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## **MANAGEMENT LETTER: PUBLIC SAFETY SERVICES ANALYSIS**

**TOWN OF SALEM, CONNECTICUT**

**SEPTEMBER 2023**

**Prepared by:**  
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September 14, 2023

Mr. Ed Chmielewski, First Selectman  
Town of Salem  
270 Hartford Road  
Salem, Connecticut 06420

*Re: Management Letter Concerning Public Safety Services*

Dear Mr. Chmielewski,

Municipal Resources, Inc. (MRI) is pleased to present this management letter describing our analysis of public safety services in the Town of Salem, Connecticut.

The MRI study team would like to stress the importance of volunteers for the effective and professional delivery of public safety services in Salem. The volunteer firefighters and EMTs are supported and mentored by experienced full- and part-time personnel who cover critical hours when volunteers are not available. We continue to be highly impressed with the commitment, knowledge, and skills of the volunteers and full- and part-time firefighter/EMTs who deliver high-quality fire and emergency medical services to the citizens that they serve. Salem has a proud legacy of volunteer fire and EMS service, a tradition that should be continued well into the future even if further augmented by full-time and part-time staff. We wish to stress that the issues identified in this report are intended to provide constructive guidance for the ongoing improvement of service delivery. *In no way do we wish to denigrate or take away from the contributions that volunteers have made and continue to make for the well-being of the town and its citizens.* It is our hope that the recommendations in this management letter will stimulate interest and continued participation in the town's volunteer fire and EMS service for years to come.

## I. Summary of Work

The MRI study team completed the following tasks:

- Review and analysis of various reports and documents provided by the town, the Salem Volunteer Fire Company (SVFC) and the Gardner Lake Volunteer Fire Company (GLVFC), including but not limited to:
  - 2022/2023 town budget
  - 10-year capital plan
  - Miscellaneous financial reports & documents
  - Various meeting minutes for the Board of Selectmen and Board of Finance
  - Town Plan of Conservation & Development 2022
  - Emergency response data
  - Fire company rosters
  - Apparatus maintenance logs
  - 2022 Gardner Lake ambulance rate schedule
  - Gardner Lake ambulance collection rate, 2017-2022
  - Salem VFC Standard Operating Guidelines (SOGs)
  - Salem VFC position qualifications policy
  - Gardner Lake ambulance Certificate of Operation (issued by State of Connecticut)
  - Town and regional maps
  - Review of the 2014 MRI Public Safety Organizational Analysis
  - Report of the Public Safety Service Committee to the Board of Selectmen, June 2015
  
- Three (3) in-person site visits to Salem that included:
  - Inspection of Salem and Gardner Lake fire stations
  - Review of apparatus and equipment
  - External observation of the Salem fire training facility
  - Inspection of the fire marshal office
  - Inspection of the emergency management office
  - Tours of the community to observe target hazards<sup>1</sup>, natural hazards, and road network

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<sup>1</sup> Target hazards are loosely defined as buildings, facilities, or installations that pose a higher risk to the community, building occupants, or first responders than the “average” building in the community. In Salem, schools, churches, shopping plazas, multi-family residential buildings, and large propane tank installations would be categorized as target hazards, among others. Target hazards warrant regularly updated firefighting pre-plans, automatic mutual aid response, and frequent code enforcement inspections; specialized training and equipment may also be required.

- Interviews and meetings with town staff, elected officials, resident trooper, and leadership of the fire companies
- In-person and telephone interviews with thirty-four (34) individuals, including but not limited to:
  - Members of the Board of Selectmen
  - Past members of the Board of Selectmen
  - Members of the Board of Finance
  - Human Resources & Finance Director
  - Municipal attorney
  - Outside legal counsel
  - Leadership of the Salem VFC
  - Leadership of the Gardner Lake VFC
  - Current and past members of the Salem VFC and Gardner Lake VFC
  - Emergency management director
  - Fire marshal and staff
  - Building official
  - Town clerk
  - Town staff members
  - Full-time firefighter/EMT staff
  - Part-time firefighter/EMT supervisory staff
  - Connecticut State Police resident trooper
  - Collective bargaining agent representing the career firefighter/EMTs (Local 1381, International Association of Fire Fighters)
  - Interested citizens/residents

## **II. Review of the 2014 Public Safety Services Organizational Analysis**

In October 2014, MRI completed an organizational analysis of the town’s public safety services. It should be noted that the members of the current “on the ground” MRI study team did not participate in the 2014 project and are approaching this project with a fresh perspective. The 2014 report concentrated on the following fourteen (14) focus areas:

- I. Police services and law enforcement
- II. Emergency management
- III. Code compliance, fire prevention, and the fire marshal
- IV. Fire services
  - a. Organizational structure
  - b. Fire-rescue operations
  - c. Emergency medical services



- d. Recruitment and retention of personnel
- e. Deployment and response
- f. Fire apparatus, facilities, and capital planning
- g. Firefighter health and safety
- h. Training
- V. Town of Salem resident survey
- VI. Salem Volunteer Fire Company survey
- VII. Gardner Lake Volunteer Fire Company survey

Subsequent to the receipt of the 2014 report, the town convened the Public Safety Service Committee and charged it to make implementation recommendations to the Board of Selectmen. The committee responded to each of the MRI recommendations.

The town and its fire companies implemented a significant number of the recommendations from the 2014 report, including but not limited to the following:

- Firefighting personnel are trained, at a minimum, to the Firefighter I certification standard.
- Support personnel have received training on the “Two In/Two Out” standard for interior firefighting, which ensures that a rapid response rescue team is available to assist interior firefighters.
- First responders are equipped with alert pagers; the availability and response status of first responders is monitored via the “IamResponding” software.
- The two on-duty career firefighters (weekdays) are assigned to the Salem fire station; the GLVFC ambulance is transferred to the Salem fire station and operated by the career firefighter/EMTs during their shift. Prior to December 2021, one career firefighter/EMT was assigned to each station, which resulted in an ineffective and unsafe capability to respond to incidents.
- Automatic mutual aid for water supply was strengthened by the creation of a fire tanker task force by the New London County fire mutual aid system.
- Gardner Lake’s 1988 Mack Ranger tanker was replaced with a 2017 KME 3,500-gallon tanker.
- The town and Salem VFC provided funds for the establishment of a fire training facility. The facility is available to both fire companies and to mutual aid fire departments.
- The town and Salem VFC provided funds and materials to construct a storage building for fire and emergency management operations.
- Diesel exhaust extraction systems were installed in both fire stations.
- A large capacity, heavy-duty dryer for firefighting personal protective equipment (PPE) was installed at the Salem station for the use of both fire companies.

The MRI study team commends the town's elected and appointed leadership team, the Salem Volunteer Fire Company, and the Gardner Lake Volunteer Fire Company for the successful resolution of many of the recommendations from the 2014 report. These are true success stories that the entire community should be proud of.

### III. Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

The purpose of this **SWOT** analysis is to provide a comprehensive framework showing the **strengths, weaknesses, opportunities, and threats** facing the town of Salem relative to its public safety environment. A SWOT analysis makes it possible for the town and its fire companies to gain a comprehensive understanding of their internal strengths and weaknesses, as well as the external opportunities and threats they face. The analysis enables them to make informed decisions, develop strategies, and take actions that leverage their strengths, address weaknesses, capitalize on opportunities, and mitigate or manage threats. The ultimate goal is to improve performance, reduce risk, and achieve desired outcomes.

The MRI study team has developed this SWOT analysis based on our document and data review, interviews, and on-site observations.

**STRENGTHS:** **Strengths** are those areas that should be built upon or enhanced to ensure future resilience and can be leveraged to offset weaknesses and threats.

