outcomes

SOP 103.30 Continuous Improvement System

Lawrence-Douglas County Fire and Medical 2021 CARES Summary Report

2D.5   Impacts of incident mitigation program efforts, such as community risk reduction, public education, and community service programs, are <u>considered and assessed</u> in the monitoring process.

Description

The department utilizes annual program appraisals to review community risk reduction program and public education program capabilities. The department recognizes the opportunities that incident mitigation program efforts can have on emergency resource demand and overall community well-being.

Appraisal

Community risk reduction and public education efforts have been impacted by low resource allocation and increasing call volume. The department has relied heavily on emergency resources to conduct community risk reduction efforts, public education, and other community service programs. The department has not been successful in performing a full assessment of incident mitigation program efforts.

Plan

The department plans to prioritize risk reduction efforts through a more collaborative strategy with the Lawrence Police Department, Douglas County Public Health Department, and other local agencies. The accreditation manager will participate in committees and teams that focus on community engagement and public education for safe and secure communities.

In 2023, the department will deploy a Mobile Integrated Health program with two paramedics. The goal for this program will be to address incident mitigation and prevention efforts through community risk reduction and community service programs.

References

MIH Expansion – Budget Award

2021 Public Education Program Appraisal

2021 Community Risk Reduction Program Appraisal

CC 2D.6   <u>**Performance gaps for the total response area**</u>**, such as inadequacies, inconsistencies, and negative trends, are <u>determined at least annually</u>.**

Description

The department formally determines performance gaps for the total response area annually during the completion of the Annual Compliance Report. High Risk Fire, High Risk EMS, and Moderate Risk EMS response performance is compared to the established benchmarks and communicated to the authority having jurisdiction. During the creation of the annual compliance report, the department analyzes all emergency response performance for every risk category and class. The department documents its emergency response time performance in the 2022 CRASOC when comparing baseline performance to benchmarks.

Appraisal

The department has seen trends in increased call volume and increased response time performance in specific planning zones. The department formally acknowledged this issue and provided recommendations to mitigate the inadequacies in response performance, relative to the established benchmark in the 2022 CRASOC. The department documented the aggregate performance gaps, from the previous five years, in the 2022 CRASOC. This reinforced the reality of ongoing performance gaps.

Plan

The accreditation manager plans to annually update the response performance gaps with the City of Lawrence GIS team, to evaluate the trending of response performance and propose recommendations to mitigate the performance gaps.

References

2022 CRASOC (pages 123-136, 148-159)

2017-2021 Emergency Response Data (available on-site)

2022 CFAI Annual Compliance Report

CC 2D.7   **The agency has systematically <u>developed a</u> <u>continuous improvement plan</u> that details actions to be taken within an identified timeframe to <u>address existing gaps and variations</u>.**

Description

The department's SOP 103.30 Continuous Improvement System identifies and documents the adoption of the department's plan to institutionalize the continuous improvement plan. The SOP provides a visual calendar, displaying the timeline for successfully addressing gaps and updating the system with enhancements. Program appraisals are utilized to conduct a formal and documented process to evaluate effectiveness of historic performance and identify goals.

Currently, the department is using the continuous improvement plan's calendar to recommend alternative call nature and deployment packages. This work is being done with the DGECC. The department is continuing efforts to establish time-based performance objectives for alarm answering and alarm processing. Building off of the new call handling process, the department continues collaborating with the DGECC to address a strategic recommendation from the 2018 Accreditation Report, related to call handling.

Appraisal

Implemented in 2017, SOP 103.30 Continuous Improvement System has been beneficial to the department by formally adopting the ideology and timeframe related to system enhancements. Currently, the department uses the timeline as a goal, however, has not been successful in fully institutionalizing the timeline.

Through the new call handling process, the department has faced continuing problems related to an increased turnout time. The department has seen fluctuation in response time performance, specifically in alarm handling and turnout time. There is still room for improvement within the process.

Plan

The department's accreditation manager will work with command staff to re-evaluate and design a stronger integration between the continuous improvement model and identified goals. The objective will be to create a seamless integration of enhancements into

operations. The department will continue to utilize program appraisals to improve performance within each program while developing more efficient operational procedures based on historic performance

The department will continue working on increasing department-wide trust in the new alarm handling process through education and communication. The department will continue to collaborate with the DGECC to aid in this work.

References
SOP 103.30 Continuous Improvement System
2022 CRASOC Draft (Module 4, pages 101-136)
2022 CRASOC Final (Module 4, pages 105-140)
2022 CFAI Annual Compliance Report (pages 30 and 31)

2D.8 The agency <u>seeks approval of its standards of cover</u> by the authority having jurisdiction (AHJ).

Description

The department's current CRASOC has been presented to the AHJ. The city commission, as well as the county commission have received the document and are annually updated on the status of the department's standards of cover.

The department is awaiting the published 2022 CRASOC, facilitated by the Technical Advisor's Program from the Center for Public Safety Excellence. The department worked with the Technical Advisors Program to present the process and a high-level overview of the newly created CRASOC to the city manager's office and county administrators office.

Appraisal

The department has seen success in presenting the CRASOC to the AHJ and providing updates annually. This has allowed the department to present consistent information to the rotating boards that make up the commissions. The CRASOC provides an in-depth overview of department capabilities, community hazards, and information that the commissions have been interested in.

With the timing of the published 2022 CRASOC, the department has not had the opportunity to present and seek approval from the AHJ.

Plan

The fire chief and accreditation manager will present the CRASOC document to the AHJ every time a new document is published. The 2022 CRASOC published document will be presented to the City Commission, City Manager's Office, and County Administrators Office late 2022. The department will continue to include CRASOC information in the annual presentations to the AHJ.

References

2017 CRASOC

2022 CRASOC Final

LDCFM City Commission Annual Presentation 2022

May 3rd, 2022 City of Lawrence Commission Agenda Item H4 Annual Update

Presentation

CC 2D.9 **On at least an annual basis, the agency <u>formally notifies the AHJ</u> of any <u>gaps in current capabilities, capacity, and the level of service provided within</u> its delivery system to mitigate the identified risks within its service area, <u>as identified in its community risk assessment/standards of cover</u>.**

Description

The department presents an annual update during a public City Commission meeting. It is communicated that the presentation directly relates to 2D.8 and 2D.9. The accreditation manager and fire chief present current response performance metrics as well as department capabilities and gaps. The update is also presented to the Douglas County Commission on an annual basis.

Through the City of Lawrence Strategic Plan Commitment – Safe and Secure (SaS), the city dedicates time quarterly for the Commitment team to present information relative to the performance indicators. Through the SaS presentations, the department reports on the following performance indicators:

SaS-1: Percent of residents who perceive Lawrence as safe or very safe

SaS-3: Percent of fires contained to their room of origin

SaS-4: Percent of cardiac arrest patients with pulsatile rhythms upon arrival to a hospital

SaS-5: Number of responses to a mental health crisis per 1,000 residents

SaS-8: Percent of residents rating trust in emergency services departments as satisfied or very satisfied (Fire)

SaS-10: Expenditure per 1,000 residents for Fire

SaS-12: Employee Engagement Index for Fire Medical

SaS-14: Percent of Firefighters meeting or exceeding 228 hours of firefighter training

The department contributes to Safe and Secure presentations, which are made by the Safe and Secure Champions, to the City Commission throughout the year. The city dedicates time quarterly for the Commitment team to present information relative to the

Performance Indicators. Reporting to the AHJ on the Safe and Secure performance indicators, the department is able to work towards closing the communication gap created with only presenting department data annually.

Appraisal

Through the presentations, the department has been able to formally share information relative to capabilities, capacity, and levels of service annually. The consistency and standardization of presentation topics has been received positively by the AHJ.

The presentations are usually scheduled late Spring / early Summer. The timing of the presentations does not always align with budget proposals or times where action can be coordinated with governmental initiatives. This has caused a delay in the department's ability to pivot quickly in operational activity that is discussed as recommendations in the presentations.

Plan

The department will continue to formally notify the AHJ of gaps in current capabilities, capacity, and the level of service provided. The department will continue to contribute to Safe and Secure updates relative to the performance indicators.

The department will utilize the 2022 CRASOC to communicate emergency response capabilities and reliability.

References

LDCFM City Commission Annual Presentation 2022

City of Lawrence Strategic Plan (available on-site)

May 3rd, 2022 City of Lawrence Commission Agenda Item H4 Annual Update Presentation

2022 CRASOC Final

2D.10 The agency interacts with <u>external stakeholders and the AHJ</u> at least once <u>every three years</u>, to determine the stakeholders' and AHJ's expectations for types and levels of services provided by the agency.

Description

The department's 2021 Community-Driven Strategic Plan is supplemented and supported by external stakeholder input (54 external stakeholders). The external stakeholder list is made up of individuals from governance, public safety, local organizations, media, citizens, academia, and healthcare.

The department incorporates the AHJ throughout the process, including the survey / input gathering step. The 2021 Community-Driven Strategic Plan aligns with the AHJ's Strategic Plan through the Commitment and Outcome areas. The department also participates in the AHJ's strategic planning process through the Commitment and Outcome groups. The groups meet monthly to analyze performance indicators relative to the department's services.

The city of Lawrence conducts a community survey to receive input and direction from community members every few years. The city's Communications and Creative Resources Department manages the surveys and communicates results to each department. Survey results are utilized within the budget process and to drive city-wide initiatives.

Appraisal

In 2021, the CPSE Technical Advisors Program was used to facilitate and assist with the department's Community-Driven Strategic Plan. The responses from the external stakeholder group were presented in an organized way, making the data review useful for the internal stakeholder workgroup. The input was not influenced by any department members, as they were not present during the external stakeholder work sessions. This provided valuable data from all factions of the community.

Historically, the department updated the Community-Driven Strategic Plan every five years. Because the department used the previous strategic plans as guiding documents for budget and special projects, there has been a focus on what was published in the plan versus analyzing and responding to rising risks.

Plan

The department will consider changing the strategic plan from having a 5-year life cycle to a 3-year life cycle. This will allow the department to adapt and become more agile to an ever-changing community and evolving risks. Aligning strategic goals, objectives, and critical tasks to the AHJ's Commitments will be beneficial in centralizing the efforts and reinforcing direction of the department. The department also plans to utilize a third-party to conduct external stakeholder feedback in order to receive organic and honest responses from the public.

Changes to the standards of cover and/or risk assessment of the community will prompt an update of the CRASOC if made before the current edition is planned to sunset.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan

       Community Stakeholder List (page 4)

       Agency Stakeholder List (page 6)

LDCFM City Commission Annual Presentation 2022

2022 CRASOC Final

Category 3: Goals and Objectives

Agencies should establish general organizational goals designed to implement their assigned missions and short-range plans. Additionally, agencies should establish goals and objectives to direct the priorities of operational programs (to include at least those outlined in Category V) and support services. All goals and objectives should be developed consistent with the elements of the published Strategic and Capital Improvement Plans.

Objectives are specific statements designed to document the steps necessary to achieve the agency's goal statements within a specific time period. For purposes of accreditation, objectives should be consistent with the elements of the acronym "S.M.A.R.T."

Specific

Measurable

Attainable

Realistic

Time-bound

Criterion 3A: Strategic Planning

The mission, vision and values of the agency are incorporated into a strategic plan. Once a strategic plan is in place and resources are available, the strategic plan provides direction, determines initiatives, and guides the goals and objectives of the agency.

Summary:

The department has adopted a five-year strategic plan which was published in 2021. It has been shared with all department employees, authority having jurisdiction, and is available to the public through the department's website. The goals identified in the department-level plan align with the commitments identified in the 2020 City of Lawrence Strategic Plan.

Performance Indicators:

CC 3A.1   The agency has a <u>current and published strategic plan</u> that has been submitted to the authority having jurisdiction.

Description

The department has adopted a five-year strategic plan which was published in 2021 and sunsets in 2026. The strategic plan is in the process of being executed by a diverse group of department members. The plan was submitted in spring of 2022 to the City Manager's Office and City Commission. The strategic plan is accessible on the department's internal and external websites.

Appraisal

The previous strategic plan was not effectively implemented. The department designed a work plan prioritization to involve a more diverse group to collaboratively accomplish strategic goals and objectives. The new work plan has been more effective through active participation and organization including meeting minutes and updated timelines.

Plan

The department's accreditation manager will continue to monitor the product provided by the prioritization plan and execution. Any recommendations for improvement will be communicated directly to the fire chief.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan

May 3rd, 2022 City Commission Agenda Item H4 Annual Update Presentation

Internal Communications Team Meeting Minutes

LDCFM Strategic Plan and Priority Survey Poll Email

[FMNET Strategic Plan Post Location](#)

[LDCFM Website Where Strategic Plan is Posted](#)

3A.2   The agency <u>coordinates</u> with the jurisdiction's planning component to ensure the <u>strategic plan is consistent</u> with the community master plan.

Description

The department coordinates its strategic plan objectives in alignment with the City of Lawrence's Strategic Plan, published in 2020. All strategic goals align with the city's strategic plan commitments. The coordination of goals and commitments between the two plans can be seen with each strategic goal within the department's strategic plan.

Appraisal

The implementation of the department's strategic plan began in April 2022 and thus far, the goals and objectives have not conflicted with the city's strategic plan. The department utilized the Technical Advisor Program through the Center for Public Safety Excellence to help ensure alignment between the two plans. The kick-off meeting for the Strategic Plan Goal 1, Internal Communications, included a specific conversation indicating the alignment and importance of both plans.

Plan

The department's accreditation manager will coordinate and monitor the implementation and alignment of the activities performed within the plan and report to the fire chief any updates, challenges, and recommendations. This will be done in accordance with SOP 103.30 Continuous Improvement System each November.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan; Strategic Alignment Preface (page 4)

[2020 City of Lawrence Strategic Plan](#)

Internal Communications Team Meeting Minutes

SOP 103.30 Continuous Improvement System (page 2)

Criterion 3B: Goals and Objectives

The strategic plan defines the agency's general goals and S.M.A.R.T. objectives, directs its activities in a manner consistent with its mission and is appropriate for the community it serves.

Summary:

The department's 2021-2026 Strategic Plan, which was facilitated by the Center for Public Safety Excellence's Technical Advisor Program, clearly establishes goals, objectives, and critical tasks consistent with the mission, vision, and values of the department.

Performance Indicators:

CC 3B.1 **The <u>agency publishes</u> current, general organizational goals and S.M.A.R.T. objectives, <u>which use measurable elements of time, quantity and quality</u>. These goals and objectives directly correlate to the agency's mission, vision and values and are stated in the strategic plan.**

Description

The department's goals are clearly established within both the 2021-2026 Strategic Plan and the proposed five-year Capital Improvement Plan. These goals include measurable elements of time, such as the planned timeframe for the completion of objectives related to the goal and/or proposed project. The Strategic Plan's goals and objectives were crafted to align with the department's mission, vision, and values, based on the feedback of both internal and external stakeholders.

Appraisal

The department has been effective in its achievement of objectives related to its goals based on the current established timeframes. In 2022, the department began working towards goal one to improve internal communications by providing a clear and effective exchange of information for enhanced continuity throughout the organization. The identified timeline for the completion of Objective 1A: Identify and analyze all current processes used in the exchange of information to determine their effectiveness. This objective was achieved ahead of the planned timeframe of six months.

Plan

The accreditation manager will continue to work closely with the strategic planning committee chairs to update timeframes for the completion of goals and objectives throughout the implementation of the strategic plan.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan; Goals and Objectives (page 11)

Internal Communications Team Meeting Minutes

3B.2   The agency <u>conducts an environmental scan</u> when establishing its goals and objectives.

Description

The department elicits information from both internal and external stakeholders to gather intelligence to guide the development of the goals and objectives identified in its strategic plan. The department utilized the Center for Public Safety Excellence Technical Advisor Program (TAP) to assist in the development and facilitation of the planning process. This process included four virtual community meetings with representation from numerous community factions such as governance, academia, public safety, and healthcare.

Additionally, the department conducts a survey of all department employees to develop data for the internal stakeholder group to use over a three-day workshop facilitated by TAP. The overarching environmental scan included internal and external stakeholders and was inclusive in its approach.

Appraisal

The department worked with an industry subject matter expert, the Center for Public Safety Excellence Technical Assistance Program, to assist in the environmental scan to develop the goals and objectives. This strategy ensured that the process was consistent with quality practices and in alignment with the accreditation model.

Plan

The department will continue to gather data from both its internal and external environments to frame the direction of the organization. This will be done on a regular basis with the sunset of the current plan and with the development of the next strategic plan in 2027.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan; Appendix 1
Community Priorities (page 27)
2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan; Appendix 2
Community Comments (page 28)
2021 Departmental Internal Survey

LDCFM Strategic Planning Stakeholder Faction Map Spreadsheet

CC 3B.3   **The agency <u>solicits feedback and direct participation from internal and external stakeholders</u> in the development, implementation and evaluation of the agency's goals and objectives.**

Description

The department gathers data, including strengths and weaknesses, from both internal and external stakeholders as part of the development of goals and objectives. This included four virtual community meetings, an internal department-wide survey, a three-day workshop with internal stakeholders to develop the goals and objectives, and a virtual presentation to the external stakeholder group of the completed strategic plan by the TAP group from the Center for Public Safety Excellence.

Appraisal

The external stakeholder meetings were completed using a virtual system due to the COVID-19 pandemic. Using virtual technology allowed for the department to connect with stakeholders, but the process was less clear, and the survey results could have had a better return with direct interaction with that group. The internal survey was facilitated by the department and the raw results were shared with all department employees, allowing both department-wide contribution and review. The group of internal stakeholders were able to use both internal and external feedback to develop goals and objectives.

Plan

The department will continue to gather data from both internal and external stakeholders and will strive to have more in-person interactions as part of the process with the cessation of the COVID-19 pandemic.

References

LDCFM Strategic Planning Stakeholder Faction Map Spreadsheet

2021 LDCFM Strategic Planning Internal Survey Raw Data

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan, External Survey Results (pages 28-39)

3B.4   The agency <u>uses internal input to implement and evaluate its goals and objectives</u> and to measure progress in achieving the strategic plan.

Description

The department utilizes internal input to gather data leading up to the development of goals and objectives in the strategic plan.

Appraisal

The department developed an internal survey to gather input from all department members towards the development of the 2021-2026 Strategic Plan. This input was shared with all department members and the internal stakeholder group to assist in the development of goals and objectives. This process worked adequately in providing a medium to gather data; however, the survey tool was open to allow members to contribute as many times as they wanted which likely influenced the data.

Plan

The department will continue looking for opportunities to gather input from employees to assist with the development of goals and objectives. The department will also look for enhanced systems to manage the input contributions more effectively.

References

2021 LDCFM Strategic Planning Internal Survey

3B.5   The governing body <u>reviews the agency's goals and objectives and considers</u> all budgetary and operational proposals in order to ensure success.

Description

The department shares its goals and objectives with the City of Lawrence and Douglas County Commissions formally in presentations during public meetings. These goals and objectives influence budget requests and deployment recommendations.

Appraisal

Department presentations to both City and County commissions have occurred and both commissions have seen budget proposals in alignment with goals and objectives. Both commissions have considered proposals to assist in achieving goals and objectives.

Plan

The department will continue to communicate with both City and County commissions on progress towards goals and objectives in annual presentations.

References

May 3rd, 2022 City of Lawrence Commission Agenda Item H4 Annual Update Presentation

June 22nd, 2022 Douglas County Commission Agenda Item 3.1 Annual Compliance Report Presentation

3B.6   When developing organizational values, the agency <u>seeks input from its members and is in alignment with its community.</u>

Description

The department considers input from all employees for the development of organizational values as described in its 2021-2026 Strategic Plan.

Appraisal

The department gathered input, both internally and externally, as part of the development of the 2021-2026 community-driven strategic planning process. The internal stakeholder group utilized the input from both groups to establish the values as described in the strategic plan. The process was facilitated by the CPSE Technical Advisor Program and worked effectively to structure the collection process and the process of values development.

Plan

The department will continue looking for opportunities to gather input from employees to assist with the development of goals and objectives.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan; Appendix 3 – SWOT (page 40)
2021 LDCFM Strategic Planning Internal Survey

Criterion 3C: Implementation of Goals and Objectives

The agency uses a management process to implement its goals and objectives.

Summary:

The department uses the new 2021-2026 Strategic Plan, along with a management tool through Microsoft Teams, to implement and manage the department's goals and objectives. The department provides information explaining the goals and objectives within the 2021-2026 Strategic Plan. This information is currently available on the department's intranet and accessible from any department network computer. The strategic plan and updates to the goals are shared with all employees through shift presentations and updates.

Performance Indicators:

CC 3C.1   The agency <u>identifies personnel</u> to manage its goals and objectives and uses a defined <u>organizational management process</u> to track progress and results.

Description

The department identifies specific personnel to manage goals and objectives and uses the 2021-2026 Strategic Plan and a tool within Microsoft Teams to track progress. Strategic goal task groups are organized with key roles including the goal chairperson and scribe.

Appraisal

Strategic planning roles have worked well thus far with responsibilities being clear for organization and communication. The tracking tool has been effective with developments with the new strategic plan, objective 1: Internal Communications.

Plan

The accreditation manager will continue to use the current management system to establish key roles within the strategic groups and track progress. The accreditation manager will provide a recommendation to the fire chief should efficiencies be identified.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan (page 11)

Microsoft Teams Tracking Tool (available on-site)

CC 3C.2   **The agency's <u>personnel receive information</u> explaining its goals and objectives.**

Description

The department provides information explaining the goals and objectives within the 2021-2026 Strategic Plan. This information is currently available on the department's intranet and accessible from any department network computer. Framed posters can be found in station living quarters, providing a high-level overview of the strategic goals and objectives. The strategic plan and updates to the goals are shared with all employees through shift presentations and updates.

Appraisal

The department provided access to the goals and objectives documents any time employees are at work. The presentations were about a new development for updates related to strategic planning work. Thus far, they have been effective with engagement and follow-up after the interactions. Presentations have been provided by both the CPSE TAP and the chairperson of the internal communications group.

Plan

The department will continue to provide informational updates on the department's goals and objectives through shift presentations and accessibility to the Strategic Plan through the intranet. This process will be managed by the accreditation manager.

References

CPSE Statement of Work Step 13 Shift Briefing on the 2021-2026 Strategic Plan
Internal Communications Shift Update Presentation

3C.3   The agency, when necessary, <u>identifies and engages appropriate external resources</u> to help accomplish its goals and objectives.

Description

The department's strategic goals and objectives are established through the Commission on Fire Accreditation International 2018 Accreditation Report recommendations, the department's strategic plan, and the city's strategic plan. For many of these goals and objectives, the department engages with external resources and agencies. The department's work with external city departments, as well as other regional and county agencies provides access to differential datasets and resource allocation to diversify analytics and implementation ability.

Appraisal

The department has identified partners through the community, such as the University of Kansas and Lawrence-Douglas County Public Health to partner on organizational initiatives; however, measurable outcomes have yet to be achieved through these valuable partnerships. The department has requested administrative resources to assist with these community connections for community risk reduction though public education, but they have not been authorized.

The department has identified a gap in fully capitalizing on external resources when working towards the established goals and objectives. Resources have been utilized to fulfill some goals but there is potential related to solely addressing gaps versus the collaboration potential. The department has identified enhanced collaboration with external resources to specifically address external communication and recruitment (2021-2026 Strategic Plan Goals 2 & 6)

The department's work towards the 2018 Accreditation Report recommendations included:

- Collaboration with the Douglas County Emergency Communication Center to establish alarm answering and alarm processing workflow enhancements. The department plans to continue working on establishing agreed-upon benchmarks for alarm handling (2C.5).

- Through the evaluation of the department's standard of cover, resource capabilities, resiliency, and reliability, partnerships with the city's Information Technology (IT) Department, the city's Police Department, the city's Municipal Services and Operations department, Lawrence-Douglas County Public Health, and Douglas County Emergency Management and geographical information systems (GIS) team were utilized to collect differential community data. This data was aggregated to formulate recommendations on station location (2C.5).

- To conduct an evaluation of current manpower to determine prevention division staffing (5A.3) and administrative division staffing (3D.2 & 9C.1), the department worked with the Heart of America Accreditation Consortium to create a study to identify administrative resources comparable to other agencies in the region.

The department's goals and objectives, identified through the strategic planning process (2017-2021 LDCFM Strategic Plan) have incorporated collaboration from external resources including:

- Certification and continuing education requirements through the University of Kansas Fire Rescue Training Institute (KFRTI) (Goal 1 Objective 1E).

- The staffing levels during special events for the University of Kansas and the city of Baldwin (Goal 2 Objective 2B).

- Technology system implantation with the city's information technology department (Goal 3 Objectives 3A & 3E)

- Strengthening relationships with external partners with the University of Kansas, Douglas County Emergency Management, Douglas County Emergency Communications Center, and Douglas County Township departments (Goal 4 Objectives 4A).

- Identifying, acquiring and maintaining physical resources through the city's Municipal Services and Operations Department (Goal 5 Objective 5A).

Plan

To expand and improve the effectiveness of external resource collaboration, the department will incorporate other entities to be a part of task force work and broaden the

implementation scope. For example, the department will collaborate with the county public information officer (PIO) team to supplement external communication efforts (Goal 2). To bolster the leadership and development initiative (Goal 3), the department will work with agencies that offer training education opportunities such as the Center for Public Safety Excellence (CPSE), the National Fire Academy, the University of Kansas, etc. The City of Lawrence also provides educational opportunities through a variety of outlets. When possible, the department will work with already established teams to enhance outcomes of identified goals. For example, the city has newly created commitment and outcome teams that are comprised of subject matter experts from all city departments, that can be utilized for a variety of topics (safe and secure, community engagement, diversity, equity, and inclusion, etc.).

The department will continue to request resources to make more effective connections and ultimately have measurable impacts on department goals and objectives.

References

2023 Program Improvement Request Form LDCFM Support Services (pages 2, 6, 8)

Commission on Fire Accreditation International 2018 Accreditation Report (pages 30-44)

2020 Station Optimization Study (page 1)

2016-2021 Lawrence-Douglas County Strategic Plan (pages 29-49)

2021-2026 Lawrence-Douglas County Strategic Plan (pages 9, 13, 20)

Criterion 3D: Measurement of Organizational Progress

Processes are in place to measure and evaluate progress toward completion of goals and objectives and overall plan performance. The goals and objectives are re-examined and modified periodically.

Summary:

The department reviews its goals and objectives annually, and prioritizes them based on internal input. The department also performs annual program appraisals which evaluate inputs, outputs, and outcomes. Lastly, the department reviews its performance annually and publishes updates within the annual Commission on Fire Accreditation International Annual Compliance Report (CFAI ACR). The review includes efforts towards CFAI recommendations, annual program evaluations, response performance, and response times by risk category and classification.

Performance Indicators:

CC 3D.1   The agency <u>reviews</u> its goals and objectives <u>at least annually and modifies as needed</u> to ensure they are relevant and contemporary.

Description

The department reviews its goals and objectives annually and prioritizes them based on internal input. The department publishes its strategic plan based on both internal and external stakeholder information. Once the strategic initiatives are identified by internal stakeholders, goals are published and then prioritized by an internal survey.

The department also performs annual program evaluations, evaluating inputs, outputs, and outcomes. These annual evaluations are shared in the CFAI ACR.

Appraisal

The review and prioritization process were new to the department in late 2021. The prioritization process was effective to identify the order in which goals were to be pursued at that time. The survey tool to prioritize the goals and objectives worked adequately based on a 44% response rate. The department has not yet modified the priorities based on the new strategic plan.

The department's program appraisals have assisted in the development of next steps within program management and budget requests.

Plan

The accreditation manager and fire chief will review the strategic plan annually and elicit feedback from department members to ensure relevancy. The accreditation manager will also continue to coordinate the development of annual program evaluations to aid in steering new goals and objectives.

References

2022   CFAI   ACR
LDCFM Strategic Plan and Priority Survey Poll Email
2021 Fire Suppression Program Appraisal

CC 3D.2 **The agency <u>reviews, at least annually,</u> its overall system performance and identifies areas in need of improvement, which should be <u>considered for inclusion</u> in the organizational goals and objectives.**

Description

The department reviews its performance annually and publishes updates within the annual CFAI ACR. The review includes efforts towards CFAI recommendations, annual program evaluations, response performance, and response times by risk category and classification. Additionally, updates from the department's goals and objectives are included as part of the exhibits in the annual CFAI ACR. The department also publishes an annual report that describes annual department activity.

Appraisal

The department has used the CFAI ACR as its annual comprehensive performance report. This report has been difficult to digest for readers given its length, particularly for elected officials.

Plan

The accreditation manager will work with the fire chief to develop a leaner, more digestible, annual report which will include updates on goals and objectives. This new report will be released in early 2023.

References
2022 CFAI ACR (pages 11-44)
2021 Annual Report

3D.3   The agency provides <u>progress updates, at least annually</u>, on its goals and objectives to the AHJ, its members and the community it serves.

Description

The department publishes and presents its ACR to the City Manager, and both the City and County Commissions annually. The ACR and Strategic Plan are also available on the department's website for the community to view.

Appraisal

The annual presentations to both commissions have been marginal at providing updates to commissions as the allowed timeframes are very short for presenting, often 10-15 minutes. The connection of the strategic plan to the community is overarchingly marginal as the city also has a higher-level City Strategic Plan. With multiple plans, it is possible that the goals and objectives could become confusing.

Plan

The accreditation manager will work with the fire chief to develop a new and improved internal and external communication strategy to connect more effectively with both internal and external stakeholders by spring 2023.

References

2022 CFAI ACR

2020 City of Lawrence Strategic Plan

Category 4: Financial Resources

This category evaluates an agency's financial condition to determine its ability to fund operational priorities and its prognosis for long-range quality of service. Resources must be adequate to maintain the various programs to which an agency made a commitment. Whether the agency is public or private, stability of revenues (demonstrated by a consistent history through at least the past three years) is fundamental.

The chief fire officer or chief executive officer, professional staff, and governing board share responsibility for planning, management, and stability of financial resources. Since the budget is the financial expression of agency programs and priorities, it should be developed through appropriate consultation with the governing board of the authority having jurisdiction (AHJ), departments, divisions, and other units.

Financial policies covering financial planning, revenue, and expenditures should be developed by the professional staff and adopted by the governing board. Financial policies should be reviewed and revised on at least an annual basis to ensure continued relevance and address any gaps.

In approving the budget, the governing board approves the acquisition and allocation of resources consistent with agency goals, objectives, and stated priorities.

NOTE: An agency that received the Distinguished Budget Presentation and Certificate of Achievement for Excellence in Financial Reporting from the Government Finance Officers Association of the United States and Canada for their Budget and Comprehensive Annual Financial Report may submit those certificates and reports as prima facie compliance with criterion 4B and therefore does not need to address performance indicators 4B.1 through 4B.9.

Criterion 4A: Financial Planning

Agency planning involves broad staff and community participation in financial planning and resource allocation. The agency's financial planning and budget process reflect sound strategic planning and a commitment to its stated goals and objectives. The agency prepares a balanced budget, which adequately maintains the level of service and personnel resources.

Summary:

The City of Lawrence maintains budgetary control to ensure compliance with legal provisions embodied in the annual budget appropriated by the governing body. The City of Lawrence and Douglas County jointly fund the department through an interlocal agreement. The City funds approximately 64% of the department's annual operating budget and 100% of fire capital costs; Douglas County covers the remaining approximately 36% of the department annual operating budget and 100% of all EMS capital costs. Currently, the responsibility falls on the department to be the liaison between both budgetary bodies.

The City of Lawrence Finance Director is responsible for the administrative oversight of city finances along with the city manager on the budget development process. The City of Lawrence Budget Team releases annual budget instruction memoranda which includes guidance for the development of operating and capital budgets. The City of Lawrence provides an open and transparent budget development process with the public as part of City Commission Meetings, annual budget and capital improvement work sessions. Citizens are encouraged to provide public comment through the annual process.

The department's budget, both operating and the five-year capital plan, are aligned with three department programs: operations, community-risk reduction, and support services. These three programs fall under the Safe and Secure outcome as part of the City of Lawrence Strategic Plan.

Performance Indicators:

4A.1   The <u>governing body</u> and regulatory agencies give the agency appropriate <u>direction in budget and planning</u> matters within the agency's scope of services.

Description

The City of Lawrence has a policy in place that complies with the State of Kansas regarding budgetary timetables and procedures. Kansas law prescribes the policies and procedures by which the City prepares its annual budget. The City maintains budgetary control to ensure compliance with legal provisions embodied in the annual budget appropriated by the governing body.

The City of Lawrence and Douglas County jointly fund the department through an interlocal agreement. The City funds approximately 64% of the department's annual operating budget and 100% of fire capital cost; Douglas County covers the remaining approximate 36% of the department's annual operating budget and 100% of all EMS capital cost.

Appraisal

The City and County budgetary timetable has brought challenges in coordination through both governances for effective budgetary development prior to adoption. Communication between both governances and commissions has been challenging to ensure both financial groups have been on the same page for budgetary development.

Plan

The fire chief will continue to work through the newly formed governance committee to identify opportunities to improve communication and planning with both governments for the budgetary process.

References

Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021 (pages 3-5)
2023 Budget Kick-Off Memo
2023 Budget Calendar

Performance indicators:

4A.2   The agency has <u>formally adopted financial policies</u> that address: general fund reserves, reserves in other funds, fund balances, grants, debt, investment, accounting and financial reporting, risk management and internal controls, procurement, long-term financial planning, structurally balanced budgets, capital, revenues, expenditures, operating budgets and charges/fees. The agency <u>reviews financial policies at least every three years and updates as needed</u>.

Description

The City of Lawrence's Finance Director is responsible for the administrative oversight of city finances. The City Finance Department provides the annual budget policy, guidelines and process to department directors. The city uses email memoranda and its intranet to provide needed forms to ensure consistency in the process. The fire chief works closely with the city manager to ensure the budget aligns with the priorities identified in the City of Lawrence's Strategic Plan. The city manager is responsible for oversight of the budget process, ensuring adherence with policies and guidelines.

Appraisal

The finance director has been effective in providing direction towards financial policy and development. All finance policies were reviewed and updated in 2021 and 2022. The finance department reviewed and updated the purchasing policy, fund balance policy, and capital improvement plan policy in 2022.

In 2020, the city received the Government Finance Officers Association Distinguished Budget Presentation Award.

Plan

The fire chief and the department's Administrative Division will continue to work closely with the Finance Department on policy development and improvements to all financial processes.

References

[City of Lawrence Fund Balance Policy](#)

City of Lawrence Purchasing Policy

City of Lawrence Capital Improvement Plan Policy

CC 4A.3   <u>**Guidelines and processes for developing the operating and capital budgets** are defined and followed.</u>

Description

The City of Lawrence's finance director is responsible for the administrative oversight of city finances along with the city manager on the budget development process. The City of Lawrence Budget Team releases annual budget instruction memoranda which include guidance for the development of operating and capital budgets. The budget memoranda include the budget calendar with key dates for development, budget submittal formatting, and any trends or assumptions for the development of both the operating and capital budget. The city also uses the PBB structure to aid in the alignment and prioritization of budget allocation with the City of Lawrence Strategic Plan.

Appraisal

The budget instruction memoranda have been beneficial for a standardized approach to the development of budget materials and clearly defined expectations for when financial tasks are to have been completed. The PBB structure has been effective to delineate what city-wide programs score relative to others for strategic planning alignment. The processes have been in transition over the last two years.

Plan

The department will continue to work closely with the finance director and budget team on the development procedures for the operating and capital budgets. The fire chief will communicate with administrative staff on any development or procedural changes.

References

2023 Budget Kick-Off Memo

[Fire Medical Priority-Based Budgeting (PBB) Scoring](#) (page 34)

[2022 City of Lawrence Operating Budget](#) (interactive budget public-facing website)

2022-2026 City of Lawrence Capital Improvement Plan (page 1)

4A.4   The financial planning/budget <u>adoption process provides internal and external transparency</u> for all expenditures and revenues for the agency.

Description

The City of Lawrence provides an open and transparent budget development process with the public as part of city commission meetings, annual budget and capital improvement work sessions. Citizens are encouraged to provide public comment through the annual process. Opportunities for public comment are outlined in the city commission meeting agenda. All the city commission meetings are broadcasted live over the City of Lawrence YouTube channel with free access to anyone able to access the internet.

Appraisal

The City has been effective in providing transparency for all revenues and expenditures by using the public meeting format for communication of the budget planning and adoption process.

Plan

The City of Lawrence will continue to provide open and transparent information and allow for public comment for budget planning and adoption.

References

July 12th, 2022 City of Lawrence Commission Agenda Item FI Receive City Manager's Recommended Budget

4A.5   The agency's operating and capital budgets serve as <u>policy documents, operations guides, financial plans and communication devices</u>.

Description

The City of Lawrence publishes an annual budget book which describes its operating and capital budget. Additionally, the City of Lawrence records all city commission meetings where budget planning and public comment occurs to guide the budget development process. Several documents are made available as part of the budget planning process, including the City of Lawrence Strategic Plan and the program scores from the PBB process.

Appraisal

The PBB process, guided by the priorities as established through the City of Lawrence Strategic Plan, has been effective as budget planning and policy documents. City Commission meetings and the City of Lawrence YouTube channel recordings have provided communication opportunities for citizens unable to attend the live meeting.

Plan

The City of Lawrence will continue to evaluate its ability to communicate the capital and operating budgets through the use of technology and materials.

References

[2022 City of Lawrence Budget Book](#)
[2020 City of Lawrence Strategic Plan](#)
[City of Lawrence PBB Program Scores](#)

4A.6 The agency <u>considers internal and external stakeholders' input</u> in the budget process.

Description

The department is working within a community-driven strategic plan that uses input from both internal and external stakeholders to guide its planning and growth. This input is also guided by the City of Lawrence Strategic Plan which includes several outcomes and commitments to guide the development of the budget. Two specific department related items connected to the planning process are the Safe and Secure Outcome and the Engaged and Empowered Teams Commitment.

Appraisal

The City of Lawrence Budget process has been driven by the City of Lawrence Strategic Plan, based on community input. The department-level strategic plan has been able to influence the budget towards key initiatives, specifically internal communications in alignment with the City Strategic Planning Commitment of Engaged and Empowered Teams.

Plan

The department will continue to gather input from both internal and external stakeholders to guide its planning and growth for the future through the budget process.

References

[2020 City of Lawrence Strategic Plan](#)

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan (pages 4, 39-41)

CC 4A.7   **The agency's budget, short and long-range financial planning, and capital project plans are <u>consistent with</u> the agency's strategic plan <u>and support</u> achievement of identified goals and objectives.**

Description

The department's budget, both operating and the five-year capital plan, are aligned with three department programs: operations, community-risk reduction, and support services. These three programs fall under the Safe and Secure outcome as part of the City of Lawrence Strategic Plan. Funding is allocated toward the achievement of performance indicators within the city's strategic plan such as the return of spontaneous circulation after a sudden cardiac arrest event, confining fires to the room of origin, and the number of responses to mental health crisis. These indicators have targets or "goals" that the department strives to meet based on the funding authority granted through the budget process.

Appraisal

The department has not been able to effectively utilize the operating budget to adapt its programs to meet goals relative to cardiac arrest and fire confinement outcomes, as well as the number of responses to mental health crisis. The department has yet to be supported in the operating budget, nor the five-year capital improvement plan to increase the department's capabilities to meet established performance targets.

Plan

The department will continue to monitor and report performance measures, in alignment with strategic planning goals, to identify strategies to improve community outcomes. The fire chief will work with the city manager to develop further initiatives to evolve budget strategies to fund department programs.

References

2020 City of Lawrence Strategic Plan

City of Lawrence Strategic Plan Score Card; Safe and Secure

2023 Fire Medical Value Proposition Worksheet

4A.8 The agency maintains a long-term financial operating and capital plan, inclusive of all appropriated funds, for a five- to 10-year period. The agency should analyze the financial environment, revenue and expenditure forecasts, debt position and affordability analysis, and strategies for achieving and maintaining financial balance to include plan monitoring mechanisms.

Description

The City of Lawrence Finance Department performs long-term financial planning to review and forecast the stability of all city funds. These forecasts guide the development of the City of Lawrence operating and capital development as part of the city manager's recommended budget presentation to the City of Lawrence Commission.

Appraisal

The City's process for monitoring its financial environment have been adequate to maintain funding levels for the department. The department has not had to reduce its budget in 2022 due to ineffective budget planning.

Plan

The department will continue to work with the City of Lawrence Finance Department relative to the funding monitoring of the general fund to support fire medical operations through the budget process.

References

July 12th, 2022 City of Lawrence Commission Agenda Item FI Receive City Manager's Recommended Budget

4A.9   For each budget cycle, the agency prepares <u>balanced operational and capital</u> <u>budgets.</u>

Description

The City of Lawrence Finance Director presents the city manager's recommended budget annually to the City of Lawrence Commission based on anticipated revenues and budgeted expenditures for both the operating and capital budgets.

Appraisal

The recommended budget for 2022 was structurally unbalanced due to the use of stimulus monies to aid in supporting the operating budget. This imbalance was approved by the City of Lawrence Commission as part of the 2022 City of Lawrence Operating Budget.

Plan

The City of Lawrence will continue to work through management channels and with the City of Lawrence Commission on annual budget development for balanced operating and capital budgets.

References

July 12th, 2022 City of Lawrence Commission Agenda Item FI Receive City Manager's Recommended Budget

Criterion 4B: Financial Practices

Agency financial management demonstrates sound budgeting and control, proper recording, reporting, and auditing.

NOTE: An agency that received the Distinguished Budget Presentation and Certificate of Achievement for Excellence in Financial Reporting from the Government Finance Officers Association of the United States and Canada for their Budget and Comprehensive Annual Financial Report may submit those certificates and reports as prima facie compliance with criterion 4B and therefore does not need to address performance indicators 4B.1 through 4B.9.

Summary:

The City of Lawrence has received the GFOA award for budgeting for the past five consecutive years.

Performance Indicators:

4B.1 Financial resources management <u>adheres to generally accepted accounting practices as used by Government Finance Officers Association of the United States and Canada, National Advisory Council on State and Local Budgeting Practices, or authority having jurisdiction (AHJ)</u>, and all financial management including: budgeting, accounting and reporting. Appropriate safeguards are in place for expenditures, fiscal reports are provided for administrative decision-making with sufficient flexibility to meet contingencies.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any shortcomings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.2   The agency has <u>established and implemented a comprehensive internal control framework</u> that includes the control environment, risk assessment, control activities, information and communication, monitoring, and reporting.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any shortcomings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.3   The agency explains projected <u>operating deficit</u> (expenditures exceeding revenues in a budget year) and develops a plan to rectify the deficit.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.4   The agency <u>reviews its financial position</u> including actual and budgeted expenditures on a monthly basis and reviews <u>overall financial performance</u> with the authority having jurisdiction on an annual basis.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

CC 4B.5   **Qualified auditors <u>conduct annual independent financial audits for the prior fiscal year</u>. If deficiencies exist, the agency prepares a plan to resolve audit exceptions for approval by the AHJ.**

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.6   The agency and any <u>subsidiary entities or auxiliaries have financial risk management policies</u> and programs that identify and evaluate risks, establish risk management strategies, and evaluate the risk management program to protect the agency, its assets and employees.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.7   Programs designed to solicit financial support from <u>external sources are aligned with the objectives of the agency</u>. Agency <u>policies govern all fundraising activities</u>, comply with generally accepted accounting practices and other recognized financial principles, and are subject to public disclosure and periodic independent financial audits.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.8   Any revenue-producing <u>organizations authorized to use the agency's name</u> and/or reputation <u>comply with agency principles</u> of financial operation.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

4B.9   The agency <u>is in compliance with</u> all granting agency requirements.

