Safe Station

"Code Hope"

When a victim of Substance Misuse Disorder comes to a Manchester Fire station house looking for connection to Hope for NH Recovery, several things will need to be done. First off, the company officer may call using the terminology "Code Hope". Regardless of whether or not this term is used, three things need to happen from a Fire Alarm perspective.

1. Create an Incident just as would be done for a walk in medical
2. Contact American Medical Response to have a representative or ALS unit go to the station to continue the evaluation process (or dispatch a 911 unit if available)
3. Contact Hope for New Hampshire Recovery for a ***Peer Recovery Coach*** to go to the station for admission and victim retrieval

Obviously the company affected will be out of service until AMR or a member of their management (or possibly even myself) arrives to relieve the company of their duties and return to service.

**If possible, when creating the run please put "Code Hope" in the free type information section so these calls can be pulled for review and follow up with Hope.

All victim information will be collected by the Station company for entry into TEMSIS

If you ever have any questions about this please do not hesitate to contact me.

- Chris Hickey

Safe Station

Field Intake Assessment

I hereby voluntarily acknowledge and state that I am seeking Peer Counseling and/or Recovery Treatment for substance misuse disorder, and I hereby voluntarily receive or accept such medical care as recommended by representatives of the Manchester Fire Department, American Medical Response, and the licensed Peer Recovery Center as notified: and I do hereby for myself, my heirs, executors, administrators and assigns forever release and fully discharge said Manchester Fire Department, its officers, employees, medical consultants, hospitals, servants or agents from any liability in the premise and I agree to hold them harmless and acting with the best intent as defined by the Safe Station program.

Date _____

Station _____ MFD Unit _____

Time _____ EMS Unit _____

Patient Name _____

Patient Signature _____

Home Town _____

Date of Birth _____

Time Recovery Service Arrived _____

Vital Signs

BP _____ Pulse _____

SPO2 _____ Mentation _____

Past Medical History _____

Substance(s) _____

******if PREGNANT or detoxing from BENZOs (valium, Xanax, klonopin, Ativan, etc) use SERENITY PLACE******

Recovery/Treatment Service Used (CIRCLE ONE): HOPE SERENITY PLACE

Firehouse Incident Number _____

1 Copy to Recovery Service / 1 Copy to ALS / 1 Copy to EMS Officer

Safe Station

Proposal

Proposal is pursuant and intended to be held to the Mobile Integrated Healthcare Prerequisite Protocol (MIHPP) as outlined in RSA 153-A:5 III.

Letter of Intent

It is the intention of the Manchester NH Fire Department in conjunction with American Medical Response to provide one-on-one resources for individuals needing counseling or coaching for drug-related addictions in the City of Manchester, NH. The goal is to provide those services on an intermediary level while arranging for a Peer Coach from Hope For NH Recovery or another like service to formally establish the coach-substance user relationship.

Purpose

The purpose of a program of this type is to address the needs of drug/substance users who may not know where to go to begin the treatment/recovery process. While versions of this program have been implemented by Police-based departments in other parts of the country, there is minimal literary evidence of it being Fire or EMS based. With the proliferation of Fire Stations in the City of Manchester (10) this is a service similar to the "Baby Safe Haven" concept that although not utilized, is still a practice. Where the transportation of the individuals seeking assistance is not to a medical facility (unless the medical situation dictates), it still falls under the guidelines of RSA 153-A:2 VI by arranging transportation to an "appropriate location in order to prevent loss of life or aggravation of physiological or psychological illness or injury".

All Manchester, NH Fire stations are manned 24/7/365 and are only empty when the units are assigned to calls within the 911 system. If an individual seeking assistance goes to a fire station in Manchester and there is no one there they can wait for the firefighters to return or proceed to another station. Once contact is made, the on duty Manchester fire personnel will provide one on one interaction to obtain vital signs and make the contact with the recovery services. A Firefighter will remain with the individual seeking assistance until they are transferred to AMR or the recovery service representative. During the time of interaction, a run number will be generated by Manchester Fire Alarm at the request of the company officer under the designation of "Code Hope" for record keeping purposes and accountability.

As most City hospital Emergency Rooms may be overwhelmed with patients, this proposal assists all by weeding out those individuals seeking assistance that may not need immediate medical attention but need immediate help. To be able to establish and vette a program of this nature that could be implemented will be a benefit to not only the departments involved but the State as a whole for

involving Fire and EMS in the care of those beyond just responding to an overdose. Many times a person knows they need treatment but does not know where to turn for help.