1. *Strong community identity and financial stability.* The town is focused on preserving its rural profile and natural resources with balanced economic development. Financial resources are not unlimited, but reasonable, justifiable expenses are supported.
2. *Strong community support of public safety services.* The town is especially appreciative of the efforts of its career, part-time, and volunteer firefighters and EMTs.
3. *Centrally located fire stations.* Given the rural nature of the community and its road network, the two fire stations are able to provide good coverage and response times.
4. *Up-to-date and well-maintained apparatus & equipment.* With the exception of the ambulance, fire apparatus and support vehicles are operationally ready. Effective capital planning and budgeting will ensure that apparatus and equipment are replaced in accordance with nationally recognized standards.
5. *Positive and effective working relationships with area mutual aid departments.* These relationships ensure that adequate support and coverage is provided for fire, EMS, and law enforcement emergencies.
6. *Regional communications center.* 9-1-1 dispatching and mutual aid coordination by Quinebaug Valley Communications and Connecticut State Police Troop K (Colchester) are cost-effective resources that ensure prompt deployment of police, fire and EMS services, including mutual aid, to the town.



7. *Connecticut State Police Resident Trooper Program.* The Salem resident troopers are intimately familiar with the community and its needs. They are highly trained, well-equipped and are backed by all of the specialized resources of the State Police if needed.
8. *Full-time and part-time staff to cover fire & EMS calls during weekday daytime shifts.* The Town of Salem firefighter-EMTs (full- and part-time) fill a critical void in the ability of the SVFC and GLVFC volunteers to provide daytime coverage on a regular basis. They also perform important operational and administrative duties.
9. *Advanced Life Support (ALS) intercept support from neighboring agencies.* ALS intercept response is provided by neighboring agencies (American Ambulance-Norwich; American Medical Response-Hebron; Mohegan Tribal Fire Department-Uncasville) based on the severity of the incident and the location. An ALS response is warranted for major trauma or serious medical emergencies such as cardiac events, strokes, etc.
10. *Fire training facility.* The town is fortunate to have its own fire training facility, which enables firefighters to maintain their basic practical skills without traveling to a regional or state school.
11. *Rural water supply sources.* Numerous rural water supply sources have been established and are well-maintained. Tanker shuttles and long-distance hose relays can provide firefighting water to both single-family residences and commercial structures, including those protected with automatic fire sprinkler systems.

**WEAKNESSES:** Weaknesses can be strategic or tactical in nature, but often point to the areas where the town should direct resources for critically deficient areas.

1. *Declining availability of volunteers for fire & EMS.* Recruitment and retention of volunteer firefighters and EMTs is a national problem that is impacting both fire companies.
2. *The Gardner Lake ambulance is over eleven (11) years old.* This unit has exceeded its normal life expectancy; maintenance issues and costs will continue to increase. Based on current market conditions, there is a *minimum* of a two-year wait for delivery of a new ambulance once an order has been placed.
3. *Only one ambulance; no reserve unit.* When the Gardener Lake ambulance is out-of-service for maintenance, mutual aid ambulances provide coverage with lengthy response times. In the event of long-term maintenance issues, the Gardener Lake Volunteer Fire Company (GLVFC) will have to borrow or lease a temporary replacement vehicle.
4. *Ambulance is not owned by the Town of Salem.* The ambulance is not included in the town's capital replacement budget. In the event that GLVFC cannot continue to provide adequate coverage, the town will not have immediate access to an ambulance.
5. *Gardner Lake fire station is not owned or maintained by the town.* Town-owned fire apparatus and equipment are kept in a building that it does not own or maintain.
6. *Gardner Lake VFC EMS billing, revenues and financial status of the EMS transport service are not transparent.* Although an independent 501(c)(3) charitable organization, GLVFC serves as the de facto municipal ambulance service and receives significant budgetary

support from the town. GLVFC continues to use EMS revenues to pay for its legal fees, which has significantly decreased the funds available to purchase a new ambulance. GLVFC has not provided the town with requested audits of its financial statements.

7. *Lack of a current, up-to-date contract with the town's ambulance provider.* Obligations of the town and GLVFC with regard to the oversight and operation of the basic life support (BLS) ambulance service are in dispute, creating the potential for lapses in adequate service to the community.
8. *Lack of single management and oversight of fire & EMS services.* Disparate operational procedures, training, personnel practices, budgeting, and planning contribute to dysfunctional capabilities that have operational and financial repercussions for the town.
9. *Lack of risk-based coordination of future fire apparatus needs and capabilities.* The purchase and distribution of fire apparatus should be based on community risk and need, rather than competition between fire companies or the automatic replacement of existing apparatus.
10. *Lack of municipal hydrant system.* Although not likely to be implemented, it is important to note that the lack of a municipal hydrant system impacts property insurance rates and requires a considerable investment in fire apparatus, training, and mutual aid resources. Water supply for firefighting should always be factored into approvals for both residential and commercial developments. The fire companies have mitigated this issue with the use of their tankers and the mutual aid tanker task force capability.
11. *Fire marshal inspections are not up-to-date.* Construction plan reviews, permits, and code enforcement in new and existing buildings are critical to reducing community risk.
12. *Fire chiefs are not regularly included in major development project reviews.* Emergency services operational needs should be included in the approval process for both residential and commercial developments.
13. *Lengthy travel time ( $\pm 20$  minutes) to and from primary hospital emergency department, with potentially lengthy turn-around times.* Overwhelmed and understaffed hospital emergency departments will continue to impact the ability of the ambulance to return to service in a timely fashion.
14. *Unified standard operating guidelines (SOGs) and standard operating procedures (SOPs) do not exist.* SVFC, GLVFC, and the town's full- and part-time firefighter-EMTs operate under different SOPs and SOGs. As a result, firefighting and EMS personnel do not operate as a single, cohesive, and well-coordinated unit.
15. *Firefighting and EMS training is not coordinated.* SVFC and GLVFC conduct separate training activities with only occasional collaboration.
16. *The two on-duty firefighters do not comprise a safe or effective firefighting crew.* Although a strength for EMS coverage, two firefighter-EMTs cannot serve as a safe and effective firefighting crew until the arrival of volunteers or mutual aid.
17. *Fire companies are not in compliance with NFPA 1720, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special*

*Operations to the Public by Volunteer Fire Departments.*<sup>2</sup> Compliance with NFPA 1720 should be an aspirational goal of both fire companies based on locally realistic metrics.

18. *Organizational cultures exist within both fire companies that champion inter-agency rivalry and dominance over one another.* In spite of efforts by the town's leadership team, both volunteer fire companies compete for budgetary resources, fail to coordinate their administrative and operational functions, and view town government as an adversary rather than a partner in providing public safety services.. Long-standing personal animosities have negatively impacted public safety decisions and organizational well-being.

**OPPORTUNITIES:** **Opportunities** can focus on innovative ways for the town to implement cost-effective solutions that have long-range benefits.

1. *The town has an opportunity to consolidate its fire and EMS services under municipal management.* Consolidation has the potential for administrative and operational efficiencies, coordinated master planning and measurable community risk reduction.
2. *The town has an opportunity to place its EMS services under municipal management.* Issues related to crew coverage, budget, revenue, personnel practices, and timely vehicle replacement could be resolved.
3. *The town has an opportunity to increase the revenue from EMS transport services.* A review and updating of collection and write-off policies and procedures is warranted.
4. *The town has an opportunity to consider consolidating fire and EMS services in one central facility.* As part of an overall master planning effort, the town should study whether one facility would result in more efficient deployment of personnel and equipment without sacrificing average response times throughout the response area.
5. *The town has an opportunity to explore regional opportunities for fire and EMS services.* Neighboring communities are facing similar staffing and apparatus issues. The potential exists for innovative sharing of resources.
6. *The town has an opportunity to seek federal funds for full-time personnel.* The town should explore the availability of funds under the FEMA Staffing for Adequate Fire and Emergency Response (SAFER) grant program.<sup>3</sup>
7. *The town has an opportunity to strengthen support of its volunteers.* Volunteers form the backbone of its fire and EMS services. This precious resource should continue to be strengthened and enhanced.
8. *The town has an opportunity to consider increasing full-time staffing for fire & EMS.* Local, state, and national trends forecast the continued decline in the availability of volunteers for fire and EMS organizations. Careful and constant analysis will enable the town to fill gaps with full-time staff without inadvertently hastening the decline of volunteerism in its public safety team.