Description

Provide a description that clearly, factually and succinctly summarizes this Performance indicator (usually 2 or 3 paragraphs will suffice).

Appraisal

Provide an appraisal that clearly, factually and succinctly analyzes how well your agency is meeting this Performance indicator. How is it working based upon review of your researched performance data or observed facts that support your appraisal. Are there any outcomes that can be identified?

Plan

Provide a plan that clearly, factually and succinctly; summarizes how your agency will continue to assure that it will continue to successfully address this Performance indicator or how and when it will any short comings indicated in your appraisal.

References

Begin here by double clicking paragraph and entering titles, date and Location using tab key to format.

Criterion 4C: Resource Allocation

Appropriately allocated financial resources support the organizational mission, stated long-term plan, goals and objectives and maintains the quality of programs and services. The agency must ensure that programs and services provided can be supported by adequate fiscal resources using sound budgetary practices.

Summary:

The department operates five fire medical stations and two medical stations, seven in total, in the City of Lawrence and Douglas County. Minimum staffing levels are incorporated into the cost model for the operating budget with a dedicated account line for overtime expenditure. The budget for the city includes various funds whose administration ensures adequate balances, which makes contingency funds available. These funds are included in their respective balances for the various funds in the budget.

Performance Indicators:

CC 4C.1 **Given current and <u>forecasted revenues, the agency sustains the level of service</u> adopted by the AHJ.**

Description

The department's revenues in the general fund provide support for the one hundred and fifty-six (156) authorized Full-Time Equivalent (FTE) plus all contractual and commodity expenses, while also being supported through the 2021 EMS Cooperative Agreement. The department operates five fire medical stations and two medical stations, seven in total, in the city of Lawrence and Douglas County. Minimum staffing levels are incorporated into the cost model for the operating budget with a dedicated account line for overtime expenditure.

The department has a workforce replacement plan that is triggered when sworn staff numbers drop from 150 to 147. When this trigger is hit, the recruitment begins for the next hiring class, which is authorized to hire up to 153 FTE for a minimum recruit academy of six new employees. An infrastructure sales tax is in place to support capital replacements such as apparatus and other large one-time expenditures.

Appraisal

The revenue has been effective in supporting historical staffing levels, but financial resources have not increased in the past sixteen (16) years to handle the increasing demand for fire medical services. The last station expansion was in 2006, while calls for services have nearly doubled since that time. The department has provided data through a station optimization study, CFAI accreditation reports, and annual compliance reports, with continuous elongation of response times and decreased reliability of service in several planning zones. With this data, there have been requests for station expansions for additional resources to support the historical service level. These requests have not been authorized through the budget process.

Plan

The department will continue to communicate annually through management channels to ensure the AHJ is aware of the service level performance capabilities and limitations.

References

2022 City of Lawrence Operating Budget

2021 City of Lawrence Annual Comprehensive Financial Report (ACFR), (AKA:

Comprehensive Annual Financial Report – CAFR)

Cooperative Agreement Regarding the Provision of Emergency Medical Services in

Douglas County 2021 (2021 EMS Cooperative Agreement)

Workforce Replacement Plan

4C.2   Adequate resources are <u>budgeted for the payment of long-term liabilities and debts.</u>

Description

The department coordinates with the City's Finance Department who manages all City of Lawrence liabilities and debt. When projects are budgeted, the funding source is coordinated between the Fire Medical Department and Finance Department.

Kansas Statutes place a limit on general obligation debt equal to 30% of assessed valuation. The 2021 ACFR includes the City's adjusted debt limitation.

Appraisal

The process has worked well with no payment liabilities going into default over the past five years.

Plan

The department will continue to work through with the Finance Department and City Manager's Office to identify the correct funding source for all capital projects and any other source for operational provision.

References

[2022 Budget Funding Sources OpenGov](#)

[2021 City of Lawrence Annual Comprehensive Financial Report (ACFR)](#), (AKA: Comprehensive Annual Financial Report – CAFR)

4C.3   The agency budgets future asset <u>maintenance and repair costs</u> are projected with related funding plans.

Description

The department identifies maintenance costs for facilities and equipment as part of the annual budget process. The department and/or the city perform annual maintenance inspections of department facilities to assist in the planning process for the development of the budget. Vehicle and apparatus maintenance costs are charged by the City Maintenance Garage.

Appraisal

The process has worked adequately with an appropriate amount of funding for maintenance and repair needs. In the past several years, the department has not needed to request additional funding to support maintenance or repairs.

Plan

The department will continue to work through management channels and perform facility inspections to aid in the financial planning for effective funding plans.

References

Facility Inspection Spreadsheet

[2021 Operating Budget Actuals versus Budgeted](#) (pages 3-39)

[2022 Operating Budget with Maintenance and Repair Account Line](#) (seen below in the data section)

4C.4   Budgets <u>avoid the use of one-time funding sources</u> for recurring standard annual operating expenses.

Description

The City of Lawrence ACFR outlines annual revenue sources for financial planning efforts. Projections and planning for budget development generally avoids the use of one-time funding sources for recurring operating expenses, and instead focuses on sustainable revenue streams.

Appraisal

The City has recently used American Rescue Plan Act (ARPA) funds to support the operating budget in 2022. These monies are finite and are not sustainable. The city has been transparent regarding the use of these dollars for operating expenses and has developed plans to account for replacement with sustainable revenue streams.

Plan

The City will strive to avoid using one-time funding sources for operating costs as part of financial planning for sustainable revenue and operations.

References

[2021 City of Lawrence ACFR](#)
[2022 City of Lawrence Operating Budget with ARPA use](#) (page 19)

CC 4C.5   **The agency maintains <u>contingency funds</u> in accordance with generally accepted accounting practice recommendations and anticipates budgetary restrictions and/or shortfalls.**

Description

The City's Finance Department is responsible for preparing financial statements in accordance with GAAP. Unless waived by the local government, Kansas Statutes require that financial statements be presented in conformance with GAAP and be audited in accordance with GAAP by a firm of licensed certified public accountants.

The budget for the City includes various funds whose administration ensures adequate balances, which makes contingency funds available. These funds are included in their respective balances for the various funds in the budget. The City of Lawrence Commission operates in the adopted policy to build the General Operating Budget balance to 15% at a minimum of actual expenditures to a maximum of 30% of the General Fund annual Expenditures.

Appraisal

The City has appropriately maintained contingency funds in accordance with GAAP recommendations and as outlined in City Policy.

Plan

The City of Lawrence will continue to follow policy to maintain fund balances for contingencies in accordance with GAAP recommendations.

References

2021 City of Lawrence ACFR

2022 City of Lawrence Budget

General Operating Fund Balance Policy (page 59, available on-site)

Category 5: Community Risk Reduction Program

This category represents the community risk reduction program for the organization and community served. The intent is to define, develop, execute and measure the program as it relates to enforcement, education, economic incentive, engineering technology and emergency response. The program is a direct output of the Community Risk Assessment or Standards of Cover document. The program, while tracking traditional performance metrics, should focus on outcomes that identify the impact within the community.

The key elements used to evaluate these services are adequacy, deficiency, effectiveness, methods and results of programs. For purposes of accreditation, these terms are defined within the glossary.

The agency's mission, goals and objectives should determine the applicability of all the listed programs. The agency should decide the relevancy of each criterion in its self-assessment manual. For criteria in Category 5 that are not applicable to the agency, the agency should briefly explain why it does not provide this program.

Category 5

Criterion 5A: Prevention Program

The agency operates an adequate, effective and efficient program as identified in the community risk assessment and standards of cover. The approach is comprehensive and includes both prevention and mitigation strategies such as life safety, hazard risk reduction, plan review, code compliance, and the detection, reporting and control of fire and non-fire risks. The agency should conduct a thorough risk assessment as part of activities in Category 2 to determine the need for specific prevention programs.

Summary:

The department is committed to reducing the incidence and severity of fire loss through public education, application of the fire code, building and protection system plans review, life safety inspections, and investigations. The City of Lawrence currently has adopted the 2018 International Fire Code and has amended it as contained in Chapter 8, Article 2 of the Code of the City of Lawrence. Additional programs include Knox security, multi-family residential fire inspections, home safety inspections, and nighttime public assembly inspections (night consultants).

The department's prevention program works with the City's Municipal Services and Operations Department to process code enforcement and inspections. The department utilizes an incentive program

Performance Indicators:

CC 5A.1   The authority having jurisdiction has an <u>adopted fire prevention and building code(s)</u>.

Description

The department, by City ordinance 9636, has adopted the 2018 International Fire Code as the basis of its fire prevention code. This code, supplemented and amended by the Fire Code Board of Appeals, addresses issues specific to Lawrence, Kansas. Some of these amendments require installation of fire sprinklers in existing congregate living structures, monitored smoke detection, fire alarm systems for animal housing facilities, and fire alarm systems for mixed occupancies containing a residential occupancy.

Appraisal

Review of the department's codes and amendments has occurred as needed, and at the publication of new international fire codes. Previously, the Fire Code Board of Appeals, comprised of a representative from IAFF Local 1596 and four citizens at-large appointed by the mayor, conducted the review. As of July 2019, the consolidation of all trade boards responsible for individual ICC code sets was established as the Building Code Board of Appeals.

Plan

The Building Code of Appeals board will continue to review all new and existing code sets for the City of Lawrence. The department will continue in its commitment to fire safety and prevention through the adoption and amendment of codes as needed to address public fire safety issues.

References

2018 International Fire Code (available on-site)

Ordinance No. 9636: Adopting the 2018 International Fire Code

Code of the City of Lawrence, Kansas Chapter 8, Article 2

City of Lawrence Fire Code Board of Appeals Roster

Fire Code Board of Appeals Rules and Regulations

CC 5A.2   The code enforcement program ensures <u>compliance with applicable fire protection law(s), local jurisdiction</u>, hazard abatement, and agency objectives as defined in the community risk assessment/standards of cover.

Description

The department's Prevention Division ensures compliance with all fire safety, prevention, and related building codes. This division receives support from Operations Division personnel and together they provide annual inspections of commercial, industrial, and multi-family residential occupancies. The Prevention Division works jointly with the City of Lawrence Planning and Development Services Department with site planning, building and mechanical, and electrical code inspections.

Appraisal

All commercial, industrial, and multi-family residential occupancies are scheduled to receive annual fire and life safety inspections relevant to the requirements of the adopted fire code. When violations are found, re-inspection of occupancies occur to ensure adequate compliance with codes and often requires support from other city departments. The department expanded the re-inspection grace period to 30-days, 60-days, and 90-days to facilitate compliance for the businesses affected by the COVID-19 pandemic in 2020 and 2021. These years presented many additional challenges to accomplish all required inspections as scheduled during this timeframe. These challenges were coupled with increased call volume affecting the Operations Division's ability to assist the already task-saturated Prevention Division with inspections.

Plan

The department will continue to review the enforcement program to determine the types and frequency of inspections needed based on specific occupancy hazards. The Prevention Division will review this program by the end of 2023. Alternative frequencies have been proposed to the department's ISO rating schedule for future opportunities. The department will continue to examine the opportunities for allocation of additional staffing to the Prevention Division to absorb all annual inspections and allow the Operations Division to preplan for emergencies within the city.

References

2018 International Fire Code (available on-site)

2022 CFAI Annual Compliance Report

[Code of the City of Lawrence, Kansas Chapter 8, Article 2](#)

SOP 302.10 Plan Review

SOP 303.10 Community Risk Reduction Program

CC 5A.3   **The prevention program has <u>adequate staff with specific expertise</u> to meet the goals, objectives and identified community risks.**

Description

The department's Prevention Division is staffed by a Division Chief serving as the Fire Marshal, as required by City Ordinance. Two sworn FTEs (one captain and one lieutenant) serve as plan reviewers, fire inspectors, and investigation program managers. The Prevention Division's captain and lieutenant are scheduled to work a 2080 schedule. In addition, all Operations Division members operate in the capacity of fire inspectors on a daily basis.

Appraisal

The use of Operations Division members to complete inspections limits response readiness and creates starts/stops during the inspection process. This has created delays in customer service outcomes for both services. In 2021, 68% of all commercial and multifamily inspections assigned to Operations Division were completed. This was an outcome of the challenges presented from the COVID-19 Pandemic, as well as increased call volumes. In March of 2021 and 2022, the Prevention Division provided supporting documentation for needed improvements to the Community Risk Reduction Program for the department during the 2022 and 2023 budget planning processes. The proposal requested several FTEs that would be able to improve the efficiency in prevention program services including: one civilian fire inspector, one civilian fire plans examiner, one administrative staff, and a public educational specialist. This request was not fulfilled for the budget year 2022, nor in 2023. The Prevention Division has only been able to complete 69% of plan reviews within the required 15-day review timetable.

Plan

The department will continue to use the Prevention Division along with Operations Division members to meet fire prevention and life safety inspection needs. It will become necessary to allocate additional staffing for the Prevention Division to shift all annual inspections from the Operations Division to meet inspection needs and the mission of the department. This reorganization will also require a dedicated fire plans examiner and the

permit inspector to facilitate meeting review timetables and facilitate the inspections needed for certificate of occupancy.

References

SOP 102.10 Department Organization Chart

ESO Properties and Inspections (available on site)

2021 Program Improvement Request Form LDCFM Community Risk Reduction

2022 Program Improvement Request Form LDCFM Community Risk Reduction

2023 Program Improvement Request Form LDCFM Community Risk Reduction

5A.4   A <u>plan review process</u> ensures that adopted codes and ordinances determine the construction of buildings and infrastructure (such as hydrants, access, and street width).

Description

The department takes an active role in the plan review process and works jointly with the City of Lawrence's Planning and Development Services (PDS) department. Involvement begins with the initial project inquiry and continues through to final development plan, zoning, public improvement, site planning, and throughout the construction period. This is to ensure the planning and installation of appropriate fire and life safety features such as the adequate numbers of fire hydrants, access into and around the building for fire apparatus, fire detection and alarm systems, sprinkler systems, standpipe systems, and other fire protection systems. The department conducts plan reviews following SOP 302.10 Plan Reviews, and utilizing the 2018 International Fire Code and adopted code sets.

Appraisal

The department's system of involvement from initial inquiry to a final inspection for occupancy has ensured that all buildings constructed in the City of Lawrence receive the appropriate and necessary fire prevention and life safety features. The need for an examination of the current practices has been determined to improve timelines and expectations of the customers served.

Plan

The department will continue to work with the PDS department to review and evaluate all renovation and new construction plans. All appropriate fire prevention and life safety features necessary will continue to be required to ensure the safety of responders and citizens.

References

Plans Review Job Aid (available on-site)

SOP 302.10 Plan Reviews

2018 International Fire Code (available on-site)

5A.5   The <u>prevention program identifies the frequency</u> that occupancies are inspected.

Description

The department conducts annual fire and life safety inspections of all commercial and multi-family residential occupancies. The frequency of inspections for all types of occupancies is outlined within the department's SOP 303.10 Community Risk Reduction Program. The department has assigns and schedules annual inspections for inspection districts. The department's ISO evaluation designates that these are to be completed annually.

Appraisal

Following the 2013 CFAI accreditation recommendations, inspection districts were redistributed, and the Prevention Division assumed responsibility for all moderate to high hazard occupancy inspections, while the remaining inspections were distributed among Operations Division crews. In addition to inspection redistribution, a comprehensive review and update of the SOP 303.10 Community Risk Reduction Program were performed to capture current practices and provide guidance for tracking inspections and managing inspection districts.

Plan

The department will review the Community Risk Reduction Program annually to identify needs and opportunities to improve effectiveness and efficiency. The distribution of inspections will be reviewed every three years to ensure equity among crews. Inspection district reviews will be completed on an annual basis by Operations Division crews to verify occupancies and capture undocumented occupancies. Due to historically low staffing levels, workflow challenges, and increased demand for services, the department is currently exploring an updated inspection frequency based upon occupancy type and risks associated.

References

SOP 303.10 Community Risk Reduction Program

2016 ISO Public Protection Classification Summary Report (the 2022 ISO publication is expected to be completed this fall; it will be available on-site)

5A.6   The agency sets <u>specific, targeted, and achievable annual loss reduction benchmarks</u> for fire incidents and fire casualties based upon the community risk assessment and baseline performance.

Description

The department reviews incident reporting to identify trends in fire causation and compares annual NFPA Fire Experience Survey reports for numbers of fires and losses. These reviews have led to changes in the adopted code and updates to standard operating procedures for fire and life safety inspections. For example, from 2013 to 2019, the department identified the incidence of high property loss associated with trash can fires. The department collaborated with the City of Lawrence Solid Waste Division to create an informational flier to be posted on the web as well as working with them to communicate with all of the City's residents.

Appraisal

These reviews have been effective for identifying trends that have led to amendments, ordinances, and partnerships to reduce the risk or incidents of fire. The public education communication campaign from 2019 to 2021 has had a direct reduction in high loss fires due to improper disposal causing trash can fire incidents.

Plan

The department will continue to review incident data and NFPA Fire Experience Survey reports for trends and develop programs or effect code changes to address problem areas.

References

SOP 303.10 Community Risk Reduction Program

City of Lawrence Ordinance 8900 Outdoor Furniture Use

City of Lawrence Ordinance 7594 Regulation of Fireworks

City of Lawrence Ordinance 8534 Smoking

Fact Sheet - Grilling on Balconies

STOP Trash Can Fires Flier

CC 5A.7 **The agency conducts a <u>formal and documented program appraisal</u>, <u>at least annually</u>, to determine the program's impacts and outcomes, and to measure performance and progress in reducing risk <u>based on the community risk assessment/standards of cover</u>.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined for the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2022 CRASOC

2021 Community Risk Reduction Program Appraisal

2022 CFAI Annual Compliance Report (pages 52-57)

SOP 303.10 Community Risk Reduction Program

Category 5

Criterion 5B: Public Education Program

A public education program is in place and directed toward reducing community risks in a manner consistent with the agency's mission and as identified within the community risk assessment and standards of cover. The agency should conduct a thorough risk analysis as part of activities in Category 2 to determine the need for a specific public education program.

Summary:

The department has six public education specialists and one Cardiopulmonary Resuscitation (CPR) coordinator who receive incentive pay for these additional responsibilities. The seven public education specialists report to an operations captain who then reports to the division chief of training.

Public education specialists deliver training sessions in various ways and to a variety of audiences. Some of the topics include hands only CPR, first aid, exiting drills, safety in the home, slips, trips and falls, cooking safety and fire extinguisher training. These public education events delivered to grade school children, college students and the elderly.

Performance Indicators:

CC 5B.1   **The public education program <u>targets specific risks, behaviors and audiences identified</u> through incident, demographic and <u>program data analysis and the community risk assessment/standards of cover</u>.**

Description

The department's public education programs are consistent with SOP 603.10 Public Education Program and target three primary audiences within the community; elementary aged children, college students, and the elderly. Public education programs are developed internally and designed to meet goals identified through national trends or local issues.

In October of every year, public education specialists visit the first and fifth grades and talk about fire safety. The elementary-aged children are provided the opportunity to experience the Safe House. The safe house is a small mobile home-like structure pulled to each school that has multiple exits, smoke alarms, and doors that heat up. The children are instructed on staying low, feeling the door, and finding a way out of a smoke-filled environment.

The program delivered to students at local universities is designed to educate students on the process of using an AED and fire extinguishers, hands-only CPR, cooking safety, as well as situational awareness and exiting strategies.

The elderly population are visited and educated about slips, trips and falls, space heater safety, cooking safety, and the hazards of smoking as it relates to fire safety. The department also participates in operation red file which is a red file that contains personal medical information for responders to use in case of an emergency.

The department also attends many other community events and promotes community-wide CPR as well as the PulsePoint application. Public education specialists work with Safe Kids Coalition to provide bicycle helmets for children participating in wheeled sports. The department utilizes social media to distribute educational information, as well as seasonal and regional safety issues.

Appraisal

The department has been successful in the delivery of public education to elementary students as well as students of local universities, however, the COVID-19 pandemic provided the department an opportunity to re-evaluate the educational programs currently offered.

Historically, the public education programs delivered for the elderly population have been inconsistent and reactive. The department has identified opportunities to use the CRASOC to develop targeted public education programs for this demographic.

Plan

Annual public education initiatives will be maintained however, the Training Division will focus efforts on reimagining the delivery of public education programs to the community. Utilizing demographic and community data to target specific risk within planning zones and districts will provide greater value to the community and risk reduction resources. Partnerships, like the Lawrence Public Schools and Safe Kids Coalition will be utilized to enhance public outreach. The department will work with the Safe and Secure Outcome team, within the City of Lawrence, to develop a specialized risk reduction program.

References

SOP 603.10 Public Education Program

CC 5B.2 **The program has <u>adequate staff with specific expertise</u> to address identified risks and meet the public education program goals, objectives.**

Description

The seven public education specialists work under the direct supervision of the division chief of training, with an operations captain providing additional program support. These members must meet the qualifications outlined in SOP 111.10 Incentive Positions and SOP 111.17 Public Education Specialists.

The public education program members are required to complete the Youth Firesetters Prevention and Intervention Program, the National Fire Academy online programs "Introduction to Strategic Community Risk Reduction Q0841" and "Introduction to Community Risk Assessment Q0843" within the first year of appointment. All public education specialists must obtain CPR instructor certification.

Appraisal

The public education program has been difficult to implement due to staffing shortages in the operations division. The increase in call volume, occupancy inspections, and training requirements has had a direct impact on the effectiveness of the public education program.

Plan

The department will continue to request additional resources, including, a full-time public education specialist, for the public education program through the regular budget process. The Training Division will focus efforts on reimagining the delivery of public education programs to the community.

References

SOP 111.10 Incentive Positions

SOP 111.17 Public Education Specialist Incentive

5B.3 Programs are in place to identify <u>large loss potential or high-risk audiences</u> (such as low socio-economic status, age and cultural / ethnic differences, where appropriate), forge partnerships with those who serve those constituencies, and enable specified programs to mitigate fires and other emergency incidents (such as home safety visits, smoke alarm installations, free bicycle helmet programs, fall prevention programs, etc.).

Description

The department has identified high-risk audiences within the community served during the publication of the 2022 CRASOC. In Module 3, the department identified demographic information within each planning zone. Two examples of this includes households with 1+ persons with a disability and no access to vehicle households are identified within the planning zone infographics to aid in the awareness of risks in those specific areas. There is potential to use this type of information to strengthen community risk reduction efforts by customizing the application throughout different parts of the communities.

High risk audiences are identified and targeted for specialized public education opportunities (fire extinguishers utilization, Safe House, Wheeled Sports Helmet program, slips, trips, and falls, cooking safety, etc.).

The department utilizes partnerships with Lawrence Kansas Police Department, the Douglas County Sheriff's Office, Lawrence-Douglas County Public Health Department, Douglas County Emergency Communication Center, Douglas County Emergency Operations Center, and Lawrence Memorial Hospital Health.

Appraisal

The identification of high-risk audiences has not been updated and has room for improvement. Deployment of resources, specific to hazard locations, and specialized community risk reduction efforts have not changed to keep up with community risks. Partnerships, through collaboration, have benefitted the department through data sharing and increased community reach.

Plan

Through the creation of the department's CRASOC, a task force will identify and recommend an updated response matrix based on probability, consequence, and impact. The department will continue to collaborate with local partners to identify opportunities for increased risk reduction efforts and enhanced response to community needs. The department will continue to provide support and resources to other public safety initiatives led by other agencies.

References

Helmet Fair – Safe Kids Coalition, Drowning Autism Awareness and Water Safety

2022 Community Risk Assessment Standards of Cover (Module 3 Planning Zone Infographics)

CC 5B.4 **The agency conducts a <u>formal and documented program appraisal, at least annually</u>, to determine the program's impacts and outcomes, and to measure performance and progress in reducing risk.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Public Education Program Appraisal

2022 CFAI Annual Compliance Report (pages 58-60)

Category 5

Criterion 5C: Fire Investigation, Origin, and Cause Program

The agency operates an adequate, effective, and efficient program directed toward origin and cause investigation and subsequent classification of fires, explosions, and other emergency situations that endanger life or property to drive community risk reduction activities. The agency should conduct a thorough risk analysis as part of activities in Category 2 to determine the need for a fire investigation program.

Summary:

The department currently utilizes eight fire investigators comprised of the division chief of prevention/fire marshal, a prevention captain, and two operation's members per shift, for the investigation of fires and explosions. Company officers have the authority to conduct level three fire investigations of which the cause is obvious and accidental in nature.

The operations chief officer is responsible for activating the investigation unit on any incident they identify as a level 1, level 2, or level 3 fire investigation. A fire investigator may be called to the scene of level 3 investigation to assist the incident chief officer with identifying the origin and cause. Level 1 fire investigations are multi-agency investigations with support from local law enforcement departments, and/or state agencies, such as the Kansas State Fire Marshal, and/or federal agencies, such as the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF).

Fire investigator meetings are held once a month which allows for information sharing between investigators and to ensure thorough and consistent investigation protocols. During meetings, a review of the previous month's investigations identifies areas requiring follow-up.

Performance Indicators:

CC 5C.1   The agency's <u>fire investigation, origin, and cause program is authorized</u> by adopted statute, code, or ordinance.

Description

The department's fire investigation, origin, and cause program is adequately and appropriately authorized for the existence by local and governmental adopted statutes, codes, and ordinances.

Appraisal

The department's fire investigation program has been authorized by the Kansas Annotated Regulations and the 2018 International Fire Code (IFC) section 104.10. The department has followed Kansas State regulations which state the state fire marshal, the chief of a fire department, or his designee investigates all fires or explosions. The IFC, and its amendments as adopted by the City of Lawrence through ordinance 9636, which authorized the department to investigate the cause, origin, and circumstances of fire or explosion. The department's fire investigators have met the Kansas State Fire Marshal's requirements, which are outlined in K.A.R. 22-19-2 regarding the certification of fire investigators.

Plan

The department's fire marshal and fire chief will continue to monitor changes to state statutes, codes, or ordinances to ensure there is adequate and appropriate authorization for the existence of the fire investigation program.

References

2018 International Fire Code (available on site)

KSA 31-157

KAR 22-19-2

City Ordinance 9636

SOP 111.15 Fire Investigator Incentive

Fire Investigation Report

CC 5C.2   The agency uses a <u>systematic approach based on the scientific method</u> to investigate all fire and explosion incidents. The investigation should determine or render an opinion as to the incident's origin, cause, responsibility and/or prevention to include the damage and injuries that arise from such incidents.

Description

The department follows the National Fire Protection Association (NFPA) 921: Guide for Fire and Explosion Investigations, Chapter 4 (2021 Edition) which describes the scientific method using a systematic approach to fire investigation. This process involves the recognition and identification of a problem, defining the problem, the collection of data, analyzing the data, using inductive reasoning to develop a hypothesis, testing the developed hypothesis using deductive reasoning, and the formulation of a final hypothesis. The department also uses NFPA 1033: Standard for Professional Qualifications for Fire Investigator, which further identifies the investigation process and outlines job performance requirements.

Appraisal

The department's fire investigation program has found that these NFPA guides have worked sufficiently to provide a systematic approach, based on scientific method, to guide investigations into fire and explosion incidents.

Plan

The department will continue to use these guides as a basis for the overall methodology for fire investigations and will remain a resource for investigators to use during fire investigations.

References

NFPA 921: Guide for Fire and Explosion Investigations, Chapter 4 (2021 Edition) (available on-site)

NFPA 1033: Standard for Professional Qualifications for Fire Investigator (available on-site)

Fire Investigation Report

CC   5C.3   The program has <u>adequate staff with specific expertise</u> to meet the fire investigation, origin, and cause program goals, objectives, and identified community risks.

Description

The department's fire investigation program has eight (8) fire investigators. Each investigator completes a recognized origin and cause basic course through the Kansas Chapter of the International Association of Arson Investigators (IAAI) or National Fire Academy (NFA) and basic Kansas law enforcement training to meet the Kansas Certified Fire Investigator (CFI) II requirements as outlined in K.A.R. 22-19-2. The Fire investigation program is a high functioning program within the department. The level of dedication by the city and the department is matched with the personal dedication of the department fire investigators. The investigators are provided good equipment, training, and education that allows them to perform at a high level. The end result of their efforts is the successful conclusion and classification of the origin and cause of fires.

Appraisal

The department has determined it has adequate staffing to handle the initial fire scene investigation workload. The department has experienced challenges with fire investigation follow-up needed past the initial scene investigation. Operations Division sworn personnel, who are incentive-based fire investigators, work with the resources available to them to complete the investigations in a timely manner. Staffing and call-back to support the Operations Division has become more challenging to utilize these shift investigators for investigations. Incentive based fire investigators also pose challenges when resource management across shifts is conducted to maintain minimum staffing. The department has identified the need for full-time fire investigators, and has requested these expansion positions during the last several budget planning cycles.

Plan

The department will maintain its current staffing level of investigators and will continue to maintain the required certification. The department's Prevention Division will pursue the transitioning and commissioning of fire investigators into full-time positions, moving away from the incentivized operations personnel to more adequately support this program.

Through the budget request process, the department will continue to communicate the need for more resources within the Prevention Division and fire investigation program.

References

[KAR 22-19-2: Certification of Fire Investigators](#)

SOP 111.15 Fire Investigation Incentive

SOP 113.10 Fire Investigations

NFPA 1033: Standard for Professional Qualifications for Fire Investigator; section 1.3.8 (available on-site)

2023 Program Improvement Request for Community Risk Reduction Program (pages 8-10)

Fire Investigation Report

CC 5C.4   **The agency conducts a <u>formal and documented program appraisal</u>, <u>at least annually</u>, to determine the program's impacts and outcomes, and to measure performance and progress in reducing risk.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined for the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2022 Fire Investigation Monthly Meeting Agenda

FIU Meeting Minutes October 2022

921docs long and short form (available on-site)

2021 Fire Investigation Annual Program Appraisal

SOP 113.10 Fire Investigations

2022 CFAI Annual Compliance Report (pages 61-67)

Category 5

Criterion 5D: Domestic Preparedness Program

The agency operates an all-hazards preparedness program that includes a coordinated multiagency response plan designed to provide the community preparedness and resiliency in response to terrorist threats or attacks, major disasters, and other large-scale emergencies occurring at or in the immediate area.

Summary:

The department is an all-hazards agency that is National Incident Management System (NIMS) compliant. The capabilities of the department include: structural firefighting, wildland firefighting, hazardous materials, mass casualty, structural collapse, confined space, high and low angle rope rescue, water rescue, ice rescue, and vehicle extrication. The department maintains two regional response trailers for the northeast region of Kansas. The mass casualty trailer is capable of rendering aid for up to 100 patients of differing levels of injury or illness severity. The Northeast Kansas Taskforce 2 Search and Rescue trailer is capable of prolonged search and rescue operations.

Both taskforce trailers can respond to any agency in the northeast region of Kansas if requested for prolonged operation periods. These NIMS compliant trailers ensure a smooth integration in outside operations jurisdictions. If a local type III or higher-level emergency occurs, the department will staff three Emergency Service Functions (ESF) in the Emergency Operations Center (EOC). Those positions are ESF4: Firefighting, ESF9: Search and Rescue, and ESF 10: HAZMAT.

Performance Indicators:

CC 5D.1   **The agency maintains a <u>local emergency operations/all-hazards plan</u> that defines roles and responsibilities of all participating departments and/or external agencies. The agency participates in maintaining and revising the plan with the AHJ.**

Description

The department participates in the Local Emergency Planning Committee (LEPC), coordinated by Douglas County Emergency Management (DGEM), and meets with representatives from other local agencies, monthly. The LEPC consists of agencies that are community stakeholders and can offer specialized assistance in the community during an emergency.

Douglas County has a Continuity of Operations Plan (COOP) in place. The specific information within the COOP is currently being updated. The City of Lawrence has not had an Emergency Operations Plan (EOP) in the past. Over the last several months, DGEM, the Lawrence Kansas Police Department (LKPD), and the department have begun the process of creating an EOP for the city. The department continues to work with the AHJ to establish a standardized response with city resources for an all-hazards plan.

Appraisal

The LEPC arrangement has met the needs of the department and the community. Many of the representatives from the participating agencies in the LEPC are local resources for the community's identified hazards. This collaboration has created an active working relationship with external partners if the need for response or mitigation presents itself.

The department has participated in annual Emergency Support Functions (ESF) tabletop exercises, with outside agencies, to ensure all agencies are familiar with position responsibilities during an EOC activation. These exercises have provided an opportunity for participants to review ESF positions and better understand how each ESF integrates into the NIMS systems. The exercises have created beneficial learning opportunities for the department to lead and participate in.

Plan

The department will continue to work with the LEPC and DGEM to staff the ESF positions necessary for successful outcomes. The City of Lawrence EOP will continue developing with a target completion by the end of 2022. The department will continue the process of reviewing and updating the COOP, which will be completed by the end of 2022. The department's division chief of training will continue to work closely with the DGEM to maintain the COOP as well as the City of Lawrence EOP.

References

Douglas County Continuity of Operations Plan (COOP) - available on-site

EOC Exercise Documentation

City of Lawrence EOP Documentation

Douglas County EOP

5D.2   The agency <u>complies with</u> the National Incident Management System, or other appropriate incident management system, and its operational methods are compatible with all external response agencies.

Description

The department is compliant with the National Incident Management Systems (NIMS) and incorporates NIMS into its culture by requiring members to have training and education in NIMS. The department operates on an emergency scene using the principles of NIMS and expands and contracts the incident according to the needs on the incident. Upon hire, each new member acquires ICS-100: Introduction to the Incident Command System, ICS-200: Basic Incident Command System for Initial Response, ICS-700: An Introduction to the National Incident Management System and, IS-800: National Response Framework. Prior to submitting an application for promotion to captain, members are required to become certified in ICS-300: Intermediate ICS for Expanding Incidents, and ICS-400: Advanced ICS for Command and General staff for members wishing to promote to battalion chief, division chief, or fire chief.

Appraisal

NIMS is used regularly to provide the framework for emergency and non-emergency operations. The department's use of NIMS has provided a predictable chain of command on incident scenes.

NIMS is also used throughout the city for other events such as the COVID-19 pandemic response. The Incident Command System (ICS) was used to manage the day-to-day operations throughout the pandemic. The use of the ICS enabled the city and its resources to respond and adjust to varying needs that arose. The department took a leadership role through the implementation and management of the city's ICS to assist other city departments and employees in participating in vital roles. Through this event, the city acknowledged the need for thorough preparation and plans to strengthen its ability for quick response and deployment if needed.

Most recently, during the National Collegiate Athletics Association (NCAA) Division I Basketball Championships, the department implemented NIMS and developed an Incident

Action Plan (IAP) for multiple participating agencies. The management of this large-scale event was successful and demonstrated effective collaboration and planning between multiple agencies.

Plan

The training division will continue to deliver training to all department employees to strengthen the use of NIMS for emergency and non-emergency incidents. This training will include how the Blue Card Command model is integrated into NIMS. Training will also consist of a basic understanding of an IAP, how they are developed, and what implementation looks like.

References

SOP 601.10 Promotional Assessment Process (pages 1-2)

2022 Incident Action Plan (IAP)

COVID-19 Unified Command Document

5D.3   The agency has a <u>process in place for requesting</u> additional resources not readily available in the community served.

Description

The department has a process in place for requesting additional resources due to the drawdown of resources, or when the scope of an incident exceeds department capabilities. SOP 109.10 Staffing-Shift and Events identifies drawdown and exhaustion deployment levels, which requires an operations chief officer to initiate member call-back, or request mutual aid from outside agencies through Douglas County Emergency Communications Center (DGECC).

SOP 202.30 Automatic Aid, Mutual Aid, Fire Medical Standby describes the dispatch, response, and on-site operations of department resources for mutual aid requests. When a request for mutual aid is made, incoming resources are met by a department representative who will coordinate radio operations and distribute map books.

In 2006, the Kansas Legislature created a statewide mutual aid compact, Kansas Mutual Aid System (KMAS), to expand resource availability to all participating political subdivisions in the State of Kansas, for the purpose of preventing, mitigating, responding to, and recovering from locally declared emergencies and disasters. The department does not have any automatic aid agreements.

Appraisal

The mutual aid responses we receive have been adequate to fill response gaps during the drawdown of department resources, however, the response time of mutual aid companies often hinders the effectiveness of these requests. When a request for mutual aid resources has been made, they frequently have an approximate 30-to-45 minutes response time to the City of Lawrence.

The use of resources outside the city, but within Douglas County, has been infrequent due to the unpredictable staffing levels of volunteer agencies. The department has used local volunteer agencies on a limited basis to maintain response coverage within the city,

however, these situations have been dependent on the staffing level of volunteers with appropriate fire-based certifications.

The lack of automatic aid agreements and minimal resource management through the DGECC has created insufficient emergency deployment of additional resources.

Plan

To bolster department resiliency and reliability, additional resources will continue to be requested through the annual budget process. However, the department understands that additional resources will not eliminate the need for sound mutual aid agreements to be in place. Along with fostering current mutual aid agreements, the department will also investigate the potential to create new mutual agreements with other surrounding agencies.

Additionally, the EOC will still be activated as necessary depending on incident complexity, size or duration and can initiate the process of mobilizing regional or state resources.

References

Douglas County Fire District No. 1 Mutual Aid Agreement

SOP 109.10 Staffing-Shift and Events

SOP 202.30 Automatic Aid, Mutual Aid, Fire Medical Standby

Kansas Mutual Aid System (https://kansastag.gov/KDEM.asp?PageID=617)

5D.4   The agency has processes to record <u>information and provide data on needed resources</u>, the scope and nature of the event, and field resources deployed to local, state/provincial, and federal agencies.

Description

Douglas County utilizes a cloud-based solution called Salamander, to assist in accountability efforts of personnel and resource sharing during planned or unplanned large-scale events. The department's Administrative Division and Training Division work with DCEM to provide monthly updates on department resources. The Salamander software includes information such as personnel credentials and specialized training, so the appropriate resources are sent to an event.

Web EOC is utilized by the EOC to request resources from across the State of Kansas for the fulfillment of needed resources at larger-scale events. The department works with DCEM to make these requests.

Appraisal

The department has worked closely with DCEM to provide data relative to available department resources and has seen success in resource requesting / sharing.

Plan

The department will continue working closely with DCEM to provide and exchange data when necessary. Resource requests and sharing will continue to be facilitated through DCEM.

References

Salamander Software (available on-site)
Salamander Resource Summary Report

5D.5	The agency <u>conducts and documents a vulnerability assessment and has operational plans to protect</u> the agency's specific critical infrastructure, including but not limited to materials, supplies, apparatus, facilities security, fuel, and information systems.

Description

The department's 2022 CRASOC identifies and documents critical infrastructure throughout the response area. The vulnerability assessment offers a broad look at the department's response area and offers an adequate assessment of the geographical area.

Douglas County is a part of the Kansas Homeland Security Region K Hazard Mitigation Plan. The current Douglas County mitigation plan is not integrated into the department's CRASOC.

Related to the agency's critical infrastructure, each fire medical station has a backup generator in place, those generators are tested regularly and maintained for functionality. The city has two fueling stations for city vehicles and provides the ability to purchase fuel and other consumables through a purchasing card as needed. City buildings are protected by an electronic locking system that allows security levels to be assigned to each employee and gives access specifically to that employee's status.

Information Technology is managed at City Hall. The system is regularly backed up off-site and has dedicated employees managing the security and any potential breaches or attacks.

Appraisal

In 2021, a commodity flow study was conducted by a third-party to identify what commodities are flowing in and around the department's jurisdiction. All tier II facilities in the jurisdiction are responsible for submitting their tier II paperwork to the department for hazard mitigation in the event of a release or emergency. Infrastructure information exists but has not been incorporated into department decision making on a routine basis.

Plan

The department and the City of Lawrence have a good plan in place to maintain facilities and provide the equipment and materials necessary for day-to-day operations. City hall and all department facilities as well as other city facilities have adequate security in place to limit access only to those that need to have access. The department will work with Planning and Development Services to identify critical infrastructure within planning zones as the City of Lawrence expands.

Douglas County Emergency Management provides a great resource for coordination of ESF's and exercises in case an activation is necessary. The commodity flow study and tier II reporting assists in keeping the community safe through awareness of the commodities in the agency's jurisdiction.

References

Kansas Region K Hazard Mitigation Plan (available on-site)

Douglas County Emergency Operations Plan (available on-site)

Douglas County, Kansas Radiological Emergency Response Guide (available on-site)

Commodity Flow Study

SALTO System (available on-site)

2022 CRASOC (Module 2 pages 39-62 and Module 3 pages 63-110)

5D.6   The agency has a <u>documented</u> continuity of operations plan, that is reviewed annually and updated at least every five years, to ensure essential operations are maintained.

Description

The department does have a COOP. The COOP outlines several key partners and provides guidance for operations should it be activated. Key staff positions are identified, and responsibilities are outlined in the document. The department works with DGEM staff to educate and update the information, as needed.

Appraisal

The COOP is a thorough document that provides a great overview of role responsibilities. However, little training has been provided to make sure each employee knows their position within the plan. The COOP has not been updated as often as it should be. The last update was in 2020 but included some outdated information.

The existing COOP identifies specific personnel throughout the document. The current revisions include positions instead of people to minimize outdated information. An additional contact list is also included for cross reference of who fills specific positions. This additional contact list can be updated without having to update the entire document, which will prevent mistakes being made throughout the document.

Plan

The COOP will become the responsibility of the division chief of training for updating and providing training and education on the roles and responsibilities of those key positions identified within the COOP. The COOP will be reviewed on an annual basis to keep contact information of all identified members up to date as well as reviewing reference documents to ensure the COOP addresses new, relevant information.

References

Douglas County Continuity of Operations Plan (COOP) - available on-site

5D.7   The agency has <u>processes in place for</u> <u>intelligence sharing</u> with other public safety agencies.

Description

The department participates in several intelligence sharing networks throughout the City of Lawrence and Douglas County. Douglas County utilizes Everbridge for the critical communication platform. Through the incident command structure, the department uses Incident Action Plans to record and communicate critical incident information. The Lawrence Kansas Police Department shares information through systems and bulletins related to criminal activity. Through the department's COVID-19 pandemic response, critical partnerships were strengthened by utilizing information sharing systems like video conferencing, Microsoft Teams, and Microsoft Outlook. The Douglas County EOC has begun tabletop exercises for each ESF to practice capabilities.

The department also utilizes Vector Scheduling for daily staffing and personnel resource management. The city conducts executive team meetings weekly to share information and collaborate. Douglas County Fire Chiefs meet every other month to share information. The department also participates in chief and training meetings with Johnson County public safety agencies.

Appraisal

The current plan on dissemination of information has improved with the use of video conferencing, having the ability to have "just in time" meetings when necessary; however, a more formal and predictable plan would be preferable. Regularly scheduled meetings allow for familiarity of participants and the developed relationships will make the exchange of information easier.

Collaboration throughout Douglas County and Johnson County has occurred regularly, but communication has not maintained consistency with local partners like LMH Health, Lawrence Douglas County Public Health Department, Bert Nash, Douglas County Sheriff and Lawrence Kansas Police Department, Kansas University Public Safety Office.

Improved coordination, planning and cooperation between these agencies on a regular basis would enhance the relationships and reduce any gaps that may exist. Continual

involvement could build trust and professional relationships that could improve emergency coordination in a moment's notice. Having more tabletop exercises, led by Douglas County EOC, with all ESF's being represented would also improve intelligence sharing.

Plan

The department's command staff will explore the possibility of developing a regularly scheduled meeting group to focus on the exchange of information between local agencies, their capabilities, and areas of needed improvement. This group would include relevant external partners who participate in ESF activities. Work with DCEM to increase the frequency of exercises involving all ESF functions.