This is a similar program to what is being done in hospitals when a person who has misused substances is preparing to be discharged. The in hospital staff asks the patient whether or not they would like to speak to a social worker and/or recovery coach. If they say yes or choose a recovery coach, the coach would come to the hospital 24/7 via a simple phone call. It is our hope to mold that similar practice into the prehospital setting.

If a patient is revived from an overdose and transported from a 911 scene to a hospital, they must be cleared medically by the receiving hospital and would not be eligible for this program. At no time will the patient be able to sign a patient refusal from a scene and then follow the firefighters back to a station. That is not the intent of this program, nor will it be a practice.

Execution

Each manned Manchester NH Fire Station will be a designated safe environment for the individuals seeking assistance looking for treatment to start their path to recovery. At any time of day or night when the victim of substance misuse disorder decides or gathers up the courage to ask for help he or she can go to any MFD Station and speak to the Firefighters on duty. The Firefighters will arrange for or provide a medical assessment not to exceed their scope of training under NH RSA 153-A:11. If there is cause for concern that there is something else medically wrong with the patient, transportation to an appropriate level medical facility will be arranged for and provided by Manchester's contracted 911 service AMR.

When an individual seeking assistance presents at a Manchester Fire station, the in house company Officer will contact Fire Alarm to take the company out of service under a "Code Hope" which would alert Fire Alarm to the situation, notify AMR, and create a record of the visit within the Firehouse reporting software for record keeping and Quality Assurance/Quality Management purposes. This QA/QM is required for documentation to affirm as to the program's effectiveness or changes that need to be made to the process. This is a requirement for the Mobile Integrated Health Prerequisite Protocol in the State of NH.

During the daytime hours of weekdays (8a-6p, M-F), an AMR Supervisor, AMR Shift Commander or Manager, or the MFD EMS Officer would be called to the station where the individual seeking assistance was located to provide a second assessment of the person. This will allow the affected fire company to return to service. On nights and weekends those same duties would be handled by an on duty AMR ALS Unit if available. If no ALS unit is available the affected fire company will need to remain out of service until the recovery/coaching center arrives to retrieve the individual seeking assistance.

Each individual seeking assistance will be required to drop any needles and/or paraphernalia in to a collection bin located at each fire station prior to speaking with coaches or seeking treatment.

- If any weapons are in the individuals seeking assistance possession Manchester Police Department will need to be involved.
- If illegal substances are with the individuals seeking assistance, Manchester Police Department will be notified.

Needs

It would be the need of this department to have 100% stakeholder buy in. The stakeholders of note are Manchester Fire Department, American Medical Response (or current City 911 provider), Manchester Police Department, Catholic Medical Center (MFD Medical Control Facility), Dr. Michelle Nathan (MFD Medical Control Physician), Elliot Hospital, Hope For NH Recovery, Serenity Place, and the Office of the Mayor. Cost for this type of service will be covering the funds to develop, implement, and track the needed work hours and resources to full implement this program.

Each recovery service will need to agree upon a Memorandum of Understanding with the Manchester Fire Department to provide transportation services needed to safely get the individual seeking assistance to their facility 24/7/365. Each recovery service will need to provide their own vehicle and means as outlined within the agreed upon Memorandum of Understanding.

Staffing

Persons involved with this program and the street-based or station based interaction with the individuals seeking assistance are currently certified at the minimum Nationally Registered Emergency Medical Technician level. This would not vary from the job tasks currently performed on a regular basis and would be treated the same as a "walk in medical". Policies and procedures would change minimally, with the only exception being contacting a service and providing them with the location and pertinent information requested. Normal staffing needs would suffice and no additional staff would be necessary.

Training Plan

No formal training would be needed beyond an in-service presentation by the MFD Training Division and a representative from each of the recovery centers speaking about addiction treatment. No aspect of this program goes outside of the scope of practice of the NREMT Basic level standards. This type of process would be the same as handling a "walk in" medical for which there is already an established process in place.

Medical Direction and Quality Management Plan; Data Collection

The Manchester Fire Department Medical Control Physician, Dr. Michelle Nathan from Catholic Medical Center, would have extensive involvement in the review process of this program as well as the implementation of said program. This process however does not differ greatly from the NH EMS Protocols already put forth by the State and no member of Manchester Fire Department or American Medical Response is being asked or expected to operate outside their Scope of Training and is essential to the success of this program. Minimal oversight is expected to be needed. The creation of an Incident Record by contacting Fire Alarm would have a computer-based record of the event and the Manchester Fire or AMR personnel would also fill out an "Intake Sheet" of information, services sought, and recovery service contacted which will be integral to the quarterly review process and tracking.