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<sup>2</sup> [www.nfpa.org/1720](http://www.nfpa.org/1720)

<sup>3</sup> <https://www.fema.gov/grants/preparedness/firefighters/safer>

**THREATS:** Threats are not always under the control of the town, but their impact can be mitigated with thoughtful, intentional, planning and problem-solving.

1. *Future Medicare, Medicaid and private insurance reimbursements for EMS transport may be reduced.* Ambulance transport revenues are at risk for all EMS services in the US due to reductions in the amounts that government and private insurers are willing to pay.
2. *An aging population will increase EMS calls.* The impact on municipal services of facilities that house older residents (age-specific residential developments, assisted-living facilities, nursing facilities, etc.) should be carefully considered during the planning and approval stages.
3. *Seasonal population surges result in an increase in fire & EMS calls.* Innovative scheduling may be required during peak seasons.
4. *Increases in population will increase fire & EMS calls.* Community master planning should include projections on the impact of population growth on public safety services.
5. *Decline in volunteer participation will increase the cost of providing adequate fire & EMS coverage.* Initial costs could be offset by grants and/or impact fees.
6. *Two (2) year window between fire apparatus and ambulance ordering and delivery.* Capital planning should anticipate the time required for developing purchase specifications, ordering and receiving fire apparatus and ambulances. Delays could increase beyond two (2) years. Cost increases can be dramatic.
7. *Maintenance supply chain failures can place fire and EMS units out of service for long periods of time.* Proactive preventative maintenance, regular training on proper and safe operation of apparatus and equipment, and a well-planned replacement program will mitigate the impact of supply chain delays and difficulties in identifying and scheduling qualified repair vendors.
8. *Any large residential or commercial development will impact fire and EMS delivery.* Major developments should bear the cost of independent impact assessments.
9. *Ongoing disputes, litigation and negative behaviors initiated from the Gardner Lake Volunteer Fire Company leadership and members, toward the town and town employees continue to have a negative impact on the public perception of the town's fire and EMS services.* Publicity, misinformation, and rumors about the ongoing disputes are affecting public trust as well as the recruitment and retention of volunteers in both fire companies.
10. *Surrounding communities are also experiencing volunteer shortages for fire and EMS, which has weakened the availability of mutual aid.* The town and the fire companies should not be complacent in assuming that mutual aid is the end-all solution to local staffing challenges.
11. *Training and skill requirements for fire and EMS continue to increase.* The demands placed on volunteers to maintain their skills due to state requirements and nationally recognized standards and best practices have an impact on recruitment and retention.

*Recommendation III-1.* The MRI study team recommends that the town update this SWOT analysis on an annual basis prior to the development of the annual budget. Input should be provided by the fire chief(s), fire marshal, emergency management director, resident trooper(s), town planner, and others. The SWOT analysis should be used to establish fiscal and operational goals and objectives for the coming year.

#### **IV. Community Risk Profile**

Salem is a charming and picturesque town that is known for its scenic landscapes, quaint village center, and strong sense of community. Largely undeveloped, the town has a significant amount of forests, farms, and open space. Salem is home to several seasonal campgrounds and seasonal cottages. Gardner Lake is a major recreational attraction that brings in visitors from throughout Connecticut as well as residents from nearby states. It is estimated that Salem’s population nearly doubles during the summer months. The town has evolved into a bedroom community with a strong rural character.

The Salem *Plan of Conservation and Development 2022* sets out a vision for the future growth of the town. The following components of the plan’s vision provide a useful framework for long-range planning for public safety, and specifically its fire and EMS services.

- Continuing to maintain Salem’s rural character, historic character, and agricultural appearance.
- Continuing to review an expansion of housing opportunities and design choices to accommodate a variety of household types and needs.
- Continuing to engage dedicated people for staff and volunteer positions; people who foster cooperation among Salem’s citizens and government groups to get things done.
- Housing in Salem will:
  - Be consistent with Salem’s rural character, historic character, agricultural appearance, and quality of life.
  - Accommodate our unmet housing needs by permitting a variety of housing types and configurations that encourage Salem’s residents, including senior citizens and young adults, to remain in the community.
- Salem will continue to seek opportunities to partner with the surrounding communities to achieve mutual goals in such areas as education, health, safety, and recreation, and to preserve and protect our natural resources.<sup>4</sup>

Clearly, the town does not desire to attract major commercial or industrial development or encourage large population increases. Volunteerism is highly valued, and the need to share resources with neighboring communities is recognized. Decisions concerning the organization,

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<sup>4</sup> *Plan of Conservation and Development 2022*, Town of Salem CT, pp. 17-18

operation, and future development of the town’s fire and EMS services should be consistent with the vision established in the *Plan of Conservation and Development 2022*.

In the citizen survey that was conducted during the planning process, Salem residents were asked, “With the reductions of volunteerism that affects Salem and all of Connecticut, should we consider reorganizing fire and ambulance services to maintain public safety and control increasing budgets?” Nearly half of the respondents (48%) felt that the town should consider reorganizing its fire and ambulance services, while 35% were unsure and 15% said no (with 2% “other”).<sup>5</sup>

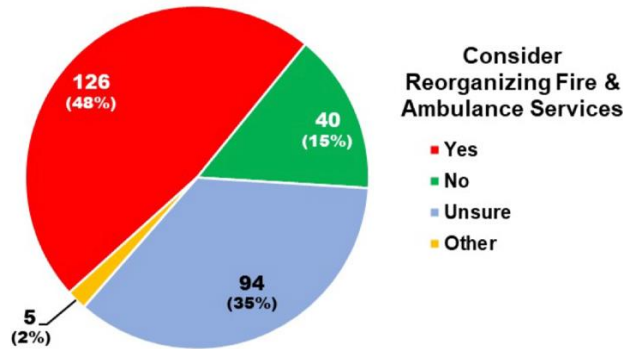


Figure 1. Question 34, *Plan of Conservation and Development 2022*

According to the most recent data from CT Data Collaborative<sup>6</sup>, Salem has the following attributes:

- Population: 4,112
- Land area: 29 sq. mi.
- Population density: 142 persons per sq. mi.
- Median age: 45.7
- Poverty rate: 2%
- Number of households: 1,661
- Number of housing units: 1,839
- Number of active businesses: 354
- School population (Pre-K through Grade 8): 390

45% of Salem’s population is 50 years of age or older; 39% of the statewide population is 50 years of age or older.

A total of 96 employers have 528 employees.

<sup>5</sup> Town of Salem *Plan of Conservation and Development 2022*, page 15.

<sup>6</sup> [www.profiles.ctdata.org](http://www.profiles.ctdata.org)



The Connecticut Natural Hazard Mitigation Plan<sup>7</sup> has identified natural hazard events that are most likely in the state. The probability, frequency, and severity of natural hazard events in New London County are ranked as follows:

Type of Hazard	Hazard Ranking
Flood	medium-high
Winter weather	medium
Tropical cyclone	medium-high
Thunderstorm	medium-high
Tornado	low
Wildland fire	medium-low
Dam failure	low
Drought	medium-low
Earthquake	medium-low
Sea-level rise	medium-high
<b>OVERALL COUNTY RATING</b>	<b>MEDIUM</b>

Table 1. New London County Natural Hazard Rankings

Other hazards that the public safety services in Salem are likely to encounter include the following:

- Structure fires
  - Single- and two-family homes
  - Multi-family occupancies (apartments, condominiums)
  - Health care (including senior living/assisted living)
  - Educational occupancies (public school, daycare)
  - Commercial buildings
  - Storage, agricultural
- Vehicle fires (including the unique challenges of alternative fuel vehicle fires)
- Motor vehicle crashes
- Mass casualty incidents<sup>8</sup>
- Hazardous materials incidents (highway and fixed facility)
- Open water incidents (drownings, boat fires, petroleum spills)
- Ice rescue
- Technical rescue (high angle, below grade, building collapse)
- Search and rescue
- Active shooter and hostile events

<sup>7</sup> <https://portal.ct.gov/-/media/DEMHS/docs/Plans-and-Publications/EHSP0023--NaturalHazardMitPlan.pdf>

<sup>8</sup> A mass casualty incident (MCI) is an event which generates more patients at one time than locally available resources can manage using routine procedures.