References

Douglas County Continuity of Operations Plan (COOP) - available on-site

2022 ESF Wildland Fire TTX Exercise Plan

2022 Incident Action Plan

Chief Meeting Agenda

Everbridge   (available   on-site)

5D.8   The agency has a crisis communications or public information plan.

Description

The department's public information plan consists of the position of Public Information Officer (PIO). Adjusting to department turnover, four individuals have been identified to assist in the public information plan and act as PIOs. The department previously operated with one PIO. The city has a communications and creative resources director and team that handle the release of public information. The department's PIOs, the Communications Department and creative resources director work closely to provide timely and accurate information to the public as needed.

Matters that relate specifically to the department are handled primarily by the Administrative Division. The department has developed working relationships with local news agencies and information outlets to make the distribution of information relatively easy. The Administrative Division also manages the information released through our social media presence.

Appraisal

Having one PIO within the department was acceptable; however, it did not allow the department to have depth through information sharing. This directly impacted social media activity. Specific training has been offered to additional command staff to create depth. Those training opportunities are upcoming and have yet to be completed.

Working with the Emergency Management office on more significant incidents brings in other resources for a PIO. When the EOC is activated, a PIO group is included. The PIO group is exercised through scenario-based training through the EOC to ensure a single consistent message is delivered to the public.

Plan

The department plans to utilize four department employees to fulfill PIO roles. The PIO group will attend PIO training, as it becomes available in late 2022 and early 2023. It has been identified that the department's social media presence and information sharing is inadequate.

The department's Administration Division will continue actively participating in the communications and marketing team meetings.

References

PIO Marketing Communications Team Meeting Agenda

CC 5D.9   **The agency conducts a <u>formal and documented program appraisal, at least annually</u>, to determine the program's impacts and outcomes, and to measure performance and progress in reducing risk.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize the appraisal to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Domestic Preparedness Program Appraisal

Category 5

Criterion 5E: Fire Suppression Program

The agency operates an adequate, effective, efficient and safe fire suppression program directed toward controlling and/or extinguishing fires to protect the community from injury or death and reduce property loss. If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. The agency should conduct a thorough risk assessment as part of activities in Category 2 to determine the need for a specific fire suppression program and support the overall risk reduction strategy.

Summary:

The department operates five fire medical stations and two medical stations, seven in total, in the City of Lawrence and Douglas County. The Operations Division is comprised of three operational shifts: X, Y, and Z. Thirty-nine (39) uniformed personnel on-duty is the established minimum staffing. This provides for five, four-person engine/quint/truck apparatus, one three-person rescue apparatus, seven two-person medic units, and two operations chief officers. The department provides fire suppression to the City of Lawrence and Grant Township. The department responds to 200-300 fire-related incidents (100 series NFIRS codes) a year. This makes up around 2% of the department's call volume. In 2021, the department had 57 structure fires. Fire related total property loss (property & contents) due to structure fires was $1,652,713. The department had zero fire-related fatalities in 2021.

The department responds to wildland type incidents in the City of Lawrence and Grant Township, however, given the small amount of wildland area in the department's service area, the departments wildland services are minimal. Deployment of resources to wildland fires in consistent with the deployment of fire suppression responses. In 2021, the department responded to 59 wildland/grass incidents. The department's fleet consists of two type (7) brush trucks that are crossed staffed with personnel from Station 2 and Station 4.

Performance Indicators:

CC 5E.1 Given the agency's community risk assessment/standards of cover and emergency performance statements, the <u>agency meets its</u> staffing, response time, station(s), pumping capacity, apparatus and equipment <u>deployment objectives</u> for each type and magnitude of <u>fire suppression incident(s).</u>

Description

The department's deployment model at Station 5 is in transition from moving out of a rescue truck, staffed with three personnel to a rescue tiller, staffed with three personnel. To match the department's current four-person fire apparatus staffing, the department actively seeks funding through budget requests and a grant application. Currently, this is not funded. A new quint for Station 3 is currently in the design phase with an anticipated order date in fall 2022.

The department meets its baseline deployment objectives as identified in department SOP 103.21 Response Performance and Outcomes Appendix A, Baselines. Response performance objectives are described to include staffing, response time, pumping capacity, and other capabilities of the first arriving unit (distribution) and the effective response force (concentration).

Fire Suppression Distribution / First unit to stop loss

For 90 percent of all <u>low</u> risk fire responses, the total response time for the arrival of the first-due unit, with a minimum of 3 firefighters and 1 officer, (4) total, is: 9 minutes and 35 seconds within urban areas, 17 minutes and 16 seconds in rural areas. The first arriving unit is capable of: establishing command; completing an initial size up; establishing water supply; and initiating fire attack and/or rescue. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>moderate</u> risk fire responses, the total response time for the arrival of the first-due unit, with a minimum of 3 firefighters and 1 officer, (4) total, is: 9 minutes and 36 seconds within urban areas and 16 minutes and 3 seconds in rural areas. The first arriving unit is capable of: establishing command; completing an initial size up; establishing water

supply; and initiating fire attack and/or rescue. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>high</u> risk fire responses, the total response time for the arrival of the first-due unit, with a minimum of 3 firefighters and 1 officer, (4) total, is: 8 minutes and 45 seconds within urban areas and 13 minutes and 46 seconds in rural areas. The first arriving unit is capable of: establishing command; completing an initial size up; establishing water supply; and initiating fire attack and/or rescue. These operations are performed utilizing safe operational procedures.

<u>Fire Suppression Concentration / Effective Response Force</u>
For 90 percent of all <u>low</u> risk fire responses, the total response time for the arrival of the effective response unit (ERF), with a minimum of 3 firefighters and 1 officer, (4) total, is: 9 minutes and 35 seconds within urban areas, 17 minutes and 16 seconds in rural areas. The ERF is capable of: establishing command; completing an initial size up; establishing water supply; and initiating fire attack and/or rescue. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>moderate</u> risk fire responses, the total response time for the arrival of the effective response force (ERF), with a minimum of 7 firefighters and 3 officers; (10) total, is: 13 minutes and 14 seconds within urban areas and 13 minutes and 59 seconds in rural areas. The ERF is capable of: establishing command; providing a water supply; advancing an attack line and a backup line for fire control; complying with the requirements of two in-two out; searching and rescuing at-risk victims. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>high</u> risk fire responses, the total response time for the arrival of the effective response force (ERF), with a minimum of 10 firefighters and 6 officers; (16) total, is: 14 minutes and 8 seconds within urban areas and 22 minutes and 46 seconds in rural areas. The ERF shall be capable of: establishing command; safety; providing an uninterrupted water supply; advancing an attack line and a backup line for fire control; complying with the requirements of two in-two out; establishing a rapid intervention team; completing forcible entry; searching and rescuing at-risk victims; evacuation; ventilating;

exposure protection; controlling utilities; and performing salvage and overhaul. These operations are performed utilizing safe operational procedures.

Appraisal

Through the creation of the 2022 Community Risk Assessment Standards of Cover (CRASOC) an Immediate Recommendation was identified to address the three-person staffing on the rescue tiller.

Recommendation 8: *The department should increase operational staffing on Ladder 5 (rescue tiller) from three to four personnel to provide consistent staffing on all fire apparatus.*

During the 2023 budget process, the department requested three (3) additional personnel to increase staffing on the rescue tiller to be compliant with OSHA "2-in-2-out" rule for emergency operations. The positions were not approved for the 2023 budget. In 2022, the department submitted an application for the Staffing for Adequate Fire and Emergency Response (SAFER) grant to fill these positions.

The 2020 Station Optimization Analysis was utilized to recommend station expansions and relocation to enhance and strengthen the deployment of emergency resources. The publication was useful in communication to community stakeholders and community leaders of the department's response performance gaps.

Plan

The department anticipates a response to the SAFER grant request in fall of 2022. If not awarded, the department will continue to pursue additional FTE positions in future budget requests to increase staffing to four on the tiller rescue. The department will continue to pursue grant opportunities to increase personnel staffing.

The department will utilize the 2020 Station Optimization Analysis with updated risk dimension data to continue to pursue emergency resource deployment recommendations.

References
SOP 103.21 Response Performance and Outcomes Appendix A, Baseline
2022 CRASOC (page 13)

2020 Station Optimization Analysis

2017-2021 Response Performance Tables

CC   5E.2   The agency uses a standardized <u>incident command/management system</u>, which is supported by agency <u>policy and training</u> programs.

Description

The department utilizes the National Incident Management System (NIMS) to manage resources on emergency incidents. The department utilizes the Incident Command System (ICS) on every incident. SOP 201.10 Command Procedures details the responsibility of the incident commander on the emergency scene. The department currently utilizes Blue Card Incident Commander Program and is guided by SOP 201.11 Blue Card. All company officers are trained in Blue Card with Captains and above being certified as Blue Card Incident Commanders. The department utilizes three Blue Card Instructors (one on each shift) to conduct the training. The department has trained all personnel to a minimum of ICS 100, 200, 700, and 800. In addition, the department requires company officer candidates to obtain ICS 300 and chief officer candidates to ICS 400 prior to applying for promotion per SOP 601.10 Promotional Assessment Process.

Appraisal

Department members are well versed in the ICS system, and it is an integral part of the department's daily operations. Department members use the ICS for all incidents, medical and fire, large and small. Continually exposing department members to the ICS allows for easily expanding an incident without confusion. The department uses NIMS approved courses to fulfill training and incident management compliance objectives .

Plan

The department will continue to use NIMS ICS. The department will remain aware of any changes to NIMS or the ICS system and adapt to them as necessary. The department will continue to utilize Blue Card Command and continue to certify all Captain. All officers and members will continue to receive annual training in Blue Card Communications delivered by department instructors.

References

SOP 201.10 Command Procedures
SOP 201.50 Blue Card

SOP 601.10 Promotional Process

CC   5E.3   The agency conducts a <u>formal and documented program appraisal, at least annually,</u> to determine the impacts, outcomes, and effectiveness of the program, and to measure its performance towards meeting the agency's goals and objectives.

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined for the upcoming year within this document.

Appraisal

The department's assigned program manager and support staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external / internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these annual appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Fire Suppression Program Appraisal

2022 CFAI Annual Compliance Report (pages 13-16, 68-73)

2021 Wildland Fire Program Appraisal

Category 5

Criterion 5F: Emergency Medical Services (EMS) Program

The agency operates an EMS program with a designated level of out-of-hospital emergency medical care that protects the community from injury or death. If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. The agency should conduct a thorough risk assessment as part of activities in Category 2 to determine the need for a specific EMS program and support the overall risk reduction strategy.

NOTE: EMS is a major element of many fire service agencies. Fire service personnel are frequently the first responder to medical emergencies. For that reason, emergency medical response can be organizationally integrated with fire suppression activity. Care should be exercised not to create a priority or resource allocation conflict between the two program activities. Agencies that only provide first responder services must also complete this criterion.

Summary:

The State of Kansas licenses Lawrence-Douglas County Fire Medical as an Advanced Life Support Service (ALS) or Type I Service. All members of the department are at a minimum certified Emergency Medical Technicians (EMT's), while approximately 76 are Advanced Emergency Medical Technicians (AEMT's) and 58 are state and/or nationally certified paramedics.

EMS includes first response, rescue, treatment, transportation, and reporting for medical emergencies to approximately 9,380 calls per year out of the 14,560 within the City of Lawrence and Douglas County in 2021. Responses to these calls include, but are not limited to, cardiac and respiratory emergencies, difficulty breathing, childbirths, cardiac arrests, strokes, and trauma. Medical supervision is provided on shift by and Operations Chief Officer as well as medical direction provided by the department's medical director.

For the majority of ALS level EMS calls, the basic response is one medic unit staffed with a paramedic and AEMT.

The department has a minimum of seven medic units staffed in the City of Lawrence and Douglas County every day. Additional resources can be available if the volume of calls indicates the need. Five Secondary medic units, one at each station in the City of Lawrence, serve this purpose and as a backup for first out units. Each medic unit is staffed with a minimum of one Paramedic and one EMT or AEMT; of the two members on the medic unit, one is an officer. The Medical Priority Dispatch (EMD) protocols with pre-arrival instructions ensure an adequate number of personnel and units respond to out-of-hospital incidents to provide the best and quickest possible care.

Performance Indicators:

CC 5F.1 **Given the agency's community risk assessment/standards of cover and emergency performance statements, the <u>agency meets its</u> staffing, response time, station(s), apparatus, and equipment <u>deployment objectives</u> for each type and magnitude of <u>emergency medical incident(s)</u>.**

Description

The department meets its staffing, response, and equipment criteria for deployment objectives represented as response performance objectives. The department has identified response performance benchmarks to guide the department towards continuous improvement relative to response quality for all risk categories within the program of emergency medical services. The department documents performance objectives in the standard operating policy (SOP) 103.20 Response Performance and Outcomes. Performance baselines are documented in SOP 103.21 Response Performance and Outcomes Baseline and Performance Benchmarks are documented in 103.22 Response Performance and Outcomes Benchmark.

Emergency Medical Services Program

Emergency Medical Services Distribution

For 90 percent of <u>low</u> risk emergency medical incidents, the total response time for the arrival of the first-due unit, with a minimum of 1 Emergency Medical Technician (EMT) or higher level of care provider; (1) total, is: 11 minutes in urban areas, 22 minutes and 22 seconds in rural areas. The first-due unit is capable of establishing command; performing cardiopulmonary resuscitation; and utilizing an automated external defibrillator. These operations are performed utilizing safe operational procedures.

For 90 percent of <u>moderate</u> risk emergency medical incidents, the total response time for the arrival of the first-due unit, with a minimum of 1 EMT or higher level of care provider; (1) total, is: 8 minutes and 50 seconds in urban areas, 20 minutes and 30 seconds in rural areas. The first-due unit is capable of establishing command; performing

cardiopulmonary resuscitation; and utilizing an automated external defibrillator. These operations are performed utilizing safe operational procedures.

For 90 percent of <u>high-risk</u> emergency medical incidents, the total response time for the arrival of the first-due unit, with a minimum of 1 EMT or higher level of care provider; (1) total, is: 7 minutes and 34 seconds in urban areas, 18 minutes and 51 seconds in rural areas. The first-due unit is capable of establishing command; performing cardiopulmonary resuscitation; and utilizing an automated external defibrillator. These operations are performed utilizing safe operational procedures.

For 90 percent of <u>maximum</u> risk emergency medical incidents, the total response time for the arrival of the first-due unit, with a minimum of 1 EMT or higher level of care provider; (1) total, is: 7 minutes and 32 seconds in urban areas, 16 minutes and 23 seconds in rural areas. The first-due unit is capable of establishing command; performing cardiopulmonary resuscitation; and utilizing an automated external defibrillator. These operations are performed utilizing safe operational procedures.

<u>Emergency Medical Services Concentration / Effective Response Force</u>
For 90 percent of <u>low</u> risk emergency medical incidents, the total response time for the arrival of the effective response force, with a minimum of 1 paramedic and 1 Emergency Medical Technician (EMT); (2) total, is: 11 minutes in urban areas, 22 minutes and 22 seconds in rural areas. The ERF is capable of: establishing command; conducting initial patient assessment; obtaining vitals and patient's medical history; performing cardiopulmonary resuscitation; and utilizing an automatic external defibrillator. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>moderate</u> risk emergency medical incidents, the total response time for the arrival of the ERF (ALS unit), with a minimum of 1 paramedic and 1 EMT; (2) total, is: 9 minutes and 45 seconds in urban areas, 20 minutes and 34 seconds in rural areas. The ERF is capable of: establishing command; conducting primary and secondary patient assessment; triaging the patient; electrocardiogram interpretation; medication administration; bio-com communications with medical control; application of standing

and physician orders; patient and equipment packaging for transport; and transportation to the hospital. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>high</u> risk emergency medical incidents, the total response time for the arrival of the ERF (ALS unit), with a minimum of 1 paramedic and 2 EMTs; (3) total, is: 13 minutes and 9 seconds in urban areas, 25 minutes and 24 seconds in rural areas. The ERF is capable of establishing command; communicating with family or other witnesses; scene documentation; conducting primary and secondary patient assessment; triaging the patient; electrocardiogram interpretation; medication administration; bio-com communications with medical control; application of standing and physician orders; patient and equipment packaging for transport; and transportation to the hospital. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>maximum</u> risk emergency medical incidents, the total response time for the arrival of the ERF (ALS unit), with a minimum of 2 paramedics and 2 EMTs; (4) total, is: 15 minutes and 34 seconds in urban areas, 20 minutes and 58 seconds in rural areas. The ERF shall be capable of: establishing command; communicating with family or other witnesses; scene documentation; conducting primary and secondary patient assessment; triaging the patient; electrocardiogram interpretation; medication administration; bio-com communications with medical control; application of standing and physician orders; patient and equipment packaging for transport; and transportation of multiple patients to the hospital. These operations shall be performed utilizing safe operational procedures.

Appraisal

In the 2020 Station Optimization Analysis and 2022 CRASOC, the department identified performance gaps relative to emergency medical service response. Recommendations for adding resources, such as additional fire and EMS apparatus and staff were made to the AHJ. The department requested expansions within the 2023 budget proposal to address these gaps.

Plan

The department will continue to monitor response performance through its compliance methodology identified in SOP 103.20 Response Performance and Outcomes. Through the budget request process, the department will continue to communicate the need for more resources to enhance reliability and resiliency of emergency resources.

References

SOP 103.20 Response Performance and Outcomes

SOP 103.21 Response Performance and Outcomes Appendix A, Baselines

SOP 103.22 Response Performance and Outcomes Appendix B, Benchmarks

2022 CRASOC (pages 149-153)

2020 Station Optimization Analysis (pages 25-27)

2017-2021 Response Performance Tables

CC 5F.2   **The agency has <u>standing orders/protocols in place</u> to direct EMS response activities to meet the stated level of EMS response including determination criteria for specialty transport and receiving facility destination.**

Description

The department operates under the Kansas Board of Emergency Medical Service (KSBEMS) Statutes and Regulations and the Douglas County Medical Director. The medical director, along with the division chief of EMS, reviews, adjusts and recommends changes of protocols, common practices of pre-hospital care delivery. In addition, the medical director participates in quality assurance and improvement as well as formal and informal educational opportunities with the department membership. In 2023, the county's medical director will be replaced by the current deputy medical director.

The department provides specialty transportation for emergency medical services. Trauma and medical routing is determined by triage categories, patient presentation, and potential life threats. This is guided by Douglas County protocols, General Trauma and General Medical. The local hospital, Lawrence Memorial Health, requests transfers from their facility to both lower and higher levels of cares, in and out of Douglas County.

Since the update of protocols, the addition of a mobile protocol and medication dosing applications, the members have the ability to reference protocols without having to access a cumbersome process via the department intranet. These protocols can also be found on the mobile devices (ToughBooks and iPads) currently used to create patient care reports, located on emergency response vehicles.

Appraisal

The department has operated efficiently under the KSBEMS Statutes and Regulations. The relationship between the department and the medical director has been strong and communication has been effective through ongoing command-level conversations and quarterly medical director led training with department crews.

The medical director has not previously been required to have designated office hours to include time spent with emergency medical service providers. The lack of in-person attendance has created a loss of opportunity for relationship building and collaborative efforts.

The mobile protocol application has received a positive response in regard to the ability to quickly access medical protocols.

Plan

The department plans to continue abiding by the KSBEMS Statutes and Regulations while providing emergency medical services.

The department's medical director position will be vacated by the current medical director by January 1st, 2023 and the current deputy medical director will fill the vacancy. The department will require the medical director to have office hours, located at the department's administrative building, for at least 4 hours a month.

The mobile protocol and medication dosing applications will continue to be used by emergency medical service providers. The division chief of EMS and medical director will work collaboratively to review application effectiveness and potential opportunities.

References

KSBEMS Statutes and Regulations

- [Statutes: Kansas Board of Emergency Medical Services (ksbems.org)](ksbems.org)

Douglas County General Trauma Protocol

Douglas County General Medical Protocol

Douglas County Protocol Application (available on-site)

Hand-Tevy Application (available on-site)

5F.3 The agency <u>annually reviews and updates, as needed</u>, orders/protocols and engages external stakeholders in the process.

Description

Standing orders and protocols are reviewed and updated annually, if needed. This is led by the division chief of EMS and the medical director. External stakeholders, such as the other first responding agencies who deliver emergency medical service in Douglas County and the Johnson County emergency medical director program are a part of the updating / review process.

In efforts to improve the county's EMS system by way of protocols, equipment, supplies, and overall future vision, a group of responders (county-wide) is established and meets quarterly. This group is the EMS Committee. This team reviews and updates standing orders and protocols. The team also reviews the procurement process of medical supplies.

Appraisal

Administrative and training-related participation from Douglas County first responders has been minimal. This has created additional work for the department's staff. In 2021, the department conducted a thorough review and overhaul of the emergency medical protocols. The EMS Committee was established to decrease workload on the department division chief of EMS and increase the value of EMS in Douglas County through partnership with first responders through designated work sessions.

Plan

The emergency medical protocol audit will take place within the first quarter of every year and will be led by the division chief of EMS, the medical director, and the department EMS Committee.

References

Douglas County Emergency Medical Protocols (available on-site)
Protocol Overhaul Meeting Calendar Invite

CC 5F.4   The agency has <u>online and offline medical control</u>.

Description

The department has the ability to contact Medical Control via the Emergency Department Physicians at Lawrence Memorial Health (LMH) by way of mobile phones or the BioCom channel through the 800MHz radio mounted in medic units. The Emergency Department (ED) serves as on-line Medical Control.

Due to LMH being limited on some capabilities regarding trauma, bariatric, stroke and occasionally ST-Elevation Myocardial Infarction (STEMI) services, crews often consider alternate destinations. Per protocol these patients with certain criteria should be considered for preferential routing to a verified (state or national criteria) appropriate specialty center.

Each medic unit is equipped with an 800MHz radio and a mobile device. In the instance that communication cannot be made by radio the crew member will call the hospital via mobile phone to deliver the patient information and request any orders.

Appraisal

There are numerous locations throughout the county where mobile and communication services have "dead zones" due to a signal failure or antenna issue. Mobile devices are limited to the carrier that the city has an agreement with. The issues with communication are often limited and usually rectified by moving locations from the originating point of contact. Contacting Medical Control has been a successful program in order to obtain medical direction when needed.

Plan

The department, in collaboration with the city, will research different mobile broadband carriers to enhance service coverage throughout Douglas County. The department will be looking to find a solution that provides consistent reliability related to connectivity throughout the county.

References

Douglas County General Trauma Protocol

SOP 205.10 Communications

CC 5F.5   **The agency creates and maintains a patient care <u>record, hard copy or electronic, for each patient</u> encountered. This report records a provider impression, patient history, data regarding treatment rendered, and the patient disposition. The agency must make reasonable efforts to protect reports from public access and maintain them as per local, state/provincial, and federal records retention requirements.**

Description

The department employs the use of ESO record management software as the Electronic Patient Care record vendor for all emergency medical incidents, regardless of transport decision. The patient care record contains all demographic information, treatment, skills performed, primary impression, treatments and transport status.

The department also completes a National Fire Incident Report System (NFIRS) report utilizing the ESO Fire Incidents module in which crews give an abbreviated version of the incident to meet basic incident reporting requirements for NFIRS.

Appraisal

The ESO software has complied with state regulations, privacy laws and regulations. The program is a secure program limited to the department staff, and the LMH nursing staff who oversee the Health Data Exchange (HDE).

Plan

The department intends to continue to employ ESO as the PCR vendor which meets the National Emergency Medical Services Information System (NEMSIS) gold-level compliance guidelines. Ongoing upgrades are managed by department information technology program incentive members.

References

SOP 107.10 HIPAA Privacy Policy

SOP 107.16 Patient Reports, Billing and Patient Instruction Sheet Completion, HIPAA Covered Record Set

SOP 107.18 Electronic Patient Care Reporting

CC 5F.6 **The agency has a <u>program to maintain compliance with privacy laws</u> such as the Health Insurance Portability and Accountability Act (HIPAA) or equivalent (e.g., Canada's Freedom of Information and Protection of Privacy) that meets federal and state/provincial guidelines. All personnel are trained in HIPAA/FOIP regulations and procedures.**

Description

The department follows the required HIPAA regulations. The department complies with privacy policies associated with all patients that are contacted or recorded in the PCR and/or patient interactions. Regulations can be found in SOP 107.10 HIPAA Privacy Policy and SOP 107.12 Policy on Confidentiality and Dissemination of Patient Information and Staff Verification.

Appraisal

The current HIPAA compliance program in place is adequate to meet the challenges of patient confidentiality. Agency personnel receive adequate training that is within the scope of the appropriate regulations.

Plan

The department will continue to designate the division chief of EMS as the HIPAA compliance officer. HIPAA training will continue to be assigned through Vector Solutions to all department employees on an annual schedule.

References

SOP 107.10 HIPAA Privacy Policy

SOP 107.12 Policy on Confidentiality and dissemination of Patient Information and Staff Verification

Completed HIPPA Training Records

5F.7   The agency has a <u>quality improvement/quality assurance (QI/QA) program in place to improve system performance and patient outcomes</u> including provisions for the exchange of patient outcome data between the agency and receiving facilities.

Description

The department has a base QI/QA program that is comprised primarily of the department's billing team, the medical director, and the division chief of EMS. The program manager, the division chief of EMS, reviews most of the cardiac arrest and other critical calls as notified by the operation chief officers.

The department utilizes the HDE through ESO, the departments' record management system for the exchange of patient outcome data between the department and receiving medical facilities.

Appraisal

A QI/QA program has not been fully implemented because of the lack of resource availability. The department has identified this as a critical gap.

Communication between the Operations Division and the EMS Division on critical calls is insufficient for prompt review. The timeliness of communication has played a large role in the lack of effectiveness in incident review.

Plan

With the expansion of an EMS Logistics position, the EMS Division should have more time to focus on enhancing the QI/QA program. Along with the expansion position, the department will continue to evaluate opportunities for improvement specifically with the QI/QA program. The department plans to evaluate outsourcing options for emergency medical service billing. If the department moves to outsourcing this task, the department's current billing staff should have the ability to focus on managing and enhancing the department's QI/QA program. The QA/QI Team will be formed from administrative staff as well as operations members. This team will consist of twelve to fifteen members, four

from each shift (X, Y and Z), division chief of EMS, and billing team members. This team will focus on acute incidents, such as cardiac arrest, STEMI, cardiovascular accidents, trauma, obstetric emergencies and a still to be decided number of "general population" incidents, most likely 10% of the remaining calls outside the determined acute calls mentioned.

References

ESO HDE (available on-site)

2023 Program Improvement Request Form LDCFM Support Services (pages 2, 7-8)

5F.8   The agency <u>has implemented or developed a plan</u> a cardiopulmonary resuscitation (CPR) and public access defibrillation program for the community.

Description

The department has continued to achieve statistically high survivability rates using a new approach to cardiopulmonary resuscitation (CPR) since early 2018 and has found great success in increasing cardiac arrest patient survivability. The method, Advanced Cardiac Resuscitation (ACR) has exponentially moved the department into one of the industry leaders in survivability in the world. The Advanced Cardiac Resuscitation (ACR) approach used across the nation saw minor adjustments regarding, $EtCO_2$ collection, strategic shock management, and strategic medication delivery which will result in enhancing patient survivability for Out-of-Hospital Sudden Cardiac Arrest (OH-SCA). Unfortunately, both the return of spontaneous circulation as well as patient survivability declined in 2021. Through the second consecutive year of the COVID-19 pandemic, EMS as a whole saw an increase of untreated medical ailments that prevented patients from seeking early medical care either from their physicians or EMS.

Cardiac Arrests: The department saw a 4% decrease from 125 OH-SCA to 111 OH-SCA. The data is still being evaluated and with the department's partner LMH has not yet completed their Cardiac Arrest Registry for Enhances Survivability registry (CARES) data, therefore a survivability to discharge cannot yet be calculated. The department continues to collaborate with LMH and other transport destinations to provide data to the CARES which provides standard outcome measures for OH-SCA locally, allowing for quality improvement efforts and benchmarking capabilities to improve care and increase survival. In 2021, the Return of Spontaneous Circulation (ROSC) for Douglas County was approximately **36.7%** (National Average for CARES Registry 7.1% in 2020) and the percentage for patients returning home calculation is still pending but estimated at 15%, which is three and a half times higher than the National average (4%).

The deployment of the mobile app PulsePoint will give access to emergency incidents within the city to department members. The application also provides a refined list of department incidents to local community members limited to cardiac arrest notifications in

public locations and motor vehicle accidents. This application also provides AED locations throughout the community, to be utilized during an out-of-hospital cardiac arrest. When CPR-trained individuals receive an alert from PulsePoint Respond app, it tells them where a cardiac arrest event is happening in a public area and where they can find the nearest AED. Data on AED locations can often be missing, inaccurate, or simply not detailed enough to make the devices easy to find in an emergency. That's where the PulsePoint AED app and AED Registry can make a big difference. PulsePoint Verified Responder is an access granted app for verified Douglas County First Responders that aids in early notification of emergency calls. This program is affiliated with the agency Public Safety Answering Point (PSAP).

Appraisal

During the COVID-19 pandemic, the department continued to train as strategically as possible while keeping distance and limiting resources while under CDC direction and guidance. This training modification created difficulties in staying as effective and successful as in years past. The department continued to train a minimum of four times a year on the Cardiac Arrest Protocol for Excellence (CAPE). Limited training resources, shift time, and other daily responsibilities will always be a barrier to training on the most lethal of medical emergencies, cardiac arrest. Limited and aging training manikins have proven difficult to use as effective simulation scenario patients.

The PulsePoint Mobile application was implemented in 2021, the addition of the application has shown to be positive by department employees, county first responders and those in the community. The algorithm in which PulsePoint operates creates an early notification for on duty LDCFM crews, creating faster turn out times and earlier notification. In addition to the PulsePoint application, the University of Kansas is collaborating with the department to provide an updated data set that includes all AED locations on campus.

In the second quarter of 2022 the department upgraded the department cardiac monitors which will allow for several enhanced assessments for patients. Specifically, the ability to monitor tidal volume (TV) for patients that are being assisted with ventilation.

Plan

The department should continue to plan for, train for and expect sudden cardiac arrest in the city of Lawrence and Douglas County. The EMS and Training Divisions will continue to add quality training products and simulators to our training equipment and supplies in efforts to create a solid simulation platform. The ACR program will continue to evolve with information gained from belonging to the ACR Consortium.

The upgrade of cardiac monitors will bring exciting new data to procedures that have not been studied in the pre-hospital setting. The department will enter a Canadian study in 2023 to enhance the consortium of researchers and providers dedicated to qualifying the data related to this advancement in the pre-hospital setting. The study will be comprised of two Canadian provinces and six United States fire-based EMS agencies.

The department will continue to build on the relationship already established with the University of Kansas in regard to AED placement and the PulsePoint app. The department will also collaborate with the University to establish opportunities to teach "Hands-Only CPR" in mass gathering such as football or basketball games on campus.

References

Lawrence-Douglas County Fire and Medical 2021 CARES Summary Report
PulsePoint Infographic
Social Media infographics / posters - "got cpr?"
LDCFM City Commission Annual Presentation 2022 (last slide)

CC 5F.9   **The agency conducts a <u>formal and documented program appraisal, at least annually</u>, to determine the impact, outcomes and effectiveness of the program and to measure its performance toward meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these annual appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Emergency Medical Services Program Appraisal

2022 CFAI Annual Compliance Report (pages 17-22, 74-79)

Category 5

Criterion 5G: Technical Rescue Program

The agency operates an adequate, effective, efficient and safe technical rescue program directed toward rescuing the community from any life-endangering causes (e.g., structural collapse, vehicle accidents, swift water or submersion, confined space, cave-in, trench collapse). If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. The agency must conduct a thorough risk assessment as part of activities in Category 2 to determine the need for specific technical rescue programs and support the overall risk reduction strategy. Agencies that only provide first responder services must also complete this criterion.

Summary:

The department responds to the following technical rescue call types: confined space, high and low angle, water and ice, trench collapse, structure collapse, and vehicle extrication. Centrally located Station 5 is responsible for, and houses the apparatus and equipment needed for a technical rescue call type response. The only variation is for the Confined Space call type. Engine 4 (Haz-Mat) is also recommended. Computer Aided Dispatch (CAD) Automatic Vehicle Locator (AVL) assigns the closest medic unit or fire apparatus along with resources from Station 5 to achieve the department's effective response force (ERF). Crews assigned to Station 5 are responsible for meeting training requirements related to ISO, as well as the minimum training requirements for technical rescue. The department is also a participating member of Kansas Task Force 2, housing a trailer and equipment cache.

Technical Rescue continues to be a high risk, low frequency response, with water rescue and vehicle extrication being the predominate call types. Recently, the department began to reimagine the deployment of its technical rescue resources. Station 5 will continue to be responsible for responses to these call types, but Truck 5and Rescue 5 have been replaced

with an engine and tractor drawn aerial. Technical Rescue equipment is being updated as well and will be split between both units.

Performance Indicators:

CC 5G.1   Given the agency's community risk assessment/standards of cover and emergency performance statements, the <u>agency meets its</u> staffing, response time, station(s), apparatus, and equipment <u>deployment objectives</u> for each type and level of risk of a <u>technical rescue incident(s)</u>.

Description

The department's technical rescue services are deployed out of Station 5. Station 5 houses a medic unit, fire apparatus (engine), and rescue tiller. Station 5 also houses a Kansas Task Force 2 trailer with equipment cache and three water rescue boats. The deployment of the Kansas Task Force 2 trailer and boats require cross staffing. Daily minimum staffing for Station 5 is nine. This allows for the staffing of Medic 5 (two personnel), Engine 5 (four personnel), and Ladder 5 (rescue tiller- three personnel).

All Station 5 employees that are not currently Rope 1 certified, are working towards that certification through Kansas Fire & Rescue Training Institute. Rope 1 certification is the baseline certification needed by crew members stationed at Station 5. An operations chief officer is coordinating with the Station 5 captains on the development of a list of job performance requirements (JPRs).

Engine 5 has vehicle extrication and light rescue capabilities. The remainder of the technical rescue equipment is currently on a secondary apparatus that is assigned as Rescue 5, and on the KS Task Force 2 trailer. Train-the-Trainer for the department's newly delivered Ladder 5, a tractor drawn apparatus, is ongoing. The department is continuing to upgrade and/or replace technical rescue equipment.

Appraisal

The department has experienced an increase in call volume, placing pressure on the reliability of obtaining the full effective response force for technical rescue call types. Technical rescue call types remain "high risk, low frequency." The department's rescue boats are aging and the delivery of the new gator tail rescue boat will provide an updated foundation for water rescue call types.

Plan

The department will be transitioning to a "rescue engine" concept and moving away from a dedicated rescue apparatus. This is expected to help with reliability throughout the entire department system. Training on Ladder 5 will be completed and will be outfitted with designated equipment. The alarms and response plans for the technical rescue call types will be reviewed. Recommended changes will be coordinated with DGECC and then implemented in 2023. The evaluation of these changes will be ongoing. The department will take delivery of its new gator tail rescue boat in late 2022, followed by in-service training for Station 5 crews. The crews will begin reviewing and completing the technical rescue JPRs. The development of a list of JPRs that will be completed by each member assigned to Station 5 every year should provide an opportunity to measure proficiency against any available outcomes related to technical rescue responses.

References

Engine 5 Specs

Ladder 5 Specs

SOP 202.10 Alarms and Responses

SOP 209.21 Confined Space Rescue

SOP 209.22 Rope Rescue

SOP 209.23 Water and Ice Rescue

SOP 209.24 Trench Rescue

SOP 209.25 Structure Collapse

SOP 209.26 Vehicle Extrication

Purchase Order for Equipment

2017-2021 Response Performance Tables

CC 5G.2   **The agency conducts a <u>formal and documented program appraisal, at least annually</u>, to determine the impact, outcomes and effectiveness of the program and to measure its performance toward meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined for the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Technical Rescue Program Appraisal

2022 CFAI Annual Compliance Report (pages 23-26, 80-84)

Category 5

Criterion 5H: Hazardous Materials (Hazmat) Program

The agency operates an adequate, effective, efficient and safe hazardous materials program directed toward protecting the community from the hazards associated with the uncontrolled releases of hazardous and toxic materials. If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. The agency must conduct a thorough risk assessment as part of activities in Category 2 to determine the need for specific hazardous materials program and support the overall risk reduction strategy. Agencies that only provide first responder services must also complete this criterion.

Summary:

The department continues to operate the Hazardous Materials response team from Station 4. Engine 4 is a combined engine and hazardous materials response vehicle and is staffed daily with four personnel. A tandem axle trailer is also located at station #4 and houses additional equipment. The department currently has 44 members International Fire Services Accreditation Congress (IFSAC) Hazardous Materials Technician certified. The department has 101 members who are IFSAC Hazardous Materials Operations Certified and 19 technicians and four operation level personnel are assigned to the Hazardous Materials Team at Station 4.

The operations and training for the hazmat team falls under the supervision of the Operations Division and Training Division. The department is responsible for overall management of Hazardous Material incidents in Douglas County using a unified command structure established with the jurisdictional fire department. The Hazmat Team responds to hazardous material releases, including decontamination for both victims and responders at large and small-scale incidents. The department maintains relationships with Douglas County Emergency Management, the University of Kansas, Kansas Department of Health and Environment, the Environmental Protection Agency, State of Kansas Fire Marshal's Office, Regional Hazmat Teams (KSTF 2), Civil Support Team (73rd CST), local facilities and other organizations.

.

Performance Indicators:

CC 5H.1   Given the agency's community risk assessment/standards of cover and emergency performance statements, the <u>agency meets its</u> staffing, response time, station(s), apparatus and equipment <u>deployment objectives</u> for each type and magnitude of <u>hazardous materials incident(s).</u>

Description

The department meets its baseline deployment objectives as identified in department SOP 103.21 Response Performance and Outcomes Appendix A, Baseline. Response performance objectives are described to include staffing, response time, pumping capacity, and other capabilities of the first arriving unit (distribution) and the effective response force (concentration).

<u>Hazardous Materials Distribution</u>

For 90 percent of all <u>low</u> risk hazardous materials response incidents, the total response time for the arrival of the first-due unit, with a minimum of 3 firefighters and 1 officer, (4) total; is: 10 minutes and 22 seconds in urban areas and there is no qualifying data in rural areas. The first-due unit is capable of: establishing command; performing an initial scene assessment; performing air quality analysis; assisting with an evacuation; ventilating a structure; performing gross decontamination; and requesting additional resources. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>moderate</u> risk hazardous materials response incidents, the total response time for the arrival of the first-due unit, with a minimum of 3 firefighters and 1 officer, (4) total; is: 10 minutes and 49 seconds in urban areas, 10 minutes and 40 seconds in rural areas. The first-due unit is capable of: establishing command; performing an initial scene assessment; performing air quality analysis; assisting with an evacuation; ventilating a structure; performing gross decontamination; and requesting additional resources. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>high</u> risk hazardous materials response incidents, the total response time for the arrival of the first-due unit, with a minimum of 3 firefighters and 1 officer, (4) total; is: 10 minutes and 30 seconds in urban areas and there is no qualifying data in rural areas. The first-due unit is capable of: establishing command; performing an initial scene assessment; performing air quality analysis; assisting with an evacuation; ventilating a structure; performing gross decontamination; and requesting additional resources. These operations are performed utilizing safe operational procedures.

<u>Hazardous Materials Concentration / Effective Response Force</u>

For 90 percent of all <u>low</u> risk hazardous materials response incidents, the total response time for the arrival of the effective response force (ERF), with a minimum of 3 firefighters and 1 officer, (4) total; is: 10 minutes and 24 seconds in urban areas and there is no qualifying data in rural areas. The effective response force is capable of: establishing command; performing an initial scene assessment; performing air quality analysis; assisting with an evacuation; ventilating a structure; performing gross decontamination; and requesting additional resources. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>moderate</u> risk hazardous materials response incidents, the total response time for the arrival of the effective response force (ERF), with a minimum of 4 firefighters and 2 officers, (6) total; is: 11 minutes and 29 seconds in urban areas, 32 minutes and 18 seconds in rural areas. The effective response force is capable of: establishing command; performing an initial scene assessment; performing air quality analysis; assisting with an evacuation; ventilating a structure; performing gross decontamination; providing a hose line for protection; providing advanced medical care; transporting the patient to the hospital; and requesting additional resources. These operations are performed utilizing safe operational procedures.

For 90 percent of all <u>high</u> risk hazardous materials response incidents, the total response time for the arrival of the effective response force (ERF), with a minimum of 10 firefighters and 6 officers, (16) total, 4 being hazardous materials technicians; is: not applicable because there were no qualifying incidents in urban areas or rural areas. The

effective response force is capable of: establishing command; performing an initial scene assessment; establishing a hazard zone; establishing a hazmat group; performing research; performing air quality analysis; assisting with an evacuation; ventilating a structure; performing gross decontamination; performing technical decontamination; providing a hose line for fire protection; providing advanced medical care; transporting the patient to the hospital; and requesting additional resources. These operations are performed utilizing safe operational procedures.

Appraisal

The hazardous materials program has been measured based on the historical response time performance. The review of output measures could be enhanced by analyzing outcome measures. This is not currently being performed.

The 2020 Station Optimization Analysis was utilized to recommend station expansions and relocation to enhance and strengthen the deployment of emergency resources. The publication was useful in communicating to community stakeholders and community leaders about the department's response performance gaps. The implementation of the recommendations would directly impact the outputs related to the hazardous material program.

Plan

The department will continue to assign and maintain hazardous material technicians to the hazardous materials team. The department will continue identifying and supporting employees to complete IFSAC certification hazardous materials technician training courses. The replacement of Engine 4 is slated for 2025 in the city's Captial Improvement Plan. Funding for the hazardous materials program comes from Douglas County.

The department will utilize the 2020 Station Optimization Analysis with updated risk dimension data to continue to pursue emergency resource deployment recommendations.

References

Hazmat Technician Roster

SOP 103.21 Response Performance and Outcomes Appendix A, Baseline

2022 CRASOC

2020 Station Optimization Analysis

2017-2021 Response Performance Tables

5H.2   The agency complies with all aspects of <u>applicable hazardous material regulations</u> such as annual refresher training, medical monitoring of response personnel, annual physical examinations as applicable per standards, and exposure record retention.

Description

The hazardous materials program team's goal is to provide nine hours of operations level hazmat training to department employees on an annual basis. Hazmat team technicians, with the assistance of the Training Division, conduct the annual training to ensure compliance with NFPA and OSHA standards. The hazmat team receives additional training hours by conducting in house drills, equipment reviews, and outside training; i.e., Hazmat IQ, 73rd Civil Support Team, Emergency Management, Department of Homeland Security, and University of Kansas Fire Rescue Training Institute, and Kansas Division of Emergency Management & Homeland Security. The department provides annual physicals for every operations employee, per NFPA 1582, documented in the IAFF Local 1596 MOU.

Appraisal

The department provides hazardous materials training annually in compliance with 29CFR 1910.120. Department employees completed 2,433 hours of hazmat training in 2021. Training consisted of three, four-hour sessions per shift. The department will continue to follow the MOU regarding annual physical evaluation for all department sworn employees.

Plan

The department will continue providing quality hazardous materials training to sworn employees of the department. The department will continue to monitor the regulations and continue to stay compliant.

References

MOU IAFF Local 1596 – Section 10.5 (page 40)

NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments (available on-site)

CC 5H.3   **The agency conducts a <u>formal and documented program appraisal, at</u> <u>least annually,</u> to determine the impacts, outcomes, and effectiveness of the program, and to measure its performance toward meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Hazardous Materials Program Appraisal

2022 CFAI Annual Compliance Report (pages 27-29 ,85-91)

Criterion 5L: Other Programs – Tactical Medic Program

Note: The agency may provide additional operational programs designed to provide a specific service to the community. The agency must conduct a thorough risk assessment as part of activities in Category II to determine the need for specific program and support the overall risk reduction strategy. If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. If applicable, the agency should utilize the generic text below to depict other agency programs that are a part of the agency's mission, goals and objectives but are not already included in Category 5. Each major program should be numbered and listed separately (i.e., 5L, 5M, and so on).