The Quality Management Plan will involve several members of leadership from the primary departments involved (Office of the Mayor, Catholic Medical Center, Elliot Hospital, Manchester Police Department, Manchester Fire Department, Hope For NH Recovery, American Medical Response, Department of Public Health, and Serenity Place) to quarterly review the utilization and effectiveness of the program. Statistics will be compared and discussed as to the utilization of this program by the public, increases/decreases in ER visits, referrals from MFD to Hope For NH that have successful placement or coaching, and data to prove this program should continue or be discontinued. Utilizing the Firehouse reporting software from the Fire Department will provide an accurate number of utilizations and can be compared directly to Hope For NH Recovery's numbers for the same timeframe for seeker tracking.

Conclusion

This program has the potential to not only change the First Responder involvement in the care and wellbeing of the addicted individuals beyond the immediate treatment of an overdose, but also has the significant potential to change the involvement for First Responders nationwide. There is no other public program like this in any available literature. While this type of program has been successful when administered by municipal and/or local police departments, there is no evidence that there is a Fire/EMS based practice due to the establishment of a "patient-provider" relationship (refer to Brockton, MA attempt). Here in New Hampshire that is not the case. We have the ability to, under the guidelines and direction of RSA 153-A:2 VI to arrange transport to the appropriate facility. Other states with this same type of opiate problem could adopt the Manchester "Safe Station" Plan, if applicable to their status and demographic, and lobby for changes to their laws to allow for this type of program to be implemented. All too often we are called out for the overdose and see those that want help but not have the means or knowledge to know where to turn next. Instituting the Fire Stations as a safe place to go and to get on the path to recovery instead of the fear of going to a police station could have a significant impact on the social aspect and success of those looking for recovery.

"Safe Station" will demonstrate a level of compassion and involvement extending beyond the immediate emergency. In a time of First Responder fatigue and apathy when dealing with repeated overdoses, "Safe Station" will allow active involvement across all levels to aid in providing recovery for all.

Safe Station

MUTUAL AID / OUT-OF-TOWN COMPANY PROCEDURE

In the event of an out-of-town company covering a Manchester Fire Station during a period of Mutual Aid and a Safe Station visit occurs, the following procedure should be followed to ensure a seamless flow:

1. Greet visitor and bring them to the "Safe Station" designated area of the station. This location varies with each MFD Station but if unknown just utilize the station bay floor
2. Contact Manchester Fire Alarm either via phone (669-2256 or just pick up a department phone and dial "0") or via radio and alert them to the presence of a "Safe Station" at that station
3. Manchester Fire Alarm will then dispatch an AMR ALS unit to the station on a non-emergent response and the covering company will remain committed to the call
4. Perform a traditional BLS level assessment (vitals, visual inspection of wounds, abscesses, signs of infection, etc)
5. Complete the provided triplicate "Safe Station Intake Assessment Form" located at each station's "Safe Station" location.
6. Once AMR ALS unit has arrived and verifies that the person does NOT need to be transported to the hospital for further evaluation, Manchester Fire Alarm must be contacted again (via same method as above) and request that Serenity Place be sent to the station
7. The Mutual Aid coverage company will then go back in service and the AMR ALS will remain with the person until the arrival of Serenity Place

If any questions, please contact Chris Hickey, MFD EMS Officer at 603-689-8939

Safe Station

September 6, 2016

Good Morning All-

As of 0900 this morning, Hope for NH Recovery is no longer part of the Safe Station process. Serenity Place (located on the second floor of the old MPD) will now be the service utilized for Recovery Coaches and pickups at stations. Hope is now focused on their transition from their Central Street location and into their proposed location on Wilson Street at the CA Hoitt building. Serenity Place has a van just like Hope (but unmarked and a regular color) and will be providing the same (and better) pick up services as Hope.

Officers, please go over this with your crews. This information should keep us all on the same page when questions are asked and give some insight for all as to what happens to the individuals once we pass them off to coaches.