Although many of the hazards identified above occur infrequently in Salem, there is still a need for fire and EMS services to be equipped and trained to handle a wide variety of incidents. Fortunately, responsibility for unique events that require specialized training and equipment is shared with specialized regional teams as discussed in later sections of this report.

The following factors will impact the number and type of fire incidents in Salem:

- *New commercial development.* New commercial buildings that are built to the latest fire and building codes and are equipped with fire detection or fire sprinkler systems, will have a lower risk for a catastrophic fire. However, unintentional, or false alarms involving the fire protection systems could increase the number of calls for fire company response. Manufacturing processes and hazardous materials transportation, use, and storage increase fire risk.
- *Lightweight construction.* While efficient and economical, modern lightweight construction methods pose serious risks to firefighters because of the probability of building collapse during the early stages of a fire.
- *Interior building contents.* Today's furnishings, mattresses, and other interior contents that are made of petroleum-based materials (plastics, foams, etc.) burn more quickly, with higher heat release and more toxic smoke than pre-1960s materials. Flashover<sup>9</sup> can occur in a bedroom or living room before the arrival of the fire department or during the initial fire attack, thus creating an extremely lethal environment for building occupants and firefighters.
- *Aging building stock.* The fire risk in existing commercial and residential buildings increases unless heating systems and electrical systems are properly maintained and updated.
- *Aging population.* Older persons are at a higher risk from fires due to mobility issues, cooking fires, smoking, and improper use of oxygen systems.
- *Increased traffic.* Increased traffic in the community can result in more frequent and more serious vehicle crashes and fires.
- *Alternative fuel vehicle fires.* Alternative fuel vehicles, such as electric, hydrogen, and compressed natural gas, present unique and dangerous firefighting challenges.

The factors listed below will increase both the number of incidents and the severity of EMS responses in Salem:

- *Aging population.* Salem's population is older than the statewide average. As the population continues to age, there will be an increased demand for EMS.
- *Increased traffic.* Increased traffic in the community can result in more frequent and more serious vehicle crashes and fires.

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<sup>9</sup> A flashover is the near-simultaneous ignition of most of the directly exposed combustible material in an enclosed area.



- *Increased seasonal population.* Increases in the seasonal population will result in additional EMS calls due to incidents involving outdoor recreation (hiking, boating, swimming), intoxication, overdoses, and health-related medical emergencies.

*Recommendation IV-1.* The MRI study team recommends that the town and its fire companies conduct a review of the town's risk profile and emerging threats on an annual basis. Input should be provided by the fire chief(s), fire marshal, emergency management director, resident trooper(s), town planner, and others. The updated risk profile should guide decisions related to budget preparation, equipment needs, training, standard operating guidelines, and staffing.

## **V. Response Analysis**

The MRI study team reviewed two (2) years of response data (2021 and 2022) that was provided by the Quinebaug Valley Emergency Communications (QVEC) center. QVEC provides dispatching and communications services to the SVFC and the GLVFC. QVEC serves a total of forty-five (45) fire and EMS agencies in the region. The team also reviewed "type of call" data for 2022. Key takeaways are:

- Response trends between 2021 and 2022 are relatively level, with 650 calls in 2021 and 667 calls in 2022 (2.6% increase).
- Over the two-year period, 67.7% of calls occurred on weekdays, while 32.3% of calls occurred during weekends.
- The time period 7 am to 5 pm generates the most calls during both weekdays and weekends with 55.5% of all incidents.
- 75% of the requests for mutual aid to other communities were for the ambulance.
- In 2022, there were thirteen (13) structure fires in Salem.
- In 2022, 76.8% of all calls were for emergency medical incidents, which is consistent with national averages for fire-based EMS systems.

The data validates the need for on-duty coverage during weekday daytime hours. Not only do the greatest number of calls occur during this timeframe, but volunteers are less likely to be available. It is important to note that most fatal fires occur in single-family dwellings during nighttime sleeping hours, so the importance of having a robust and ready volunteer force available at all times should not be minimized.

2021	2021													Total	Sat.																										
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC																													
TOTAL CALLS	54	37	53	36	64	41	52	61	58	57	64	73	650	17.1%																											
MUTUAL AID CALLS	25	5	17	13	17	1	17	22	33	35	34	33	252	Sun.																											
WEEKEND TOTAL	23	12	20	9	23	9	23	21	23	21	12	20	216	16.15%																											
WEEKDAY TOTAL	31	25	33	27	41	32	29	40	35	36	52	53	434	Week																											
*Bottom of Page reflects mutual aid Ambulance/EMS calls in relation to total mutual aid calls for service.													% Values based on TOTAL CALLS=		66.77%																										
<b>Saturday</b>																																									
Daily Totals	11	6	3	0	9	3	3	0	13	4	7	1	17	6	11	5	12	9	9	4	6	3	10	5	111	46	65	41%													
12a to 7a 7hrs	0	0	0	0	4	2	2	0	2	1	0	0	2	1	2	1	1	1	1	0	2	2	3	3	19	11	8	58%													
4a to 7a 3hrs	0	0	0	0	2	1	1	0	1	1	0	0	1	0	1	1	0	0	1	0	0	0	2	1	9	4	5														
7a to 5p 10hrs	7	5	1	0	4	1	1	0	7	1	5	0	8	3	8	4	8	6	6	3	3	0	5	2	63	25	38	40%													
5p to 7p 2hrs	4	1	1	0	0	0	0	0	1	0	0	0	2	1	0	0	1	1	1	0	2	0	0	0	12	3	9														
5p to 12a 7hrs	4	1	2	0	1	0	0	0	4	2	2	1	7	2	1	0	3	2	2	1	1	1	2	1	29	11	18	38%													
<b>Sunday</b>																																									
Daily Totals	12	4	9	0	11	4	6	5	10	3	2	0	6	1	10	3	11	5	12	9	6	3	10	4	105	41	64	39%													
12a to 7a 7hrs	2	0	3	0	0	0	3	2	0	0	1	0	1	0	3	3	1	1	1	1	2	1	2	2	19	10	9	53%													
4a to 7a 3hrs	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	1	2	2	6	4	2														
7a to 5p 10hrs	8	3	4	0	6	2	3	3	7	2	0	0	4	1	5	0	5	2	4	3	4	2	3	1	53	19	34	36%													
5p to 7p 2hrs	1	0	1	0	1	0	0	0	2	1	0	0	0	0	1	0	2	1	3	2	0	0	3	0	14	4	10														
5p to 12a 7hrs	2	1	2	0	5	2	0	0	3	1	1	0	1	0	2	0	5	2	7	5	0	0	5	1	33	12	21	36%													
<b>Weekdays</b>																																									
Total	31	15	25	5	33	10	27	8	41	10	32	0	29	10	40	14	35	19	36	22	52	28	53	24	434	165	269	38%													
12a to 7a 7hrs	4	2	3	1	6	2	0	0	4	2	6	0	5	1	7	1	8	6	5	3	10	7	7	1	65	26	39	40%													
4a to 7a 3hrs	1	1	2	1	1	0	0	0	2	1	2	0	2	1	4	0	4	3	2	1	4	3	4	1	28	12	16														
7a to 5p 10hrs	19	10	13	3	19	3	17	7	27	7	13	0	17	5	25	13	16	6	25	14	27	13	32	14	250	95	155	38%													
5p to 7p 2hrs	2	1	2	0	3	3	4	1	5	1	4	0	1	1	5	0	6	5	3	3	4	1	5	4	44	20	24														
5p to 12a 7hrs	8	3	9	1	8	5	10	1	10	1	13	0	7	4	8	0	11	7	6	5	15	8	14	9	119	44	75	37%													
% Values based on time frames per Total Calls	Weekend		12 to 7a		5.85%		Weekday		12 to 7a		10.00%		Mutual Aid (m) time frames to		Weekend		12 to 7a		8%		Weekday		12 to 7a		16%																
			7a to 5p		17.85%				7a to 5p		38.46%						7a to 5p		17%				7a to 5p		38%																
			5p to 12		9.54%				5p to 12		18.31%								5p to 12		9%				5p to 12a		17%														
*Ambulance/EMS (m)															Jan	14	Feb	3	Mar	8	Apr	9	May	13	June	0	July	14	Aug	17	Sept	27	Oct	30	Nov	27	Dec	26	Total	188	75%