Summary:

The department provides specially trained advanced life support certified firefighter/paramedic's or firefighter/AEMT's to the Lawrence Police Department's Critical Response Team (CRT). Tactical medics operate as members of the CRT to support high risk law enforcement activities where the risk to law enforcement officers or civilians is increased.

Performance Indicators:

CC 5L.1 **Given the agency's community risk assessment/standards of cover and emergency performance statements, the <u>agency meets its</u> staffing, response time, station, apparatus and equipment <u>deployment objectives</u> for each type and magnitude of the Tactical Medic Program.**

Description

The department provides specially trained advanced life support certified firefighter/paramedic's or firefighter/AEMT's to the Lawrence Police Department's Critical Response Team (CRT). Tactical medics operate as members of the CRT to support high risk law enforcement activities where the risk to law enforcement officers or civilians is increased.

The tactical medic program is managed by the division chief of prevention, an operations chief officer and a captain liaison. The program consists of six incentive tactical medics, with two assigned to each shift (X, Y, and Z).

Appraisal

The tactical medic program is a partnership program with the Lawrence Police Department and its CRT. Since October 2014, the department has provided 6 incentive-based firefighter/paramedics or firefighter/AEMTs to provide emergency medical care to injured or ill law enforcement members or civilian casualties. The department has established minimum training and operational standards for the tactical medics. Team performance is measured through monthly training and incident reviews.

Plan

The department will continue to evaluate the inputs, outputs, and outcomes of the tactical medic program. Through the evaluation, the department's program managers will assess new standards or practices within the industry and assist in new standards and define annual training objectives. This will be done in conjunction with the CRT. The department will complete the transfer of the program manager role to an operations chief officer to assist with realignment and dispersion of program management within the department. In

2023, the department's command staff will re-evaluate the training the tactical medics receive to ensure it is within current scope of practices.

References

Tactical Medic Roster

SOP 111.21 Tactical Medic Program

CC 5L.2   **The agency conducts a <u>formal and documented program appraisal at least annually</u>, to determine the impacts, outcomes and effectiveness of the program, and to measure its performance toward meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Tactical Medic Program Appraisal

2022 CFAI Annual Compliance Report (pages 97-100)

Criterion 5M: Other Programs – Coroner Scene Investigations Services

Note: The agency may provide additional operational programs designed to provide a specific service to the community. The agency must conduct a thorough risk assessment as part of activities in Category II to determine the need for specific program and support the overall risk reduction strategy. If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. If applicable, the agency should utilize the generic text below to depict other agency programs that are a part of the agency's mission, goals and objectives but are not already included in Category 5. Each major program should be numbered and listed separately (i.e., 5L, 5M, and so on).

Criterion 5M: Coroner Scene Investigation Services

The agency operates an adequate, effective and efficient Coroner Scene Investigation program that responds to and investigates all unattended deaths in Douglas County. This criterion report applies to agencies that have direct responsibility for operating programs that provide Coroner Scene Investigation services.
If the agency determines this criterion is not applicable, the agency shall provide a brief explanation of why it does not provide this program.

Summary:

Kansas State statutes require individual counties to provide coroner services to their citizens. Douglas County has contracted with the Kansas City, Kansas private partnership *Forensic Medical of KS LLC.* to provide these services. In conjunction with *Forensic Medical of KS LLC*, the department administers a Coroner Scene Investigation (CSI) program. The division chief of prevention oversees the program. A contractual agreement with Douglas County establishes program funding. Management and direct supervision of the program is currently provided by the Program manager assigned within the Prevention Division. Currently, six Coroner Scene Investigators cover each of the three 24-hour shifts. The goal of the CSI program is to assist the coroner in the determination of the cause and manner of death for all unattended deaths in Douglas County. This is through scene investigation, information gathering, witness interviews, and follow-up activities

necessary to aid the coroner in the determination of the cause of death. The investigators receive extensive training and certification from the American Board of Medicolegal Death Investigators (ABMDI) as well as ongoing training and continuing education in all aspects of coroner scene investigation throughout the course of their appointment. They work independently from the standard department structure, alongside representatives of other agencies such as law enforcement, hospitals, and other medical organizations. Department Standard Operating Procedures (SOPs) guide the specific activities of investigations. *Forensic Medical of KS LLC.* receives, evaluates and stores investigation documents. Continual program monitoring and evaluation ensure quality investigation and allow for program improvements.

It was identified during the 2018 program appraisal of the need for identifying a new CSI program model for the citizens of Douglas County. The program provided with emergency personnel assigned to apparatus created multiple challenges for those units being available and ready for emergency services. From 2020 to 2021 the department and Douglas County engaged in an RFP for an Emergency Services agreement in Douglas County. This was performed by *Wichita State University; Public Policy and Management Center.* One of the results identified that the CSI services would be reorganized and not provided by Lawrence-Douglas County Fire Medical.

The department collaborated with internal and external stakeholders to develop a new CSI program within Douglas County. The Douglas County Sheriff's Office has obtained approval from the Douglas County Commission to implement the program. The program has been developed with dedicated staff and supported by the Sheriff's Office. A transition time was identified during the first half of 2022 for services to be completely handed over from the Fire Medical Department to the Sheriff's Office. The program was transitioned in August of 2022. The department will continue to support the transition of this program to the Sheriff's Office as needed.

Performance Indictors:

CC   **5M.1** **Given its standards of cover and emergency deployment objectives, the <u>agency meets its</u> staffing, response time, station(s), extinguishing agency requirements, apparatus, and equipment <u>deployment objectives</u> for each type and magnitude of Coroner Scene Investigation services incidents.**

Description

Effective September 1st, 2022 the department transferred CSI responsibility to a newly formed program through the Douglas County Sheriff's Office. Prior to this date, the department utilized six incentive personnel to provide CSI services to Douglas County.

Appraisal

The department identified the need for a different model due to the challenge of CSI investigators predominantly staffing department medic units. This created a need for a new model that did not include interruption of emergency service resources.

Plan

The department will contribute manpower for CSI when requested by the Sheriff's Office.

References

[February 16, 2022, Douglas County Commission Agenda Item Report: Establishment of Civilian Based Coroner Scene Investigation Unit](#)

CSI Update Email

CC   **5M.2** **The agency conducts a <u>formal and documented appraisal</u>, <u>at least annually</u>, that includes an analysis of response procedures, equipment, training, and after action reports to determine the effectiveness of the coroner's scene investigation services program and meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Coroner Scene Investigator Program Appraisal
2022 CFAI Annual Compliance Report (pages 92-96)

Category 6: Physical Resources

Physical resources are defined as fire stations, training facilities, fire apparatus, and other capital expenditures and outlays that make up the property assets of an agency. Special attention is required to obtain and maintain appropriate quality physical resources.

Facilities that are leased and/or jointly operated may also be considered for agency use if this is accomplished in accordance with properly adopted, clearly established policies.

If work is contracted outside the agency and/or to another department within the parent agency, it is incumbent on the agency to ensure that facilities, equipment, staff, record keeping, and procedures are consistent with the performance indicators in this category.

Criterion 6A: Physical Resources Plan

Development and use of physical resources are consistent with the agency's established plans. A systematic and planned approach to the future development of facilities is in place.

Summary:
The department currently consists of five fire medical stations located within the City of Lawrence and two medical stations located in Douglas County. Each fire medical station has a fire suppression unit and a medic unit. Station 1 and Station 5 have an operations chief officer. Station 5 has a rescue tiller. The medical stations, located in Baldwin City and City of Eudora have a medic unit.

In June 2021, the department presented the 2020 Station Optimization Analysis to the city commission. The analysis identified three areas of suboptimal response coverage, in the Northwest, North and South regions of the city. To address these service gaps, the analysis identifies the need to relocate Station 3 further northeast and construct two additional stations: Station 6 on W. 6th Street and Station 7 on S. Iowa Street. There has been recent discussion constructing a joint training center with the LKPD.

Performance Indicators:

6A.1   The development, <u>construction or purchase of physical resources is consistent</u> with the agency's goals and strategic plan.

Description

The short and long-range goal of planning for and implementing the design and purchase of stations and equipment is ongoing.

The plan for future stations is recommended through the 2020 Station Optimization Analysis which considers five dimensions of risk: historic incident demand, current population, disadvantaged populations, current City of Lawrence population, projected City of Lawrence population in 2040, and appraised building value within the response coverage area. This recommendation aligns with the department's strategic plan. Physical resources are specifically mentioned in the Areas of Community Concern, priority 5 in the department's strategic plan.

The department's capital improvement plan (CIP) identifies target years for consideration of new stations and for future equipment and apparatus needs.

Appraisal

The department has identified the need for the station optimization analysis to be updated. The data that was used in the 2020 Station Optimization Analysis includes data from 2019 and prior. Since the Station Optimization Analysis was published, the city has considered plans to annex a substantial amount of land that is situated west of existing city limits, with a projected population of approximately 18,000. The 2020 Station Optimization Analysis did not factor in this proposed annexation when it was being developed. The department has not seen a commitment from the AHJ on station expansions, as they have not been funded.

Plan

The department's command staff will continue to review the CIP proposals on an annual basis to ensure it will adequately meet the future needs of the community and aligns with

the AHJ's priorities. The department will update the station optimization analysis with the city's GIS team, when requested by the AHJ.

References

CIP Request Fire Medical Station Number 6

2022-2026 Adopted Capital Improvement Plan (page 1)

2022 CRASOC (page 13)

2020 Station Optimization Analysis

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan: Areas of Community Concern, priority 5 (page 40)

CC 6A.2 The governing body, administration, and staff <u>are involved in the planning for physical facilities.</u>

Description

The process described above adequately incorporates involvement from administration, staff and the governing bodies. The use of project teams provides diverse input and feedback in the planning for physical facilities.

The department begins the planning process for future facilities by studying the projected growth of the city as determined by the city's CIP and long-range planning. The department recognizes that cooperation in facility planning is beneficial and aligns with the city's strategic plan commitments and outcomes. Through the alignment, the department expects success.

Appraisal

The department has had success in involving internal and external stakeholders in the physical facilities planning and projects. The department utilized project teams to coordinate planning for physical facilities. Diverse teams have brought value to department projects, such as the recent remodel of Station 1. The Station 1 remodel project team consisted of three captains from Station 1, Public Works Building and Structures Managers, City/County sustainability coordinator, director of Douglas County Senior Resource Center, two operations chief officers, the fire chief and other department employees.

In the 2020 Station Optimization Analysis, the department worked with multiple stakeholders to facilitate the aggregation of data and create recommendations on department station locations. Working with different subject matter experts enhanced the document's reliability and holistic approach.

Plan

The fire chief and command staff will continue to participate in the planning process to ensure that the governing body has information regarding recommendations of physical facilities within growth areas to enable the department to provide adequate levels of

service. The department will continue to evaluate the alignment with the city's strategic plan and adjust as needed through the facility planning process.

References

2022 CRASOC

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan

[City of Lawrence Strategic Plan](#)

Station 1 Remodel Memo (page 2)

Station 1 Remodel Notes Sample

Criterion 6B: Fixed Facilities

The agency designs, maintains and manages fixed facility resources that meet the agency's goals and objectives.

Summary:

Each station has a captain who is identified as a station liaison. The liaison will help with identifying and organizing larger projects that a station needs. The three station captains are all responsible for the maintenance and upkeep of their station. The operations chief officers are also made aware of any maintenance issues so they can help track and resolve any issues.

Performance Indicators:

6B.1   Each function or program has <u>adequate facilities and storage space</u>. (e.g., operations, prevention, training, support services, and administration).

Description

The department has five fire medical stations in the City of Lawrence and two medical stations located in Baldwin City and Eudora. Each fire medical station in the city has adequate apparatus bay space to house a minimum of one fire apparatus and one medic unit. Reserve medic units and fire apparatus are located within the fire medical stations. Minor annual facility audits are performed, internally by the station liaisons. Projects related to upgrades and upkeep are determined at this time. Captains are empowered to propose facility enhancement projects and are approved to do so if financially possible. The crew-level facility maintenance and improvements are done year-round. The department utilizes the budget process to propose major facility upgrades and expansions.

Storage space throughout all department facilities is limited. The stations that have specialty response capabilities utilize available storage space for associated training props, equipment, and supplies. The administrative building has limited storage space available because of the administrative storage requirements and record keeping.

The department's training facility has been updated with new flooring and paint in the last two years. The lack of employees on site daily allows for building deficiencies to go unnoticed for an extended period of time.

Facility Breakdown:

The **Administrative Offices Building** opened in 2006 attached to Station No. 5. The Administration Office houses four divisions: Prevention, Training, Administrative and Emergency Medical Services. There are individual offices for the Fire Chief, Division Chiefs, Accreditation Manager, and Medical Billing Manager. There are eleven workstations with computers and filing capabilities to support employees for the various divisions. There is a supply storage area, a break room, and three conference rooms capable of holding eight, 12 or 48 persons with audio and video equipment.

Station No. 1 was remodeled in 2018/2019 and was originally opened in 1950. The station has two floors of usable area, with a conference room, office room, bathrooms and the apparatus bay on the main floor. On the second floor, dorm rooms, living quarters with dayroom, kitchen/dining area, gear extractor, workout facility, and chief officer office space. The offices are supplied with multiple computer stations and filing capabilities. The station has four poles that access the apparatus floor from the second floor.

Station No. 2 opened in 2002. The building has one office with multiple computers and filing capabilities. A small office area is for personnel to work on projects. A kitchen/dining area leads into the day room. There is a workout room, 2 full facility shower/restrooms and 12 individual bedrooms with four lockers each. The apparatus bay area has three long bays, a hose dryer, an SCBA compressor, gear extractor, a laundry room, and gear storage and storage area.

Station No. 3 opened in 1968. The station has a study room, office with multiple computers and filing capabilities, gear extractor, workout room, dayroom, kitchen/dining area, two shower/bathrooms and ten individual bedrooms with four lockers per room. Remodeling of the kitchen occurred in 2000, and a full remodel with the addition of the bedroom area occurred in 2005. A detached garage constructed in 2002 houses additional apparatus and equipment.

Station No. 4 opened in November of 2007 and the layout and features of this facility mirror station 2.

Station No. 5 opened in 2006 and included the adjacent Administrative Offices. There is one large office with multiple computers and filing capacity. A conference room, workout room, large kitchen/dining area, day room and 16 individual bedrooms with four lockers make up this building. It also has two shower/bathrooms and a laundry room. The apparatus bay has a hose dryer, an SCBA compressor, gear extractor, a gear storage room and two utility rooms.

Station No. 11 is located in Baldwin City and opened in 1997. Its primary mission is to handle EMS calls in the southern portion of Douglas County. A converted three-bedroom ranch home with a full basement houses the vehicle and crew. A former bedroom houses the office with computer and filing capabilities. The basement has two storage areas and the physical fitness room. The modified garage houses one Medic Unit.

Station No. 12 is located in Eudora City at the City of Eudora Public Safety building. Its primary mission is to handle EMS calls in the northeastern portion of Douglas County. The City of Eudora owns this building, and the department utilizes the facilities' apparatus bay, kitchen, day room, individual bunkrooms, physical fitness room and office.

The Training Center is a former operations station that originally opened in 1968 and includes a training tower and drill field. With the opening of the new Station 2 in 2002, the existing station converted to a full training center and maintenance facility. In 2007, the department vehicle maintenance merged with city vehicle maintenance and the entire facility became the training center. The building houses no operations personnel and has no fixed apparatus. The kitchen and dayroom area is now a large multipurpose room with tables, chairs, audio/visual capabilities and a fully functional kitchen. There is a large locker room with shower/bathroom area. There is also a former small dorm area with a full bath. The large parking area accommodates apparatus during training evolutions. The three-story training tower has a burn room, sprinklers and standpipes. The facility also has training props for Haz-Mat, confined space and trench rescue training.

The Investigations Center originally is a former fire station constructed in 1928, and converted into an investigations facility in 2007. The station was remodeled in 2019 to house a medic unit during the Station 1 remodel. The building houses the investigation vehicle, a secure evidence equipment room, and SCBA repair and maintenance equipment.

Appraisal

The department has not been consistent in conducting department-wide annual facility audits. When the audits were routinely performed, facility upgrades were identified and

prioritized. The command staff would review the project list and designate items that could be completed by the Operations Division, on a small scale. Larger projects were then pushed forward through the budget process, if deemed a priority.

The department's storage space is not adequate. Storage space for additional equipment and apparatus, like reserve apparatus, has been identified as a major need. Storage organization has been implemented in recent years to help manage available space and make items easily accessible. The department's lack of a central storage facility has created complications with logistics and warehousing. As space becomes available or organized, other divisions capitalize on the open space by relocating their own supplies. This has caused frustration within the department, between divisions. This has acted as a band aid to the overarching storage problem.

Organization and inventory can increase the department's effectiveness with current storage spaces. The process to clean and update inventories is cumbersome and time consuming. Process awareness is lacking and not connected with city requirements.

Plan

In future expansions, the department will consider additional storage space as well as innovative space configurations to account for organization. To bolster annual facility audits, the department will evaluate a formal process utilizing station liaisons.

The department will continue utilizing the budget process to propose budget requests related to facility and storage solutions. The department will continue to make fiscally responsible purchases related to station organization and inventory. The department will continuously evaluate opportunities to manage space in a more effective way. Maintenance and standard upkeep of department facilities will continue.

The department will evaluate the option of housing reserve units at the training facility in the bay.

References

SOP 102.20 Program Management Assignments

SOP 403.20 Station Maintenance and Cleaning

SOP 403.21 Facility Maintenance Problems and Reporting

Station Audit Overview

Purchases related to Storage Organization Report

6B.2   Buildings and outbuildings are <u>clean and in good repair</u>, and the surrounding grounds are well kept. <u>Maintenance</u> is conducted in a systematic and <u>planned manner.</u>

Description

It is the responsibility of all employees to care for, maintain, and report any repairs or other issues regarding department facilities. It is the station officer's responsibility to provide management and oversight of their assigned facility including the ongoing care, maintenance, and reporting of problems.

The department relies on employees of the Operations Division to conduct daily cleaning of facilities. SOP 403.20 Station Maintenance and Cleaning specifies that detailed cleaning of specific areas within department facilities will be conducted each Saturday of the month. General upkeep of facility grounds is the responsibility of employees assigned to their respective station. These responsibilities include, but are not limited to: lawn care, weed management, trash removal, and sidewalk snow removal.

SOP 403.21 Facility Maintenance Problems and Reporting outlines the process for submitting requests for station maintenance. Maintenance requests are submitted through the city's intranet and are assigned to employees of Municipal Services and Operations (MSO). If a maintenance request is deemed an emergency by department employees, employees are able to bypass the normal write-up process to ensure the repair is made in a timely manner.

Appraisal

The department's maintenance and upkeep of facilities has been successful when addressing deficiencies, internally. However, the city-wide process for submitting building maintenance requests has lacked efficiency and is not streamlined. There has been a lack of communication between the city Municipal Services and Operations (MSO) and department employees regarding the status of building maintenance requests.

Plan

The Administrative Division will contact MSO to inquire about the Building Maintenance Support Ticket workflow and recommend process enhancements. The department will continue following city-directed processes for submitting building maintenance requests.

References

SOP 403.20 Station Maintenance and Cleaning

SOP 403.21 Facility Maintenance Problems and Reporting

CC 6B.3   <u>**Facilities comply**</u> **with federal, state/provincial and local codes and regulations at the time of construction; required upgrades for safety are identified and, where resources allow, addressed. For those items that warrant further attention, a plan for implementation is identified in the agency's long-term capital improvement plan (i.e. fire alarm systems, sprinkler system, seismic, vehicle exhaust system, asbestos abatement, etc.).**

Description

The department makes every effort to ensure that facilities comply with applicable government regulations. The department strives to comply with current building codes, fire codes, and the Americans with Disabilities Act. There are no state regulations for these facilities. All facilities comply with local zoning requirements. Annual inspection of stations ensures compliance with local fire codes.

Appraisal

All operational facilities comply with relevant federal and local regulations.

Plan

The department will continue to comply with regulations, codes, and standards as they apply for all existing facilities.

References

Sample Fire Inspection (available on-site through ESO)

Station Audit Overview

2023 Facility Budget

Certificates of Occupancy

Criterion 6C: Apparatus and Vehicles Maintenance

Apparatus and vehicle resources are designed, purchased, and maintained to adequately meet the agency's goals and objectives.

Summary:

The department utilizes a participatory committee process comprised of engineers, company officers, and Central Maintenance Garage (CMG) staff to develop new apparatus specifications. These recommendations are then forwarded to the fire chief for final approval. Funding for fire apparatus replacement is managed through the City's Capital Improvement Plan. Douglas County provides capital funding for medic units through the Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021. The apparatus replacement schedule is based on an objective point system involving factors such as engine hours, mileage, and age that determine apparatus replacement.

Performance Indicators:

CC 6C.1   <u>**Apparatus and vehicle types are appropriate**</u> **for the functions served (e.g., operations, staff support services, specialized services and administration).**

Description

The department maintains a primary fleet consisting of three engines, two quints, a tractor drawn aerial, seven medic units, and two operations chief vehicles. Reserve apparatus include two quints, one engine, and five medic units. The department has specialized services strategically located across four facilities that include: a tender, two brush trucks, three rescue boats, two utility task vehicles, a hazardous materials trailer, a search and rescue trailer, a mass casualty trailer and five utility trucks. Some employees in the prevention division, administrative division, training division, and EMS division are assigned staff cars to be utilized during work hours.

Appraisal

The current fleet of department apparatus is adequate and serves the community's needs well. The current staff cars that are used by the Training Division have been identified as insufficient because of the hauling needs. The location of the apparatus meets the response need of that primary response area. The department's moving water response is limited. A Gator Tail rescue boat is scheduled to be delivered prior to January 2023. This boat will enhance the deployment and effectiveness of shallow water responses (Kansas River and flooded areas).

The department's apparatus, staff vehicles, and specialized services meet the current needs of the department and its customers. The department is continuously analyzing needs to determine the effectiveness of the current deployment model.

Plan

Department command staff will meet at least annually to evaluate the status of apparatus. The current replacement plan will be reviewed and updated if necessary. Through the budget request process, the department will continue to communicate the identified needs.

To enhance the department's ability to perform moving water rescues, the department will continue to evaluate the feasibility of adding a second inflatable rescue boat to the department's fleet.

References

Vehicle Listing 600 Series

Sample Apparatus Specifications

6C.2 A current <u>replacement schedule exists for all apparatus and support vehicles based on current federal and state/provincial standards, vehicle condition, department needs and requirements</u>.

Description

The current department apparatus replacement schedule was implemented in 2008. The program is based on a 12-year life cycle for most apparatus. Factors included in the replacement determination include apparatus age, year of purchase, purchase price, current value, number of engine hours, number of miles driven, life expectancy, and a projection of when the apparatus moves to reserve status and when it should exit the system. The department works closely with CMG on the apparatus and support vehicles replacement schedule.

Appraisal

The current replacement plan has worked very well. The replacement schedule identifies when a particular apparatus is due for replacement; however, the department continues to request vehicles utilizing the replacement plan schedule.

Plan

Command staff, Central Maintenance Garage, and the Finance Department will continue following established plans and guidelines for apparatus and vehicle replacement. The department will continue coordinating the vehicle and apparatus replacement schedule with the Central Maintenance garage.

References

2022-2026 Adopted Vehicle and Equipment Replacement Plan (VERP, page 1)

6C.3   A <u>process exists</u> for writing apparatus and vehicle replacement specifications <u>with employee input</u>.

Description

The department process for writing apparatus specifications utilizes the department apparatus project team to develop apparatus specifications. Employees from all levels of the department and central maintenance garage personnel have a vital role in the specifications. The committee members conduct extensive research that includes Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, factory visits, and site visits to neighboring departments to determine the best specification for our community's needs.

Appraisal

The current apparatus specification team system has served the department well. Participation and interest remain high and well received by department employees. This process has significantly enhanced the pride and acceptance of new apparatus and deployment models.

Plan

The department will continue to utilize apparatus project teams to design and create specifications for all new apparatus. This program has allowed department employees to become engaged and empowered to ensure that the most capable apparatus is designed for the community's needs and the firefighters who work on them.

References

Sample Apparatus Specifications

Station 5 Deployment SWOT Analysis

Company 5 SWOT X Shift

Company 5 SWOT Y Shift

Company 5 SWOT Z Shift

Apparatus 5 Project August 13 Minutes

Apparatus 5 Project September 4 Minutes

Criterion 6D: Apparatus Maintenance

The inspection, testing, preventive maintenance, replacement schedule and emergency repair of all apparatus are well established and meet the emergency apparatus service and reliability needs.

Summary:

The department has an apparatus maintenance program that incorporates routine maintenance and inspection, preventative maintenance, and an emergency repair procedure. The city's Central Maintenance Garage (CMG) manages this program. The CMG has a comprehensive apparatus maintenance program to ensure apparatus maintenance is following industry and NFPA standards. This process includes three separate inspection processes:

1. Daily apparatus inspection by operational employees
2. "Calendar" inspection at specified intervals (time or mileage interval) by CMG employees
3. Detailed inspections at specified total vehicle hours, miles, and elapsed time

Performance Indicators:

CC 6D.1   An apparatus <u>maintenance program is established</u>.

Description

The department utilizes a proactive maintenance program to ensure apparatus is maintained following manufacturer, industry, NFPA standards, and SOPs. This process includes three separate inspection processes:

1. Daily apparatus inspection by operational employees

2. "Calendar" inspection at specified intervals (time or mileage interval) by CMG employees

3. Detailed inspections at specified total vehicle hours, miles, and elapsed time

Maintenance guidelines and intervals follow fleet management best practices of the Diesel Engine Manufacturers Association. Engine oil analysis occurs on a routine basis. Apparatus receives annual testing following NFPA standards, with annual aerial and ground ladder testing conducted by a third party. In addition, a third-party vendor and the CMG perform yearly pump testing per NFPA 1901. Department employees utilize a city-wide vehicle maintenance program named "Asset Works" to send service request information and report problems. Emergency repairs are immediately reported to the operation chief officers and the CMG.

Appraisal

All service, repair, maintenance, and testing are performed by certified personnel employed by the city or contracted to qualified vendors. All required maintenance on department apparatus has conducted per the manufacturer's guidelines. Daily inspection of apparatus is performed by those assigned to that apparatus. The CMG and the department currently do not have a written service level agreement. Existing "Asset Works" functions need to be further explored to assist with internal communications between the department and CMG.

Plan

The department will maintain the current maintenance program, with necessary revisions to address any changes in NFPA standards and industry practices. This process will be

reviewed by the command staff, annually. Further discussions with CMG and the fire chief to determine if a service level agreement is needed.

References

SOP 401.30 Apparatus Inventory and Cleaning

Asset Works Database Example (available on-site)

SOP 401.10 Apparatus Inspection and Maintenance

Asset Works Requests for Service Report

6D.2   The maintenance and repair <u>facility has adequate space</u> and is equipped with appropriate tools.

Description

The department utilizes the CMG as the primary maintenance and repair location. The CMG has multiple bays for the maintenance and repair of vehicles. A large inventory of specialty tools and equipment provides an adequate resource for the maintenance and repair of fleet needs.

Appraisal

The current repair facilities lack space to raise cabs and aerials in all bays but does not allow appropriate access. The garage is not long enough to effectively fit the length of the department's new t aerial. The city recently funded a new CIP project to build a replacement vehicle maintenance facility. The facility request would provide efficiencies and additional space to the central maintenance garage. This service would likely reduce out-of-service time of department apparatus. This project is not set to begin construction until 2026. The feasibility of a mobile maintenance vehicle for minor repairs and preventative maintenance needs to be evaluated.

Plan

The new CMG is scheduled to begin construction in 2026, with completion slated in 2028. When this facility is completed, it will provide adequate space for all the department fleet. The command staff will collaborate with MSO to discuss and evaluate the feasibility of a mobile maintenance vehicle.

References

Central Maintenance Garage AssetWORKS Maintenance Requests Screenshot

2022-2026 Adopted Capital Improvement Plan, Operations Facility Request #MS-21-0004 (page 3)

6D.3   The program is <u>adequately staffed, supervised, trained and certified</u> to meet the agency's needs.

Description

The CMG is open and staffed from 7 A.M. to 4:30 P.M. Monday through Friday and Saturday 7 A.M. to 3 P.M. A mechanic will be called back after hours. A supervisor is on-call after regular working hours to assess and facilitate necessary emergency repairs. CMG technicians carry Double Master ASE Certification. The fleet manager and department encourage and support Emergency Vehicle Technician (EVT) certification for technicians; many techs hold EVT certifications. The department is a designated EVT national testing site to help encourage local and regional EVT certification testing.

Appraisal

The CMG maintains several hundred types of vehicles city-wide. This has resulted in maintenance delays due to staffing. The garage has had difficulty recruiting and retaining qualified staff. The department has always maintained a strong relationship with the CMG and finds CMG responsive when emergencies and priority repairs are required.

The department has included a CMG technician as a member of the apparatus project team, who travelled to Pierce Manufacturing for the acceptance of Engine 5 and Ladder 5. This proved beneficial because the CMG technician had the opportunity to speak with Pierce technicians and provide feedback regarding his experience to other members of the CMG.

The department invited a CMG technician to join the truck build team The last two truck builds

Plan

The CMG and the department will continue to monitor the completion of work orders for repairs and maintenance to ensure timely repairs and that enough certified maintenance personnel are available. The department will also continue to support and encourage EVT certification by CMG technicians.

As the department designs new fire apparatus in the future, the CMG will continue to provide input and participate in trips to Pierce Manufacturing.

References

Fleet Supervisor Job Description

Fleet Manager Job Description

Mechanic I Job Description

Mechanic II Job Description

6D.4   The <u>reserve vehicle fleet is adequate,</u> or a documented contingency plan is in place for when an apparatus must be taken out of service.

Description

The department has a reserve vehicle fleet, identified as secondary apparatus, for use in the event a primary apparatus is out of service. The department has four reserve fire apparatus, three 75-ft quints, one engine, five ambulances, and one reserve command vehicle. Secondary apparatus are equipped to be almost identical to primary apparatus. In addition to being utilized when apparatus are taken out of service, they are utilized by off duty employees when called back to assist in additional response coverage, special events, and large or multiple incidents. All units in the department's fleet are a part of the city's vehicle replacement program which is managed by the CMG.

Appraisal

The department has had success maintaining a fleet of secondary apparatus. With the amount of time primary apparatus spend in the CMG, secondary apparatus have been heavily used and relied on. The similar outfitting of primary and secondary apparatus have allowed the department to exchange units in a relatively quick manner. The placement of the secondary apparatus within the stations is balanced and has provided the department with reliable response capabilities.

Plan

The department will continue to advocate and communicate it's need related to a strong secondary apparatus fleet. Priority will continue to be placed on keeping the primary apparatus fleet in service and maintained in a timely manner, thus reducing the frequency of use for secondary apparatus. The department will maintain frequent communication with the CMG.

References

2022   CRASOC   -   Apparatus   Staffing   Table   (pg.   36,   Table   17)

CC 6D.5   The <u>inspection, testing, preventive maintenance, replacement schedule, and emergency repair of all apparatus</u> are well established and meets the needs of the agency.

Description

All primary response apparatus, utilities and single resource units are inspected daily by crews. The daily inspection includes visual inspection, mechanical inspection, engine fluids maintained, tire pressure and wear and emergency warning systems check. Any deficiencies found during the daily vehicle inspection is reported to the CMG via electronic ticket. Depending on the severity of the deficiency the CMG will either schedule the apparatus for maintenance, fix the problem during normal preventive maintenance, or request the apparatus be brought to the CMG for immediate attention. Preventive maintenance is scheduled and based on hour and/or mile usage. This information is gathered when apparatus fuels up and data is input to the fuel station.

The department utilizes SOP 104.41 Apparatus Inspection and Cleaning, to provide guidance for personnel when performing daily vehicle checks and cleaning.

The CMG utilizes the AssetWORKS system to manage maintenance requests for department vehicles. The CMG manages all repairs and associated costs. If outsourcing is required, the CMG coordinates the services. The department submits maintenance requests through this system.

Appraisal

With the process of continued review and evaluation, along with the established relationship with the CMG, the current process works successfully in providing safe and reliable apparatus to meet the demands of daily activities for responses.

Plan

The department will continue to work with the CMG to coordinate inspections, maintenance, repairs, and the replacement schedule. The department will utilize the budget process to request funding for identified replacements and maintenance. The department will evaluate opportunities for expanded access to AssetWORKS for additional fleet management capabilities.

References

SOP 104.41 Facility and Apparatus Cleaning

SOP 401.10 Apparatus Inspection and Maintenance

SOP 401.30 Apparatus Cleaning and Inventory

AssetWORKS (available on-site)

Lawrence Fire Medical 649 Aerial Inspection Report

Lawrence Fire Medical 649 Pump Report

Criterion 6E: Tools, Supplies and Small Equipment

Equipment and supplies are adequate and designed to meet the agency's goals and objectives.

Summary:

Equipment and supplies are stocked and maintained for fire suppression, emergency medical services, special operations, and routine activities and are adequate to meet the Department's needs and operations. Extensive inventories are maintained of all equipment, tools, and supplies, and policies have been established to replace all essential equipment if damaged or lost immediately.

Performance Indicators:

6E.1   <u>Tools and equipment are distributed appropriately</u>, are in adequate quantities and <u>meet the operational needs of the specific functional area or program</u> (e.g., fire suppression, prevention, investigations, hazmat, etc.).

Description

All fire apparatus and medic units are fully equipped with a standard inventory of tools and equipment necessary for fire suppression and emergency medical services. NFPA 1901, NFPA 1961 and ISO guidelines have established the minimum equipment requirements for equipping fire apparatus. The Kansas Board of EMS outlines essential equipment for medic units. Department risk analysis and equipment purchase authorizations contribute to apparatus equipment decisions.

Appraisal

Standardized equipment inventories have been established for all apparatus throughout the department. Daily and weekly apparatus and equipment checks are outlined in SOP 401.10 Apparatus Inspection and Maintenance and SOP 401.30 Apparatus Cleaning and Inventory. Continuous evaluation of equipment has aided the department in determining what needs to be removed or replaced Training, program evaluation, and project teams allow the department to stay abreast of technological advances in tools and equipment. Fire hose has been tracked in FireHouse software which has a sunset date and is no longer supported. All fire hose testing data has been tracked by FireCatt (third party tester).

Plan

Officers and crews will continue monitoring tools and equipment daily. The department will continue to equip apparatus to meet identified risk response needs and ensure appropriate distribution of tools and equipment. The goal is to ensure uninterrupted operations, emergency response, and preparedness for significant events and to support training and education of our members and the public.

Fire hose will continue to be replaced, following a 10-year replacement plan.

References

Apparatus Inventory Lists

NFPA 1901 Standard for Automotive Fire Apparatus (available on-site)

NFPA 1961 Standard on Fire Hose (available on-site)

ISO Report (the anticipated completion of the ISO report will be this fall, this document will be available on-site)

Kansas Board of EMS Inventory Checklist

6E.2   Tool and equipment <u>replacement is scheduled</u>, budgeted and implemented, and is adequate to <u>meet the agency's needs</u>.

Description

The department currently reviews manufacturer recommendations for the replacement of tools and equipment. The department does not have a replacement schedule for tools and equipment, unless a standard or manufacturer is required. Replacement and repair of tools and equipment are on an as-needed basis. All new apparatus purchases trigger a more thorough review of the tools and equipment for the new apparatus. Apparatus build teams are utilized to perform the review and recommendation. Each program in the department requires the use of specialized equipment. Fire hose is on a 10-year replacement plan.

The department has a budget line item for small tools and equipment and an equipment repair line item. All equipment is replaced on an as-needed basis, or a regular schedule as required by NFPA Standards or manufacturer recommendations.

Appraisal

The current system has allowed the department to operate and utilize equipment in good condition. Maintaining alignment with the replacement schedule has enabled the department to remain transparent in purchasing activities. The AHJ is aware of this process and has continued to support purchasing activities that align with the department's replacement schedule.

Plan

Station captains will continue to submit annual equipment inventories. Equipment replacement and certification will continue to be an integral part of the ongoing, at least annually, program reviews.

References

Chart of Accounts Itemized Sheet Screenshot – Equipment / Tools Line (full document available on-site)
Chart of Accounts Itemized Sheet Screenshot – Equipment Repair Line (full document available on-site)

CC 6E.3   Equipment <u>maintenance, testing and inspections are conducted by qualified personnel,</u> following manufacturer's recommended schedules.

Description

Department employees, CMG, and outside contractors provide maintenance on equipment.

The department has four employees certified by the manufacturer to maintain and repair department self-contained breathing apparatus (SCBA). One employee is responsible, through an incentive, to maintain air monitoring equipment, including calibration and parts replacement. Crews maintain hand tools such as shovels, rakes, axes, pike poles, and closet hooks. Station personnel perform weekly operational checks on small equipment and report discrepancies.

The department uses independent third-party companies for the annual testing and certification of ground ladders, aerial ladders and fire hose. Additionally, outside vendors performance routine maintenance on cardiac monitors and patient cots.

Appraisal

The department has utilized a combination of qualified employees and vendor-supported maintenance agreements to maintain equipment throughout the department. The department has supported employees in obtaining the training and certifications necessary to perform maintenance on specialized equipment.

Plan

The department will continue to utilize qualified employees, the CMG, and outside contractors to maintain the current equipment inspection, maintenance, and repair program. The department will also continue to seek the most efficient and economical method for maintaining equipment by combining employees and outside vendors to complete maintenance on specialized equipment.

References

Mechanic I Job Description

Mechanic II Job Description

SOP 111.11 Air Pak Incentive

Firehouse Maintenance and Inventory Records (available on-site)

Third-Party Inspection Report (Aerial Inspection Report)

Apparatus Inspection Form

Department Training and Certification Records (available on-site)

6E.4 <u>Inventory control and maintenance tracking systems are in place</u> and current.

Description

The department maintains an inventory list for its apparatus on the department's intranet. The inventory lists assist members in making sure the appropriate type and quantity of tools and equipment are on each apparatus. Department hand tools are color-coded to indicate their respective station assignment.

The department utilizes equipment maintenance/repair forms located on the intranet. When an equipment write up is completed, an email is sent to appropriate employees within the organization to manage the next steps in the maintenance or repair process.

The department's emergency medical service equipment is managed by the EMS Division. The EMS division is using an excel sheet to track and receive requests related to medical supplies. The administration building has a storage room that is used for housing the medical supplies.

Appraisal

The department's equipment maintenance/repair write-ups have been used to properly document the issue and start the repair process, however, the follow-up in communication on repair status is lacking. This can be attributed to the inefficient workflow and lack of communication throughout the entire process. A documented, streamlined process that aligns with other maintenance/repairs would be beneficial.

Medical supply warehouse location changed in 2020 from a storage room at the training facility to a storage room at the administrative building to centralize the supplies to be near the division chief of EMS. The relocation has been beneficial in cutting travel time down and improving the division chief of EMS's response to emergent medical supply needs. The emergency medical service supplies have not been efficiently managed and distributed. The EMS and training division chiefs have been inefficiently used to procure and inventory medical supplies. These divisions have also been utilized to distribute medical supplies to department facilities and Douglas County emergency responder agencies.

Plan

In late 2022 and early 2023, the Administrative and EMS Divisions will evaluate ESO Assets and Checklists module to see if its capabilities match with department inventory maintenance needs. Until a new system is fully functional and vetted, existing inventory and maintenance tracking for PPE, Safety equipment and SCBAs will continue to be accomplished, managed individually by program captains and chiefs.

The department will work with the CMG to establish a workflow to enhance communication throughout the entire maintenance / repair process for equipment.

In 2023, the department will hire a logistics position to manage county-wide emergency medical service supplies.

References

Maintenance/Repair Write-Up Form Example

Master Inventory Lists EMS

Picture of EMS Supply Room

Kansas Board of EMS Inspection Forms

6E.5   Supplies and materials allocation is based on established objectives and appropriate to meet the operational needs of the specific functional area or program (e.g., fire suppression, prevention, investigations, hazmat, etc.), and is compliant with local, state/provincial, and national standards.

Description

Program managers for fire suppression, community risk reduction, emergency medical services, tactical medic, and hazmat are responsible for reviewing the operational needs, purchasing, inventory, and ensuring the supplies and materials are available. Supplies and materials comply with state and national standards and are monitored by program managers. The supplies and materials for each program are available to carry out deployment objectives for all incidents.

Appraisal

The process for managing supplies and materials is adequate for meeting the established objectives and appropriate to meet the operational needs of each program. The budget process for operating expenses and capital items has provided the structure for and funding of supplies and materials for all department programs.

Plan

The department plans to continue using the existing systems for ordering, maintaining, and allocating supplies and materials. Periodic reviews and evaluations of the effectiveness of these systems will be conducted at command staff meetings.

References

2021 Hazardous Materials Annual Program Appraisal

EMS Medical Supply List

Criterion 6F: Safety Equipment

Department issued Personal Protective and Safety equipment are designed to allow firefighters to meet the department's mission and objectives and are adequate for that purpose. Within this criterion, personal protective and safety equipment include firefighting ensembles (PPE) and all other department issued gear or apparel worn by firefighter in the performance of emergency services, and related equipment (for example, self-contained breathing apparatus (SCBA)).

Summary:

Department issued Personal Protective Equipment (PPE) and Safety equipment meet or exceed industry standards, (National Fire Protection Agency (NFPA)). PPE is issued to all personnel with the responsibility to responded to emergencies and are inspected on a regular basis depending on the piece or equipment, at a minimum of a semi-annual basis. The department also maintains adequate safety equipment including SCBA's, accountability system, thermal imaging cameras, and air monitoring equipment. Policies outline expectations and standards for PPE and safety equipment issuance, usage, inspection and replacement. PPE and Safety equipment maintenance is performed by qualified employees of the department or certified technicians outside the department.

Performance Indicators:

CC   6F.1   <u>Safety equipment is identified and distributed</u> to appropriate personnel.

Description

The department provides all necessary safety equipment and personal protective equipment (PPE) to sworn employees. Each firefighter has two sets of turnout gear (pants, coat, gloves and hood). The identification and distribution of safety equipment extends to specialized programs the department operates. Employees operating within the technical rescue and hazardous materials programs are provided the equipment and tools necessary to operate safely on incident scenes and during training. The department has gear extractors located in every station located in the City of Lawrence.

The department utilizes multiple SOPs to guide employees in the proper use of safety equipment and PPE. These includes SOP 206.10 Self-Contained Breathing Apparatus (SCBA) Personal Alert Safety System (PASS) and SOP 206.40 Cancer Reduction Program.

The department supplies all Douglas County first responding agencies with emergency medical service supplies. The division chief of EMS is responsible for the procurement and distribution of these supplies.

Appraisal

The department is satisfied with the availability and function of current PPE. The newly added second set of turnout gear has enabled firefighters to don clean gear consistently. Approved funding has provided for sufficient procurement and replacement of all PPE and safety equipment.

Plan

The department will continue to ensure employee safety is a priority for the organization. The department, in collaboration with the health and safety committee, will continue to

research new technologies in safety equipment/PPE and remain current on industry standards and regulations to ensure full compliance is being met.

The department will work with the health and safety committee to continue to research new technologies in safety equipment and PPE and stay up to date in industry standards and regulations to ensure compliance.