What this means for the program:

- The intake process will remain unchanged, but the process in which they get "into a program" will be more expedient and efficient.
- Between the hours of 0900 and 1500 all people coming through the program will be in the WRAP Day Program which consists of counseling sessions, career advice, treatment program admissions, and meals.
- From 1500-0900, Helping Hands Community Outreach will provide a safe place for the person to stay if needed in the old Ambers Place location at 140 Central St.
- Serenity Place is providing dedicated staff members for Safe Station, separating the individuals in the beginning from their regular clients since more intense service are needed.
- Information collection for Fire Alarm will remain the same (Name, DoB)
- Triplicate forms have been promised to me this week and will be distributed
- Weekend and off hours (1500-0900) intakes will go directly to Helping Hands via the Serenity Place van
- Weekends will have only 1 hours sessions that take place at Helping Hands for now until expansion is done at Serenity Place

Changes made to the program:

- Personal prescription medications are allowed into Helping Hands, but are kept in a locked location in the Helping Hands Office, but are self-administered by the client
- Cell Phones are allowed (for now) but are for coach contact and family contact only
- Helping Hands has their own set of residential rules which will be explained to the individual by the HH Managers once at the facility

Recovery Coach Contact/Individual Retrieval:

- From Headquarters during the hours of 0900-1500, Fire Alarm should contact Serenity Place when the person is cleared medically (as we have done) and the person can be walked to the back door of Serenity by MFD personnel and someone from Serenity should meet you there and take the person
- From other stations, Fire Alarm should be contacted once the person is medically cleared and the unmarked van from Serenity Place will come out to pick the person up and bring them back to either Serenity Place (if between 0900-1500) or back to Helping Hands at 140 Central St

Some important things to remember:

- Treatment does NOT mean getting a bed, but may just be day programs. This is individual case dependent as everyone's needs are different.
- Once they come through our doors, they are in a program, 100% of the time
- If residential treatment programs are the determined course of action, Serenity Place will do everything in their power to make that happen
- If the individual has no other safe and sober place to stay until a residential treatment program is found, the person will stay at Helping Hands

If you have any questions, please let me know!

Safe Station

GROWTH AND CHANGES

Since the unveiling of the Manchester Fire Department "Safe Station" program in conjunction with the 211 Initiative by the City of Manchester on May 4, 2016, we have identified and aided over 280 persons from across New England in gaining access to recovery services for substance abuse. Because of this tremendous growth and response from the success of this program, some changes needed to be made to continue to grow this purpose and mission of the program.

HOPE for NH Recovery, a recovery community organization, will continue to be a partner in the Safe Station model. At this time, we will be streamlining access to treatment by having HOPE recovery coaches take individuals who present themselves to any Manchester Fire Station directly to Serenity Place during business hours (09:00 am to 3:00 pm). The transition of individuals directly to Serenity Place rather than being held at HOPE provides individuals with quicker access to "WRAP" Services. WRAP Services are clinical programs which encompass a wide array of services for a person seeking help with substance abuse disorder. These programs are a branch of the State funded "RAP" system which is a collection of 11 Regional Access Points around the state. These Regional Access Points connect individuals to recovery supports, similarly to the connection between Serenity Place and HOPE for NH Recovery here in Manchester. The evolution of this program which now has streamlined access makes it possible for other communities to develop their own "Safe Station" program with local fire departments, local recovery community centers, and local regional access points.

From the outside view, nothing with the program will change. When people present looking for help we will still provide the same treatment and services as we have from the beginning. On the back end though, the phone call will still be made to HOPE for NH Recovery but rather than bringing the person back to HOPE for intake, the recovery coach will bring them to Serenity Place for enrollment into the WRAP Program. This will be the process from 9:00 am until 3:00 pm.

After 3:00 pm, Hope will bring the person back to the Hope facility for recovery counseling and lodging for 1 night. The following day, Serenity Place will send a coach over to Hope to retrieve the person and bring them back to Serenity for enrollment in the WRAP Program and further their journey in recovery. The transition of care will allow an individual an increased level of clinical services during the day and enhance their experience and chances at recovery.

Safe Station

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Safe Station

Assessment Guidelines

Criteria for ED transport or contacting medical control:

-Heart Rate: <45 bpm or above >120 bpm.

-Systolic Blood Pressure: <90 mmHg or >160 mmHg.

-Respiratory Rate: <10/min or >28/min.

-SpO2: <90% on room air or with prescribed home oxygen.

-Temperature: >100.5 degrees F.

-Altered mental status, impaired judgement or a GCS <15.

-Signs of trauma requiring ED evaluation.