Table 2. 2021 Response Data. Source: Quinebaug Valley Emergency Communications



2022	2022													Total	Sat													
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC																
TOTAL CALLS	75	41	58	40	48	71	68	62	60	51	52	41	667	###	###													
MUTUAL AID CALLS	27	13	21	18	23	27	19	24	24	28	22	16	262	###	###													
WEEKEND TOTAL	16	17	13	17	20	22	28	18	18	16	13	12	210	###	###													
WEEKDAY TOTAL	59	24	45	23	28	49	40	44	42	35	39	29	457	###	###													
*Bottom of Page reflects mutual aid Ambulance/EMS calls in relation to total mutual aid calls for service.													% Values based on TOTAL CALLS (m)=>															
<b>Saturday</b>	m	m	m	m	m	m	m	m	m	m	m	m	Total	m	(-) %													
Daily Totals	2	0	8	2	10	3	11	6	8	4	14	7	17	5	9	6	9	3	7	4	7	3	5	2	107	45	62	42%
12a to 7a 7hrs	0	0	1	1	3	0	2	1	0	0	3	3	2	1	3	2	1	0	2	2	0	0	1	1	18	11	7	61%
4a to 7a 3hrs	0	0	0	1	0	1	0	0	0	2	2	0	0	2	2	1	0	0	0	0	0	0	1	1	8	5	3	
7a to 5p 10hrs	0	0	7	1	3	1	4	3	7	3	8	4	9	4	2	2	6	2	1	0	6	3	3	0	56	23	33	41%
5p to 7p 2hrs	0	0	0	0	2	1	2	1	0	0	2	0	4	0	2	2	1	1	3	2	0	0	0	0	16	7	9	
5p to 12a 7hrs	2	0	0	0	4	2	5	2	1	1	3	0	6	0	4	2	2	1	4	2	1	0	1	1	33	11	22	33%
<b>Sunday</b>	m	m	m	m	m	m	m	m	m	m	m	m	Total	m	(-) %													
Daily Totals	14	5	9	3	3	2	6	2	12	6	8	4	11	2	9	2	9	4	6	4	7	2	103	38	65	37%		
12a to 7a 7hrs	2	0	2	0	0	0	1	0	0	0	3	2	3	2	1	0	1	0	1	0	2	1	3	1	19	6	13	32%
4a to 7a 3hrs	1	0	1	0	0	0	1	0	0	0	3	2	1	1	1	0	1	0	0	0	1	1	1	0	11	4	7	
7a to 5p 10hrs	10	5	3	1	3	2	5	2	5	3	4	2	5	0	6	1	3	0	4	3	1	0	2	1	51	20	31	39%
5p to 7p 2hrs	1	0	3	1	0	0	0	0	3	2	1	0	0	0	2	1	3	2	0	0	0	0	1	0	14	6	8	
5p to 12a 7hrs	2	0	4	2	0	0	0	0	7	3	1	0	3	0	2	1	5	2	4	1	3	3	2	0	33	12	21	36%
<b>Weekdays</b>	m	m	m	m	m	m	m	m	m	m	m	m	Total	m	(-) %													
Total	59	22	24	8	45	16	23	10	28	13	49	16	40	12	44	15	42	19	35	20	39	15	29	12	457	178	279	39%
12a to 7a 7hrs	14	6	3	2	8	5	5	3	7	4	7	1	6	1	3	1	6	4	5	4	6	4	5	1	75	36	39	48%
4a to 7a 3hrs	6	2	0	0	3	0	1	0	5	3	1	0	2	1	1	0	3	3	2	2	3	3	2	1	29	15	14	
7a to 5p 10hrs	34	11	16	3	28	7	15	6	14	5	29	10	21	6	27	11	21	7	19	10	20	7	14	6	258	89	169	34%
5p to 7p 2hrs	3	2	4	2	2	1	0	0	3	1	9	4	5	1	6	1	6	1	2	1	8	1	6	2	54	17	37	
5p to 12a 7hrs	11	5	5	3	9	4	3	1	7	4	13	5	13	5	14	3	15	8	11	6	13	4	10	5	124	53	71	43%
% Values based on time frames per Total Calls	Weekend		12 to 7a 5.55%				Weekday				12 to 7a 11.24%				Mutual Aid (m) time frames to		Weekend		12 to 7a 6%		Weekday		12 to 7a 14%					
			7a to 5p 16.04%				7a to 5p 38.68%										7a to 5p 16%				7a to 5p 34%							
			5p to 12 9.90%				5p to 12 18.59%										5p to 12 9%				5p to 12a 20%							
*Ambulance/EMS (m)													Jan 23	Feb 12	Mar 14	Apr 13	May 17	June 18	July 13	Aug 19	Sept 24	Oct 24	Nov 12	Dec 13	Total 202	77%		

Table 3. 2022 Response Data. Source: Quinebaug Valley Emergency Communications

## VI. Town Oversight and Management of Fire and EMS Services

The prompt and efficient delivery of public safety services is one of the most important responsibilities of local government. The town's legislative body (town meeting), executive body (board of selectmen), and the leadership of the two independent fire companies all share responsibility for ensuring that residents receive a level of service and care that reflects the town's risk profile and its fiscal capacity. A system of accountability that includes policies, procedures, fiscal oversight, and good communication is critically important.

Although both fire companies are independent, non-profit 501(c)(3) membership organizations, the town budgets for and administers the following functions in support of the fire companies with local tax dollars:

- Purchase and ownership of fire apparatus (with the exception of the ambulance that is owned by GLVFD)
- Purchase and ownership of firefighting and EMS equipment, with the exception of EMS equipment and supplies purchased by GLVFD with ambulance transport revenue or equipment and supplies purchased by the fire companies with funds raised independently under their non-profit organizational status



- Funding maintenance of all firefighting and EMS apparatus and equipment (including the ambulance)
- Insurance coverage for all fire apparatus (including the ambulance) and equipment
- Liability insurance for all full-time, part-time, and on-call volunteer personnel
- Workers' compensation insurance for all full-time, part-time, and on-call volunteer personnel
- Payment of volunteer stipends
- Administration of all purchasing and accounts payable functions (with the exception of purchasing an ambulance)
- Human resources and personnel administration functions (including collective bargaining with the full-time firefighters)
- Hiring and supervision of full-time firefighters/EMTs
- Ownership and maintenance of the SVFC fire station and storage facility
- Ownership and maintenance of the fire training facility
- Maintenance of rural water supply sites (dry hydrants)
- Administration of the town's Emergency Responder Awards Program as established by town ordinance section 31.04.<sup>10</sup>

The fire companies are responsible for:

- Election of their respective fire chiefs and officers
- Election of their respective boards of directors
- Submittal of annual budget requests
- Compliance with the town's purchasing policy (established by town ordinance)<sup>11</sup> for equipment and supplies purchased with town funds
- Compliance with the town's personnel policies, including occupational safety and health policies
- Recruitment and retention of volunteers
- Training and professional development
- Development and administration of standard operating procedures (SOPs) and standard operating guidelines (SOGs)
- Incident response, including first responder EMS response (non-transport) by SVFC
- Mutual aid and automatic aid agreements
- Fire pre-planning
- Submission of incident reports to the CT Fire Incident Reporting System (CFIRS)