References
IAFF MOU Local 1596 (pages 38-42)

Health and Safety Team Program Minutes

SOP 206.10 Self-Contained Breathing Apparatus (SCBA) Personal Alert Safety System (PASS)

SOP 206.40 Cancer Reduction Program

SOP 402.40 PPE Cleaning

2021 Health and Safety Annual Program Appraisal

6F.2   Distributed <u>safety equipment is adequate</u> for the functions performed.

Description

The department's safety equipment inventory levels are sufficient for department needs. The department evaluates the distribution and inventory of PPE and safety equipment to ensure it is sufficient for the job functions performed and services provided. Requisition and inventory systems utilized by the department assist with available inventory count and can be distributed to station when needed.

All Operation Division employees, have a second set of turnout gear, as well as extra uniform clothing. After incidents where the turnout gear has been contaminated, they can change into their second set of gear as soon as they return to the station and begin the process of laundering the contaminated gear.

The department maintains an adequate supply of spare SCBAs in-house and each fire apparatus has a spare SCBA permanently assigned to it.

Appraisal

The department's safety equipment inventory levels have been sufficient. During the COVID-19 pandemic, the department experienced a brief time of low inventory numbers in medical supplies, however, the low inventory numbers did not impact operations. Collaboration and the use of purchasing agreements allowed the department to restock to adequate levels.

The department has adhered to all safety regulations regarding PPE and safety equipment including the inspection, testing and replacement of ropes, self-contained breathing apparatus, face pieces, PPE and basic firefighter safety clothing. Stations specializing in technical rescue and special operation response (confined space rescue, hazardous materials rescue, trench rescue, high angle rescue and water rescue) have been provided additional safety equipment and training specific to those functions.

Plan

The department will continue to research and identify PPE and safety equipment for all operations, both routine and specialized and will make appropriate recommendations to the department's command staff to address any identified needs or gaps. Lessons learned

through the unanticipated increase of medical supply PPE through the COVID-19 pandemic will continue to be practiced. The health and safety committee will make recommendations if alternative or additional safety equipment is identified.

References

SOP 206.40 Cancer Reduction Program

SOP 206.10 Self-Contained Breathing Apparatus (SCBA) Personal Alert Safety System (PASS)

SOP 402.40 Structural PPE Cleaning

Sample SCBA Maintenance Record

6F.3   Safety equipment replacement is <u>scheduled, budgeted and implemented, and adequate to meet the agency's needs.</u>

Description

The established and ongoing process for replacement of all safety equipment is adequate to meet the needs of the department. The department maintains daily inspections by individual firefighters and bi-annual testing of all safety equipment. All individual safety equipment and clothing is inspected semi-annually by the respective station officers and if needed, the program captain. Funds are provided in the general operating budget to replace and/or repair safety equipment and clothing as needed. Specific funds have been established through the CIP for scheduled replacement of all breathing apparatus and PPE.

Appraisal

Adequate replacement funds are established for the testing, purchase and replacement of all safety equipment. For large capital items, the city has established a replacement cycle and fund for each individual item or project, including SCBAs.

Plan

The department will continue to advocate for sufficient replacement funds for safety equipment in the annual budget requests.

References

Budget Example for Second Set of Turnout Gear (Adopted CIP 2019-2023, page 2)
Purchase Order for Second Set of Turnout Gear
2023-2027 Requested Department CIP Worksheet

6F.4 Safety equipment <u>maintenance, testing and inspections are conducted by trained and qualified personnel</u>, and appropriate records are kept.

Description

All PPE and safety equipment is inspected, tested and maintained by employees of the department who are trained on specific PPE and safety equipment. If PPE or equipment requires maintenance/repair that is beyond the capability of employees, the items are shipped to an authorized repair vendor. Records are maintained, to include original issue date, bi-annual inspection and cleaning, and any repairs. The department's SOP 402.40 PPE Cleaning directs the inspection and testing PPE. Asset number assignment and individual member identification assignment provides identification and tracking for record keeping purposes.

A work order system has been implemented that provides a record of all maintenance and repair of safety equipment, as well as the individual user, location and assignment of particular safety equipment.

Appraisal

The practice of using specially trained employees within the department, contracts with vendors for maintenance, testing and inspections of PPE and safety equipment has been well established. The use of department program managers that have overseen safety equipment and tools has been successful through accountability and responsibility.

Plan

The department will continue to utilize program managers to oversee and manage programs related to safety equipment and PPE. The department will continue to maintain records of maintenance, testing and inspections of safety equipment via Firehouse database and the department's shared network folders. Inventory and maintenance tracking for SCBAs will be conducted in the Posi-check Software.

References

SCBA Certified Technician Certification

Sample SCBA Maintenance Record

SOP 402.40 Structural PPE Cleaning

Protective Clothing Inspection Sheets

Posi-check Software (available on-site)

6F.5   Safety equipment <u>inventory control and maintenance tracking system are in place and current.</u>

Description

The department maintains a current inventory of equipment on each unit. Each unit has an inventory list that is available on the department's intranet. The list includes details on location, quantity, and specifications on equipment. SCBA maintenance and inventory records are maintained via Posi-check software.

Employee identification numbers or their name are engraved or marked on all individual PPE or safety equipment for easy identification and inventory control purposes. The department apparatus inventory program chief directs the inventory control and maintenance of all safety equipment.

Appraisal

The current inventory control and maintenance tracking system is not standardized across the organization. Each program manager tracks and maintains inventory in their own way. This has caused issues related to standardization and organization. The department has been able to manage safety equipment inventory levels and have not had any issues related to inventory control.

Plan

The department plans to move the inventory control and maintenance tracking system to the ESO Assets and Checklists module in 2023. Until a new system is fully functional and vetted, existing inventory and maintenance tracking for PPE, safety equipment and SCBAs will continue to be accomplished via program managers.

References

Firehouse (available on- site)

PPE Inspection Packet

Screenshot of equipment inventory

Engine 1 Inventory List Example

Posi-check Software (available on-site)

Category 7: Human Resources

Human resources are defined as all aspects of personnel administration, except those of training and competency (addressed in Category 8) and health and safety (addressed in Category 11). The heart of any organization is its people, and this category is designed to appraise the importance and results of the human resources program. Completing the human resources section may involve members from other governing entities or other elements of the community.

Criterion 7A: Human Resources Administration

General human resources administration practices are in place and are consistent with local, state/provincial and federal statutory and regulatory requirements.

Summary:

The City of Lawrence, Kansas has established general personnel administration practices that meet local, state, and federal statutory and regulatory requirements. These practices apply to all employees of the organization. The department utilizes the Administrative Division to act as liaisons to assist in human resource activities.

Performance Indicators:

CC 7A.1   A human resources manager is <u>designated</u>.

Description

The City of Lawrence Human Resources (HR) Department has a designated HR Manager. This HR manager oversees the city's HR Department who assist in the development of recruitment and training of employees, adapting policies / procedures as well as implementing new ones, and maintains employee benefit programs.

The department has designated the division chief of administration and the Administration Division as HR liaisons.

Appraisal

The HR manager has been designated; however, the department has experienced a disconnect with human resources support. This disconnect is primarily due to the turnover seen within both city departments.

Plan

The department will propose an expansion position within the Administration Division for the 2023 budget. This administrative specialist will be primarily dedicated to providing HR support to department members on a more concentrated level than what is currently being offered. This person will work directly with HR to ensure adequate support is being provided to department employees.

References

Human Resources Manager Job Description

City of Lawrence Organizational Chart

2023 Fire Medical Program Improvement Request Form Support Services (pages 7-8)

7A.2   The human resources program has <u>adequate staffing to accomplish the human resources administrative functions</u>.

Description

Currently, the HR Department has eight staff members which is adequate to complete the basic administrative functions to support the organization. Some of the larger departments also have employees embedded within their teams to help complete HR functions, working closely with the central HR team. There is one vacancy in HR, and efforts are underway to fill this position. The city's HR Department staff oversee a multitude of functions including:

- Benefits
- Classification / Compensation
- Employment / Retention
- Employee Relations
- Employee Recognition
- Leadership
- Employee Professional Development
- Employee Health / Wellness

The department has two administrative support staff within the Administration Division that help department employees with HR related items.

Appraisal

Many of the functions and processes of the HR Department could be updated to reflect the current times. When the pandemic started, it forced the city's HR Department to come up with new ways to do necessary tasks. It has been identified the need to improve on what has been already established and create a more exhaustive and comprehensive program. The previous staff and procedures were successful for the pre-pandemic time. There has been turnover on the HR team recently, and the current team is working together to continue to learn and plan strategy for the future.

The department requested for an expansion administrative position in the 2023 budget proposal to the city. This position would have been dedicated to being the liaison between the department and HR employees. This request was not granted for the 2023 budget year.

Plan

The HR Department is currently in the process of implementing a new HRIS system that will be fully implemented by the end of 2022 / beginning of 2023. This will provide a more efficient way for the HR Department to function. The HR Department will continue to review current practices to ensure that they are still appropriate and necessary with the new software.

The department will ask for additional administrative positions during the 2024 budget process to better assist with the HR related demand within the growing department. The department will continue to work with HR to provide relevant information and assistance to employees. Through the budget request process, the department will continue to communicate the need for more resources within the Administration Division.

References

2023 Fire Medical Program Improvement Request Form Support Services (pages 7-8)

7A.3 <u>Policies are established</u> to direct the human resources administrative practices in accordance with local, state/provincial and federal requirements. The policies are reviewed annually and updated as needed.

Description

Due to the lack of adequate staffing numbers, the HR Department is unable to annually review all policies. Some of the policies are currently under review and waiting for approval from the City Manager's Office.

The department follows policies established in the City of Lawrence Employee Handbook which is maintained by the city's HR Department. The MOU between the Local 1596 and the City of Lawrence also adheres to local, state / provincial and federal requirements such as:

- Health Information Portability and Accountability Act (HIPPA)
- Family and Medical Leave (FMLA)
- Fair Labor and Standards Act (FSLA)
- Affirmative Action Program
- Equal Employment Opportunity

Appraisal

The HR Department was able to review the employee handbook and it was updated in 2015. Although some policies were reviewed, several policies still have effective dates from many years prior to 2015 that require updating. The policies that the department has been able to update typically have a significant impact on internal employees, therefore needed addressed immediately.

The department has received communication from the HR Department when adjustments to policies are made.

Plan

The HR department will continue to review policies and it is the goal and desire of HR to ensure that all the policies follow the local, state, and federal requirements. The

department will continue to adhere to all local, state / provincial and federal requirements with direction of the HR Department.

References

[Code of the City of Lawrence, Chapter 10 – Human Relations](#)

City of Lawrence Employee Handbook (available on-site)

Criterion 7B: Recruitment, Selection, Retention and Promotion

Systems are established to attract, select, retain, and promote qualified personnel in accordance with applicable local, state/provincial and federal statutory requirements.

Summary:

Established processes and incentives are in place to guide the City and department to recruit, select and retain highly qualified personnel. The City's HR Division, along with the department, applies the process and procedures for application, screening, interviewing and selecting qualified personnel for employment. The department maintains well-defined job descriptions for all positions within the department. Established procedures and the skills, knowledge and abilities outlined in the position description guide the selection of the most qualified applications for promotion. The City and department have a competitive wage and benefits package, quality equipment and facilities, and a safe working environment, all of which contribute to retaining qualified personnel.

Performance Indicators:

7B.1   A mechanism is in place to <u>identify and announce potential entry-level, lateral, and promotional positions.</u>

Description

The City of Lawrence utilizes Civic HR to manage applications for open positions. Open positions are posted on the city's website. The department utilizes social media postings and infographics for entry level positions. The department participates in local job fairs to promote entry level positions as well as an Explorer Program.

Memoranda are sent to department employees via email regarding promotional opportunities and are also posted on the department's intranet. The department maintains a promotional eligibility list for lieutenant and captain positions.

Appraisal

The use of the city's mechanism for announcing open positions has been mediocre. The department has seen a low number of applicants, compared to historic job postings. The department's past use of the "extra-board" system may be a contributing factor, although the department eliminated this position several years ago. The department's requirement that all new employees must become paramedics within three years of initial employment may also be contributing to the low applicant count. The applicant count has been compared to surrounding professional departments to determine the below expected turnout.

Plan

The department will continue to utilize the city's hiring process for the advertisement of open positions. Promotional opportunities within the department will continue to be announced through department memoranda and distributed to employees via email.

The department's newly formed PIO group will be working with the recruitment team to create visibility of department career opportunities.

References

LDCFM   Recruitment   Infographic

2021-05 Memoranda (Lt. and Cpt. Promotion Opportunity)

SOP   601.10   Promotional   Assessment   Process

7B.2   The agency's administration and its <u>members are part of the recruiting process</u>.

Description

The department's division chief of EMS currently leads the recruitment process. The department uses a recruitment team to engage department employees and cultivate recruitment ideas. The team is comprised of 20 employees varying in rank and tenure. The team is currently focused on three main opportunities: explorer program, volunteerism with other first responding agencies in Douglas County, and full-time employment.

Appraisal

The department's recruitment activity has been minimal over the last few years. Through the 2021 Community-Driven Strategic Plan, the department has identified enhancing recruitment as a goal. Active participation from the department's recruitment team has been around 50%. However, the activity that the team has been a part of has been relatively successful related to reach and connectivity. The COVID-19 pandemic created barriers in meeting with local fire / EMS classes and participating in job fairs.

Plan

The accreditation manager will compose a task force team made up of two (2) members of each shift and two (2) administrative employees to work through the objectives and critical tasks that were created for the strategic plan goal: Goal 6: Commit to improving our recruitment process to positively obtain and retain qualified professionals through progressive, diverse opportunities. This goal aligns with the city's strategic plan commitment Engaged and Empowered Teams.

The newly formed recruitment team will meet twice a year, at minimum, to develop strategies to enhance department recruitment. The team will be expanding the recruitment activities to outside of the City of Lawrence.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan – Goal 6, pp. 20-21
2022-06-29 Recruitment Committee Meeting Minutes

CC 7B.3   <u>Processes and screening/qualifying devices</u> used for recruitment and selection of initial, lateral, and promotional candidates are job-related and comply with all local, state/provincial, and federal requirements, including equal opportunity and discrimination statutes.

Description

The HR Department, in cooperation with the department, has developed recruiting, selection and promotion processes that comply with all local, state and federal regulations regarding equal opportunity and discrimination, thereby reducing bias and extending equal opportunity to all applicants. Current position descriptions outlining minimum qualifications structure the process for the application process. All applications are reviewed through a screening process based on minimum qualifications, which include having a high school diploma or GED, National Registry or Kansas EMT certification, and a recent (less than one year) certification on a CPAT physical exam. Qualified applicants are offered initial job interviews. The interview panel consists of department employees and at time, employees from other city departments. Interviewers rank each candidate and forward the rankings to the fire chief. The fire chief, or the designee, selects final candidates who complete background investigations, medical, physical and psychological evaluations per NFPA 1582. The fire chief conducts interviews and makes the final candidate selection.

Appraisal

The city and the department view compliance with equal opportunity and non-discrimination statutes as a priority in the recruitment, selection and promotion of applicants. The city's HR Division ensures federal, state and local regulatory compliance and participates at all levels of the process.

Plan

The city and department will continue to monitor and re-evaluate the recruiting, selection and promotional process to ensure objectivity, equal access to all applicants, and compliance with local, state and federal regulations with regard to equal opportunity and non-discrimination statutes.

References

LDCFM Application for Promotion

City of Lawrence Employee Handbook (available on-site)

Online Employment Application

SOP 601.10 Promotional Process

NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire

Departments, Chapter 6 (available on-site)

7B.4   The agency's workforce composition is <u>reflective of the service area demographics</u>, or the agency has put forth a reasonable effort by instituting an effective recruitment plan to achieve the desired workforce composition.

Description

The department closely reflects the demographics of the community served, except for representation within the Asian and Female groups. This mirrors the results from a study commissioned in 2017 that studied the diversity of the department. Ongoing recruitment activities assist in marketing employment opportunities to the widest possible audiences. Department employees actively participate in local high school and college career day events. The department's paramedics mentor a large number of paramedic students from community college EMS programs across the state; using the opportunity to promote and encourage these students to consider a career in fire-based EMS systems.

Appraisal

Over the years, with social media outlets and recruiting websites increasing, the city has expanded opportunities to advertise open positions. This has allowed the department to reach a much broader pool of applicants. The COVID-19 pandemic created issues related to broad and effective recruitment. The department's newly formed recruitment team should have a positive impact on increasing workforce composition to reflect the community's demographics.

Plan

The city will continue to utilize social media outlets and recruiting websites for open positions. The recruitment team will continue finding ways to expand the reach of recruitment opportunities and prioritize diversity in the department's workforce.

References

Paramedic Mentorship Documentation

Hutchison Job Fair 2022 Picture

Diversity Recruitment and Employee Retention Report 2017

U.S. Census Bureau QuickFacts_ Douglas County, Kansas

Lawrence-Douglas County Fire Medical Douglas County Demographics Overview

7B.5   A <u>new-member orientation program</u> is in place.

Description
The city's HR Department holds a New Employee Orientation (NEO) once a month. This meeting is held both in person and virtually over Zoom. The HR department provides any necessary documentation that may need to be completed, such as the Federal I9 form. The benefit information is also explained, and the paperwork is handed out to be completed. New Employee Orientation gives the HR Department the opportunity to discuss various departments of the city and introduces basic HR items like pay and benefits.

The department conducts its own recruit classes which include a new-member orientation that aligns with the City of Lawrence's orientation. The department's EMS and Training Divisions develop a customized onboarding process for each new sworn employee. During the recruit academy, each employee is evaluated throughout the process both academically and through skills. Each recruit firefighter must demonstrate competency based on NFPA 1001: Standard for Fire Fighter Professional Qualifications (minimum qualifications for firefighter). All recruit firefighters are certified as an emergency medical technician (EMT) at a minimum. Upon completion of the recruit academy, each EMT is mentored on a medic unit through a defined mentoring process developed by the department. Upon completion of the recruit academy, the recruit becomes a probationary firefighter. Probationary firefighters spend six months at the same station being evaluated and directed by a department captain. A formal evaluation of performance is completed six months after the recruit academy and any deficient performance areas are defined and a plan on correction is identified.

Appraisal
The current performance methodology works well. Each step in the orientation program is documented and any deficiencies identified are discussed between the probationary firefighter, their captain, operations chief officer, and the division chief of training during periodic reviews. The orientation is tailored towards the needs of the probationary firefighter as to the length of time. It is recognized that experience plays an important role in the onboarding of new members.

The orientation documentation has recently changed to include additional comments from the mentor. These comments are designed to recognize the probationary firefighter's strengths as well as identify areas of needed improvement. This change adds more transparency to the orientation process and allows the mentors to set specific, measurable goals with the probationary firefighter.

Plan

The city will continue to hold NEO monthly and will continue to provide information about all city departments. We will continue to provide all necessary documentation that is necessary for employment.

This new process will continue while the department looks an additional means of orienting new employees. The Training Division is exploring the idea of creating a career guide that would lay out specifically what education, classes or skills need to be obtained to assist the employee in continual development of personal and professional goal attainment. The Administrative Division will evaluate the possibility of becoming more intertwined with the new member orientation to develop the liaison role with individuals from day one of the recruit academy.

References

EMT Orientation Packet

Paramedic Orientation Packet

NFPA 1001: Standard for Fire Fighter Professional Qualifications Sheets (available on-site)

SOP 108.20 Firefighter Recruit Probationary

MOU IAFF Local 1596 - Jan. 1, 2022 to Dec. 31, 2024 (page 15)

CC 7B.6 A supervised <u>probationary process is used by the agency to evaluate new and promoted members</u> based on the candidates' demonstrated knowledge, skills and abilities.

Description

The department utilizes SOP 108.20 Firefighter Recruit/Probationary to outline the recruit academy and six-month initial performance trial period for new employees. Once a probationary firefighter completes the recruit academy, they are assigned to a specific shift and station. Probationary firefighters are not able to travel to other stations on their assigned shift, this enables the assigned captain to adequately evaluate performance and progress. At the conclusion of the six-month initial performance trial period, the probationary firefighter will receive a performance appraisal and if appropriate, released from probationary status.

The department has a mentoring process in place to evaluate a newly promoted paramedic, acting officer, and acting operations chief officer. The department utilizes an officer development handbook to assist with employees that are promoting. The mentoring for each position is different due to the nature of the position however, each position is continuously being evaluated to ensure the employee is moving towards competency on a regular basis. Part of the evaluation process is the annual or semi-annual performance appraisal, completed by a direct supervisor.

Through the 2021 Community-Driven Strategic Plan, the department has identified enhancing succession planning as a goal. The goal is: Produce and implement a comprehensive leadership and career development program, investing in the creation of a qualified, educated workforce that promotes a supportive work environment. This directly impacts the ability of the department to ensure continuity of knowledge and activities, creating a more prepared workforce.

Appraisal

The department's current mentoring program has not been overwhelmingly successful. One of the areas that improvement could be made is making sure the orienting employee

has an uninterrupted orientation experience. Currently, due to budget and personnel restraints, the department is unable to dedicate appropriate resources to the orientation process without interruption. This causes the orientating member to have to pick up where they left off, days or weeks between orienting opportunities. Having a system and funding in place to allow for uninterrupted orientation would shorten the physical length of time an employee would begin to be effective in their new role.

Plan

As budgeting and personnel allows, the department will dedicate the needed resources to shorten the onboarding process. The department will continue to look for opportunities to include new and relevant information in the orientation process as well.

The command staff will continue to support work that aligns with the strategic plan in prioritizing succession planning.

References

EMT Orientation Packet

Paramedic Orientation Packet

Acting Officer Task Book

Acting Shift Commander Task Book

SOP 108.20 Firefighter Recruit Probationary

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan (page 15)

7B.7   The agency has an employee/member <u>recognition program</u>.

Description

The City of Lawrence has an employee recognition program, LEAP (Lawrence Excellence Award Program) to commemorate years of service to the organization as well as Longevity Compensation.

The department recognizes employees across several levels including Clinical Save Commendations, Medal of Valor, Distinguished Service Medal, 20-Year Helmet Recognitions / Ceremonies, and Retirement Recognitions / Ceremonies.

Appraisal

Douglas County has previously hosted an annual ceremony, the Valor Awards, that not only recognized department members for their service to the community, but also recognized other public safety members throughout the county. This recognition event has been on hiatus due to the COVID-19 pandemic.

The department believes that it would be of value to create another recognition program for department members.

Plan

The department's Awards Program Team is planning to host an annual awards ceremony starting in late 2022. This event will be held to recognize several department members for their dedication and service to the department and the citizens of Douglas County.

 References

SOP   104.60   Awards
Retirement   Invitation

7B.8 The agency's working conditions and environment <u>accommodate diverse and qualified applicants</u> and retains a tenured workforce that is reflective of the community.

Description

The city continues to monitor the working conditions and environment and makes adjustments as needed. The city has an ADA compliance manager who ensures that we have the best working conditions for our employees. The HR department acknowledges and listens to employees and what their needs/wants are. This help keep our diverse and qualified employees to continue to work for the city.

Appraisal

As employees are hired, they are assessed to see if there are particular needs that they may have. Policies have been modified to keep employees engaged and empowered.

Plan

The department will continue to learn the needs of our employees, creating a diverse and welcoming environment. The department will continue to modify our policies to meet the needs of our employees.

References

ADA Compliance Administrator Job Description

7B.9   The agency <u>conducts exit interviews, periodic employee surveys or other mechanisms</u> to acquire feedback for improving policies and procedures.

Description

The city conducts employee surveys annually. This process aids in the city in determining what employees are happy with, and what the city needs to improve. This information is used to influence strategic planning initiatives.

The city's HR Department offers electronic exit interviews to employees who are severing employment with the city. The HR Department offers additional appointments to review eligibility for benefit continuation / conversion and to help the employee complete necessary documents for this.

The department offers all employees who are leaving their position of employment the opportunity to meet with supervisors for an exit interview to provide constructive feedback.

Appraisal

The city's use of internal surveys has been recently implemented. Department employees have expressed positive feedback regarding the city's efforts to facilitate and collect employee input. The department has not seen how the survey responses have been used been used to facilitate actionable items relative to workplace improvement.

By conducting surveys, the department has been able to improve the various requests of the employees (compensation, working conditions, supervisor training, etc.).

The department has received a positive amount of feedback when employee surveys have been sent out. The department has recognized this as a good avenue to collect information from employees.

Plan

The city will continue to conduct employee surveys so that it can continue to learn about the needs and wants of the employees and what is important to them. The department will continue to engage employees via these online surveys.

References

City of Lawrence Employee Handbook (Available on-site)

Strategic Evaluation of LDCFM Uniforms and Process Email

7B.10 The agency <u>conducts workforce assessments</u> and has a plan to address projected personnel resource needs, including retention and attrition of tenured and experienced employees/members.

Description

The department conducts workforce assessments to help maintain minimum staffing levels. Using a staffing level trigger, the department monitors when the recruitment process should begin. The trigger level takes recruitment and onboarding time into consideration as well as projected separations during the recruitment and onboarding time. Recruitment and retention are items that the department has identified as priority initiatives through the strategic planning process. The department does not conduct workforce assessments for civilian employees.

Appraisal

The staffing level trigger to begin the recruitment process has been successful and prompted the department to stay proactive in the hiring of employees. The department has identified one of their goals in the 2021-2026 Strategic Plan as a commitment to improving the recruitment process. The department does not prepare for civilian staff turnover well. Recruitment for civilian staff is not prioritized or proactively performed. This has resulted in employees being task saturated when separations occur.

Plan

The accreditation manager will create a diverse taskforce team to analyze current practices that have been identified as inefficient for the on-boarding and retention of employees. The department will also work with the city to ensure alignment with the strategic initiatives created through the city's strategic planning process.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan

2022-02-07 Strategic Priorities and Next Steps Memo

Criterion 7C: Personnel Policies and Procedures

Documented personnel policies and procedures are in place to guide both administrative and personnel behavior.

Summary:

The City of Lawrence has established and documented personnel policies and procedures. There are specific department policies that guide department personnel. These policies and procedures guide all department personnel as to their expected behavior. This information is updated and available to all employees through the intranet.

Performance Indicators:

CC 7C.1   <u>**Personnel policies, procedures, and rules are current, documented and communicated to all personnel.**</u>

Description

During New Employee Orientation, the employees are given the location of the online employee handbook. This handbook contains the policies for the entire city, but not specific departments. Each department will have specific policies and procedures that are unique to them and those will be given to them as they join their department. The city posts personnel policies, procedures, and rules which are accessible to all employees on their intranet.

The department utilizes the SOP 104.20 Standard Operating Procedures (SOPs) and Policies Life Cycle to guide the SOP workflow. SOPs are reviewed and updated, if necessary, on a rotating 1, 2, or 3 year schedule depending on the nature and contents of the SOP. If an SOP has content changes, it will be sent out for a two-week review by all lieutenants, captains, and the union president. They are instructed to facilitate a review with crews and provide feedback, comments, or questions to the SOP manager. Feedback will be relayed to the SOP's responsible party, as assigned through program management and the SOP dashboard. Once approved by command staff, the SOP will be assigned in Vector Solutions to all applicable employees. A test after each review is required to document that the employee understands the policy or procedure.

The department's SOPs are located on the intranet and Vector Solutions. The Administrative Division is responsible for managing the department's SOPs.

Appraisal

The use of Vector Solutions and intranet pages has been successful in providing employees different ways to be aware of changes and access the SOPs. Having city-wide policies and department policies managed and updated differently creates some inconsistency in SOP expectations from employees. Not having the ability to search key words in the SOP library has caused issues throughout the department.

The department's planned update cycle for all SOPs, re-evaluated on an annual, bi-annual, or triennial basis, has been a heavy lift for command staff. With a heavy task load and intentions to update SOPs thoroughly, department command staff have had a difficult time staying on pace to update SOPs.

Plan

The department will continue to follow SOP 104.02 Standard Operating Procedures (SOPs) and Policies Life Cycle and communicate to all employees through email and Vector Solutions. The department will evaluate different ways to allow the SOP library to be searchable for employee use.

The department will continue to review, update, and implement policies as determined by the designated update cycle. When policies are created or updated at the city, department employees will continue to be involved and stay up to date.

References

Administrative Division SOP Dashboard

City of Lawrence Intranet SOP (available on-site)

SOP 104.02 Standard Operating Procedures (SOPs) and Policies Lifecycle

CC 7C.2   **The agency has a <u>policy that defines and prohibits harassment, bias and unlawful discrimination of employees/members</u> based on sex, race, disability or other legally protected characteristics, and describes the related reporting procedures. The policy and organizational expectations specific to employee behavior are communicated formally to all members/employees and are enforced.**

Description

The City of Lawrence Employee Handbook contains policies prohibiting "discrimination because of race, sex, religion, color, national origin, age, ancestry, sexual orientation, gender identity, disability, or any other characteristic protected by law." Each employee is responsible to ensure a work atmosphere that is harassment and discrimination free. Supervisors are to report observed or reported incidents of prohibited behavior to department heads. It is the express intent of the city not to tolerate any harassment or discrimination. The city, through the HR Department, provides mandatory annual diversity training for all employees through Vector Solutions. The city and the department require all employees to sign a statement of individual respect annually during their annual performance appraisal.

Appraisal

The current policies and practices of the city comply with local, state and federal laws. The information is available to all department employees on department's intranet.

Plan

The department will continue to comply with the established policy and uphold a work enviroment that is free of harassment and discrimination. Any violations of this policy will be handled immediately following the proper disciplinary action guidelines. Reporting of prohibited behavior and enforcement of the policies will continue to be the responsibility of supervisors and managers within department.

References

City of Lawrence Statement of Individual Respect

City of Lawrence Affirmative Action Program I.C (Employment Policies)

City of Lawrence Employment Policies I.D Equal Employment Opportunity (Employment Policies)

Code of the City of Lawrence, Chapter 10 – Human Relations

7C.3   A <u>corrective actions system</u>, which ensures accountability, is in place.

Description

The City of Lawrence Employee Handbook contains guidelines for appropriate conduct and disciplinary action. SOP 104.12 Maintenance of Discipline and the Memorandum of Understanding (MOU) between the city and IAFF Local 1596, both address maintenance of discipline. The city's policy outlines, but does not limit itself to, several types of behavior that are considered inappropriate and which may result in disciplinary action. The city's policy is intended to be educational and not merely punitive. Discipline is generally progressive but severe infractions may result in immediate termination. Department employees belonging to the bargaining unit may request the presence of the IAFF Local 1965 president or his/her designee at all disciplinary hearings.

The city uses a performance improvement plan (PIP) to document, facilitate and guide corrective actions related to inadequate performance or discipline.

Appraisal

The city and department disciplinary systems serve to educate employees and to encourage appropriate behavior. The department has seen compliance with all applicable laws.

Plan

The department will continue to use the tools and policies in place to ensure accountability throughout the entire organization and stay in compliance with the city expectations.

References

SOP 104.12 Maintenance of Discipline

City of Lawrence Performance Improvement Plan Form

CC 7C.4   **An internal <u>ethics and conflict of interest policy is published and communicated to employees/members</u>.**

Description

There are several policies in the employee handbook that address ethics and conflict of interest. There is an Affirmative Action Program, Equal Employment Opportunity, and Statement of Individual Respect. The city has a director of equity and inclusion who is working on a diversity and inclusion policy to be presented to city employees.

The city maintains an Employee Conduct policy within the Employee Handbook that outlines Conflicts of Interest, Codes of Ethics, Political Activities, and other related items. The Employee Handbook is made available to all city employees on the city intranet.

The department's SOP 104.11 Off-Duty Employment Policy addresses additional conflict of interest items related to additional employment the City of Lawrence Employee Conduct policy.

Appraisal

The city provides annual training for employees. We have conducted this training in several different ways. We have hired companies to come in and speak to groups, we have used videos from outside vendors, we have used our training software, and we've even had the ADA compliance coordinator make a recorded training.

Plan

The city looks forward to working with our DEI director and staff to build a program that will be engaging and educational to our employees on many different topics.

The department will continue to follow the City Employee Conduct policy as well as its own to maintain the integrity of its processes and employee interaction.

References

City of Lawrence Employee Handbook Section VI-E: Employee Conduct

SOP 104.11 Off-Duty Employment Policy

Director of Equity and Inclusion Job Description

7C.5 An employee/member <u>grievance/complaint process is published and communicated</u> to employees/members.

Description

The City of Lawrence Employee Handbook contains a grievance procedure. The policy is designed to encourage employee and supervisor communication and as a means to resolve misunderstandings or conflicts. The procedure is a multi-step process by which the aggrieved employee can attempt to find resolution to a situation the employee finds detrimental. The process can end at any step if the employee is satisfied with the outcome.

The MOU between the represented firefighters' and the City contains provisions for the utilization of the grievance procedure by the Union in addition to the one outlined in the City of Lawrence Employee Handbook.

Appraisal

The grievance procedure developed by the city satisfies the need for an avenue for employees to resolve conflicts or undesirable work situations. The procedure is available to all employees in the City of Lawrence Employee Handbook.

Plan

The department will continue to utilize the current grievance procedure including the provisions described in the MOU. Staff will review grievances as a tool to improve communications between supervisors and employees and to resolve conflicts that arise.

References

City of Lawrence Employee Handbook (available on-site)
MOU IAFF Local 1596 - Jan. 1, 2022 to Dec. 31, 2024

Criterion 7D: Use of Human Resources

Human resources development and utilization is consistent with the agency's established mission, goals and objectives.

Summary:

The department's mission statement is "We are committed to saving and protecting lives and property through service to our community". Prevention, education, fire suppression, emergency medical services, hazardous materials mitigation and technical rescue activities ensure the fulfillment of the mission. The development and utilization of human resources is consistent with department's mission, goals and objectives. Regular workplace and performance audits, regular review of job descriptions and training records, implementation of opportunities to receive employee input and opportunities for career enhancement will continue to provide a workforce capable of fulfilling the department mission, goals and objectives.

Performance Indicators:

CC 7D.1   **A <u>position classification system</u> and a <u>process by which jobs are audited and modified are in place</u>.**

Description

The city's position classification system is determined by the assistant director of human resources using the FLSA laws as a guide. Positions can be reviewed as requested by a department director or designee. These positions classification reviews are done after employee(s) have completed a position description questionnaire (PDQ) which contains job assignments, necessary supervision, decision making, and more.

The city and the department maintain a position classification system with job descriptions. These descriptions are evaluated and updated to reflect relevant and accurate information / duties.

Appraisal

The city has used a compensation analyst along with FLSA laws to make the position classification determinations. The city has also hired a consultant to do a review of all employee positions for accuracy in status, position title and pay range. The department has seen the effects of this being implemented over the last two years in the pay plan adjustments.

Plan

The department will work with the city to review and ensure job descriptions remain relevant.

References

2022 City of Lawrence Pay Plan

2022 Fire Medical Pay Plan

MOU IAFF Local 1596 - Jan. 1, 2022 to Dec. 31, 2024

7D.2 <u>Current documented job descriptions exist</u> for all positions, and incumbent personnel have input into revisions.

Description

The City of Lawrence retains current documented job descriptions which are accessible on the employee facing website. Job descriptions are also provided during annual employee evaluations for review.

Appraisal

During the annual evaluation period, the City of Lawrence has encouraged its employees to review their job descriptions and offer suggestions regarding job duty details. The city has previously conducted a work force study which requested the input and feedback from all employees regarding their job description. This was facilitated in 2020.

The department job descriptions should be re-evaluated and updated to more accurately reflect the job duties. The job description for division chief has been identified as one that should be re-evaluated, depending on position.

Plan

The department will continue to review job descriptions on an annual basis and continue to fine-tune these documents to provide transparency to both new hires and employees looking for promotions. The command staff will facilitate an internal review of job descriptions to ensure they match the tasks performed.

References

City of Lawrence Intranet - Job Descriptions Website Screenshot

7D.3   A <u>personnel appraisal system is in place</u>.

Description

The department and the City of Lawrence have a formal appraisal system in place. These formal appraisals are conducted on an annual basis. There are two performance evaluations / forms used by the department; one is for sworn employees and the other is for non-sworn employees.

Appraisal

The sworn employee appraisal process has not aligned with the city's process. Because of the lack of uniformity in the sworn personnel process, the department has not been successful in completing sworn employee appraisals in a timely manner. This has impacted payroll updates relative to timeliness.

The city's facilitation of a standardized employee appraisal has been inconsistent and has caused confusion within the department related to timing and due dates of the completed appraisals.

Plan

The department plans to re-evaluate the effectiveness of the current sworn employee appraisal form / process. The department will work with the city's HR Department to create a clear understanding of performance appraisal timelines and expectations.

References

City of Lawrence Performance Appraisal Handbook

City   of   Lawrence   Employee   Appraisal   Form

2022 LDCFM Performance Appraisal and Development Plan

SOP 104.50 Evaluations

7D.4   The agency has a policy or program for <u>receiving employee/member input or suggestions</u>.

Description

The city has a committee called Employee Relations Council (ERC) that was established in 1978. This group is represented by all city departments, including members of MOUs. The committee meets once a month to talk about employee changes that the employees would like to happen. The committee does several things, including a Shared Leave drive and an employee appreciation event. Employees are encouraged to talk to their department representative to discuss with the committee any changes they would like to see happen.

The department utilizes internal task forces to address department gaps and work towards improving. Within the task forces, the department employees contribute to the direction of the projects and provide input towards recommended solutions.

Appraisal

The ERC committee has presented several projects and memos to the city manager's office since its inception. Examples include memos in support of general wage adjustments, holiday pay for shift workers, performance appraisal, attendance performance factor, Veteran's Day recognition, and many other topics. The ERC has a member on two specific city committees, the health care committee, and the shared leave committee to represent city employees. One example of a successful result was regarding the performance appraisal attendance performance factor. The city has removed this factor from the primary performance appraisal form. The ERC has also hosted several different employee appreciation events such as a holiday party and food truck lunch in a park.

The department's use of task forces has been beneficial to increase department employee involvement, especially at the strategic level. In the last few years, the department has conducted projects that rely heavily on internal feedback and input.

Plan

The ERC continues to meet to be a voice for all employees. Monthly meetings are planned out and sub-committees are formed to go over the most important topics that the

committee votes to work on for the year. A planning meeting is scheduled each January to decide which topics the group would like to address. The ERC plans to work with the Engaged and Empowered Team as part of the city's strategic plan.

References

ERC Bylaws

2021-2026 Community Driven Strategic Plan Internal Stakeholder Workgroup (page 6)

2022 Community Risk Assessment Standards of Cover (page 3)

7D.5   Career and professional development programs are in place for all members and encourage the pursuit of professional credentialing.

Description

The city and the department heavily advocate for career and professional development at all levels of the organization. Internal and external opportunities for training, education, and experience are made available. Internally, the city conducts a leadership training program (Leadership Exploration and Development - LEAD), and host trainings relative to professional development through webinars and Vector Solutions classes. Opportunities range from task / skill based to strategic leadership development.

The department's Training Division coordinates the training offerings for sworn employees. Some agencies that are used in professional development include the FEMA National Fire Academy, the University of Kansas Public Management Center, Central Jackson County Paramedic Program, Kansas City Kansas Community College, and the Center for Public Safety Excellence University / Credentialing program.

Goal 3 in the 2021-2026 Community-Driven Strategic Plan is to produce and implement a comprehensive leadership and career development program, investing in the creation of a qualified, educated workforce that promotes a supportive work environment.

Appraisal

The training opportunities through the city have been made available using different mediums, including online options. This has been beneficial for the department because of the accessibility. The communication related to the city's training opportunities has been minimal. Awareness of training opportunities at the city level can be improved.

The department has seen success through supporting employees at all levels to participate in training programs and classes. Encouragement and support for professional development has primarily been infused in the employee's growth plan / goals within the annual performance appraisal. This has created a designated and documented roadmap for the employee and department to support.

The objectives and critical tasks for Goal 3 in the 2021-2026 Community-Driven Strategic Plan has not yet been started. Through an internal survey, the department decided that Goal 3 was to be the third goal to work on.

Plan

The department will continue to create opportunities for all employees to continuously improve and grow professionally. Goal 3 in the 2021-2026 Community-Driven Strategic Plan is expected to be worked on in early 2023. A task force team will be created and the objectives and critical tasks will be completed.

References

http://intranet/training_development - CoL Training and Development webpage

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan Goal 3 (page 15)

LDCFM – Strategic Plan Goals Lawrence Listens Survey

2021 Training Program Annual Appraisal

7D.6   The agency has a <u>succession plan that incorporates mentoring</u>.

Description

The department recognizes that the current succession plan is lacking. Succession planning is included in the strategic plan as a goal. Goal 5: Create and implement a succession planning process to fill vacancies more effectively to shorten onboarding time and ensure continuity of knowledge and activities.

Appraisal

Succession planning has not been successful, and mentoring has been non-existent. The timeliness, financial support, and availability of employees has directly impacted the department's ability to carry out actions to aid in succession planning and mentoring.

Plan

Through department's strategic plan Goal 5, the department will create a task force team to work through the designated objectives and critical tasks. The goal will be addressed in priority order, as determined through the Strategic Plan Goal survey. The team will be established in late 2023.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan Goal 5 (page 19)
LDCFM – Strategic Plan Goals Lawrence Listens Survey

Criterion 7E: Personnel Compensation

A system and practices for providing employee/member compensation are in place.

Summary:

The City of Lawrence HR Department publishes an annual pay plan schedule and benefits information for all city employees. Copies of the pay schedule are available to employees by accessing the city's intranet. Employee benefit information is available in the city personnel policy manual and the Memorandum of Understanding (MOU) between the City and IAFF Local 1596. The city and IAFF Local 1596 negotiate compensation and benefits for the MOU.

Performance Indicators:

CC 7E.1   <u>**Rates of pay and compensation are published**</u> **and available to all employees/members.**

Description

The city posts current pay rates / scales on the city's intranet under Compensation.

The department posts current pay rates / scales on the department's intranet. These are also posted in the Memorandum of Understanding between the City of Lawrence and the International Association of Fire Fighters Local 1596.

Appraisal

These rates, when updated, are posted to all aforementioned locations as soon as they are received. The city has also sent out city-wide communication via email regarding the updates and when the new pay plan will be implemented.

Plan

The department will continue to provide established rates / scales to employees as they are updated.

References

City   of   Lawrence   2022   Job   Title   and   Grade   Assignment

MOU   IAFF   Local   1596   -   Jan.   1,   2022   to   Dec.   31,   2024,   (page   53)

7E.2   Member <u>benefits are defined, published, and communicated</u> to all employees/members.

Description

Employee benefits are clearly defined in the City of Lawrence Employee Handbook. Annually, the city's human resources benefit specialist communicates to all city employees regarding the benefits.

The department provides all relevant benefit information on the department's intranet.

Appraisal

The city has provided detailed information during the onboarding of all new employees. The HR Department has conducted annual virtual meetings for all employees to communicate current benefits as well as any changes that may be implemented in the next year. Scheduling conflicts and process challenges have been identified.

Plan

The department will continue to provide up-to-date information which is accessible to all employees. The department's Administrative Division will identify collaboration opportunities with the HR Department to assume responsibility for the onboarding process of new department employees. This will reinforce the liaison process of department employees, the Administration Division, and the HR Department.

References

City of Lawrence Employee Handbook (available on-site)

Category 8: Training and Competency

Training and educational resource programs express the philosophy of the organization they serve and are central to its mission. Learning resources should include a library; other collections of materials that support teaching and learning; instructional methodologies and technologies; support services; distribution and maintenance systems for equipment and materials; and instructional information systems, such as computers and software, telecommunications, other audiovisual media, and facilities to utilize such equipment and services. If the agency does not have these resources available internally, external resources are identified, and the agency has a plan in place to ensure compliance with training and education requirements.