-Signs/Symptoms of infection.

-Signs/Symptoms of drug and/or alcohol withdrawal.

-Signs/Symptoms of a psychiatric emergency incl. suicidal / homicidal ideations.

-Known drug/alcohol use within 2 hours.

-Provider judgement and/or medical direction recommendation based on patient presentation and assessment findings.

Criteria to consider for Law Enforcement intervention:

-Possession of weapons, drugs, illegal substances or drug paraphernalia.

-Physically or verbally abusive presentation of the individual.

-Individual creates an unsafe or a potentially unsafe situation for personnel, staff or themselves.

-Provider judgement based on interaction with personnel and staff.

SAFE STATION

Announced on May 4, 2016, the Manchester Fire Department began providing a service to those suffering from Substance Misuse Disorder named "Safe Station". The purpose of this program is to provide a starting point to aid in the treatment and recovery from Opiate and Drug Addiction.

- **Number of requests at MFD for Safe Station:** 1166
- **Number of participants transported to Hospitals:** 109
- **Number of participants taken to HOPE for NH:** 347
- **Number of participants taken to Serenity Place:** 706
- **Average Length of Time AMR/MFD Company "Not Available":** 14 minutes
- **Number of UNIQUE participants:** 877
- **Number of REPEAT participants:** 169
  - **Total number of repeat visits:** 289
- **Age Range of Participants:** 18-70
- **Participant Hometown Breakdown (BY UNIQUE PATIENT):**
-
- **Number of Visits Breakdown by Hour:**
  - 0000-0100 12
  - 0100-0200 18
  - 0200-0300 8
  - 0300-0400 8
  - 0400-0500 3
  - 0500-0600 8
  - 0600-0700 5
  - 0700-0800 22
  - 0800-0900 40
  - 0900-1000 51
  - 1000-1100 53
  - ***1100-1200 85 PEAK***
  - 1200-1300 81
  - 1300-1400 62
  - ***1400-1500 87 PEAK***
  - ***1500-1600 86 PEAK***
  - 1600-1700 76
  - ***1700-1800 109 PEAK***
  - 1800-1900 78
  - 1900-2000 81
  - 2000-2100 60
  - 2100-2200 59
  - 2200-2300 41
  - 2300-0000 34

SAFE STATION

-
- **Referring MFD Station Breakdown:**
  - CENTRAL 956
  - STATION 6 46
  - STATION 10 35
  - STATION 2 31
  - STATION 5 28
  - STATION 3 24
  - STATION 7 21
  - STATION 9 8
  - STATION 4 8
  - STATION 8 8

STATION	AVG. TIME	HOPE	SERENITY
CENTRAL	0:12	0:17	0:14
2	0:19	0:19	0:19
3	0:25	0:25	0:23
4	0:28	0:29	0:25
5	0:24	0:34	0:16
6	0:20	0:26	0:18
7	0:23	0:25	0:23
8	0:23	0:45	0:20
9	0:17	0:17	0:18
10	0:21	0:23	0:20

OVERALL AVG.	0:14

2016 ONLY Hometown Breakdown:

SAFE STATION

NEW HAMPSHIRE

ALEXANDRIA	3
ALLENSTOWN	4
ALTON	4
AMHERST	1
ANTRIM	2
ASCUSHNET	1
ATKINSON	1
AUBURN	2
BARNSTEAD	2
BEDFORD	8
BELMONT	6
BENNINGTON	4
BERLIN	2
BOSCAWEN	3
BOW	3
BRISTOL	1
BROOKLINE	2
CAMPTON	1
CARROL	1
CONCORD	16
CONWAY	8
DALTON	1
DEERFIELD	1
DERRY	14
DOVER	7
DUNBARTON	2
DURHAM	1
EAST ANDOVER	1
EFFINGHAM	2
ENFIELD	1
EPPING	4
EXETER	2
FARMINGTON	6
FRANKLIN	9
FREMONT	3
GOFFSTOWN	6
GONIC	1
GREENFIELD	1
HAMPTON	1
HENNIKER	1
HILL	1
HILLSBORO	1
HOLLIS	2
HOOKSETT	11
HUDSON	5
JACKSON	1
JAFFREY	2
KEENE	1
LACONIA	13
LEBANON	1
LEE	1
LISBON	1
LITCHFIELD	2
LITTLETON	1
LONDONDERRY	11
LOUDON	2
MADBURY	1
MANCHESTER	**335**
MARLBOROUGH	1
MEREDITH	2
MERRIMACK	6
MIDDLETON	3
MILAN	1
MILFORD	2
MILTON MILLS	2
NASHUA	37
NEW BOSTON	2
NEW DURHAM	1
NEWFIELDS	1
NEWMARKET	1
NEWTON	1
NORTH CONWAY	1
NORTHFIELD	2
NORTHWOOD	1
OSSIPEE	8
PELHAM	3
PETERBOROUGH	1
PITTSFIELD	3
PLYMOUTH	2
PORTSMOUTH	4
RAYMOND	10
ROCHESTER	15
SALEM	20
SANBORNTON	1
SEABROOK	5
SOMERSWORTH	12
STODDARD	1
STRAFFORD	1
SWANZEY	2
TILTON	1
UNITY	1
WAKEFIELD	2
WEARE	5
WHITEFIELD	1
WILTON	1
WINCHESTER	3
WINDHAM	2
WOLFEBORO	3