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<sup>10</sup> [https://codelibrary.amlegal.com/codes/salemct/latest/salem\\_ct/0-0-0-199#JD\\_31.04](https://codelibrary.amlegal.com/codes/salemct/latest/salem_ct/0-0-0-199#JD_31.04)

<sup>11</sup> [https://codelibrary.amlegal.com/codes/salemct/latest/salem\\_ct/0-0-0-227](https://codelibrary.amlegal.com/codes/salemct/latest/salem_ct/0-0-0-227)

SVFC is responsible for:

- Operation of the fire training facility (funded by the town)

GLVFC is responsible for:

- Ownership and maintenance of the GLVFC fire station<sup>12</sup>
- Purchase and ownership of the basic life support ambulance
- Ambulance response and transport services as the state-designated EMS agency in the primary service area (PSA). The PSA is the geographic area of Salem.
- EMS training and certification functions
- Compliance with CT Office of Emergency Medical Services (OEMS) licensing requirements and protocols
- Compliance with oversight by the EMS medical director (Backus Hospital)
- Submission of patient care reports to the CT EMS Tracking & Reporting System (CEMSTARS)
- Patient billing and revenue collection
- Maintenance of a capital reserve account for ambulance replacement

The first selectman schedules monthly staff meetings with the two fire chiefs and the emergency management director to identify and resolve issues, coordinate activities, and strengthen overall interagency communications and cooperation. Unfortunately, one or both of the fire chiefs are frequently absent from these meetings.

The town recently implemented an employee assistance program (EAP) that is available to full-time, part-time, and volunteer personnel. The EAP is a confidential resource for a wide range of issues, including but not limited to critical incident stress, post-traumatic stress disorder (PTSD), depression and other mental health issues, family crises, etc.

The current system of oversight and management of the fire companies has evolved over many years. The town is funding nearly all of the activities of the fire companies yet has very little authority over the performance of the companies and the management of risk. The town has no say in the appointment, performance, or removal of a fire chief. The town carries the insurance policies for the fire companies but has not required the fire companies to establish and enforce comprehensive policies and procedures governing personnel behavior, safe vehicle operations, or occupational health and safety. The town has established a capital improvement plan (CIP) for fire apparatus and ensures that apparatus is replaced in accordance with nationally recognized industry standards. GLVFC is responsible for the replacement of the ambulance, but the current ambulance is eleven (11) years old, has exceeded its estimated useful service life, and maintenance issues continue to escalate.

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<sup>12</sup> GLVFC has submitted a capital budget request to the town for a roof replacement and repaving of the fire station front apron and parking lot.

Based on our interviews and observations, it is apparent that the leadership of SVFC makes a conscientious effort to adhere to town policies, maintain fiscal transparency, and communicate on a regular basis with town officials in a positive and professional manner.

The MRI study team has particular concerns about the relationship between the town and GLVFC. In spite of the fact that GLVFC is a de facto municipal fire department primarily funded by the town, its leadership continues to resist and obstruct efforts to collaborate with town officials, follow town policies, and be fully transparent about its fiscal management practices. The MRI study team was told of several incidents at the town hall involving inappropriate interactions with town staff that were instigated by one or more GLVFC board members. The MRI study team is aware of an independent third-party sexual harassment investigation of GLVFC that was commissioned by the town in 2021 and of a lawsuit brought by GLVFC against the town concerning the payment of stipends to its volunteer ambulance crews. In March 2023, a member of the town administrative staff sued GLVFC and two members of its board of directors for slander. Without commenting on the merits of any of these lawsuits, the MRI study team believes that their existence is indicative of the dysfunctional relationship that currently exists between the town and GLVFD. This dysfunction has had a negative impact on the confidence that residents have in the effectiveness and reliability of its fire and EMS services. In addition, members of SVFC have expressed their concern that some residents assume that SVFC also has a dysfunctional relationship with the town, which is clearly not the case.

The creation of two separate, independent fire companies in Salem may have been warranted in the 1950s when volunteers were abundant, fire companies were a vibrant community social center, alerting methods were more primitive (typically a siren mounted above the fire station), response times were slower over hilly terrain because of less powerful fire apparatus, water tankers were smaller, and mutual aid was less organized. Organizational management responsibilities were far simpler, as were training requirements, safety procedures, and liability concerns, particularly for EMS. In today's world, the management of a volunteer fire department is a complex, time-consuming responsibility that can overwhelm even the most capable and qualified volunteer leaders. The MRI study team believes that the time has come to take the steps necessary to vest most administrative functions with the town, which would allow the fire company officers to focus on tasks related to firefighting, rescue, and EMS, as well as the recruitment, retention, and training of volunteers. We wish to emphasize that this is not a reflection on the dedication, commitment, and expertise of the volunteer leadership of SVFC and GLVFC. Rather, we believe that this step will enable the town to provide even greater support to its volunteers for many years to come.

*Recommendation VI-1.* The MRI study team recommends that the town initiate discussions with the two fire companies with the goal of consolidating all firefighting, rescue, and EMS functions under the administrative management of the town within one (1) year. We recommend that the following objectives be included in this initiative:

- Establishment of a single Town of Salem Fire-EMS Department. The existing personnel in SVFC and GLVFC would become members of Salem Fire-EMS Company 1 and Salem Fire-EMS Company 2, respectively.
- Establishment of a fire department organizational structure as identified in Section VII of this management letter.
- Appointment of a full-time career fire chief by the first selectman.
- Transfer of all EMS functions, including ambulance response and patient transportation, to the Town of Salem Fire-EMS Department.
- Transfer of the CT OEMS PSA designation from GLVFC to the town.
- Transfer of ownership of the GLVFC fire station to the town.
- Transfer of ownership of the GLVFC ambulance to the town.
- Transfer of the administration of patient billing and revenue collection from GLVFC to the town. This would alleviate a tremendous burden on the volunteer leadership of GLVFC, would ensure that funds are under full municipal oversight, and would provide for complete transparency of the funding and financial operation of the ambulance service. The town should continue to utilize the services of a third-party ambulance billing service, based on competitive bidding for the service every three to five years. A multi-town bid for ambulance billing services should also be considered to reduce costs. The transfer of responsibilities and revenue could be completed in conjunction with the purchase of the new ambulance, provided that ownership of the new ambulance is transferred to the town.

Under this proposed organizational structure, the non-profit fire company entities could continue to exist to perform community service activities, fundraising in support of initiatives that are not funded by the town, sponsor social events for members and the public, and provide other support to current and retired members of each of the respective fire companies.

*Recommendation VI-2.* The fire service vehicles that are owned by the town should be rebranded with lettering, town logo, and/or town seal in addition to the current identifiers for SVFC and GLVFC. Following the recommended restructuring, all vehicles should be identified as “Town of Salem Fire-EMS Department” or similar branding.

*Recommendation VI-3. Ambulance Services Contract.* The town and GLVFC should take immediate steps to negotiate a new service contract that will be in effect until the establishment of a town fire-EMS department (as described in Recommendation V-1). The terms of the contract should include, but not be limited to:

- a. Response metrics (goals for response times and percentage of calls answered)
- b. On-call crew coverage metrics
- c. Back-up ambulance coverage and mutual aid agreements, including mass casualty plan



- d. Use of the ambulance by Salem full and part-time firefighters/EMTs or other qualified personnel
- e. Billing policy, including for town residents
- f. Collection policy
- g. Write-off policy
- h. Ambulance replacement escrow fund
- i. Revenue sharing formula to cover town expenses for full-time firefighter ambulance coverage, vehicle maintenance, insurance, etc.
- j. Expense and revenue reporting requirements
- k. Audit requirements

## VII. Volunteer Recruitment and Retention

Volunteerism is the bedrock of the firefighting, rescue, and emergency medical services of both the SVFD and GLVFD. The strong tradition of volunteerism in Salem has enabled both fire companies to provide a high level of service to the community for many years. The volunteer component of the fire companies should be supported and increased as much as possible. Unfortunately, the steady decline of volunteer members in recent years has resulted in the need to hire full-time firefighters/EMTs to provide coverage during weekday hours. If well-trained and capable volunteers cannot be recruited and retained, the town will be faced with significantly higher costs for additional full-time personnel.