A learning resources organizational structure and a technically proficient support staff are central to success of training and educational programs. The training staff should provide services that encourage and stimulate competency, innovation and a continual learning cycle. The agency or system should provide those learning resources necessary to support quality training. The agency should depict its approach to recognized state/provincial and national fire service professional standards programs in its written responses to the performance indicators in this category.

Criterion 8A: Training and Education Program Requirements

A training program is established to support the agency's needs. The agency provides access to and guidance on educational programs that increase advancement potential and support the agency's needs.

Summary:

The department's Training Division consists of a division chief of training, one training captain, and one training lieutenant. The division chief of training coordinates regular meetings with a training program team which consists of six International Association of Fire Fighters (IAFF) Local 1596 representatives, as well as non-represented employees, per Article 11 on page 43 of the 2022-2024 memorandum of understanding (MOU). The training program team is comprised of employees of all ranks within the organization. The training program team assists in the planning and development of training.

The department utilizes Vector Solutions as a training and education document storage location. Vector Solutions also assists the employees in managing their annual training requirements and recertification progress. As required by the Insurance Services Office (ISO), each employee should get 212 hours of training total per year with some of those hours in specific categories. Employees must maintain their level of Emergency Medical Service (EMS) certification on a biannual basis. Vector Solutions tracks the data entered into the system and gives real-time feedback on employee's progress.

The training program is developed to meet the needs of the employee to recertify with their EMS level and meet the requirements of ISO. The training program provides opportunities for employees to certify in many different areas that meet the minimum qualifications for advancement within the organization. The International Fire Service Accreditation Congress (IFSAC) is the third-party certification for Fire Officer I, Fire Officer II, Fire Instructor I, Fire Instructor II, Fire Inspector I, Fire Inspector II which are taught through Kansas University Fire Rescue Training Institute (KUFRTI).

Performance Indicators:

CC 8A.1   The organization has a <u>process in place to identify training needs</u>, including tasks, activities, knowledge, skills and abilities.

Description

The training program team utilizes internal subject matter experts (SME) to provide training on new equipment or updated equipment capabilities. Observed behavior during incidents or identified deficiencies during a Post Incident Analysis (PIA) helps to identify areas of needed improvement. Additionally, observations during training or skills and simulations assist in developing training for the future.

The training program team along with the Training Division evaluate information from several sources to make recommendations for the training schedule. The organization makes several training opportunities available to employees through the posting of training bulletins. As training becomes available employees are encouraged to attend training outside of the department, as the budget allows.

The operations chief officers work with crews to evaluate performance in areas like search, ventilation, fire attack, etc. Crews are evaluated against the clock to determine which crew is able to accomplish the goal of training in the shortest amount of time while having to hit benchmarks so that no shortcuts were taken.

Appraisal

The department's emergency medical reporting (EMR) software ESO solutions has the capability to determine the success rate of some skills being performed. The department has used these numbers to evaluate the effectiveness of treatment on the patient's outcome. Dr. Caleb Trent, the department's medical director has given a quarterly talk, "Trent's tidbits," with all crews and has used these numbers to identify areas of concern which in turn drives training topics.

Employees' medical skills are evaluated annually by the training division. For employees that return after extended leave, the department utilizes SOP 110.40 Returning After

Extended Leave to ensure the employee can demonstrate proficiency prior to returning to duty.

One area of needed improvement is the using a standardized and vetted format for assessing EMS skills. National Fire Protection Association (NFPA) 1001 sheets are used to evaluate basic fire skills but no formal EMS skills sheets have been used in the past.

Plan

The division chief of training and the training program team will work with the department's command staff to identify training gaps, training and evaluation opportunities, and continue to complete the training schedule, annually. National Registry Emergency Medical Technician (NREMT) skills sheets will be integrated into the process to have a standard to measure the employee's performance.

The use of ESO software will become more regular and timelier to report the success of EMS skills to employees. The EMS Division in conjunction with the Training Division will develop benchmarks for the success of EMS skills performed. Employees that are unable to maintain the minimum standard will be identified and additional instruction will be used to improve the success rate of the individual. Departmentally, the same metrics will be used to identify those skills that need to be worked on more globally. The department will continue to use feedback from PIA's and witnessed actions on scene to drive future training topics.

References

Training Committee Minutes

Kansas Board of EMS Statutes and Regulations

29CFR 1910.120 (q) (6 through 9): Hazardous Waste Operations and Emergency
        Response

ISO Training Category (projected completion of ISO is this fall, this will be available on-
        site)

National Registry of Emergency Medical Technicians Core Content

NFPA 472: Standard for Competence of Responders to Hazardous Materials/Weapons of
        Mass Destruction incidents (available on-site)

NFPA 1001: Standard for Fire Fighter Professional Qualifications (available on-site)

NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications
(available on-site)

NFPA 1021: Standard for Fire Officer Professional Qualifications (available on-site)

NFPA 1041: Standard for Fire Service Instructor Professional Qualifications (available
on-site)

Roster of Training Project Team Members

Training Bulletin

SOP 110.40 Returning After Extended Leave

8A.2   The agency's <u>training program is consistent with the mission statement, goals and objectives</u>, and helps the agency meets those goals and objectives.

Description

The mission statement of the agency is "We are committed to saving and protecting lives and property through service to our community." All fire training is geared towards either taking the fire problem away from the people or taking the people away from the fire problem. All medical training focuses on reducing the suffering, increasing comfort or providing a high level of medical care that allows the patient the best chance possible to survive the most severe medical or trauma incident.

At the end of 2021, in consultation with the training program team and the results of our Internal Stakeholder Survey, the Training Division developed a training calendar for 2022 that provided the following training hours to each fire company:

- 45 EMS CEUs, including all regulatory requirements and hi-fi simulations
- 36 Fire training hours, emphasizing hands-on skills & multicompany evolutions
- 6 hours of Hazmat training
- 12 hours of Technical Rescue training
- Quarterly Blue Card training

Goals were also established for 2022 to:

- Make better use of technology for distance and virtual classroom environments
- Expanding the use of Subject-Matter Experts (SMEs) from the Operations Division

Appraisal

There have been several challenges meeting these goals. One of the Training Division members was absent on leave from late February through the end of May. In addition, the department overtime budget prohibits paying overtime to have SMEs teach on their days off or backfill their position on their duty days. After the Training Division returned to full staff, a revised plan was developed in June 2022 that will achieve the following in the second half of 2022:

- 29 EMS CEUs

- 23 Fire training hours
- 6 hours of Hazmat Training
- 1.5 hours of Technical Rescue Training
- Quarterly Blue Card training

The revised plan makes extensive use of the department's technology resources and will use SMEs as much as possible to instruct on their own shift, limiting overtime expenses. The department is providing more training than compared to recent years, however, the lack of personnel and overtime funding has created a gap in training division outputs.

Plan

Regular quarterly meetings of the training program team will assess the training provided in the previous quarter, compared to the goals that were set, to determine any adjustments that may need to be made to upcoming training plans. In the 4th Quarter of 2022, the Training Division and program team will develop a training calendar for 2023, incorporating these lessons learned.

References

Original 2022 Training Calendar

2022 Training Calendar Summary

June 2022 Recalibration

Q1 Training Report

2021 LDCFM Strategic Planning Internal Survey Raw Data

8A.3   The <u>training program is consistent with legal requirements</u> for mandatory training.

Description

The training program team utilizes standards of the National Registry of Emergency Medical Technicians (NREMT), Kansas Board of Emergency Medical Service (KBEMS) for the development and delivery of EMS training. The Training Division provides similar training topics to the volunteer first responder agencies within Douglas County. The training program team utilizes standards from the National Fire Protection Association (NFPA), Insurance Services Offices (ISO) and 29CFR1910.120 (q) (6 through 9) for development of fire-related training.

Appraisal

The training program is currently meeting legal requirements as required by the State of Kansas and applicable federal regulations.

Plan

The Training Division will continue to ensure the training program meets the legal requirements for training and assess changes on an as-needed basis.

References

Kansas Board of EMS Statutes and Regulations

ISO Summary of Training (projected completion of ISO is this fall, this will be available on-site)

National Registry of Emergency Medical Technicians

29CFR 1910.120 (q) (6 through 9): (Hazardous Waste Operations and Emergency Response)

Email RE: Continuing Education Inspection

HIPAA Completions_10_14_2022_012100

Infection Control Completions_10_14_2022_011900

Educator Update (email)

8A.4   The agency <u>identifies minimum levels of training and education required</u> for all positions in the organization.

Description

Minimum levels of education and training for all positions in the organization are well documented and available to all members. SOP 108.20 Firefighter Recruit/Probationary lists the training and education requirements for recruits and probationary firefighters. This SOP was last revised in 2022. SOP 601.10 Promotional Assessment Process lists the training and education requirements for firefighter, paramedic, engineer, lieutenant, captain, battalion chief, and division chief. This SOP was last revised in 2020. SOPs are posted to the department's intranet, which can be accessed at any time by all department members.

The city maintains job descriptions for all positions within the organization. These job descriptions include detailed explanations of the knowledge, skills, and abilities (KSAs), as well as the required training and experience for each position within the organization. Job descriptions can be accessed on the city's intranet.

The department has documentation to provide career path guidance for employees. This includes the IAFC Officer Development Handbook (2010 edition) and an accompanying Professional Development Handbook created by the department in 2009. The Professional Development Handbook lists recommended training and experience in preparation for the positions of firefighter, engineer, and acting officer, which includes both hands-on experience and self-study through a recommended reading list.

Appraisal

Department SOPs have clearly established minimum levels of training and education for each position in the organization.

No clear workflow has been established to ensure the city job descriptions are updated and accurately reflect current roles.

While over 10 years old and in the process of being revised, the IAFC Officer Development Handbook is the most current version, and the LDCFM Professional Development handbook was written to accompany this handbook.

Plan

The department will continue to review and revise promotional requirements on an annual basis, as defined in SOP 104.02 Standard Operating Procedures (SOPs) and Policies Life Cycle. The department will add a step in the workflow for this process that City Human Resources should be notified any time a promotional requirement is changed, to ensure job descriptions stay current. When the next edition of the IAFC Officer Development handbook is published, the Training Division will form a project team to review and revise the department's Professional Development Handbook.

References

SOP 104.02 SOP Lifecycle Management

SOP 108.20 Firefighter Recruit Probationary

SOP 601.10 Promotional Assessment Process

City of Lawrence Fire Engineer AEMT/BASIC/Paramedic Job Description

LDCFM Professional Development Handbook

IAFC Officer Development Handbook

Criterion 8B: Training and Education Program Performance

Training and education programs are provided to support the agency's needs.

Summary:

The department conducts a 12-week recruit academy for all entry-level hires, which includes IFSTA Firefighter I/II, Hazmat Awareness, and Hazmat Operations, as well as medical orientation and practical instruction on departmental policies and procedures. Ongoing training is provided at the individual, company, shift, and department level, based on legal/administrative requirements, continuing education requirements, and assessed department needs.

Training is provided to department employees in a wide variety of formats which includes self-study, individual instruction, in-person lectures, small-group simulations, multi-company evolutions, and remote/virtual courses. All training is documented and tracked to ensure compliance with departmental standards and individual/organizational requirements.

Performance Indicators:

8B.1   A <u>process is in place to ensure that personnel are appropriately trained</u>.

Description

The Department has established minimum requirements for entry-level hires in SOP 108.20 Firefighter Recruit Probationary. This SOP defines a standard for the recruit academy as a "multiweek structured learning environment providing basic requisite knowledge in firefighting and emergency medical response." Longstanding departmental practice has been that the recruit academy is approximately 12 weeks long, and all students receive instruction in International Fire Service Training Association (IFSTA) Firefighter I, IFSTA Firefighter II, Hazmat Awareness, and Hazmat Operations and practical, hands-on training in fire and emergency medical operations. During the academy, recruits receive frequent tests and quizzes to ensure they are retaining the information they receive.

After the academy, graduates are considered probationary firefighters for their first six months of employment. During this period, the understanding of their role and the training they received in the recruit academy will be monitored by their assigned captain and they will receive a formal performance appraisal at six months to confirm they are ready to be released from probation.

After being released from probation, the department ensures members receive appropriate training on an annual basis. The department has established a standard to comply with ISO standards for firefighter training that include on an annual basis a minimum of:

- 192 hours of company training
- 18 hours of facilities training
- 12 hours of officer / driver training (does not apply to Firefighters)
- 6 hours of hazardous materials training

The department mandates all members maintain current Kansas EMS certifications, which requires each member to receive on a biannual basis Kansas Board of EMS-approved continuing education at a minimum of:

- Paramedic: 32 Core hours + 28 Flex hours = 60 total hours
- AEMT: 27 Core hours + 17 Flex hours = 44 total hours
- EMT: 21 Core hours + 7 Flex hours = 28 total hours

The department uses a web-based application, Vector Solutions, to track employee progress toward fulfilling minimum training hour requirements, as well as additional credentials for specific employees, such as fire investigators. Training plans are in place to guarantee all employees are provided well over the minimum EMS hours on duty, as demonstrated in the "2022 Training Calendar Summary" document that was created in late 2021 after the initial 2022 Training Calendar was developed.

Appraisal

In recent years, the department has made several major changes in recruiting and onboarding new employees. Prior to that time, new firefighters were assigned to an "Extraboard" list, and after the Recruit Academy were part-time employees until a full-time position opened up. This allowed larger, less frequent recruit academy classes to be conducted. Now that all new hires are full-time employees, recruit academy classes are small but more frequent, sometimes two in a calendar year. The recruit academy format has been adjusted to take these changes into account but has not been subject to a formal top-to-bottom review and revision for many years.

In 2021, the department began requiring all new employees to achieve paramedic rank within 3 years of joining the department. While a small number of new employees would historically enroll in paramedic school, this is now the "new normal" for all employees who are not paramedics. The department is still experimenting with best practices to onboard new employees under these conditions.

The department tracks existing full-time employee fire training hours through credentials on Vector Solutions for ISO categories of Firefighter, Driver-Operator, and Officer. In 2021, the majority of employees in each category completed 100% of their ISO hours. The overwhelming majority of employees (84% or more in each category) completed 90% or more of their required hours

Plan

The Training Division will continue to monitor the progress of employees toward fulfilling training requirements, making notifications to employees and their supervisors on the individual / company / shift level, but also being alert for global trends that may indicate structural issues or communication barriers. Prior to developing the 2023 Training Calendar, the Training Division will review the initial and revised 2022 training plans and create a plan for enhancing the calendar schedule.

References

SOP 108.20 Firefighter Recruit Probationary

Kansas Continuing Education Plan – Kansas Board of EMS

Paramedic Credential – User Progress Summary

X Shift EMS Hours Summary

X Shift EMS Progress

2022 Training Calendar Summary

July 2022 Summary Chart

2021 ISO Driver Operator hours

2021 ISO Firefighter hours

2021 ISO Officer hours

8B.2   The agency <u>provides a training schedule</u> that meets the organization's needs.

Description

In the last quarter of each year, the department creates an annual training plan for the upcoming year. This plan incorporates mandatory and discretionary training subjects, with the advice of the training program team. Throughout the year, the training schedule is dynamically adjusted as needed based on the needs and abilities of the department. Progress toward achieving the goals of the training schedule is reviewed quarterly with the training program team.

In preparation for creating the 2022 training calendar, the Training Division conducted a review of training that was required to be provided. ("2022 Training Required Training Sessions"). All topics listed in this document have been taught annually as a matter of course, but there was no centralized list documenting all training that was required on an annual basis. This document listed all known training subjects that the department was required to provide on an annual basis but does not provide any sources for these requirements.

The Training Division utilizes a reference document to create an annual training plan.

Appraisal

The training schedule is well-developed, communicated to members well in advance, and ensures the department's needs are met. The draft training calendars, created prior to the beginning of each year, are frequently altered based on changing circumstances and unforeseen events. The Training Division recognizes the current process as being time-consuming and could be more efficient by tallying the number of training dates / hours available to each shift in the upcoming year and planning accordingly. An outline for the number of days to provide each training course could be adopted. On a quarterly basis, the training calendar could be adapted as needed with input from the training program team.

Creation of a centralized document listing all mandated training was a good step toward ensuring the department is providing all legally required training. This document was used in creating the initial 2022 training calendar, and all revisions to that plan. This document

could be substantially improved by listing the source of the requirement (requiring authority, and link to the relevant documentation). This would enhance the Training Division's ability to annually review all legally mandated training requirements by going directly to the source and updating the list as legal requirements change over time.

Plan

In the fourth quarter of each year, the Training Division and program team will review all mandatory training sessions for any changes. Based on mandatory training requirements, established training goals, and assessed needs, the training program team will develop an outline for the training sessions to be delivered each quarter of the year. Training progress will be reviewed on a quarterly basis.

By the end of 2022, the "2022 Training Required Training Sessions" document will be revised and updated to include the agency/law/standard that is the source of each legally mandated training requirement, and a link to the exact text of the requirement. This document will be used to develop the 2023 training calendar. This document will be reviewed and revised annually and used to develop each year's training calendar to ensure the department remains in compliance with all legally required mandatory training.

References

2022 Training Calendar – 2.0
Q1 Training Report
June 2022 Recalibration

CC 8B.3   The agency <u>evaluates</u> individual and crew performance <u>through</u> <u>validated and documented performance-based measurements</u>.

Description

All training sessions are delivered with the expectation that individual and/or crew performance will be evaluated and corrected, if necessary. The basis for evaluating crew and individual performance is compliance with department policies, procedures, and training documents, as well as industry standards. All EMS training courses for continuing education include documented course objectives that the student must meet to receive credit. Fire training also establishes course objectives for individuals and/or crews.

Student participation in real-time live / remote training is documented and verified by the instructor. Asynchronous training requires students to successfully complete a knowledge verification test over the material presented. Mandatory training sessions for individual employees receive additional documentation. Employees' EMS skills are verified on an annual basis, as is their driving competency on both a road and cone course, as required by NFPA 1002.

Appraisal

Performance measurements can be divided between qualitative measurements (was the skill performed successfully?) and quantitative measurements (how long did it take to perform the skill?). The Training Division has always retained records of qualitative performance of employees during training to provide critiques and feedback, and to provide summaries of common issues to the department following the training sessions.

The Training Division has been less successful at collecting meaningful quantitative measurements, especially during more complex training sessions & scenarios. This is in large part due to the limited number of personnel assigned to the Training Division. The result is often a single member of the Training Division conducting training sessions unaided. The instructors are often task-saturated which creates difficulty in time-keeping and crew evaluation.

The department is waiting for delivery of the REALITi Pro cardiac monitor simulator system, which includes the ability to perform video debriefing and get precise timestamps for many performance benchmarks. This will improve quantitative measurements at most EMS training.

No single off-the-shelf solution exists for fire/rescue training scenarios, but this is a known issue, and the Training Division has taken steps to address it. Radio traffic during training sessions is being recorded and will be provided to Blue Card trainers on each shift to review during quarterly Blue Card training. Fundamentally, the solution is to have additional staff at training scenarios, and the Training Division has requested additional personnel to meet this need. Additionally, the Training Division is working to have more training provided by subject-matter experts on each shift. This would free the Training Division to take a step back and focus on accurate timestamps for each benchmark.

Attempts are made to measure crew performance at training sessions and communicate this to department members, but precise measurement of performance is often inadequate due to low instructor staffing, and this is not always performed on a consistent basis. When training scenarios are delivered multiple times, attempts are made to document consistently observed issues across the department. When measurements are performed, they are shared via email to the department. Additional personnel would help improve the ability to provide timely feedback on performance measures.

Plan

The department will continue to establish training objectives for all service provisions. After each training session, the trainers will make brief notes for the next session as to what worked and what did not, including any suggested changes to the performance measurements being used. The Training Division will continue to request additional personnel to ensure accurate performance measures are taken. The Training Division will continue to put out summaries of "lessons learned" after each training session, in part to create a record for the next time that subject is repeated that will inform the training and performance objectives.

References

May S&S Course Objectives

Dept High Rise Plan - page 3

July 2022 – Active Shooter Test – sample

Sept Skills & Sims notes

X Shift Times @ Acquired Structure

X Shift Jayhawk Motel times

LDCFM Airway Skills Sheet

Competency - Obstacle Course Verification

Road Course Station 1

8B.4   The agency analyzes student <u>evaluations</u> to determine <u>reliability of training conducted</u>.

Description

The department uses evaluations for all EMS classes for internal training review / improvement. The Kansas Board of EMS requires the ability to submit anonymous evaluations for EMS trainings. An electronic evaluation is utilized when training is completed through Vector Solutions, otherwise, paper evaluations are used. Informal debriefings are held after multi-company training operations events.

The evaluation form is used routinely and with no difficulties for EMS CEUs but is not a routine part of department-level fire and rescue trainings. These evaluations are reviewed informally by the instructor(s) after the training sessions for any insights on their instructional techniques. The intention is that these evaluations will also be reviewed for suggestions and improvements in subsequent years when the subject is repeated, for suggestions and improvements. The Training Division is currently reviewing its processes and documenting its workflows to ensure greater consistency in the future.

Appraisal

The training evaluation form is adequate and results in good feedback to the Training Division. The Training Division has been diligent about ensuring such evaluations are available for EMS CEU education, and that these evaluations are retained and reviewed prior to repeating a training session. Similar evaluations should have been provided for all non-EMS CEU training as well, but this has not happened at all fire, rescue, etc, training sessions.

Plan

The Training Division will establish a clearer workflow for non-EMS training that will ensure an evaluation is created for each class. Evaluation responses will be reviewed by the instructor(s) and saved in the department's shared network folder. These will be reviewed by the Training Division and any subject-matter experts each time a training topic will be repeated from prior training sessions. Student feedback will help determine

the specific training objectives/scenarios and identify any aspects of the prior training sessions that worked well or need improvement.

References

Zoll Z-Vent Department Training – Course Evaluation

8B.5   The agency maintains a <u>training records management system that meets its needs</u>.

Description

Training records are maintained for department employees in up to three locations, depending on the type of record. Under the Training Division network folder, a subfolder for each employee has been created to store all training certificates, certifications, licenses, etc. This folder is backed up by multiple servers at different locations for redundancy. Network permissions are configured so that only the Training Division can add/remove files from this directory. All other department employees can view/copy materials from the files.

Training records are also stored in the department's online Learning Management System (LMS), Vector Solutions. Each employee has an account in this program, which is configured and maintained by the Training Division. This LMS includes the ability to create customized activities, record completions of those activities, set up credentials and monitor user progress toward those credentials, verify employee activities and training records, and scan in training certificates. This platform is also used to store selected certifications, licenses, and other documents to employee profiles, generally those that require renewal or are required for promotion.

The Kansas Board of EMS (KBEMS) maintains an online Portal for EMS continuing educations training records. As a KBEMS-approved Long Term Program Provider of continuing education, the department has been granted the ability to register training classes, submit supporting documentation, and submit training records for students directly into the KBEMS record system. While the department does not control this system, all training classes put on by the department that provide EMS CEUs are entered in this system by the Training Division within seven days of the training course.

Appraisal

The training records management system(s) are functioning well and meet department needs. One area for improvement is that there has not been consistent naming conventions for the documents stored on the employee network folders. The same document may be

called different things in different employees' folders. This can create a challenge when verifying employees have completed all requirements for promotion to a given rank. Discussions of how to implement a credentialling system that would simplify this issue have been started with Vector Solutions staff but have not been implemented.

Also, due to lack of staff time, a backlog of old activities remains active in Vector Solutions, rather than being archived in a timely manner. This makes navigation in some areas cumbersome and risks accidentally recording completions in an obsolete activity.

In years past a combination of unclear workflow and unintentional deviation from KBEMS expectations had resulted in some confusion and discrepancies in records. However, after a meeting with KBEMS officials in late 2021, the Training Division substantially revised our forms, documentation, and workflows, and the most recent audit was passed with zero deficiencies.

Plan

The Training Division will continue to monitor the efficacy of the records management systems that are being used and seek efficiencies. When staff time permits, the Training Division will work on implementing a process by which all certificates and other documents required for promotion are added to Vector Solutions credentials, which permit easy querying via reports, regardless of the name of the underlying file. The Training Division will also maintain contact with the KBEMS to ensure our record-keeping practices align with their expectations in the future.

References
Employees2009--DarlingJ
Vector Solutions – Driver-Operator Credential
Briggs DO Credential Progress Summary
Vector Solutions – DO Credential Report
KBEMS Training Audit 2022

CC 8B.6   **The agency conducts a <u>formal and documented program appraisal, at</u> <u>least annually,</u> to determine the program's effectiveness and compliance with meeting the needs of the organization.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Training Program Appraisal

Criterion 8C: Training and Education Resources

Printed and non-printed training and education resources, library materials, media equipment, facilities and staff are available in adequate quantity, relevancy, and diversity, and are current.

Summary:

Ensuring all firefighters maintain proficiency in responding to all hazards requires a significant investment in printed materials, books, A/V and technology resources, as well as physical locations and staff for training. The Training Division maintains a small library of training books and materials for both formal training classes and informal review by individuals or companies. These materials are updated as new editions of books are published. During the COVID-19 pandemic, the Training Division expanded its use of technology and media resources, and now provides much more remote and virtual training opportunities.

Physical locations for training include a dedicated training center, with an attached drill field and training tower. These are adequate for most purposes, and the department has identified alternate locations for training that cannot be performed at that facility, and built relationships to ensure access to those alternate sites. In addition, the Training Division and other firefighters regularly build training props for specific training sessions, many of which can be disassembled and reused for other training sessions. Storage space is a major concern.

Performance Indicators:

CC 8C.1   <u>**Facilities and apparatus are provided**</u> **to support the agency's all-hazards training needs. The agency has plans addressing any facilities and apparatus not available internally to complete training activities.**

Description

The department's training facility is a former fire station that has been remodeled to include a training classroom, an office, a large and small locker room with attached restrooms, a small storage room, and a bay that will hold 3 fire apparatus/ambulances. Co-located with this facility is a 150' x 180' drill field, an enclosed trench / confined space prop, and a 4-story drill tower with a burn room on the first floor. There is very little space for covered / climate-controlled storage at this facility.

This facility is also the location for department recruit academies. Because the training facility only has a single classroom, it is not available for department training during a recruit academy. The academy is approximately 12 weeks in duration, and is held once or twice per year. The training center is unstaffed except during recruit academies, as all members of the Training Division currently work in the administrative building.

Apparatus assigned to the Training Division include 3 staff vehicles and a trailer. The trailer does not have a sheltered storage location and is exposed to the elements year-round. None of the Training Division staff vehicles have a tow hitch, so in order to use the trailer, the Training Division must borrow a utility pickup truck from Station 1. The Training Division uses the utility pickup truck to haul pallets, lumber, and other building supplies for live burns and training props.

Appraisal

The training facility is generally adequate for most needs but can only host one class at a time. As training needs and staff numbers continue to grow, additional classroom space will be needed. During a recruit academy, classroom training sessions for the department must be held in another location, usually the Jayhawk Room at the administrative

building. This can cause complications with the training schedule, as the room can be reserved for use by community organizations months in advance, which can reduce the days available to provide needed training.

Having the training center unstaffed the majority of the time may not be optimal, as it can allow any issues with the facility to go undetected and unreported. It also means no member of the Training Division is on hand to supervise/assist with training that is performed by individual companies / shifts at the facility.

When built, the drill field was large enough for engineer training and other events, but as truck size has increased it is no longer large enough. The department recently purchased a 62-foot tractor drawn aerial which requires a significant amount of training for each new driver. Contractors hired to train-the-trainer stated an open area 210' x 290' was needed to set up cone courses to orient new drivers to the truck before they use it on the roadway. Locating an uninterrupted expanse of pavement that size in the community without light poles, islands, etc, that can hold up to the weight of this vehicle has been extremely challenging and obtaining long-term access to a site that is available at any point should be a priority.

The drill tower is adequate for basic training but has several drawbacks. All windows are over concrete which presents a higher risk when practicing ingress/egress/victim removal/bailouts than if they were over grass or another softer surface. With few interior walls, interior partitions are created by assembling pallets, which can allow members to look over them. Lack of interior doors means members do not gain practice isolating rooms from smoke and fire. It also lacks many built-in props for special activities such as forcible entry, roll-up doors, etc. Many of these issues have been overcome with training props that have been built by motivated department employees. Often, these props are of high quality, but because storage space at the training facility is extremely limited, they cannot be sheltered from the elements and degrade over time.

Plan

The Training Division will work with the department to review its policy on use of the Jayhawk Room by community groups to ensure that we are prioritizing training to meet the primary mission of the department, while also respecting the needs of community groups, especially during recruit academy periods.

The Training Division will consider stationing the training captain and lieutenant at the training facility, especially during times no recruit academy is being held.

The Training Division has requested a large storage unit and a utility pickup through the budget process and will continue to advocate for these resources. The Training Division is still working to identify a short/medium-term solution to a training site for the tiller cone course and will work to ensure the next fire station to be built will have an area of concrete paved large enough to support the tiller training as well as other annual driver training. Through the budget request process, the department will continue to communicate the need for more resources within the Training Division.

References

Jayhawk Room Conflicts

Possible sites for tractor drawn aerial cone course

Map of roadway closures needed for annual EVO training

2023 Program Improvement Request Form LDCFM Support Services

CC 8C.2   **The agency has access to <u>instructional personnel</u>, within the organization or from identified external resources, with <u>teaching qualifications and expertise to meet its needs</u>.**

Description

Training Division staff all hold the rank of lieutenant or higher. Prerequisites for these ranks include IFSAC Instructor 1, IFSAC Fire Officer 1, and several other professional certifications. These credentials, combined with on-the-job training, course feedback, and coaching from the division chief of training ensure all Training Division members have the qualifications and expertise necessary to deliver effective training sessions.

Many other department employees have the necessary qualifications and expertise to serve as training instructors. However, funding often does not permit routine use of overtime to allow employees to teach classes on their days off, nor can the department fall below minimum staffing to allow the instructor to attend training. Department employees who work a 24-hour shift schedule are generally only able to serve as instructors while working on their assigned shift.

Additional instructional personnel are readily available outside the department. The department's response area is adjacent to Johnson County, Kansas, which contains many Kansas City suburbs and. Johnson County has nine major fire/EMS agencies that provide emergency services to different regions within the county. The Training Chiefs of these agencies meet regularly and develop a coordinated training schedule for both EMS continuing education and fire service certifications. The department's division chief of training has started attending their meetings with the objective of coordinating training classes to provide the most opportunities to all firefighters in the area.

Lawrence is also the site of the University of Kansas Fire & Rescue Training Institute (KFRTI). This is an IFSAC and Pro Board –accredited instructional service established by the Kansas legislature to provide training to Kansas fire departments. While KFRTI provides training to departments across the state, being based in Lawrence, the department

has a significant advantage in terms of additional instructional staff for a wide array of fire service certifications.

Appraisal

The department has many employees at all levels of the organization who are subject matter experts (SMEs) on different fire / EMS subjects. These individuals are often not used to their maximum potential to deliver consistent training to the entire department, due to overtime constraints against paying them to come in on their days off. Even when these SMEs are on duty, we cannot count on them being able to teach as they will be needed to fulfill a riding position for minimum staffing, and so they may be called away. The solution has been to have one employee per shift acting as a trainer, with an employee of the Training Division on standby, to step in if that member is unavailable. However, multiple instructors make it much harder to deliver consistent training and the need to have a Training Division member present / available for all training inherently limits the training output to what a small number of employees can support.

Integration of certification class efforts with Johnson County Training Chiefs is a major step toward increasing the availability of these courses for the department's employees. Further integration will ensure more employees have more opportunities to obtain certifications for professional development and promotion.

The department has taken advantage of KFRTI for many years, but generally for classes relating to professional certifications. This organization also offers classes on technical rescue disciplines and other practical skills taught by qualified instructional personnel at no cost to the department.

Plan

The best training will always be from subject-matter experts who are intimately familiar with our department's policies, procedures, equipment, and recent history. As such, the Training Division will work to develop plans by which department SMEs can be made more available to teach training courses to all department members. This could involve

creating a dedicated overtime budget for training classes or creating a policy that allows on-duty personnel to teach classes while available for major incidents (like how Night Consultants and other incentives are able to work away but retrievable from their assigned units in order to support the department's mission).

The department will also continue to attend Johnson County Training Chiefs meetings and work to integrate the certification courses that are offered by the department with those offered by the Johnson County departments. The goal will be to ensure that the department members have just as much /early chance to attend classes hosted in Johnson County as any member of a Johnson County department.

The department will also work to further leverage the proximity of KFRTI to provide additional training to the department. During the development of each years' training plan, as subjects for training are identified for the upcoming year, the Training Division will consult with KFRTI staff to see what subjects might be taught by their instructional staff.

References
SOP 601.10 Promotional Assessment Process
June 2022 Recalibration Announcement to FireMed
January H.O.T. - Building construction – instructors
Engine Company Operations
High Rise Training Planning Meeting
https://lpe.ku.edu/kufire-home

8C.3 <u>Instructional materials are current</u>, easily accessible, and support the training program's stated objectives.

Description

The Training Division maintains a library at the administration building with instructional materials such as magazines, videos in various formats, and other printed materials. The materials in the library have accumulated, in many cases over multiple decades.

The training library also includes textbooks for fire service training courses. Employees can check out books while enrolled in a course and then return them when completed. Access to the library is limited to the Training Division. Tracking who has custody of a given book is done using physical library cards. Textbooks are removed if they are identified as having been superseded by a later edition, but no formal process for regularly deaccessioning outdated materials has been established. In recognition that new book editions come out regularly, and to avoid old book editions accumulating the Training Division has recently revised textbook purchasing policy to purchase new textbooks for each member enrolled in certain classes and allowing them to keep those books after the class has concluded.

In the last two decades, instructional materials have been increasingly distributed and stored digitally. Three main locations in which instructional materials have been stored/distributed are the department's network folders, the department's intranet, and department email. Collectively, these locations contain large numbers of instructional materials on many subjects in a variety of format. Many of the instructional materials, manuals, etc. are retained through the institutional knowledge of individuals, and distributed when the need arises by email or other methods.

In addition, the department has not established any alterative type(s) of documents other than SOPs to officially memorialize information for reference, retention, and regular review. Therefore, training information is often incorporated into SOPs, as these have been the only documents produced by the department that are universally accessible and reviewed/revised on a regular basis.

Appraisal

With respect to physical media, the training library contains valuable instructional materials including textbooks for required classes. It also contains many obsolete materials that take up space and make it harder to find desired in-date materials.

The department's digital media has a wealth of instructional and reference materials, but several issues keep them from being used to full advantage. These materials are not optimally organized, being dispersed throughout the organization rather than hosted at a single location. The lack of a central location for instructional materials has prevented the establishment of a workflow for regular review, revision/deprecation, and version control. This makes it difficult to ensure the most current instructional materials are being used/followed, especially when individuals or companies attempt to locate materials for conducting additional training on their own initiative.

Instructional materials that have been produced in-house over the years have been created, formatted, and used inconsistently. This is because the department has not formally established any type of documents for containing instructional materials, nor routinized the use of such documentation through practices such as referencing instructional materials in SOPs. Instead, information on a given subject has often been incorporated into department SOPs. While SOPs retain information in a location it can be easily found, it creates other issues. When SOPs are essentially the only documentation on a subject, the result is SOPs that are overly long, with essential information buried within minutia and step-by-step task-level instructions.

Plan

The Training Division will work to identify any instructional material needs, with input from the command staff and the training program team. Identified needs will be prioritized and either purchased or, if immediate purchase is unfeasible, noted for inclusion in an upcoming budget.

The Training Division will work with command staff to explore methods for creating one or more types of documents to supplement department SOPs. This will provide a systematic method of storing instructional materials in a format other than SOPS, allowing them to be more flexible in response to changing conditions, while also decreasing the

length & complexity of SOPs. These documents will be stored in an accessible location where they can be regularly updated to ensure version control is maintained.

When time/personnel permit, the Training Division will conduct an inventory of the training library and dispose of obsolete materials, to be repeated on a regular basis.

References

Training Library Cards

Re Textbook purchases for accreditation

Ladder_Aerial testing June 18-20 email

SOP 109.33 Mandatory Overtime Staffing

8C.4   The agency has a <u>process</u> for purchasing, developing or modifying existing curriculum to meet its needs.

Description

Annually, the department creates a training plan for the upcoming year that is designed to cover all mandatory training topics as well as those identified to be taught on an annual/regular basis by the command staff, Training Division, and training program team. Depending on the training course, some instructional materials are obtained pre-formatted from outside sources (e.g., slide decks, textbooks, etc.), while others are developed in-house. Textbooks are purchased as needed, when new editions are published, and the Training Division budget is adequate to accommodate these purchases.

With respect to training courses developed and delivered in-house, instructional materials and curriculum are developed with the assistance of SMEs identified by the training program team and operation chief officers. Meetings to develop curriculum are held between the SMEs for each shift, supported by the Training Division and training program team. While this process can incur minor overtime costs, it is supported by the Training Division in order to ensure the best curriculum is developed and taught as consistently as possible across all three shifts, despite often using different instructors for each shift.

Appraisal

The department has a purchasing process that is adequate to provide or develop curriculum needed to support our organizational goals. Funds for necessary textbooks to support members attending training has been readily available and within the scope of the department budget. Overtime funds are sufficient to cover incidental uses of overtime to review/develop course curriculum by SMEs from each shift who are designated to act as trainers for a course.

The process of having the SME trainer help the Training Division develop the curriculum for each upcoming class has resulted in a superior curriculum, compared to one developed by the Training Division, alone. But due to the low staffing levels of the Training Division, staff time is at a premium and so often these meetings to review/develop the curriculum are scheduled in haste in close proximity to the training dates. In addition,

while the use of SMEs from the Operations Division as instructors is a great benefit, the overtime restrictions that surround their use (can only be used on duty and must remain available to run calls so a Training Division member must be available to fill in if they are called away) results in less consistent training than if the same individual(s) taught all three shifts. Increasing Training Division staffing and setting aside funds to pay overtime for SMEs to teach off-duty (or backfill them on their duty shift) would improve our ability to develop, modify, and deliver training curriculum.

The inconsistencies in how training curriculum and materials were stored in the past is an ongoing issue. While this process has been made more organized in recent years, the organization method is not documented in writing, so the same issue is likely to continue to occur in the future unless staff time is devoted to improving workflow documentation. This issue would also be easier to address with additional personnel in the Training Division.

Plan

The Training Division will re-evaluate its purchasing practices for training curriculum and textbooks on an annual basis. The Training Division will seek support for additional personnel to aid in curriculum development, analysis, and review, as well as a dedicated overtime budget for SMEs. Through the budget request process, the department will continue to communicate the need for more resources within the training division.

The Training Division will create written documentation specifying how training curriculum and supporting materials are to be stored on the network folder to ensure these items are retained for use in the future. The Training Division will also create written documentation to support the need for routinely seeking retrospective notes on training sessions and curriculum from the instructors, as well as specifying a location for these notes to be stored.

References

Forcible Entry HOT Kick-Off Meeting

2022 High Rise Refresher

NOTES FOR NEXT TIME

Training Course Materials – 2022 folder

8C.5   <u>Equipment utilized for training is adequately maintained</u> in accordance with the agency's operational procedures. The agency makes training equipment readily accessible to instructional personnel.

Description

The department maintains an extensive cache of training equipment and resources that is available for use by employees of the department. The Training Division adheres to department SOP 402.10 Property Use and Use of Department Equipment.

The Training Division is currently assigned 3 staff vehicles (2015 Ford Interceptor SUVs), one for each member of the division. These vehicles are operated in accordance with SOP 104.31 Staff Vehicle Use. Based on their age, these staff vehicles are at least 50% through their expected life cycle, but remain in generally good condition, receiving regular preventative maintenance through the City Central Maintenance Garage. The Training Division has an uncovered 1987 trailer which is stored outside on the training facility drill field. The trailer is stored there because there is no interior storage location for it, and none of the vehicles currently assigned to the Training Division has a tow hitch. If a Training Division staff member needs to move/use the trailer, they must first travel to a different station and borrow a utility pick-up to take to the training facility to then operate the trailer.

Manikins and other materials such as expired medications/medical supplies are stored at the Training Center and regularly made available to members for training at the department, company, or individual level upon request.

Appraisal

While the vehicles currently assigned to the Training Division remain adequate to their purpose, all three are seven years old so replacements will be needed in the next few years. At the time of replacement, it would be worth considering changing the type of vehicle assigned to the Training Division. In addition to being unable to haul the trailer assigned to the division, Training Division staff vehicles are often inadequate to perform other tasks that are necessary for Training Division activities, including hauling pallets, training

props, and other large/bulky items. Replacing the current staff vehicles with pickup trucks, with hauling capabilities, would reduce the amount of time utility vehicles must be borrowed from the Operations Division to fulfill the Training Division needs.

The department's training facility is in relatively good condition and has recently seen substantial investments in its improvement. Adding additional covered storage for the trailer, training props, and other supplies would further enhance our abilities to maintain training equipment in accordance with established procedures. Training Division employees being relocated to the training facility would increase the department's ability to monitor and maintain the drill tower and the inventory of training manikins, props, and expired training supplies.

Plan

The Training Division will begin planning for replacement vehicles by the end of the year and strongly consider pickup trucks to replace these staff vehicles. The Training Division will also suggest changes to SOP 104.31 Staff Vehicle Use at the appropriate review cycle.

The Training Division will consider assigning at least one employee to the training facility in 2023. This employee will monitor the condition of the training center, drill tower and training props in order to make early interventions. The Training Division will continue to request the construction of additional storage space through the budget process.

References

SOP 402.10 Property Use and Use of Department Equipment
SOP 104.31 Staff Vehicle Use

8C.6   The agency maintains a <u>current inventory</u> of all training <u>equipment and resources</u>.

Description

No formal inventory process is in place, nor is there an established workflow to add equipment and resources into an inventory list when purchased nor removed them from the inventory when decommissioned.

The only department employees who regularly use the Training Division's equipment and resources are the three employees assigned to the division. The equipment and training resources are generally stored at the department's training facility.

Appraisal

The Training Division's management of training equipment and resources has been sufficient and is easily maintained. Until recently, the department used Firehouse software as a database for inventory and tracking of equipment and resources. This software is being discontinued in favor of a software solution from ESO that has not yet been implemented. Some equipment items assigned to the Training Division are cataloged in specific lists that are kept current. An example of this is the list of all department vehicles, which includes all vehicles assigned to the Training Division.

Plan

A long-term solution is on the horizon (ESO Fire Asset Management) and the Training Division should be prepared to implement it as soon as it becomes available. The Training Division will participate as a stakeholder in planning and implementation meetings in preparation for implementing the ESO Fire Asset Management software. The Training Division will maintain awareness of the status of this project, as well as the capabilities and limitations of the software.

The Training Division will discuss policies and plans for managing assigned assets as well as the frequency of inventory checks desired. This information will be compiled into workflow(s) in preparation of the software going live. Once a go-live date has been

determined, the Training Division will monitor the training calendar and make adjustments as needed to ensure all assigned inventory is entered in a timely manner.

References

Vehicle Listing 600 Series 1_2020

ESO Fire Implementation Asset Management and Inventory Team

8C.7   A selection <u>process is in place</u> for training and educational <u>resource materials</u>.

Description

Many educational resource materials used by the department are selected by outside organizations, such as fire service credentials which require the most current IFSTA textbooks. Often, the department requires these credentials for employment or promotion, such as IFSAC Firefighter I/II, which is required for all employees and taught during the recruit academy to all new hires. These requirements are established by department SOPs.

Another educational resource available to employees are online courses in Vector Solutions. Vector Solutions has over 100 hours of EMS continuing education content that is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). These CAPCE classes are all selected, reviewed, and improved regularly by Vector Solutions staff. These classes can be assigned to all department employees (ex: mandatory annual training) or by self-assigning.