OUT OF STATE

BERWICK, ME	1
CAPE NEDDICK, ME	1
KITTERY, ME	1
LIMINGTON, ME	1
LISBON, ME	1
SANFORD, ME	1

AYER, MA	1
BEVERLY, MA	1
BOSTON, MA	1
BOXFORD, MA	1
DRACUT, MA	1
FITCHBURG, MA	1
GARDNER, MA	1
GROVELAND, MA	1
HAVERHILL, MA	2
IPSWICH, MA	1
LAWRENCE, MA	2
LOWELL, MA	2
LYNN, MA	1
NEW BEDFORD, MA	1
NEW IPSWICH, MA	1
SOUTHWICK, MA	1
WEYMOUTH, MA	1
WORCESTER, MA	1
YARMOUTH, MA	1

BIRMINGHAM, AL	1

MERIDEN, CT	1

MESA, AZ	1

2017 <u>ONLY</u> Hometown Breakdown:

SAFE STATION

NEW HAMPSHIRE	
ALEXANDRIA, NH	1
ALLENSTOWN, NH	1
BARRINGTON, NH	1
BEDFORD, NH	1
BERLIN, NH	1
CANDIA, NH	3
CANTERBURY, NH	1
CENTER BARNSTEAD, NH	1
CHARLESTOWN, NH	1
CONCORD, NH	**4**
CONWAY, NH	2
DEERFIELD, NH	1
DERRY, NH	3
EAST KINGSTON, NH	1
EPPING, NH	1
EFFINGHAM, NH	1
FARMINGTON, NH	2
FRANKLIN, NH	2
GOFFSTOWN, NH	1
GREENVILLE, NH	1
HOOKSETT, NH	4
HUDSON, NH	2
KEENE, NH	2
LACONIA, NH	**7**
LEBANON, NH	1
LITTLETON, NH	1
LONDONDERRY, NH	1
MANCHESTER, NH	**43**
MERRIMACK, NH	1
MILFORD, NH	2
NASHUA, NH	**2**
NEW BOSTON, NH	2
NORTHFIELD, NH	1
OSSIPEE, NH	2
PEMBROKE, NH	1
RAYMOND, NH	2
ROCHESTER, NH	**5**
SALEM, NH	2
SEABROOK, NH	2
TAMWORTH, NH	1
TEMPLE, NH	1
TILTON, NH	1
TUFTONBORO, NH	1
WEARE, NH	1
WINDHAM, NH	1

OUT OF STATE	
BOSTON, MA	1
CHELMSFORD, MA	1
LYNN, MA	1
NEW IPSWICH, MA	1
SALISBURY, MA	1
KENNEBUNK, ME	1
SOUTH BERWICK, ME	1
LAS VEGAS, NV	1

****HIGHLIGHTED Communities have their own Safe Station or equivalent outreach program**

Chief, this is from J. Kirk - Captain - NFR Fire Station #6

By way of introduction, I will summarize the Nashua Safe Station process.