The decline in volunteer firefighters and EMTs is a problem that is not unique to Salem. The more common obstacles to recruiting and retaining volunteer firefighters and EMTs include the following:

- *Time commitment.* Volunteer firefighting and EMT work require a significant time commitment, often on an unpredictable schedule. Many individuals may find it challenging to balance these responsibilities with their personal and professional commitments. The demanding nature of emergency response work, including late-night or lengthy callouts and being on-call, can deter potential volunteers.
- *Training and Certification.* Becoming a volunteer firefighter or EMT involves rigorous training and certification requirements. These processes can be time-consuming, and some potential volunteers may be deterred by the perceived complexity associated with obtaining the necessary qualifications.
- *Physical and Emotional Demands:* Emergency response work can be physically and emotionally demanding. Responders may face hazardous situations, witness traumatic events, and encounter high levels of stress. These factors can make potential volunteers less hesitant to commit to these roles, fearing the toll it may take on their well-being.
- *Lack of Awareness.* There may be a lack of awareness about the need for volunteer firefighters and EMTs. People may not fully understand the critical role these volunteers



play in ensuring public safety. As a result, recruitment efforts may struggle to reach a wide pool of potential volunteers.

- *Competition with Career Opportunities.* Volunteer emergency response organizations often face competition with career opportunities in the same field. Many individuals interested in firefighting or emergency medical services may choose to pursue paid positions instead. This can limit the pool of potential volunteers available for recruitment.
- *Competition with Other Volunteer Organizations.* Individuals have a limited amount of time and personal resources to contribute to volunteer organizations, so they may opt for less time-consuming or less stressful opportunities. In Salem, the two fire companies are competing with one another for volunteers.
- *Recruitment and Retention Strategies.* Developing effective recruitment strategies can be a challenge. Volunteer departments and organizations need to actively engage with the community, create awareness about the benefits of volunteering, and showcase the rewarding aspects of the work. Retention is equally important, as volunteers need to feel supported, valued, and appreciated to continue their commitment over time.
- *Aging Volunteer Base:* Many volunteer firefighting and EMT organizations face an aging volunteer base, with fewer younger individuals joining the ranks. This demographic shift puts pressure on recruitment efforts and increased the urgency to attract new, younger volunteers to ensure the sustainability of emergency response services. Aging also results in the loss of experienced command personnel.
- *Leadership and Administrative Challenges.* Overseeing the management of a volunteer fire department is a daunting and extremely time-consuming task, even with a strong cadre of officers who can share responsibilities.

While the challenges to recruitment and retention are many, being a volunteer firefighter or volunteer EMT can be a highly rewarding experience that offers numerous benefits, such as:

- *Sense of Purpose and Contribution:* Volunteering as a firefighter or EMT enables individuals to make a direct and meaningful contribution to their community. They become an integral part of the emergency response system, providing crucial assistance during times of crisis. The sense of purpose derived from helping others and saving lives is deeply fulfilling.
- *Skill Development and Training:* Volunteer emergency responders receive comprehensive training in firefighting techniques, medical procedures, rescue operations, and other essential skills. This training not only equips volunteers with life-saving abilities but also provides them with transferable skills that can benefit them in various aspects of life, including personal and professional realms.
- *Teamwork and Camaraderie.* Being a volunteer firefighter or EMT involves working closely and bonding with a team of dedicated individuals who share a common goal. The bonds formed within these teams foster a strong sense of camaraderie, trust, and mutual support. The teamwork and collaboration required during emergency situations can create lifelong friendships and a sense of belonging.

- *Personal Growth and Confidence.* Volunteering in emergency response roles challenges individuals to step out of their comfort zones and face high-pressure situations. As volunteers gain experience and successfully handle emergencies, they develop increased self-confidence and personal resilience. The ability to remain calm and composed under stressful conditions is a valuable life skill that can be applied in various situations.
- *Professional Development and Networking:* Volunteering as a firefighter or EMT can serve as a stepping stone to a career in the emergency services field. The experience gained and the connections made while volunteering can open doors to further opportunities and career advancements. Volunteer organizations often provide resources and guidance to help volunteers pursue professional development and growth in related fields.
- *Recognition and Appreciation:* Volunteer emergency responders are highly regarded and respected members of their communities. Their selfless dedication to public safety often earns them recognition and appreciation from community members, local authorities, and fellow first responders. The gratitude expressed by those they have helped can be incredibly rewarding and reinforces the value of their contributions.
- *Impact on Community.* Volunteer firefighters and EMTs play a critical role in safeguarding their communities. Their presence and rapid response to emergencies provide reassurance to residents and contribute to the overall safety and well-being of the community. The positive impact they make on individuals and families during challenging times is immeasurable. They also serve as an important role model for youth who in turn may become volunteers when they are old enough.

The rewards and benefits experienced will vary from person to person, but the overall satisfaction of serving as a volunteer firefighter or EMT is often deeply fulfilling and can leave a lasting impact on both the volunteers and the community they service. Invariably, the benefits of serving outweigh the challenges.

*Recommendation VII-1. Enhanced Funding of Volunteer Firefighter and EMT Recruitment and Retention Initiatives.* The MRI study team recommends that the town continue to fund and fully support a robust volunteer recruitment and retention program. Both fire companies are seeking new members from the same pool of citizen recruits, so it makes sense to combine their limited resources. Public perception that both companies are collaborative and well-coordinated in their service to the town will greatly enhance recruitment possibilities. The MRI study team strongly encourages the use of recruitment and retention resources that are available from the National Volunteer Fire Council (NVFC)<sup>13</sup>. The town, SFVC, and GLVFC should collaborate on creating incentives and public recognition that acknowledge long-standing service, meritorious actions, promotions, certifications, and the like. A joint town/fire company committee should be established to oversee recruitment and retention efforts. The town’s full-time and part-time

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<sup>13</sup> National Volunteer Fire Council website: [www.nvfc.org](http://www.nvfc.org)



firefighter/EMTs should be directed to provide mentoring, encouragement, and support to the volunteer firefighters and EMTs.

### **VIII. Fire Company Organization and Staffing**

As non-profit organizations, each fire company has an elected board of directors that includes a secretary and treasurer. The SVFC fire chief heads their board of six (6) members, while GLVFC elects a board president to lead their seven (7) member board. The GLVFC fire chief is a member of the board.

Both fire companies have established officer positions in a command structure that is responsible for emergency operations. Although the two fire companies have different organizational charts and job responsibilities, personnel are elected or appointed to positions that are consistent with typical fire department staffing models, such as deputy chief, assistant chief, captain, EMS captain, fire prevention captain, engineer, firefighter, firefighter/EMT, EMT, and fire-police. Skill levels and assignments vary based on training, certification, and experience. Some personnel may only perform in a support function in emergency incidents.

Throughout the United States, most volunteer fire companies make a clear distinction between the policy and fiscal oversight responsibilities of a board of directors and the operational responsibilities of the fire chief. Typically, the fire chief has the final say on matters related to emergency operations, such as apparatus and personnel assignments, operational procedures and guidelines, training, delegation of duties to command and company officers, and incident command. The MRI study team has observed that the GLVFC board of directors controls some of the operational responsibilities that are normally the purview of a fire chief. This creates confusion in the operational command structure and could negatively impact emergency operations and personnel safety. We urge GLVFC to adopt nationally recognized best practices concerning the role of the board of directors and the fire chief.

Both fire companies have a cadre of fire-police, who are responsible for traffic control and other support duties at emergency incidents and live training events.