The department currently partners with the nine fire/EMS agencies in neighboring Johnson County, Kansas to participate in their "Skills and Sims" program. In this program, three hours of high-fidelity simulation training is delivered quarterly to each Operations company. The ten agencies participating in this program take turns developing the scenarios, which are then reviewed and revised by the Johnson County Medical Directors' office. The result is that the department and all other participating agencies can annually deliver 12 hours of high-fidelity scenario content to their employees, all of which has been selected and reviewed by a medical director, while only having to do the work of developing two or three scenarios.

Appraisal

The use of IFSTA textbooks has been effective. CAPCE classes continue to be a valuable resource for ensuring members have access to a wide variety of EMS CEUs in all categories necessary to renew their provider certifications. However, for these classes to count, each member must submit them individually to the Kansas Board of EMS (KBEMS). As this is a departure from all other EMS training provided by the department,

this has caused some confusion as some employees failed to understand, or comply with, this requirement.

The Skills and Sims program has been a success. Instructors report much higher levels of student participation and engagement, and course evaluations are overwhelmingly positive. The only critiques have been requests for even higher-fidelity simulation materials, which the iSimulate REALITi Pro system should help achieve. Simulations could also be more effective if individuals can be identified to serve as standardized patients during training sessions.

Plan

The department will continue to use the latest edition of IFSTA textbooks as required by the organizations providing training courses for fire service certifications. The department will continue to use / encourage members to use the CAPCE classes on Vector Solutions to supplement the EMS CEUs provided by the Training Division. The Training Division will continue to work with Vector Solutions and KBEMS to identify methods of streamlining data entry, especially for CAPCE classes and self-paced classes that are posted to the Vector Solutions.

The department will continue to produce content for Skills & Sims and provide quarterly simulation training from scenarios developed through this program to each crew. More realistic simulations will be provided by the recent REALITi Pro cardiac monitor & patient simulator purchase. Additional means of increasing simulation realism, such as through standard patients, will be explored, as will improved feedback through video review of training scenario performance.

References

VectorSolutions Emergency Medical Services CAPCE Course Catalog

Simulation materials and year-end funds

Gaumard quotes

FW 3B Scientific Quote SQ2218708

CC   **8C.8**   <u>**Training materials are evaluated, at least annually**</u>**, to reflect current practices and meet the needs of the agency.**

Description

Training materials used in formal classes, such as textbooks, are evaluated and revised with each new edition. Material that is utilized for department-wide training is reviewed and revised before each annual session. However, training materials are typically not reviewed or updated between the end of one training session, and the beginning of planning for the next department-level training. Some subjects are not taught every year, so it can be several years before training materials covering them are revised.

When new training materials are developed in a vacuum, without considering what other training materials, SOPs are affected by the changes. The result can be multiple documents giving contradictory instructions. These issues can complicate efforts by the Training Division to ensure training materials in development reflect current practices.

Appraisal

The use of the latest edition of textbooks for fire service courses is adequate. The training materials developed and used by the department are of very high quality, but several inefficiencies prevent them from being used to the greatest effect. The lack of a central location for hosting the most current versions of training materials results in confusion as to which materials are the most current between multiple versions that may have been created / distributed over the years. It also complicates attempts to update and ensure consistency of other training documents on subjects that overlap with the subject matter of the new training materials.

If a central clearinghouse of in-date training materials were created, this would significantly improve the ability to revise training documents in response to changing circumstances. It would also enable the creation of a workflow to develop training materials and identify any related documentation that also needs to be changed, creation of an approval process for training materials, and allow version control to be exercised on outdated materials. Formalizing this process would also allow a great deal of the step-by-

step task guides currently contained within department SOPs to be contained within alternate document types (e.g., training manuals, job guides, workflows, etc.). This would allow SOPs to be streamlined and focused on the "big picture", while these training documents could be more readily updated to reflect changing circumstances.

Plan

The department will continue to use textbooks and other training materials required for fire service courses as defined by the educational institution.

The Training Division will develop a location to host the most current version of training materials intended for reference by individuals, crews, etc, and a method of logging changes to these training materials. As part of this process, the Training Division will also develop a workflow for identifying any other training materials that may be affected by revisions to a given training document, and making changes as needed to ensure internal consistency. Finally, the Training Division will develop a process for formally approving and announcing changes to training materials that employees may be referring to for training at the individual or company level.

Once this process is sufficiently developed, and has proven successful, during SOP reviews, the Training Division will promote excerpting any task-level guidance from within an SOP to a new training document. This will streamline department SOPs and ensure they are more accurate by moving task-level information that may come out of date to a format which is easier to revise as needed.

References

Infection Control Lecture

High Rise Training Guidelines

Category 9: Essential Resources

Essential resources are defined as those mandatory services or systems required for the agency's operational programs to function. They should be given the same value of importance as a primary program. Appropriate adjustments may be necessary in the self-analysis to adapt the typical components listed below to the local situation. For example, when reviewing a water supply system, the evaluation may not be limited to conventional resources, such as water lines and fire hydrants, but may include alternative resources, such as tankers (tenders), ponds, streams, lakes, cisterns, etc.

Criterion 9A: Water Supply

The water supply resources are reliable and capable of distributing adequate volumes of water and pressures to all areas of agency responsibility. All areas meet fire flow requirements in accordance with applicable fire flow criteria. An agency seeking prima facie for this criterion should refer to the Commission on Fire Accreditation International Interpretation Guide for the qualifying language.

Summary

The City of Lawrence owns and operates two water treatment plants (WTP), each with independent sources of raw water. The Kaw WTP operates 16.5 million gallons per day with raw well and surface water intakes from the Kansas River (1.04 million gallons of finished storage). The Clinton WTP operates 25 million gallons per day (3 million gallons of finished storage) and utilizes surface water from the United States Corps of Engineers Clinton Reservoir as a raw water source. Each plant utilizes high service pumps to pump finished water to the distribution system and system storage. The city's distribution system covers approximately 30 square miles with 434 miles of water main. Two pressure zones delineated by elevation cover the city. The West Hills and Central Service each are capable of pumping treated water to either pressure zone. The distribution system includes four elevated and three ground storage reservoirs for an additional 6.25 million gallons of storage. Ground storage reservoirs provide system pumping. This distribution system serves the City of Lawrence, Kansas University, and Haskell Indian Nations University. Five Rural water districts and Baldwin City also receive water from the city's distribution system.

During the three-year period of 2019 through 2021 the City of Lawrence completed the following infrastructure improvements that address capacity, reliability, and redundancy in the water supply system:

- Water main Replacements Projects – 11,000 linear feet of water main replaced based on age, number of breaks, diameter less than 8" or other operational and level of service factors.

During 2022, the city will continue to make improvements to water distribution with the following infrastructure improvements:

- Stratford Tower Replacement – Replacement of a 500,000-gallon elevated storage tank that has reached the end of its service life
- 23rd Street Water Main Replacement – Replacement of approximately 5,500 linear feet of 24" transmission main and 11,000 linear feet of 12" distribution main.
- Vermont Street Bridge Transmission Main Replacement – Replacement of approximately 1,800 linear feet of 16" transmission main to provide a redundant water supply to North Lawrence
- New York Street Transmission Main Replacement – Replacement of approximately 5,000 linear feet of 24" transmission main; Water main Replacement Projects Ongoing – 14,000 linear feet of water main to be replaced based on age, number of breaks, diameter less than 8" or other operational and level of service factors

Infrastructure improvements projected for 2023 through 2027 include:

- $22.6 Million for water main replacements and relocations to address failing infrastructure and accommodate street projects
- $3.5 Million for replacement of large diameter transmission mains
- $10.0 Million for water treatment plant maintenance and infrastructure rehabilitation

The city provides fire protection to Grant Township through a fire protection agreement. There is a plan in place for water shuttle supply using water tenders due to the lack of a hydrant system for firefighting purposes.

The city adopted the 2018 International Fire Code (IFC) and associated Appendixes July 1, 2019, and uses IFC Appendix B *Fire Flow Requirements for Buildings* and Appendix C *Fire Hydrant Locations and Distribution* to determine fire flow and distribution requirements for the city. In addition, the City Municipal Services & Operations (MSO)

Department utilizes Innovyze InfoWater modeling software to plan for and provide effective fire protection.

The department's ISO review is being conducted. The department is waiting for final results related to the evaluation.

Performance Indicators:

CC 9A.1 **The agency <u>establishes minimum fire flow requirements</u> for new development in accordance with nationally and/or internationally recognized standards and includes this information in the fire risk evaluation and pre-incident planning process.**

Description

With the adoption of the 2018 IFC in 2019, the minimum required fire flow is 1500 gallons per minute at a residual pressure of 20 psi per 2018 IFC Table B105.1(2). Fire hydrant location and spacing is typically 300-600 feet based on applying required fire flow to 2018 IFC Table C102.1 Number and Distribution of Fire Hydrants, accessibility to hydrant locations, and firefighting apparatus limitations (hose lengths).

The Municipal Services and Operations Department (MSO) utilizes American Water Works Association (AWWA) manual M31, Distribution System Requirements for Fire Protection, as the referenced industry standard. The manual indicates minimum pipe size within the system should be 6" and 8" for a "high value district." Per City of Lawrence Design Criteria, 8" is the minimum pipe size used in current installations.

Appraisal

The methods utilized by the department to establish minimum fire flow requirements and water supply meet the needs of the department. Risk evaluation and pre-fire planning has included the use of fire flow requirements and water supply.

Plan

The program continues to work well and requires little maintenance. The department will continue to work closely with the MSO Department to ensure adequate water flow is present in all newly built areas and in areas that are receiving updated service. The addition of fire hydrants to in identified locations will allow more access to an adequate water supply when needed.

References

2018 IFC Appendix B and C (available on-site)

AWWA manual M31, table 2-1 (available on-site)

City of Lawrence Design Criteria Section 5900

2016 ISO Assessment (2022 ISO Assessment will available on-site)

CC 9A.2 **An <u>adequate and reliable water supply</u> is available for firefighting purposes for identified risks. The identified water supply sources are adequate in volume and pressure, based on nationally and/or internationally recognized standards, to control and extinguish fires.**

Description

The city operates from and maintains a fixed water supply system with two water treatment plants capable of supplying and treating more than 43 million gallons per day. Elevated and ground storage tanks may provide an additional 6.8 million gallons. City MSO personnel will boost water pressure and volume with pumps and elevated storage at the request of an incident commander during large-scale events.

For response areas outside the city limits, the department has a portable water supply system based on tender responses as outlined in the Douglas County Tender Response Auto Aid Agreement.

The department's ISO review is being conducted. The department is waiting for final results related to the evaluation.

Appraisal

The department has access to an adequate fixed water supply and adequate portable water supply for firefighting purposes. These systems have provided sufficient volume and pressure to control and extinguish fires. This has been based on a credit for water supply of 29.55 of 30 from ISO in the 2016 assessment.

During a Public Protection Classification evaluation by ISO in August 2015, the city received a Class 1 rating. In the summer of 2022, the department underwent an evaluation by ISO. The department is still waiting for the final rating report.

Plan

The department will continue to utilize the existing water supply systems, both fixed and portable. The department will receive a final rating report from ISO late Fall 2022.

The command staff will review the Douglas County Tender Response Auto Aid Agreement and update, if necessary.

References

Memo from Municipal Services & Operations on procedures for increased flow

Douglas County Tender Response Auto Aid Agreement

2016 ISO Assessment (2022 ISO Assessment will available on-site)

9A.3   The agency has a contact list on file and maintains <u>regular contact with the managers of public and private water systems</u> to stay informed about available water supplies.

Description

The city's MSO Department and the department has a strong, collaborative working relationship. The department participates in the review process for utility projects and provides comment based on the requirements set forth in the fire code. Some of the improvements that have resulted from this relationship are improvements to the number of hydrants installed when waterlines are replaced and/or development projects occur in established areas, the reduction in the number of private water main loops, and the notification of water main breaks and repairs.

The MSO department field supervisors will make email notification to department liaisons, including aerial map views, of areas experiencing service disruption. This email is then forwarded to the entire department email list for notification. When the city MSO Department removes a hydrant from service, the goal is to return the hydrant to service on the same day. Accidents, parts availability, or extended projects may delay the return to service. MSO documents and disseminates information regarding hydrant service delays. The MSO Department designates hydrants that are "Private," "City" and "Out-of-Service" by hydrant color or by using hydrant rings. Private hydrants are typically painted red while city hydrants are painted yellow. The out-of-service rings provide a visual indicator of its status. Hydrants maintained by the city that are involved in relocation or rehabilitation projects are "bagged" when not in service.

The department has developed an "operations dashboard" through ESRI GIS that provides an interactive city map which can display information related to water distribution and systems. This dashboard is currently in the soft launch process.

Appraisal

The current system of notifying all stations by e-mail when there is a significant interruption in water supply with street closing for maintenance is sufficient. When there

is a significant water line break with prolonged interruption of service, the fire chief and the division chief of prevention are notified. A map of the area with specific locations of interruption are identified and any hydrants placed "out of service" are identified with an "out of service" ring.

The department's operations dashboard includes layers from GIS that have bogged down the system, causing delays in updates and connectivity issues. This has been one of the major challenges in the deployment of the dashboard.

The department's operations dashboard's capabilities are anticipated to be useful for increased awareness of system resiliency and assist with additional information that can help with incident management on large-scale events.

Plan

The department will continue with its current system of contact and notification. The MSO Department will place an "out-of-service" ring on hydrants that are not operational.

The Administrative Division, the department's technology program manager, and the city GIS team will continue to improve the functionality of the ESRI operations dashboard and will fully deploy the dashboard to all stations.

References

Email regarding Water Main Outage

Email Regarding KU Private Hydrants Out of Service

2016 ISO Assessment (2022 ISO Assessment will available on-site)

Operations Dashboard Screenshot – Water Distribution

9A.4   The agency <u>maintains copies of current water supply sources and annually reviews fire hydrant maps</u> for its service area to ensure they are accurate.

Description

The department has mapping of the city water supply and distribution system available through electronic and paper map systems. The city utilizes Esri ArcGIS and is accessible via office computers and mobile data computers on apparatus. ArcGis allows the user to turn on layers for distribution mains, hydrants, valves, and domestic supply. The operations dashboard includes some of this information. Each apparatus contains a map book based upon ArcGIS data. City maps are gridded into mile and quarter mile sections then assigned a grid number and quadrant letter. Map books contain locations of hydrants, sprinkler and standpipe connections. The department's technology specialist incentive positions oversee the annual review and updating of the map books and work closely with the city's GIS team.

Appraisal

The department maintains copies of current water supply and hydrant maps for the service area. The current mapping system works well, and employees are familiar with its use. The maps provide quick and accurate identification of the city distribution system and hydrant locations. The ability to access the information from mobile devices would be beneficial but barriers related to the city information technology security have delayed this progress.

Plan

The department will continue to provide accurate and up-to-date maps to all agency stations and apparatus. The department will continue to work closely with the city's GIS team to ensure quality data and explore opportunities to make the data more accessible.

References

SOP 111.13 Technology Specialist Incentive

Department Map Book (available on-site)

Water Distribution Map (available on-site)

Operations Dashboard (available on-site)

9A.5   <u>Fire hydrant adequacy and placement</u> are based on nationally and/or internationally recognized standards and reflect the hazards of the response area.

Description

The Prevention Division conducts a comprehensive plan review of development within the city. The Prevention Division uses 2018 IFC Appendixes B and C as the basis of land use development reviews, and for hydrant distribution. Appendix C, Fire Hydrant Locations and Distribution, establishes the minimum number and spacing allowed and provides the flexibility to increase the number or decrease the spacing for high-risk areas. The MSO Department utilizes a minimum spacing of 500 feet when improving the distribution system or adding hydrants.

Appraisal

The department benefits greatly from the strong support it receives from the city's MSO Department. The water system, including hydrant adequacy and placement, meets the needs of the department based on its assessment of high quality through ISO.

Plan

The department will continue to enforce the 2018 International Fire Code relevant to hydrant locations and distribution.

References

2018 IFC Appendixes B and C (available on-site)

9A.6   Public fire hydrants are <u>inspected, tested, maintained, visible and accessible</u> in accordance with nationally and/or internationally recognized standards. The agency's fire protection-related processes are evaluated, at least annually, to ensure adequate and readily available public or private water.

Description

The testing and maintenance of all city hydrants became the responsibility of the city's MSO Department in 2008. Testing, flushing, and maintenance of hydrants occur on a four-year cycle. The MSO department provides an Excel spreadsheet of flow data for import into ESO, the department's record management system (RMS), Properties and Inspections module. The city's MSO Department has received recognition from the American Water Works Association (AWWA) for its testing and maintenance program.

Appraisal

The city has an excellent water supply and distribution system with excellent routine maintenance. The department has received a Class 1 rating and the AWWA has recognized the Utilities maintenance program. The current system does not address the maintenance of hydrants on the Haskell Indian Nations University (HINU) campus. A 2010 PPC evaluation identified that the private hydrant and distribution system of University of Kansas (KU) did not have a formal maintenance plan or system. The department approached KU about developing a system that mirrored the city maintenance program. KU leadership agreed, and a plan was developed and implemented in April of 2011.

The city's MSO Department has been tasked with addressing how backflow prevention for private systems and the necessary inspection, testing, and maintenance are documented. This in turn has opened conversation with the inspection, testing, and maintenance of private hydrants and hydrant loops that exist in the city.

Plan

All testing, flushing and maintenance of the public water distribution system will remain the responsibility of city's MSO Department. The Prevention Division will contact HINU

and request an opportunity to discuss means to improve testing and maintenance on the campus. MSO and the Prevention Division will work jointly to address inspection, testing, and maintenance of private hydrants and hydrant loops that exist in the city. The Administrative and Prevention Divisions will work with other city departments to enhance the communication and workflows related to fire hydrant status.

References

Hydrant Test Data

Municipal Services & Operations Department sample maintenance record

ISO Fire Hydrant Flow Test Results

9A.7   The agency identifies, <u>plans and trains for the possibility of a water supply</u> <u>system failure</u>, including fire hydrants with insufficient capacity and areas where fire hydrants are unavailable or inaccessible.

Description

The department currently has in place a plan for areas that have insufficient water supply. That plan includes the following for structure fires:

- Identify areas with insufficient water distribution (i.e. Grant Township and newly annexed areas with pre-existing structures).
- Dispatch on first alarm assignment two 500-gallon pumpers and a Tender with 2500 gallons.
- Utilize Mutual Aid Agreement for a Tender Response of up to 10 Douglas County tenders.

The department also utilizes two brush trucks with 200 gallons each for grass and brush fires. In addition, the 2015 Lawrence City Commission approved funding to purchase a new tender to be located at Station 4. This apparatus will be based upon the current department use of a Pierce Velocity Chassis with PUC pump, four door crew cab and seating for four firefighters and 2500-gallon water tank, 100 gallons of Class A foam and 300 Gallons of Class B foam.

The department requires engineers to complete the Fire Apparatus Operator Certification through International Fire Service Accreditation Congress (IFSAC) in order to operate department apparatus. The certification process requires that candidates demonstrate competency in pump and drafting operations.

The department has a good working relationship with the city's MSO Department. The incident commander may request an increase of water pressure and volume in the event of a large-scale incident.

Appraisal

The department has adequately planned for response to structure fires when there is limited water supply.

Plan

The department will continue to identify areas of annexation that have limited water supply and plan responses accordingly. Certification training for department engineers will continue. The department will continue to assess its fleet and match water and pumping capabilities with needs. The department will continue to keep a working relationship with local mutual aid agencies to prepare for a collaborative response when needed.

References

SOP 202.10 Alarms and Responses

Douglas County Tender Auto Aid Agreement

9A.8   The agency has operational procedures in place outlining the available water supply and <u>reviews those procedures as part of their documented review policy.</u>

Description

The department utilizes SOP 304.30 Water Distribution to inform and guide employees in the distribution and use of the water supply. In addition to SOP 304.30 Water Distribution, SOP 207.30 Apparatus Placement, and SOP 202.30 Automatic Mutual Aid Medical Fire Stand-By, department engineers must complete the Fire Apparatus Operator Certification through International Fire Service Accreditation Congress (IFSAC).

Appraisal

The department's SOPs related to water supply and the Fire Apparatus Operator Certification program provide the foundation for employees to learn proper use of hydrant-based water supply. Employees are aware of the procedures for various kinds of incidents and of the water supply within the city limits. Additional drafting and water shuttle training would benefit agency personnel. Combined training with mutual aid agencies would bring value to all participants.

Plan

The department will continue to require all engineer positions to be certified Fire Apparatus Operators through IFSAC. The department will explore performance-based training in drafting and water shuttle operations and training opportunities with mutual aid agencies to improve water supply capabilities in rural areas.

References

SOP 304.30 Water Distribution

SOP 207.30 Apparatus Placement

SOP 202.30 Automatic Mutual Aid Medical Fire Stand-By

NFPA 1002-2017, Fire Apparatus Driver/Operator-Pumper (available on-site)

NFPA 1002 – 2017, Chapter 4 Fire Apparatus Driver/Operator – Aerial (available on-site)

NFPA 1002 – 2017, Chapter 7 Fire Apparatus Driver/Operator – ARFF (available on-site)

Criterion 9B: Communications Systems

The public and the agency have an adequate, effective, and efficient emergency communications system. The system is reliable and able to meet the demands of major operations, including command and control within fire/rescue services during emergency operations, and meets the needs of other public safety agencies having the need for distribution of information.

Summary:

The department utilizes the Douglas County Emergency Communications Center (DGECC) as the Primary PSAP. The DGECC manages the Douglas County Public Safety Radio System. The system is a P25 800 MHz digital simulcast radio system. It utilizes (4) simulcast RF sites; Flair tower, Stratford water tower, Lecompton tower, and Globe tower. Along with the Public Safety Radio System, DGECC dispatches and communicates to LDCFM stations through Mobile Data Computers (MDCs) and station alerting.

Communications will continue to evolve in order to receive and respond to emergency calls. The infrastructure in place when designed, was vetted by MOTOROLA to meet at least 95% coverage. The system currently meets 98% portable and 99% mobile coverage. The system also ties into the State of Kansas communications system, giving the department dependable communications reach beyond the Douglas County border. LDCFM currently utilizes MOTOROLA APX 7000 XE portable radios and MOTOROLA APX 7500 mobile radios to communicate on the Douglas County Public Safety Radio System.

The department utilizes a blend of computers for MDC purposes. These computers communicate with DGECC through the SPILLMAN Mobile application. This allows the sharing of pertinent call related information, as well as the ability to capture more accurate status changes from the units.

Other technology that enhances situational awareness and impacts readiness for emergency call response is PulsePoint, Rip-n-Run emails, and the Everbridge paging software.

Performance Indicators:

CC 9B.1   **A <u>system is in place to ensure communications</u> with portable, mobile, and fixed communications systems <u>in the field</u>. When an area is identified as not being capable of adequate emergency scene communications, such as inside buildings or below grade level, an operational plan is written.**

Description

The department utilizes the Douglas County Public Safety Radio System. It is a P25 800 MHz digital simulcast radio system. It utilizes (4) simulcast RF sites: Flair tower, Stratford water tower, Lecompton tower, and Globe tower.

The City of Lawrence utilizes the 2018 International Fire Code, Section 510, Emergency Responder Radio Coverage. By utilizing this section of the adopted Fire Code, the department can identify challenges related to construction type and location. The property owners are a part of this process from design to occupancy and are responsible for maintaining the certification of the in-building technology for amplifying our radio signals.

The department maintains Communication policies; SOP 205.1 Communications, SOP 205.2 Portable Radios, SOP 205.22 Radio Programming Template, and SOP 205.30 Mobile Data Computers (MDC). These policies are reviewed and updated as needed by the chief officer, who manages the program.

Appraisal

The department has had effective and efficient field communications capability throughout Douglas County. The department completed a 2020 emergency communications program appraisal, which reviewed the effectiveness of the communications system.

The DGECC and department identified a lack of awareness between agency processes. Through discussions on potential solutions to strengthen the relationship between both agencies, ride outs and shadowing was suggested.

Plan

The department will monitor for any reported communication challenges. The department will work alongside both city and county IT to address timely resolutions to technology that is able to connect and utilize SPILLMAN CAD. The department will regularly meet with the director of the Douglas County Emergency Communications Center (DGECC) to continue to identify areas for improvement. The city's contract with the DGECC will be up for renewal soon and the department will advocate for communication recommendations to stay progressive and proactive.

The department will continue to incorporate dispatcher ride outs with the Operations Division. The department will emphasize the need to dedicate time for department employees to shadow in the DGECC. A few department employees have gone through a trial run of this and it has shown to be effective. The department will complete the new portable radio program, replacing the Motorola APX 7000XE portable radios, purchased in 2011, with Motorola APX 6000XE portable radios. The new radios will be assigned to each sworn employee as part of their issued PPE. This is a change from the assignment of portable radios to only the riding positions on apparatus.

References
SOP 205.10 Communications
SOP 205.20 Portable Radios
SOP 205.22 Radio Programming Template
SOP 205.30 Mobile Data Computers (MDC)
2022-2026 Adopted Vehicle and Equipment Replacement Plan (VERP)
2020 Emergency Communications Program Appraisal
Ride Out Scheduling Email

9B.2   The emergency communications system is <u>capable of receiving automatic and/or manual</u> early warning and other <u>emergency reporting signals</u>.

Description

Private alarm monitoring companies have access to a direct phone line to the DGECC call taker to report alarms. The University of Kansas dispatch center directly monitors their service area building alarms and relays information to DGECC for dispatching.

All fire medical stations in the city and the training facility have an exterior emergency phone available to the public, which enables them to report an emergency to DGECC via a 9-1-1 direct dial line.

Appraisal

The direct phone line to the DGECC from private alarm monitoring companies has worked well and is a standard practice that has been used for 15 years.

Plan

The direct line to DGECC will continue to be utilized. Call processing times and outcomes will continue to be monitored as it relates to calls that are initiated outside of the 911 system. DGECC will continue investigating the use of text-to-911.

References

DGECC Standard Operating Procedures Manual (available on-site)

9B.3   The agency's <u>communications center(s) is/are adequately equipped and designed</u> (e.g., security, telephones, radios, equipment status, alarm devices, computers, address files, dispatching circuits, playback devices, recording systems, printers, consoles, desks, chairs, lighting, and map displays).

Description

The DGECC is well designed and equipped. The DGECC is located on the second floor of the Judicial and Law Enforcement Center (LEC). The DGECC is a secure facility and access is restricted to those with key cards.

Appraisal

The DGECC believes most of the resources are sufficient for the services it provides, however, the DGECC has worked to improve its physical resources in recent years. Some of the improvements include new chairs and Computer Aided Dispatch (CAD) computers. DGECC recognized that they were experiencing failure of mechanical components within its dispatch consoles and identified a need for replacement. DGECC requested the use of American Rescue Plan Act (ARPA) funds to replace all consoles. It was also recognized that the center lacked community space among dispatchers within the dispatch center.

Plan

Beginning in 2023, the DGECC will begin replacement of its ten dispatch consoles. During this replacement, the addition of a quality control space will be included in the center, as well as a community space for dispatcher use.

The DGECC will continue to evaluate future needs. These needs will be addressed through Douglas County budgetary processes.

References

DGECC Tour (available on-site)
2023 DCECC Emergency Telephone Fund Budget
2023 ECC Budget
DCECC Photo
[DGECC Operating Budget](#)

9B.4   The <u>uninterrupted electrical power supply</u> for the primary communications equipment in the communications center is reliable and tested and has automatic backup capability.

Description

The DGECC and communication tower infrastructure has an uninterrupted power supply that is supported by either diesel, natural gas, or propane generators. The LEC has uninterrupted power that is supported by a backup generator that is tested weekly. The DGECC has four communication tower sites managed by DGECC. Kansas Department of Transporation has one communication tower in Douglas County that also supports DGECC activities. Each of the four communication tower sites have uninterrupted power that is supported by backup generator at each tower site. Alarms for these four tower sights are monitored by the DGECC. The tower site backup generators are tested once a year.

Appraisal

The DGECC has adequate operational capabilities and protection during electrical power loss. The systems are automatic and have been reliable.

Plan

The DGECC will continue to the operational testing and maintenance of all systems as required. The department will continue to perform an annual program appraisal of the communications system.

References

DGECC generator maintenance log example (available on-site)

Generator maintenance contract (available on-site)

2020 Emergency Communications Program Appraisal

9B.5   Adequate numbers of fire or emergency telecommunicators, supervisors and management personnel are on duty to handle the anticipated call volume.

Description

The DGECC is staffed with 28 fully trained emergency communication dispatchers. The director and deputy-director oversee four operational shifts that are divided into two-day shifts and two-night shifts. Each shift is supported by an on-call position that can be utilized to cover staffing shortages or during special events. A supervisor is on-duty during each shift and will assist in answering calls during times of high volume.

The DGECC has a dedicated training officer that manages and supports continuing education and the on-boarding of new employees.

Appraisal

The DGECC is adequately staffed to support the current call volume. The recent addition of the fire medical dispatcher has assisted the DGECC in enhancing fire medical radio coverage and increased consistency. Prior to the full-time fire medical dispatcher, the dispatcher that was assigned to fire medical was also operating as a call taker. This led to the dispatcher's attention being drawn away from emergency operations communication with the department.

Plan

The DGECC is in the process of hiring four more dispatchers. This will bring their dispatch staffing levels up to 32 full time employees. The call volume will continue to be evaluated by the DGECC and recommendations for resources will be handled through the county budget process.

References

DGECC Fire Medical Standard Operating Procedures Manual (available on-site)

DGECC Website

DGECC Operating Budget

9B.6   A <u>maintenance program</u> is in place with regularly scheduled and documented system tests.

Description

The DGECC has a maintenance program that is supported by the Douglas County Sheriff Information Technology (IT) team, third-party radio technicians, and service agreements with vendors. The program manages regular maintenance on the center's systems and equipment. Sheriff's IT provides regular maintenance of software. This includes server maintenance and back-up procedures. When scheduled maintenance occurs, the Sheriff's IT team will communicate via email to the department. Depending on the severity and impact, the department information technology program manager will follow up with department employees to specify if special actions need to be taken (e.g., pause on ESO report imports).

If emergency maintenance is performed, the dispatcher will notify all stations via radio communication.

Appraisal

The communication about maintenance on the DGECC systems has worked well. The department has received notifications via email when maintenance is going to be performed. The disconnect that occurs when maintenance is performed has caused issues with department software including ESO and PulsePoint. The emergency maintenance notification via radio communication has worked sufficiently for short term issues.

Plan

The department will continue to work with the DGECC to support maintenance on communication systems. The department will continue to evaluate the effectiveness of the communication and work with the DGECC to identify recommendations for improvement.

References

Vendor Agreements (available on-site)

DGECC Server Maintenance Email Notification

9B.7   The agency has established <u>time-based performance objectives for alarm handling</u>. These objectives are formally communicated to communications center managers through direct report, contracts, service level agreements and/or memorandums of agreement and are reviewed at least annually to ensure time-based performance objectives are met.

Description

The department has established time-based performance objectives for alarm handling for all categories and classifications of risk pertaining to emergency operations. The objectives are documented in SOP 103.20 Response Performance and Outcomes. The DGECC establishes their own time-based performance objectives for their alarm handling process. The department communicates the performance relative to its own benchmarks to aid in process improvement and collaboration. Actual performance relative to the department's established benchmarks has been utilized in the performance review of recent enhanced alarm handling process. The department's participation in the EMS Governance Committee aids in discussions surrounding emergency system performance.

Appraisal

In 2018, the department received a strategic recommendation from the Commission on Fire Accreditation International to continue working collaboratively with DGECC to establish time-based performance objectives for alarm answering and alarm processing. The process changes were focused on facilitating faster processing times within the Primary PSAP. In June 2021, DGECC implemented the new call handling process through collaboration with the department. The department has seen fluctuation in response time performance, specifically in alarm handling and turnout time. There is still room for improvement within the process. The department and DGECC's lack of establishing agreed upon time-based performance objectives relative to the alarm handling process have caused barriers when progress goals are discussed.

Plan

The department plans to continue its work with the EMS Governance Committee during quarterly meetings to collaborate on establishing time-based performance objectives for alarm answering and alarm processing.

The department will continue to report alarm handling performance to the AHJ, relative to the department's identified benchmarks.

References

SOP 103.20 Response Performance and Outcomes

2022 CRASOC

2022 CFAI Annual Compliance Report (Recommendation update related to CC 2C.5)

DGCECC Alarm Handling Benchmark Meeting Minutes

9B.8   Communications training programs for emergency telecommunicators and emergency response personnel ensure adequate, timely, and reliable agency emergency response.

Description

The department utilizes SOP 205.10 Communications, as well as regular hands-on training supported through the department's Training Division, to ensure adequate, timely, and reliable responses.

The DGECC has a dedicated training position that supports the internal training programs. The DGECC's trainer position is responsible for managing the continuing education requirements for EMD certification. They are also responsible for overseeing consistency of the in-service training that each new dispatcher is required to complete prior to working a position on the dispatch floor.

The DGECC provides continuing education training and encourages participation in certification opportunities. Dispatchers receive training in Emergency Medical Dispatch (EMD). This training allows dispatchers to more accurately classify calls, collect and forward information pertinent to responding units, and support callers in distress. When staffing allows, DGECC dispatchers are encouraged to participate in ride-outs on department apparatus to develop a better understanding of department needs and operations. Department employees are encouraged to participate in shadowing opportunities with the DGECC dispatchers to enhance the alarm handling process knowledge.

Appraisal

The department has identified, through communication with DGECC management, that the training programs provided to new and existing emergency communication dispatchers have been effective. The department's internal training on communications is adequate. This is seen through the training materials and operational activity. The department has not identified this training topic as insufficient.

Plan

Both the DGECC and the department will continue to have discussions to identify areas of improvement that can be impacted by training. Both agencies will continue to schedule opportunities for their employees to either ride out with department crews or shadow dispatchers. The DGECC will be purchasing Power FTO. This tracking software will track and collect training hours.

References

SOP 205.10 Communications

Ride Out Scheduling Email

Department Training on Motorola Radios

Fire Medical Dispatch Review Process

Fire Medical Training Lesson Plan

DCECC Basic Training Standards

9B.9   The <u>interoperability of the communications system is documented, tested and evaluated.</u> The agency has processes in place to provide for interoperability with other public safety agencies in the field including portable, mobile and fixed communications systems, tools and equipment.

Description

The Emergency Communications infrastructure is part of the State of Kansas infrastructure. The center can patch incoming resources to operations channels as needed. The department shares their programming template with mutual aid departments. The center utilizes appropriate technology for receiving and dispatching both emergency and non-emergency calls. The DGECC utilizes Media Works software to record incoming calls and radio traffic. Douglas County GIS supports the mapping software that the SPILLMAN CAD utilizes for addressing and AVL proximity dispatching of units.

The department's SOP 205.22 Radio Programming Template includes the State of Kansas template, providing for interoperability across the State of Kansas. The programing also includes a public safety interop channel that all Douglas County emergency agencies have that facilitates the ability to communicate directly with law enforcement. The programing also includes access to Douglas County emergency managements channel for use during an EOC activation. The department has all mutual aid agencies, primary and operational channels programmed on all radios.

Appraisal

DGECC has had the technology to enable area responders to communicate via radio but does not regularly exercise interoperability capabilities. Communications personnel receive training on patching procedures and utilize the procedures as needed. The department radios are dual-band, multi-channel and programming allows users to select the appropriate radio channel as needed. These radios use the Douglas County trunk system and the State of Kansas 800 MHz radio system as well as the Kansas City metro hospital and interoperability channels. Expansion and upgrades to the radio system will require a greater emphasis on interoperability communications training.

Plan

The department will continue to evaluate the need for updating programming of portable and mobile radios that will support interoperability. The department will also advocate for opportunities to support interagency radio interoperability exercises.

References

SOP 205. 22 Radio Programming Template

9B.10   The dispatch process utilizes a <u>formal and recognized emergency medical dispatch (EMD) system</u> that allows for <u>pre-arrival instructions</u> and adequate triaging of medical calls for service.

Description

The DGECC utilizes Priority Dispatch as the emergency medical dispatch (EMD) system. This system enables emergency communication dispatchers to provide valuable pre-arrival instructions to support callers while waiting for emergency resources to arrive on scene. The system is connected to the PulsePoint application that is used by Douglas County community members and the Verified Responder Application used by Douglas County emergency responders.

All fully trained dispatchers within DGECC must maintain current EMD certification.

Appraisal

Priority Dispatch has adequately facilitated the use of EMD for pre-arrival instructions to meet the needs of DGECC and the department.

The department has been satisfied with the connectivity between the DGECC systems and PulsePoint.

Plan

The department will continue to support the DGECC in the use of the EMD system and the associated training. DGECC will continue to support and require certification in EMD.

References
DGCECC Emergency Medical Dispatching (EMD)
DGCECC EMD General Rules
DGCECC EMD ProQA Software Operating Guidelines
DGCECC EMD Quality Assurance

9B.11   The agency has a documented and tested system in place for the <u>notification and recall of off-duty agency personnel and telecommunicators</u> for unplanned, large-scale incidents.

Description

The department utilizes the Douglas County supported, Everbridge, to notify and recall off-duty employees for unplanned, large-scale events. This system is also used for emergency notifications to department employees. The paging system connects to department personnel through their mobile phones and comes out as a text message and/or a phone call. An email is also sent out with the pages. Phone calls through Everbridge are only used during emergency staffing situations. The department is implementing the Vector Scheduling staffing software. The department is evaluating the potential for notification and communication through the staffing software.

Appraisal

The use of Everbridge has been beneficial for department-wide emergency communication. The system is not beneficial for long messages due to character limitations. The department has found issues with department employees blocking the Everbridge number. This has created a roadblock in the success of the paging system.

Plan

Everbridge will continue to be the backbone of the department's notification system for call-back and staffing needs for large, planned events. The department will evaluate how to integrate the Vector Scheduling staffing software in this notification process.

References

SOP 109.30 Emergency Call Back

SOP 109.31 Non-Emergency Call Back

Everbridge Email Example

Vector Scheduling (available on-site)

Sample Everbridge Notification Text Messaging

Sample Everbridge Notification E-mail

9B.12   The agency has a <u>documented plan, which is reviewed and tested annually</u>, to ensure continuity in communicating during any partial or total disruption or failure of a communications system or facility.

Description

DGECC maintains a stand-alone, backup center. The DGECC utilizes Shawnee County Emergency Communications Center as the back-up public safety answering point (PSAP). The DGECC recently designated the Shawnee County Emergency Communications Center as their new back-up PSAP. The Shawnee County Center utilizes the same phone system which facilitates a seamless transfer of incoming 911 calls. The new back-up PSAP location has not been tested yet.

Appraisal

The current plan is less than one year old and has not been fully tested yet. The DGECC feels confident the new plan will be effective.

Plan

The department will work with both Douglas County and Shawnee County to identify a regular process of testing and training within the back-up PSAP .

References

Reference Email

CC 9B.13   **A <u>formal and documented appraisal is conducted, at least annually</u>, to determine the effectiveness of the emergency communications systems and their impact of meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Emergency Communications Program Appraisal

Criterion 9C: Administrative Support Services and Office Systems

Administrative support services and general office systems are in place with adequate staff to efficiently and effectively conduct and manage the agency's administrative functions such as organizational planning and assessment, resource coordination, record keeping, reporting, business communications, public interaction, and purchasing.

Summary:

The department uses a combination of sworn and civilian personnel to operate the administrative services system. The Administrative Division is currently staffed with a division chief, fire medical analyst, senior administrative specialist, and administrative specialist. The EMS Division includes a division chief, a medical billing supervisor, and two administrative technicians. These administrative staff positions are key components in bridging the gap between executive staff policy decision-making and service delivery at the citizen level. Administrative services support staff handle subpoenas, record request, payroll, purchasing, EMS billing, and personnel functions with support from city departments such as Legal Services, Finance, IT and Human Resources.

The department offers a variety of resources to administrative and operational employees to support their clerical needs. The department's lean team is often included in city-wide teams focusing on strategic planning, business systems implementation, as well as a multitude of other activities.

Performance indicators:

CC 9C.1   The administrative support services <u>are appropriate for the agency's</u> size, function, complexity, and mission, and <u>are adequately managed.</u>

Description

The department utilizes other city departments for support related to Finance, Human Resources, and Information Technology. These support departments have identified Internal Service Fees to track support service expenses for all other departments. The support from these departments is managed through different management channels throughout the city.

The department's Administrative Division provides most of the administrative support for the department. The division is staffed with a division chief of administration (sworn), fire medical data analyst (civilian), senior administrative specialist (civilian), and an administrative specialist (civilian). The department's EMS Division is comprised of three funded administrative support positions one medical billing supervisor (civilian), two medical billing technicians (civilian), and a division chief of EMS (sworn). The division chief of administration is currently vacant as the result of a recent resignation. The fire medical data analyst is currently performing in the interim position.

The department's administrative staff is relied on heavily for human resource functions (worker's compensation, payroll action forms, recruitment, hiring, annual performance evaluations, annual physical evaluation scheduling, etc.), finance (accounts payable, accounts receivable, budget panning), information technology support / projects (business systems implementation), records requests (fire, hazardous materials, emergency medical services), burn permits, and strategic plan (City of Lawrence) creation / implementation.

Appraisal

Through the efforts of centralizing services, the city has been unable to effectively service needs through administrative support.

Administrative support for the department's needs is unbalanced and task saturated. The department has requested additional administrative support employees during previous budget cycles, but these positions have not been granted.

Plan

Through the budget request process, the department will continue to communicate the need for more resources within the Administrative Division.

References

SOP 102.10 Organizational Chart

9C.2   Public reception, <u>public information, and electronic communications components</u> <u>support the customer service needs</u> of the agency.

Description

The department's administrative facility is centrally located within the City of Lawrence, and near the campus of the University of Kansas. The administrative facility has a reception area that is open to the public during regular business hours and allows the public to meet with department staff, pay medical bills, request records, and conduct most business with the department in one location. Outlying fire medical stations also have a designated public entrance and reception area.

The department utilizes multiple pathways to communicate with the community. The City of Lawrence has a website, managed by the department's Administrative Division to display department updates, forms, and miscellaneous information. Facebook is used for public engagement on a more informal level.

The department's 2021-2026 Strategic Plan identifies external communications as a goal.

Appraisal

Based on external stakeholder input provided to the department during the 2021-2026 Strategic Plan sessions, public perception of the department is generally positive. However, external communication was identified as an area where the department needs improvement.

The department's external communication has been lacking because of the limited staff in the Administrative Division.

Plan

With the department's newly established PIO group, the department plans on expanding its reach to the community via additional social media outlets. The department will create a task force to address the external communications goal. To address the goal, the task force will complete the objectives through the identified critical tasks. Through the budget request process, the department will continue to communicate the need for more resources.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan (page 13)

LDCFM Facebook Page

City of Lawrence LDCFM Webpage

CC 9C.3 **Organizational documents, forms, standard operating procedures or general guidelines, and manuals are reviewed at least every three years and updated as needed for all agency programs.**

Description

The Administrative Division uses an Excel sheet as a dashboard to track and manage the SOP cycle. The department uses SOP 104.02 Standard Operating Procedures (SOPs) and Policies Life Cycle to document the SOP life cycle.

The department utilizes a shared folder system to house and organize documents. The Administrative Division has a manual to guide administrative functions. This document is updated as necessary.

Appraisal

The department has discussed the need for updated department related forms during command staff meetings. During this work session, forms were identified utilizing a priority schedule. During this process, forms that were antiquated / no longer being utilized were then decommissioned.

The review and update process for SOPs was revised in 2020 to become more regimented and streamlined. The command staff is struggling to keep up with the demand related to SOP review and updates. The department has identified a plethora of SOPs that do not accurately reflect reality. The large lift to overhaul the SOPs was delayed during the department's time without a permanent fire chief in 2022.