1. A person with a substance use disorder walks up to one of seven NFR buildings (6 stations and fire dispatch) and rings the doorbell. A Nashua Firefighter meets them at the door and acknowledges their request by ushering them to a predetermined Safe Station area on the apparatus floor. This area is outfitted with a desk, chairs, related paperwork cache, and basic medical equipment.
2. The officer on duty phones Nashua Fire Alarm and places the affected apparatus out of service and obtains an incident number. Nashua Fire Alarm dispatches the call and sends an ALS unit to the station with traffic. The officer then phones the Partnership for Successful Living (PSL) and requests a Gateway Evaluation (our name for the Safe Station program). The operator confirms the location and sends a driver to pick up the person requesting admittance.
3. Depending on the location of the station, the driver from PSL or the ALS unit arrives. At this point, the Nashua Firefighters on scene have obtained basic information from the person and have taken their vitals. Based on a predetermined protocol, the person may have to be transported to the hospital prior to going with PSL. Reasons for being transported to the hospital include time since last having used drugs or unstable vitals.
4. Assuming the person does not need to be transported to the hospital, he/she leaves with the PSL driver when he arrives and the Nashua Firefighters put the apparatus back in service. Paperwork is shared with ALS unit and PSL driver.
5. The officer on duty phones Nashua Fire Alarm to place the apparatus back in service.

Overall, the Safe Station program has worked well in Nashua. I believe that this is because of several factors that I see as necessary for success.

1. The Partnership for Successful Living is very prepared to take individuals looking for help. They are centrally located in Nashua and their response to the stations is very fast. This minimizes the out of service time. Furthermore, the quick turnaround makes the program seem like less of a bump in the day. It is not uncommon to do several Gateway Evaluations in a shift. If the treatment center was too far away or this part of the program was not as organized, I believe the program would stumble. If a fire company was out of service for an extended period of time I think the program would lose favor with the firefighters.
2. Nashua Fire established an SOG and training bulletin for the process. Most of the details were laid out in advance down to a standardized way of reporting the call through NFIRS.
3. Local government and the agencies that support PSL are very energetic and intent on making the process work.
4. Most of the people looking for help are respectful and genuine in their request. I believe that this has helped to legitimize the program in the minds of the average firefighter.

5. All of the partners in the program (ambulance, fire, treatment, city government) meet on a regular basis to gauge the program's success based on several different metrics like turn-around times and out of service times.

I am sure that there are some firefighters who feel that the program takes too much of their day. I have not heard this as a common dialogue but as you can imagine there are always some that tend to feel overburdened.

I think that our program is successful to this point because there seems to be somewhere for the people to go and the treatment side seems well funded. I don't know much about their funding mechanism but in a "rubber-meets-the-road" sense people come looking for help and there always seems to be room for them in treatment. I don't know of a situation where we have been closed because of "no vacancy".

A few questions that remain unanswered for me include:

1. What is the exit strategy for the program? What are the metrics we use to determine that the program has worked and needs to be discontinued? At this point, there is a steady stream of people using the program but will that continue? The answer may simply be that this has become part of our core group of services that we offer.
2. How do we measure the effect of this program on employee fatigue and mental health? This could be said for all of our operations but the constant exposure in our firehouse (an area considered to be a safe haven) could be damaging in the long run.

For more info:

www.nashvegas.gov/1109/Safe-Stations

Burlington Fire Department Commission Meeting
Tuesday, April 18, 2017 08:30 AM
136 South Winooski Avenue
Burlington, VT 05401

SIGN-IN SHEET

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Please note that this sign-in sheet and any information provided on it will be maintained as a public record and may be subject to

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BURLINGTON FIRE COMMISSION
Minutes of the Meeting
April 18, 2017

Minutes of April 18, 2017 Meeting of the Burlington Fire Commission. The meeting of the Burlington Fire Commission convened at 0835 hours in the Chief's office with Commissioners Perkinson, McLaughlin, Sheehey Bond, and Sweeney present. Also present was DC Brown, DC Collette, LT Phil Luedee, Capt Edwin Webster, SFF Thomas Gates, FF Patrick Stewart, FF Jason Savoy, FF Aaron MacBeth, FF Thomas Hoodiman, FF Michael LaBombard, Capt Derek Libby, LT Christopher Laramie, FF Jason Charest, FF Michael Jordan, and Administrative Assistant Sweeney. UVM student Ethan Baldwin joined the meeting for Open Session.

Meeting End Time

Meeting end time was set for 0900 by motion of Commissioner Sweeney with no objections.

Minutes of the Last Meeting

Commissioner Perkinson asked if there were any changes to the March Minutes. With no objections a motion to accept was made by Commissioner Sheehey and seconded by Commissioner McLaughlin.

Chief's Oral Report

Chief Locke gave the Commission a written report prior to the meeting setting forth the following:

1. The re-organization of the department is now complete and all staff in place. We will continue to transition duties throughout the remainder of the fiscal year, and appreciate your patience. If you have any questions about who is responsible for any given area of service please ask.