Plan

The command staff will perform extensive reviews of the SOPs and update as necessary to reflect accurate procedures and current policies. The command staff will review the SOP life cycle process and evaluate potential solutions for better managing SOP review and updates. The command staff will evaluate the effectiveness of the SOP management assignments to ensure workload is manageable.

The department will continue to analyze the current forms to eliminate ones that are no longer being utilized, validate / update existing information, as well as implement new forms.

References

SOP 104.02 Standard Operating Procedures (SOPs) and Policies Life Cycle

SOP Dashboard Intranet Page

Administrative Division SOP Dashboard

9C.4   Public records are <u>maintained, available and disposed of</u> in accordance with local, state/provincial and federal legal mandates. Record retention and destruction are documented in accordance with an adopted procedure.

Description

The department's practice is consistent and in accordance with Kansas Statute Annotated (K.S.A.) 75-3504. The department follows a retention schedule documenting the records management practices for retention and destruction. The city's Clerk's Office oversees record retention.

Appraisal

There have been no legal challenges to the adopted practices identified within the records management schedule adopted by the department within the past five years.

Plan

The department will continue to follow the practices adopted within the guiding document following the statute. The division chief of administration will communicate with the city clerk annually to ensure the department stays current to any changes in organizational practices.

References

Guidance for Kansas Statute Annotated (K.S.A.) 75-3504 (available on-site)

Fire Medical Records Management Guide

City of Lawrence Records-Management Policy No. 135

Criterion 9D: Information Technology

Information technology resources are in place with adequate staff to efficiently and effectively conduct and manage the agency's information technology functions, such as hardware and software implementation and maintenance and data analysis.

Summary:

Information technology services are primarily provided by the city's Information Technology (IT) Department. The department has an information technology program that has a designated program manager (chief officer) and information technology specialists that are funded by incentives. This team works on operational information technology issues that arise, as well as supports IT functions through department projects (I.e., report management system implementation). The department's Administrative Division also participates in IT governance teams and is involved with city-wide IT projects (I.e., enterprise resource management system implementation). The Administrative Division acts as the liaison between the city's IT team and the department's IT team.

Performance indicators:

CC 9D.1   **Hardware, software and IT personnel are <u>appropriate for the agency's size, function, complexity and mission.</u>**

Description

The City of Lawrence's IT Department provides appropriate hardware and software at the staff level, however; IT personnel is staffed at levels to do basic support. The IT department does have vacant positions, so other city departments are leveraging their own staff to supplement technology within their areas. The IT Governance Committee meetings include the Program and Risk Committee. The department's Administrative Division also acts as internal IT support and a liaison, when needed. Examples of this include maintaining working relationships with various system support teams such as PulsePoint, the geographical information system (GIS) city and ESRI support team, and the ESO record management system helpdesk and the implementation manager.

Updates are handled at the city level when related to city-wide systems. When the department has IT-related updates to department systems, the IT specialists work with the IT program manager to coordinate updates. If IT support is needed from vendors to update equipment (I.e., cardiac monitors), the department coordinates the scheduling of onsite support and equipment-related logistics.

Appraisal

In recent years, the city's IT Department, has gone through a transformation to become more of a support service for all city departments. To accomplish this, the IT Department has integrated its employees into more of a project management role to be proactive on IT needs and support. The department utilized this through the ESO implementation in 2020. City-wide initiatives, relative to IT governance have been developed informally and communicated through IT governance and risk management meetings. There has been no formalized standard IT policy to govern city-wide technology implementations. Therefore, technology purchases and technology support have been left up to each department, for the most part. The IT Department has taken the lead on many initiatives on standardization

and support, but due to being understaffed they had to focus strictly on critical operations only.

Plan

With the recent establishment of IT Governance and the start of new city-wide Technology Policies and Procedures (including a new purchasing policy), we expect a significant improvement in the next 12 months for standardization, centralization, accurate budget spending, and improved support. The department will continue to be present and active in the IT Governance and program and risk committee meetings.

The department's Administrative Division will continue working with the department's IT program manager and technology specialists to incorporate city-level IT employees in department IT-related projects. The Administrative Division will continue to work with the IT program manager to ensure communication with city IT is maintained and continues to be consistent.

References
IT Governance Meeting Minutes
IT Governance Process-Teams
2021 Technology Program Appraisal

9D.2 <u>Software systems are integrated, and policies are in place</u> addressing data governance, data accuracy and data analysis.

Description

While the City of Lawrence has begun establishing formal city-wide IT Governance, there are currently no policies in place addressing data governance, data accuracy, or data analysis for city-wide initiatives. The team operates within a Microsoft Teams page.

The department utilizes SOP 103.20 Response Performance and Outcomes, SOP 103.21 Response Performance and Outcomes Baseline, SOP 103.22 Response Performance and Outcomes Benchmark to guide data governance, data accuracy, and data analysis. The Administrative Division uses the SOPs when reviewing and presenting response performance data. Data entered for incident reports is guided by the ESO Workflow document (LDCFM ESO Packet) to define required fields. Some fields within the reporting system are able to be marked as "required". The workflow document has supplemented this to capture department-required data. Through the workflow document, a quality control system is in place to ensure accuracy.

Appraisal

Historically, each department has made decisions regarding selection systems largely independent of one another. This has created a complex environment without many systems being integrated.

The department's use of SOPs and workflow documents when guiding data entry and data analytics has been sufficient. The documents have provided a standard for the department to work with. The quality control system that has been utilized has been adequate for report completion.

Plan

The IT Governance will establish policies and strategies for system selection and integration going forward.

The department will continue using data governing, data accuracy, and data analysis related SOPs and workflow documents to communicate data requirements and standards throughout the organization.

References

Programs and Risk Committee Teams Site (available on-site)

SOP 103.20 Response Performance and Outcomes

SOP 103.21 Response Performance and Outcomes Baseline Appendix A

SOP 103.22 Response Performance and Outcomes Benchmark Appendix B

LDCFM ESO Fire Training Manual

9D.3   A <u>comprehensive technology plan</u> is in place to update, evaluate and procure hardware and software.

Description

The City of Lawrence does not have a comprehensive technology plan. However, the department annually appraises the technology program and uses the appraisal to evaluate program effectiveness and guide future decision-making. The program appraisal is the guiding document for department-wide technology projects and vision. Continuity between the city and the department related to software and hardware is managed by the IT Governance Committee. This newly established team focuses on city-wide initiatives to increase consistency and standardization.

Appraisal

Historically, city departments have been selecting systems based upon a best of breed mindset. This has led to a lack of standardization across all city departments.

The department's technology has worked well and has been fundamentally supported by the city's IT Department. Previously, it has been the department's responsibility to evaluate and procure software and hardware. This practice has created inefficiencies and delays in software implementation.

Plan

The city's IT Department will utilize the newly established IT Governance Committee, which contains representatives from each city department, to help implement a comprehensive technology plan. This governance, along with a newly hired Project Management Office Manager (PMO) will work towards evaluation and procuring better hardware and software.

The department will continue to participate in the IT Governance meetings to help create a comprehensive technology plan.

References

Programs and Risk Committee Teams Site (available on-site)

9D.4   A <u>cybersecurity policy is in place</u> to protect the integrity of the infrastructure, including networks, programs and devices, from unauthorized access that could disrupt essential services.

Description

The city's IT Department has a suite of written procedures concerning cyber security, however; these have currently not been implemented yet. In addition to documentation, the IT Department has a multi-level approach that addresses cybersecurity from eight different perspectives. They also utilize a number of less formal processes and practices that are communicated to city employees on a regular basis.

Appraisal

The IT Department has had no successful cybersecurity attacks, as they have all been prevented before causing any damage. The environment has been very dynamic over the last two years and has presented the IT Department with several new challenges that required adaptation. The city has proved their commitment to cybersecurity by creating a cybersecurity manager position and approving funds for a new endpoint security system, and cybersecurity intern position as well as supporting the implementation of any best practices that are brought to our attention.

Plan

The IT Department plans to leverage the programs and risk committee under IT Governance to help further develop the existing policy suite, which includes electronic information risk and security policy. Access control policy, password policy, SCADA security, third party access, and several others accessible to anyone who has support of technology.

The department will continue to work with the IT Department to help create and implement these policies to ensure.

References

Information Technology Policy

SOP 120.140 Electronic Information Risk & Security

Category 10: External Systems Relationships

An agency's external relationships are defined as those relationships which serve to integrate the performance of one system with another. The increased use of multiunit systems and the increase of interagency agreements between various types of government entities necessitate regular attention to these relationships and the agreements between autonomous operating units. Agreements must be legally adopted, current, monitored and updated within the accrediting period. Programs that rely on support from external system relationships to meet agency expectations must be referenced in the agreement.

Criterion 10A: External Agency Relationships

The agency's operations and planning efforts include relationships with external agencies and operational systems that affect or may influence its mission, operations and/or cost effectiveness.

Summary:

The department collaborates with a multitude of agencies, both private and public throughout Douglas County. To supplement services provided to the community, the department understands the value of partnerships and cooperation.

The City of Lawrence's strategic plan and the department's strategic plan identify the importance of external relationships and encourage collaborative efforts to meet service expectations. The department's desire to continuously improve has driven outside relationships to not only the local and state levels, but also the regional and federal levels. The regional and federal-level collaboration efforts have primarily been attained through the accreditation process and department attendance at training / conferences.

Collaborative relationships have resulted in improved service delivery which supports the department's mission. Several agreements and programs have proven to be cost effective in terms of both service delivery and performance success. Inclusive in this are all the departments within the city's municipal structure as well as those agencies included within the Douglas County automatic tender aid (joint response agreement) and mutual aid agreements. The department maintains strategic relationships under an automatic tender aid agreement (Inter-Local Agreement) with municipal and county agencies within Douglas County. The department also participates in the Douglas County Comprehensive Emergency Management Plan and the State of Kansas Emergency Response Plan.

CC   **10A.1**   **The agency <u>develops and maintains external relationships</u> that support its mission, operations, and/or cost-effectiveness.**

Description

The department develops and maintains external relationships with jurisdictional and regional agencies through in-kind services, mutual aid agreements, and memorandums of understanding. Locally, these relationships include but are not limited to:

1. City agencies (Lawrence Kansas Police Department, MSO, Parks and Recreation, Information Technology, City Attorney's Office)

2. Jurisdictional agencies (Douglas County Municipal, Fire District and Township Fire Departments, Douglas County Emergency Management, Douglas County Emergency Communications, Douglas County Sheriff's Office, Kansas State Fire Service Training Institute)

3. Regional (Kansas Regional Hazardous Material Teams, Kansas Regional USAR Teams, State Mutual Aid Compact)

4. Private organizations (American Red Cross, Rural Water District Associations, Bert Nash, Heartland Public Health, Lawrence Memorial Health Hospital, Evergy Inc., Black Hills Natural Gas Company)

5. Quasi-Governmental Organizations (University of Kansas, Haskell Indian Nations University, Baker University)

These relationships enable the department to meet its mission in a cost-effective manner through direct or indirect emergency incident support, training opportunities, specialized resources, and in-kind services. The department's strategic plan supports relationships with external partners to promote improved services.

Appraisal

These relationships have adequately supported department operations in support of its mission in a cost-effective manner that has allowed the department to re-allocate funding to other program areas.

The department's focus on building relationships with external partners have enhanced the department's ability to respond to incidents within the city and Douglas County. External partners have been readily available to assist the department with emergency and non-emergency needs or requests. The department has leveraged these relationships when planning for large scale events within the city. This has included planning for and deploying resources to support large scale celebrations in the downtown area of the city during the 2022 NCAA National Basketball Championship. The department coordinated with multiple law enforcement agencies, Douglas County Emergency Management, the MSO Department, and Parks and Recreation to prepare for this event.

Plan

The department believes the benefit of working with external agencies is invaluable to our successful operations and plans to continue balancing our daily workload with the participation in outside agencies. The department will continue to seek funding when available to reduce the budget impact in our participation in outside agencies.

The department will continue to prioritize building relationships with external agency partners. With the department's isolated response structure, mutual aid agreements with local first responding agencies are vital. The command staff will review and evaluate current mutual aid agreements and update them as necessary.

Through the development of the department's new MIH program, the department will collaborate with other agencies within Douglas County that are a part of the health system cycle. To address patient immediate needs and connect them with the proper long-term care, collaboration will be a necessity.

References

2022 NCAA National Basketball Championship IAP

MOU Douglas County Sheriff's Office

10A.2 The agency's <u>strategic plan identifies relationships</u> with external agencies/systems and outlines a process to identify any impact or benefit to the agency's mission, operations or cost-effectiveness.

Description

The department's strategic plan identifies external agency relationships as part of the Strengths Weakness Opportunities and Threat (SWOT) Analysis. The SWOT analysis lists external relationships as a strength and opportunity to support department operations.

Appraisal

The department's strategic planning process was effective at directing the identification of external resources that support department operations. The identified external resources include KU Fire Rescue Training Institute, Lawrence Kansas Police Department, Douglas County Sheriff's Office, Douglas County Consolidated Fire Dist. No. 1, Project Lively team, Douglas County Public Health, Bert Nash, Lawrence Memorial Health, Developing Caring Communities Committed to Action (DCCCA), Douglas County Mental Health Crisis Center, Haskell Indian National University, University of Kansas, USD 497, local media outlets, other city departments and local colleges/paramedic programs.

Plan

As part of the SWOT analysis, conducted through the strategic planning process, the department will continue to strengthen relationships with external partners. The department will continue to use the strategic plan process to discuss the importance of external agency relationships and their impact on its operations and effectiveness.

References

2021-2026 Lawrence-Douglas County Fire Medical Strategic Plan (pages 40 and 42)

10A.3 The agency researches, evaluates and considers <u>all types of functional relationships</u> that may aid in the achievement of its goals and objectives.

Description

The department's participation in the City of Lawrence Strategic Plan teams has aided in the achievement of organizational goals. The city's structure with support services has created an avenue for active functional relationships.

Within Douglas County, the department identifies the need for all types of functional agreements that support the department in meeting service expectations. These functional agreements include emergency response (auto/mutual aid agreements and memorandums of understanding), mitigation plan reviews (Douglas County EOP), and service agreements (ESO, Kansas State Fire Marshal).

Through the Douglas County Data Sharing Collaborative, the department contributes to county health initiatives and studies. This indirectly impacts department resource deployment.

Appraisal

The department's functional relationships with other city departments have been adequate. Collaboration among city departments has been diluted through an excess of city-wide projects and competing priorities.

Relationships between the department and county agencies have not been formally recognized. The lack of formal agreements has hindered the department's ability to form mutually beneficial partnerships. As a result, relationships are often one-sided and transactional in nature.

The department's relationships outside of Douglas County have been increasing. Collaboration with other agencies through the Heart of America Accreditation Consortium has been beneficial through increasing the department's sophistication of the accreditation

process and continuous improvement model. The EMS and Training Division's participation in Johnson County training opportunities have bolstered the department's training content and schedule. Relationships with first responder agencies outside of Douglas County are hindered by a historical view of geographical isolation.

Plan

The department will continue to monitor all current functional relationships and work towards improving those that are lacking. In 2023, the department will work with the City Attorney's Office to formalize agreements with the county agencies it currently works with. The department will continue to identify areas where service gaps occur and seek functional relationships to enable the department to accomplish its mission. The department will continue to research and consider other functional relationships that might enhance the operations of the department and further aid the department in achieving its goals and objectives.

References

Heart of America Accreditation Task Force Meeting Minutes - 3Q 2022
Commitments and Outcome Teams

10A.4 A <u>conflict resolution process</u> exists between all external organizations with whom the agency has a defined relationship.

Description

The department's external agreements include a conflict resolution clause. Each agreement uses a method that is most likely to facilitate a successful resolution based on the nature of the agreement and the partner agency. The fire chief, or his/her designee, acts as the department's representative and may use the city attorney's office to provide guidance or representative counsel.

Appraisal

The conflict resolution clauses in the various agreements have been adequate thus far for all agencies that participate in said agreements. The city attorney's office has been involved and supported throughout conflict resolution processes.

Plan

The department will continue to ensure that conflict resolution clauses remain in force within all agreements established between the department and all other external agencies. The department will continue to utilize the City Attorney's Office for legal consultation and direction.

References

Douglas County Tender Response Auto Aid Agreement

Criterion 10B: External Agency Agreements

The agency maintains current agreements with those external agencies which support the identified programs. All external agency agreements required to be maintained in support of any program must be current, reviewed, and/or updated within the accreditation period and adopted by the appropriate governing bodies. All agreements should support the agency's effort to take advantage of any operational and cost-effective benefits. Data reports, at least annually, should reflect the impact of each agreement on the agency.

Summary:

The department recently identified that there are external agency agreements in effect that have not been managed or located in the department's records. External agency agreements with no sunset clause have not been recently reviewed for relevance.

The department is currently working to identify and inventory all external agency agreements. These agreements include emergency service automatic and requested mutual aid, support for the department's record management system and analysis software, and physical fitness assessments.

The increase of use related to the city's internal service department has enhanced agreement review and compliance requirements. A typical review of new agreements includes participation and support from the Information Technology Department, the City Attorney's Office, and may require the approval by the governing body prior to implementation. The department's command staff aids the fire chief in review and implementation of emergency service agreements.

Performance Indicators:

CC 10B.1   External agency agreements are <u>reviewed every three years</u> and revised as necessary to meet objectives.

Description

The department is currently working to identify and inventory all external agency agreements. The guidelines of the department reflect its participation in known agreements. SOP 102.40 Program Management Assignments identifies the fire chief and accreditation manager as the individuals responsible for managing the review of external agency agreements.

The department does not routinely review external agency agreements every three years. For agreements related to health and safety, information technology, and human resources, the department works with other city departments to ensure agreements are properly reviewed and supported.

The Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021 and 2021-1122 Grant Township Fire Services Agreement identifies specific dates in which the agreements shall be reviewed/revised.

Appraisal

The department recently identified that there are external agency agreements in effect that have not been located in the department's records. External agency agreements with no sunset clause have not been recently reviewed for relevance.

The department's collaboration with other city departments on agreement review and approval has met the department's needs. The increase in internal service functions within the city have contributed to the frequency with which external agreements are reviewed.

Agreements that include specific dates that they will be reviewed/revised have been acknowledged by the department and have been beneficial, thus far.

Plan

The department will continue to participate in automatic and mutual aid agreements with external agencies and will review and propose updates in 2023. The department's command staff will spearhead this initiative. The department will continue to stay on track with the designated agreement update cycle for the Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021 and 2021-11-22 Grant Township Fire Services Agreement.

References

SOP 102.20 Program Management-Assignments

Douglas County Tender Response Auto Aid Agreement

Cooperative Agreement Regarding the Provision of Emergency Medical Services in Douglas County 2021 (page 7)

2021-1122 Grant Township Fire Services Agreement (page 2)

10B.2 The agency has a process to manage, review and, if needed, revise agreements.

Description

As part of any participation in any agreements, the department reviews and revises said agreements as needed. The City Attorney's Office conducts a review of all new and revised agreements to verify consideration of all legal parameters. The department's communication with the AHJ regarding operationally focused agreements is minimal and informal.

Appraisal

All new and revised agreements that have gone through the city's internal service departments for review has been successfully and thoroughly reviewed. The department's collaboration with the city's internal service departments has been increasing over the last two years. The review and management processes through this workflow have met department and city requirements.

Operationally focused agreements have not been successfully managed.

Plan

The department will continue to monitor the internal services agreement review process to ensure a full agreement review is conducted and agreements are updated as necessary. The department's command staff will review external agreements and propose updates as necessary. The fire chief will work with the city clerk's office to manage the storage, security and access of all agreements.

References

Douglas County Tender Response Auto Aid Agreement
PulsePoint Agreement Document Review Email

10B.3 The agency <u>evaluates external agency performance annually</u> to ensure that external agencies are capable and effective in supporting the agency's goals and objectives.

Description

The department does not formally evaluate external agency performance annually. Service agreements that are managed through other city departments are reviewed at a high level. Service agreements are typically reviewed if the department is experiencing issues with the service provided.

Appraisal

The lack of a formal evaluation system of external agency performance has led to uncertainty regarding the impact of external agencies on the department's ability to meet service delivery expectations.

Plan

The department will identify key external agencies whose performance impacts department service delivery and either request information related to performance metrics or amend agreements as necessary to require delivery of such information.

The department will continue to collaborate with other city departments to ensure performance objectives are met through agreements managed by other city departments.

References

Douglas County Tender Response Auto Aid Agreement

Category 11: Health and Safety

Keeping employees/members healthy and safe is a major priority for any organization. Having adequate programs and processes in place will help meet the goals of eliminating employee injuries and deaths, reducing liability to the organization and ultimately making the organization more effective and efficient.

Criterion 11A: Occupational Health, Safety and Risk Management

The agency's occupational health, safety and risk management programs protect the organization and personnel from unnecessary injuries, loss, and liability.

Summary:

The department has a health and safety program that is managed by the health and safety team. The team is led by the division chief of EMS, who is the program manager. The program team focuses on initiatives to create a safer work environment through recommendations on policy guidance pertaining to health, wellness, and safety issues. The team reviews the effectiveness of health, wellness, and safety activities happening in the department.

Every effort is made to promptly address unsafe work environments as well as to stand up quality policy changes to enhance the safety and health initiatives for department members. Physical and mental well-being is of utmost importance to all department members, and it shows in the programs and processes that follow.

Performance Indicators:

11A.1 A <u>specific person or persons are assigned responsibility</u> for implementing the occupational health, safety and risk management programs.

Description

The department has a health and safety program that is managed by the health and safety team. The team is led by the division chief of EMS, who is the program manager. The Health and Safety Program Team includes the division chief of EMS (1), division or battalion chief of operations (1), division chief of training (1), training officers (2), division chief of administration (1), two firefighters representing the Local 1596 from each shift (6), and one captain per shift (3). The health and safety team meets routinely, the fourth Wednesday of every other month, starting in January (odd months).

The program team focuses on initiatives to create a safer work environment through recommendations on policy guidance pertaining to health, wellness, and safety issues. The team reviews the effectiveness of health, wellness, and safety activities happening in the department. Department injuries and exposure claims are reviewed and categorized by body part, nature, and cause. Mental health is also a priority for the team. In effort to address the importance of mental health and available resources, the team is working to make access to peer support resources easier. Informational resource posters have been placed in every department building.

The department's division chief of administration serves as the department's risk management officer and serves as the liaison to the City of Lawrence's risk manager. The city's risk manager is responsible for city-wide risk management and personnel risk reduction efforts.

Appraisal

The risk manager's access to resources related to health, wellness, and safety could help provide initiatives to enhance member wellbeing. The department's current partnership with the city's risk manager has not been utilized to its potential. For example, if the risk manager was present at numerous meetings throughout the year, they could introduce programs that would increase injury prevention.

Plan

The potential to streamline the injury record keeping with redacted Patient Health Information (PHI) in efforts to create a spreadsheet of on-duty injuries will be pursued in Fall of 2022. At the end of each quarter, the city's risk manager will provide an injury report tracking time off per employee.

Through the 2021 program appraisal, the team will be focusing on the identified recommendations for enhancing the program's effectiveness.

In early 2023, the health and safety program team will make recommendations to update SOP 500.01 Health and Safety Management Program to reflect current department goals, activities, and process workflow to document information for review.

References

SOP 500.01 Health and Safety Management Program

Minutes from a Health and Safety Meeting

2021 Health and Safety Program Appraisal

11A.2 The agency has <u>policies and procedures</u> for reporting, evaluating, addressing and communicating workplace hazards as well as unsafe/unhealthy conditions and work practices.

Description

The department has numerous ways of communicating unsafe work environments,

practices or jeopardizing instances that take place. These reporting mechanisms can be found on the department's intranet, Near Miss Reporting, Facilities Maintenance Problems, and Injury and Exposure Reporting.

Appraisal

The near miss reporting system is reviewed by the Training Division and should also be directed to the health and safety committee for additional review and input of safer practices and implementation. Having three SOPs that encompass procedures for near miss reporting, unsafe work environments, and injury/exposure reporting has not been efficient.

Plan

The Training Division will review SOP's related to reporting and update as necessary. The Training Division will also draft an SOP that encompasses near miss reporting, unsafe work environments, and injury/exposure reporting. Collaboration with the health and safety committee will be facilitated for SOP updates.

References

SOP 108.70 Near Miss Reporting

SOP 403.21 Facilities Maintenance Problems

SOP 500.01 Health and Safety Management Program

SOP 501.10 Injury and Exposure Reporting

11A.3 The agency documents steps taken to implement <u>risk reduction and address identified workplace hazards.</u>

Description

Unsafe workplace discussions take place during department health and safety meetings. These are often brought forward by committee members or referred to the committee by command staff, however, can be sent for review by any department employee. Recommendations are made for corrective action, in an effort to ensure the issue is addressed. Currently, there is no formal way of submitting a concern via online or paper form.

Appraisal

The review of injury/exposure reports in the committee meetings has been productive. Accident/injury reports are assigned to department officers for investigation and relevant findings are distributed among committee members to review.

Plan

By Spring of 2023, the health and safety committee will implement a department-wide program that will allow employees to report unsafe work conditions, procedures, and practices through a streamlined process. This process will expedite concerns directly to the command staff and the health and safety committee. Employees will have a voice concerning practices as well as an opportunity to bring new methods and ideas to the committee.

References

Health and Safety Meeting Minutes

SOP 500.01 Health and Safety Management Program

MOU IAFF Local 1596 – section 10.1 (page 38)

11A.4 The agency has <u>established and communicated procedures and guidelines</u> for preventing the transmission of blood-borne pathogens and other infectious diseases and reducing exposure to harmful chemicals. Guidelines should include an improvement of practices process.

Description

The department's SOP 504.10 Infection Control is in place to comply with OSHA and NFPA 1500 guidelines regarding air-borne and blood-borne pathogens standards. Copies of this plan are available on the intranet and in the office of the division chief of EMS. The division chief of EMS serves as the department infection control officer and designated agent.

Appraisal

SOP 504.10 Infection Control has been successful in outlining policies and procedures that are in place to keep employees safe. The compliance with OSHA and NFPA has been maintained. The SOP's length (15 pages) provides a comprehensive overview; however, it makes the SOP hard to navigate.

In 2021, the department developed an Infection Control training, delivered via Zoom to employees. A recording was posted to Vector Solutions for employees that were not able to watch live.

Plan

All new employees will receive initial training related to infection control during their initial recruit academy training prior to field assignment for EMS response. All infection control training will be in compliance with OSHA Regulation 29 CFR, Part 1910.1030. All department employees will continue to receive annual refresher training, via Vector Solutions, on infectious disease exposure control.

The department will continue to develop and present Infection Control training to employees of the department, annually.

References

SOP 504.10 Infection Control

Infection Control Training Video – Vector Solutions (available on-site)

CC 11A.5   **The agency's <u>occupational health and safety training program</u> instruct the workforce in general safe work practices, from point of initial employment through each job assignment and/or whenever new substances, processes, procedures or equipment are introduced. It provides instructions on operations and hazards specific to the agency.**

Description

The department conducts training and information sharing when new devices, substances, processes, procedures, or equipment is purchased or implemented into operations. This is relevant to EMS, fire suppression, technical rescue, and hazardous material responses.

The department schedules training, assigns, reviews or send electronic messages when new devices, substances, processes, procedures or equipment is implemented. New or revised SOPS's follow an algorithm so that all members have an opportunity to comment on the procedure. Every step of the process is tracked and recorded. When new equipment is implemented, the training division or employees deemed subject matter experts provide department wide training. The Training or EMS Divisions are typically the providers of product, procedure and supply implementation or changes.

Appraisal

The department's focus on creating a safe work environment and workforce has been prioritized and incorporated into daily practices. The deployment model of the health and safety program has been sufficient in providing training to the vast majority of employees. However, the department recognizes there is a portion of employees that miss training for various reasons. The training that the program provides is on-duty and has been interrupted by the demand on emergency services. Due to various types of leave, some employees may miss training. Make-up training dates for employees who were absent has not always been prioritized, leaving a void for those employees regarding new products, supplies, or safety practices.

Plan

The department will continue to prioritize health and safety training throughout daily operations and designated training activities. To be responsive to the necessity of timeliness,

the department will continue to be agile when scheduling introductory training on new equipment or supplies. Training is typically scheduled on concurrent days so that products, equipment, and supplies can be placed in service as soon as possible after training is complete.

References

Infection Control Training Completion List – Vector Solutions

SOP 500.01 Health and Safety Management Program

Administrative Division SOP Dashboard (Screenshot)

11A.6 The agency uses <u>near miss-reporting</u> to elevate the level of situational awareness in an effort <u>to teach and share lessons learned</u> from events that, could have resulted in a fatality, injury, or property damage.

Description

The department's SOP 108.70 Near Miss Reporting gives employees a way to report near-miss incidents that is voluntary, confidential, non-punitive and secure. The near-miss program is to help prevent injuries and save the lives of other firefighters by collecting, sharing, and analyzing near-miss experiences.

Appraisal

This reporting mechanism has typically been underutilized by department employees. When reports are made through the near miss reporting system, the report or findings are not elevated to members of the command staff or the health and safety committee.

Plan

The health and safety committee will work to increase use and education on the reporting mechanisms. The committee will work with the Training Division to develop the training on safety-related reporting mechanisms.

References

SOP 108.70 Near Miss Reporting

11A.7 The agency has a <u>process in place to investigate and document accidents, injuries, legal actions, etc., to determine root cause</u>. The agency's information management system supports this process.

Description

The investigation of accidents occurs on an as-needed basis, depending on several factors, including the severity of damage and circumstances surrounding the accident.

Currently, there is not a formal department SOP that identifies an outline of what prompts further investigation by the health and safety committee.

Department officers are assigned to investigate accidents including on-duty injuries. In the event that there is a motor vehicle accident or property damage occurs involving a City of Lawrence vehicle, regardless of the severity or location, the employee's department and the Office of Risk Management must be contacted and allowed to respond to the accident scene for investigation. All traffic violations and/or citations are the personal responsibility of the employee operator.

Appraisal

The lack of established parameters for the investigation into accidents and injuries has resulted in inconsistent and ineffective reporting/review. The department's lack of procedure has impacted the standardization of the reporting and investigation process.

Plan

By Fall of 2023, the health and safety committee will create a template to perform investigations in a more formal manner than what is currently in place. Creation of an SOP will be considered and evaluated in conjunction with the investigation template.

References

SOP 501.10 Injury and Exposure Reporting

SOP 108.70 Near Miss Reporting

11A.8 The agency incorporates <u>risk management practices</u> to increase the level of <u>decision making</u> and the ability to identify unsafe conditions and practices during emergency operations.

Description

The department does not currently incorporate effective risk management practice review into daily operations to impact decision making. Decision making in the work environment and during operations is supported through the department's policies and procedures. Formal training on general risk management practices and routine follow-up does not occur. Currently, the health and safety committee reviews department employee injuries in efforts to correct actions or mitigate repetitive injuries if occurring often.

Appraisal

The incorporation of risk management practice and review has not been successful. Connectivity between the health and safety committee and department initiatives has been lacking. Lack of general risk management practices and routine follow-up has led to routine injuries and accidents. The department has done a poor job communicating trends in unsafe practices to employees.

Plan

The department's health and safety committee and command staff will create an enhanced communication process to create visibility and greater awareness of department risks, trends, and safety recommendations. The health and safety committee will increase communication to the department on unsafe practice trends that have led to accidents and injuries.

By Spring of 2023, the Near Miss Reporting System will become a part of the health and safety committee's recommendations to the Training Division for added training on the program.

References

SOP 501.10 Injury and Exposure Reporting

SOP 108.70 Near Miss Reporting

11A.9 The agency <u>has adopted a comprehensive program to address direct</u>- and cross-contamination of clothing, personal protective equipment, other equipment, apparatus and fixed facilities.

Description

The department's intention is to protect the health and wellness of its' employees. A major component to this initiative is to create a clean work environment as well as provide sufficient PPE and clothing for each employee. Efforts and procedures to prevent cancer are found in SOP 206.40 Cancer Reduction Program. The SOP outlines enhanced on-scene decontamination procedures prior to leaving emergency scenes, as well as operational hygiene preventing contaminated clothing, PPE and equipment to enter the cab of apparatus, as well as the interior rooms of fire stations. After each exposure, all employees are to decontaminate appropriately per SOP 206.40 Cancer Reduction Program and NFPA guidelines, launder clothing, change into clean apparel and clean and decontaminate gear and equipment.

Appraisal

The department has used the ESO Fire Incident module to track exposures and contaminations, as well as decontamination procedures for each responder. The department has not utilized or reviewed the collected data due to the limited time of available employees in the Administrative and EMS Divisions.

In July 2022, SOP 206.40 Cancer Reduction Program was implemented to minimize department employee's exposure to contaminants.

Plan

With the recent mid-year implementation of SOP 206.40 Cancer Reduction Program, the hope is to reduce exposure to such contaminants.

Through the budget request process, the department will continue to communicate the need for more resources within the Administrative and EMS Divisions.

References

SOP 206.40 Cancer Reduction Program

SOP 402.40 Structural PPE Cleaning

11A.10 The agency <u>collects and maintains exposure records</u> in accordance with local laws, regulations and/or current research.

Description

The department maintains records of all accidents, occupational injuries, deaths, illnesses, and exposures in accordance with the facility safety section of NFPA 1500, Standard on Fire Department Occupational Safety and Health Program. Records are kept electronically in a safe and secure manner with simple retrieval methods if records are needed.

All injuries on duty are covered by workers' compensation and provisions outlined in SOP 501.13 Workers Compensation. When an exposure occurs, the Employee Infectious Disease Exposure Report or the Employee Chemical Exposure Report are completed and submitted through the chain-of-command.

Appraisal

When an exposure has occurred, the appropriate documentation has been completed within 24 hours. The current process has been sufficient for standardized record keeping.

Plan

The department will continue with its' current practice as there does not seem to be any deficits in the timeliness of record submission.

References

SOP 501.10 Injury and Exposure Reporting

SOP 501.13 Workers Compensation

11A.11   The agency has <u>established procedures to ensure effective and qualified deployment</u> of an Incident Safety Officer to all risk events.

Description

The department uses SOP 502.11 Incident Safety Officer to provide guidelines for establishing an incident safety officer and defining the scope of operation of the safety officer. The role of an incident safety officer is to assist the incident commander (IC) in maintaining and ensuring the safe operations at incidents and training exercises.

The IC is the incident safety officer until assigned to another employee on scene. The safety officer is typically the second operations chief officer that arrives on scene once command has been established.

Appraisal

The department identified a deficiency in fulfilling the incident safety officer position with one operation chief officers. In 2020, the department was approved to increase the on-duty operations chief officer count to two. This created depth in the daily staffing to support command and incident safety officer functions. The department has had success in this expansion and implementation in operations.

Plan

The department will continue to follow SOP 502.11 Incident Safety Officer.

References

SOP 502.11 Incident Safety Officer

2018 Operations Chief Officer Reliability

2020 Fire Medical Budget Transmittal Memo (page 3)

11A.12   The agency <u>establishes and consistently follows procedures for maintaining accountability</u> of all personnel operating at all risk events.

Description

The department uses SOP 206.20 Accountability to provide a system to account for all companies/firefighters at an incident, to enhance safety, and to provide the IC or Incident Management Team (IMT) a means to track and account for all members working in the hazard zone.

Accountability is tracked using several methods by the department. As an employee adds him/herself to units they are assigned to, they will change their helmet shield identifier and add their name tag to the apparatus passport system. While operating at incidents it's the responsibility of the company officer to keep accountability of their crew. The department also utilizes the SCOTT Connect Monitor which gives the incident commander the ability to monitor breathing air levels and PASS devices.

Appraisal

The use of SOP 206.20 Accountability has been implemented but is not completely followed by department officers. Company passports are updated at the beginning of each shift; however, they are not regularly utilized during emergency scene operations. The department has utilized the status boards and collection of company passports during large-scale events. When the passports have been utilized on large scale events, they have proven to be an effective resource for personnel management and accountability.

The department's use of the SCOTT Connect Monitor and PASS devices has been an effective component of personnel accountability.

Plan

The department will continue to follow SOP 206.20 Accountability and review/implement changes as necessary.

References

SOP 206.20 Accountability

SOP 500.01 Health and Safety Management Program

Criterion 11B: Wellness/Fitness Programs

The agency has a wellness/fitness program for personnel. The agency specifies and communicates the provisions if employees/members do not comply with the wellness/fitness program.

Summary:

The City of Lawrence and the department prioritize employee wellness and fitness. The city's wellness program is named BeHealthy and is conducted through Lawrence Memorial Health Hospital. The department's health and safety committee and peer support team support and leads internal initiatives related to wellness.

Each fire medical station has designated physical fitness facilities and a complement of various equipment.

The City of Lawrence has an employee assistance program (EAP) that is funded and managed by the city. In addition to the EAP, the department also supports a peer support program/committee that is led and managed by department employees.

Performance Indicators:

CC 11B.1 **The agency <u>provides for initial, regular, and rehabilitative medical, and fitness evaluations</u>.**

Description

The department utilizes Lawrence Memorial Health Business Health for medical and fitness evaluations. The department's Administrative Division assists in facilitating scheduling and payments for the evaluations.

The department requires each new employee to obtain a 'Fit for Duty' pre-employment physical prior to being offered a full-time position. In addition, current employees have an annual physical with lab work. Employees who are injured while on duty will receive workers' compensation benefits including physical therapy, if deemed appropriate by a physician.

The department abides by Section 10.5 Physical Evaluation in the IAFF Local 1596 MOU.

Appraisal

The department's annual physical evaluation program has worked well. The department's use of medical and physical evaluations has been beneficial in maintaining and supporting member health. However, the department has experienced a lack of accountability in the completion of the mandatory annual physicals.

Scheduling is cumbersome and inefficient. Working with department employees and Lawrence Memorial Health Business Health to schedule medical and physical evaluations can be difficult given the limited availability of available evaluation time slots. Lawrence Memorial Health Business Health has been the provider of evaluations, as directed by city risk management.

Plan

Continued discussions within the health and safety committee and command staff meeting will be had in efforts to solidify a plan moving forward to enhance the screenings, testing and participation requirements.

References

NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments (available on-site)

IAFF Local 1596 MOU – Section 10.5 (page 40)

11B.2 The agency provides personnel with access to fitness facilities and equipment.

Description

Each fire medical station has designated physical fitness facilities and a complement of various equipment. This equipment includes cardiovascular equipment (treadmills, ellipticals, stationary bikes), free weights, weight machines, and stretching equipment.

Employees have access to department physical fitness facilities regardless of on-duty status.

Appraisal

The physical fitness facilities have been sufficient for employees to participate in physical training (P.T.) while on duty or off.

Plan

The department will continue to support the physical fitness program and provide adequate space for employees to conduct P.T. during operational shifts.

References

SOP 503.10 Physical Fitness Program (PFP)

Station Tour (available on-site)

11B.3   The agency <u>makes available wellness/fitness training</u> to all employees/members.

Description

The department uses SOP 503.10 Physical Fitness Program (PFP) to guide employees in maintaining an acceptable level of physical fitness. The department recognizes that the state of being physically fit is more important than the precise program followed to attain fitness. Therefore, the department mandates that employees perform 60 minutes of physical exercise each day, however, it is up to individual employees to determine the activities they participate in.

The city provides employees access to Lawrence Memorial Health WellCare services. These services include an online portal to track healthy activity and provide wellness training on a variety of topics. This is free to use and strongly encouraged by the city. Active participation in the Wellness Program is incentivized through an additional Health Reimbursement Arrangement contribution from the city.

Appraisal

The station's physical training (P.T.) areas have been equipped with modern fitness equipment and provide ample space to accommodate various P.T. activities.

Plan

The department will continue to require a minimum of 60 minutes of P.T. during each shift. The department will continue to support employee participation in the city's Wellness Program.

References

SOP 503.10 Physical Fitness Program (PFP)

2022 Fitness Club Form

BeHealthy City of Lawrence Incentive Program Guide

BeHealthy City of Lawrence Presentation

11B.4   The agency <u>provides an employee/member assistance program</u> with timely access to critical incident stress debriefing, peer support and counseling, and other behavioral health resources.

Description

The City of Lawrence has an employee assistance program (EAP) that is funded and managed by the city. In addition to the EAP, the department also supports a peer support program/committee that is led and managed by department employees. The city's BeHealthy initiative through the Wellness Program is available for all city employees.

Appraisal

The city's EAP in addition to the department's peer support team's work has sufficiently addressed department needs related to critical incident stress debriefing, peer support and counseling, and other behavioral health requirements.

Since the inception of the department's peer support team, employees have received frequent critical incident stress debriefings at the company level following psychologically traumatic incidents. Although participation is voluntary, employee participation has been high. The peer support team has been activated at the request of chief officers, company officers, or individual employees.

The GuardiaNet mobile application, powered by Lexipol, is an application that gives 24/7/365 access to mental wellness providers, on demand access to firefighter wellness tools, and a "help" button for employees in immediate crisis. The application was brought forward by the Douglas County Chaplain approximately 4 years ago. The chaplain left the Sheriff's Office and the mobile application is no longer maintained, nor available to first responders. In the recent past, the division chief of EMS was able to discover more information about what it would take to get access to the application again. Access was restored to the employees in early 2022. In mid 2022, there was an announcement that the GuardiaNet application would no longer be supported/paid for by the Douglas County Sheriff's Office. Another mental wellness application is being evaluated in November of 2022.

Plan

The Douglas County Sheriff has recently decided to cancel the GuardianNet Mobile App which leaves the department with questions as to how the department's peer support will be supported with resources. In the meantime, a new mobile app is being discussed with a different vendor at a no-cost to very low-cost price point. Further discussions will be had in the Fall of 2022 with the department's peer support committee, County Chaplain group and other first responder entities to be able to continue this very valuable resource.

The department will continue to support the peer support team's efforts in addressing employee health and wellness needs.

References

BeHealthy City of Lawrence Incentive Program Guide

BeHealthy City of Lawrence Presentation

11B.5 The agency <u>provides for cancer and behavioral health screenings and a cardiac assessment.</u>

Description

The department offers annual medical physicals, including lab work in accordance with NFPA 1582. During the contingent job offer phase of initial employment, the department requires each potential employee to be evaluated psychologically by an outside vendor.

Appraisal

The department has identified its current cancer and behavioral health screenings and cardiac assessments as adequate. However, the opportunity to enhance the screenings and assessments has the potential to positively impact health and safety initiatives within the department.

Plan

The department's command staff will continue discussions with the health and safety committee to establish a plan moving forward that addresses additional cancer and behavioral health screenings, testing, and participation requirements.

Regarding further screenings, such as cancer-related scans or assessments, the department has recently been investigating enhanced methods and vendors to increase services for the greater good of the department members. Continued research and vendor demonstrations are ongoing. Monetary value is placed on each scan, assessment, lab, and procedure and will need to be considered when planning for budgeting these assessments.

References

NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments (available on-site)

CC 11B.6   **A <u>formal and documented appraisal is conducted, at least annually</u>, to determine the effectiveness of the wellness/fitness programs and its impact on meeting the agency's goals and objectives.**

Description

The department conducts a formal and documented program appraisal annually that summarizes the program's impacts, outcomes, and effectiveness in the prior year. New goals are outlined in the upcoming year within this document.

Appraisal

The department's assigned program manager and supportive staff have been able to complete an annual program appraisal. These appraisals are provided to the AHJ for review, as well as posted on the department's external /internal website for employee review as part of the Annual Compliance Report.

Plan

The department will continue to utilize these appraisals to improve performance within the program as well as develop more efficient operational procedures based on the prior year's performance.

References

2021 Health and Safety Program Appraisal