2. The department has made conditional job offers to five candidates with an expected start date of May 8, 2017. Three of these positions are "new" and require city council approval. We are on the agenda for Monday night, April 17, and are hopeful the concept will be supported. It was important to make conditional offers early in order to have the pre-employment requirements in place to make the early May start.*

3. The work has begun to rehab the front office space at Station 1 and expect to have it done in about three weeks. When done, Meghan's office will be much brighter, the bathroom updated and a small training/conference room available on the first floor. This room will also have computer workstations for the staff. Thank you Martha for all the help with this project.

4. We have ordered a gear washer for Station 2 and expect it to arrive within the next six weeks. This will allow dirty gear to be cleaned without trucking it downtown or out to Station 4. I am a major supporter of clean PPE; cancer is real in our business and studies have clearly shown dirty gear is a contributing factor. Additionally, funding has been provided to move the air compressor to the basement at Station 2 to reduce noise on the apparatus floor.

5. The replacement Car 2 has been ordered, but delivery will not occur until early June at best. We have executed the purchase order with the vendor to fit up the vehicle upon delivery and expect it to be very similar to Car 3, but without the command center in the rear.

6. Committees are working develop specifications to replace the Tower, E-5, MSU and Rescue 2. The RFP for R-2 should be on the street before May 1, and the RFP's for the others need to be completed no later than August 1. The final build drawings for Engine 1 and Engine 2 have been approved and the trucks will be delivered in the fall.

7. We have ordered sufficient copies of the mission statement/core values in a picture frame for each station, the training room and the administrative offices. We expect them in about two weeks.

8. An RFP has been released for a CAD/mobile data. Bids are due May 8, and then we will review the opportunities each vendor offers. While funding is still being discussed, I am hopeful that we could be operational with a fully functioning CAD and true mobile data by July 1, 2018. This major project would expand our capabilities tremendously, and allow much greater flexibility in the deployment of resources.

9. Thanks to Beth and City IT, we have ordered the scheduling module for our FireHouse RMS. This module will allow us to assign unit staffing and fix a gap in our reporting system. This will not fix the tracking of leave time we have with the master calendar.

10. I am disappointed that we have not made progress with the Kronos scheduling software that has been discussed for months. This is out of our control, but I am not giving up. We need a modern way to track vacation leave.

11. The draft FY 18 budget is complete and our presentation to the Board of Finance will occur in mid-May.

12. As FY 17 is now in the last quarter it is important to let us know if you have unmet needs. Our plan is to make a list of any shortfalls and fund those that we can. A priority will be on PPE and four-gas meters.

13. SOG development has begun with DC Collette releasing three for command staff/Union review yesterday. We will be sticking to a 14-day review period in an effort to move this project along. Revised job descriptions that have been approved by HR will be released next week. These have been updated for FF, SFF, Lieutenant, Captain and BC/Shift Commander.

*Item #2 was approved by City Council on April 17th. DC Collette acknowledged this would not have been possible without help from CAO and having the data to support the need for these positions.

Old Business/New Business
Nothing at this time.

Open Session
Ethan Baldwin, a student at UVM, presented the Commission with information about Safe Stations, a program that has started in Nashua, NH. Information about the program can be found in the supporting documents.

Ethan highlighted some statistics from the program and how he felt they would be beneficial to our city. Commissioner Perkinson recognized that Nashua as well as other areas of the country are starting to recognize the problem

Some concern from the firefighters present and/or commissioners included:

- Safety of members if there are no officers responding to call (protocol says the patient must not have any weapons but how to guarantee)
- Transportation to get patient to shelter or location that will be able to offer recovery services. NH has an average of 14 minutes they are out of service while waiting for pickup, but there are times non-emergency ambulances take hours to get to locations as they are already very busy.
- Lack of shelters or services that are available for those who are looking to get help. Current practice is to bring patient who has overdosed to hospital, and the hospital has to release shortly after as there is nothing additional they can do or have availability for.

While the Commissioners and BFD members were open to idea of doing more to help the public in need, the services to help people who are looking for help to recovery are not in place for us to be able to provide a

services like this. Ethan was encouraged to look what systems and services are in place now for people who are looking for treatment.

Adjourn

On motion of Commissioner McLaughlin, seconded by Commissioner Sheehey, the Commission adjourned without objection at 09:19.