In order to provide coverage for fire and EMS incidents during weekday daytime hours, the town has established two (2) full-time firefighter/EMT positions. The full-time firefighter/EMTs members are members of and are represented by International Association of Firefighters (IAFF) Local 3831. Working conditions and employee benefits have been established in a collective bargaining agreement between Local 3831 and the town. The town has established a part-time position to provide administrative supervision of the full-time firefighters. In addition to emergency response duties, full-time firefighters are expected to complete a variety of duties previously handled by the volunteer fire companies that include but are not limited to, apparatus and equipment checks, minor preventive maintenance of apparatus and equipment, apparatus,

and equipment cleaning, testing and maintenance of rural water supply sites (dry hydrants), cleaning and upkeep of the SVFD station, refilling of self-contained breathing apparatus units, and fire and EMS incident reports.

When a full-time firefighter is absent due to vacation, illness, or training, the shift is filled on a per diem basis by certified firefighters/EMTs from area fire departments..

As discussed above, the volunteer ranks of both fire companies have dwindled considerably in recent years due to a variety of reasons. Both fire companies are perilously close to not having enough personnel to effectively and safely respond to a fire or EMS incident. Of particular concern is ambulance coverage. A review of financial reports revealed that most ambulance on-call shifts are covered by a small group of qualified EMTs and ambulance drivers. The unavailability of one or more members of this core group due to illness, injury, retirement, or simply being out of town, could seriously jeopardize ambulance response capabilities.

*Recommendation VIII-1.* When the recommended reorganization of fire and EMS services occurs (see Section V, above), the MRI study team recommends that the job titles and responsibilities of both fire companies (other than the boards of the non-profit associations) be realigned so that they are the same in both companies. Position descriptions should be established that identify the knowledge, skills, and abilities (KSAs) that are required for each rank or assignment. Incident command responsibilities should be clearly defined and aligned with the National Incident Management System (NIMS).<sup>14</sup>

*Recommendation VIII-2.* When the recommended reorganization of fire and EMS services occurs (see Section V, above), the MRI study team recommends that the town hire a full-time fire chief. Each fire company would be led by an on-call volunteer deputy fire chief. The town should consider establishing a modest but reasonable annual stipend for the deputy chief positions.

*Recommendation VIII-3.* The MRI study team recommends the establishment of a EMS coordinator, chosen from the ranks of the volunteer EMTs. This individual would be responsible for overseeing EMS training and certification, as well as supporting efforts to recruit and retain EMTs. The town should consider establishing a modest but reasonable annual stipend for the EMS coordinator position.

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<sup>14</sup> <https://www.fema.gov/emergency-managers/nims>

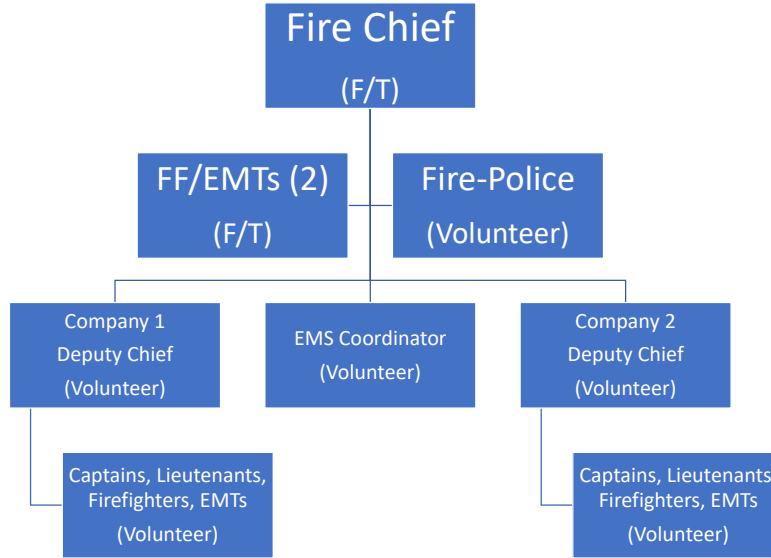


Table 4. Proposed Fire Department Organizational Chart

*Recommendation VIII-4.* The scheduling of two (2) full-time firefighter-EMTs to cover daytime weekday shifts has successfully filled a gap caused by the non-availability of volunteers during these hours. However, vacations, sick leave, ambulance calls, and out-of-town training time result in coverage lapses on a regular basis. The MRI study team recommends that the town once again apply for a FEMA Staffing for Adequate Fire and Emergency Response (SAFER) grant to fund two additional firefighter-EMTs. This would ensure that two firefighter-EMTs are on duty during the required hours. During times when more than two firefighters are on duty, the response to fire and EMS emergencies will be enhanced to the benefit of the town and will result in coverage when the ambulance is out of town.

## IX. Apparatus and Equipment

Both SVFC and GLVFC are well equipped with fire apparatus and firefighting and rescue equipment that is suitable for suburban and rural emergency operations. The town has been supportive of the needs of the fire companies and has replaced fire apparatus, fire and rescue equipment, and personal protective equipment (PPE) on a timely basis. The biggest challenge that the town faces is the failure of GLVFC to replace the ambulance in accordance with nationally recognized standards. The ambulance, nearly eleven (11) years old, is experiencing frequent and more costly mechanical problems, and the current lead time for ordering and receiving a new ambulance is at least two (2) years. In addition, the town does not have a reserve ambulance that can be placed into service when the primary unit is unavailable.

The MRI study team evaluated the number and type of vehicles and believes that the fleet should be realigned to a) reflect operational needs, and b) address the ability of the fire companies to staff all vehicles based on the availability of personnel. The proposed realignment takes into consideration the recommendation to establish a town fire department and appoint a full-time fire chief.

The current apparatus capabilities of SVFC and GLVFC are as follows:

Salem VFC	Gardner Lake VFC
Engine-Tanker 121 2019 Pierce-Arrow 2000gpm pump; 1000 gal water tank	Engine-Tanker 127 2000 Ferrara 1250gpm pump; 1000 gal water tank
Tanker 121 1999 Freightliner 2000gpm pump; 2500 gal water tank	Tanker 127 2017 KME 1250gpm pump; 3500 gal water tank
Ladder 121 2009 Ferrara 75' aerial 2000gpm pump; 300 gal water tank	Rescue 127 2000 Spartan-SuperVac EMS utility
Forestry 121 1985 Chevrolet 1-ton pick-up 100gpm pump; 100 gal water tank	Forestry 127 1989 Ford 1-ton pick-up 250gpm pump, 150 gal water tank
Service 121 2012 Ford 1-ton pick-up	Rescue 527 2012 Dodge-AEV ambulance
Service 221 2001 Ford 1-ton pick-up	Service 127 2000 Ford 1-ton pick-up
	Marine 127 Rescue One boat with trailer
Utility 121 2010 Polaris 6x6 All-Terrain Vehicle	Utility 127 2008 Ranger 6x6 All-Terrain Vehicle

Table 5. Current Apparatus

The MRI study team believes that GLVFC has not lived up to its responsibility to provide the community with a safe and reliable ambulance. With over 113,000 miles on the chassis and an unknown number of engine hours, this 2012 model-year unit has far exceeded its recommended service life. If the fire company ordered a new ambulance today, we estimate a minimum delivery time of two years. In the meantime, maintenance and repair costs will increase, along with the very real potential for catastrophic mechanical failure. And yet, based on our interviews, the GLVFC leadership team does not appear to have a sense of urgency or recognize the seriousness of this issue. It is our understanding that GLVFC has just begun to develop purchase specifications for a new unit. Based on the data that has been provided to us, GLVFC has sufficient funds on hand to cover the purchase of a new, fully equipped ambulance.

The frequency of replacing ambulances can vary depending on several factors, including the specific needs and resources of the municipality, the condition of the existing fleet, budget constraints, and local regulations. However, a general guideline followed by many municipalities is to replace ambulances after approximately 7 to 10 years of service.

The lifespan of an ambulance can be influenced by various factors such as usage patterns, maintenance practices, and the operating environment. Ambulances are typically subjected to demanding conditions and extensive mileage, which can lead to wear and tear over time. Routine maintenance and repairs can help extend the lifespan of an ambulance, but eventually, the cost of maintaining an older vehicle may become economically impractical.

It's important for municipalities to regularly assess the condition of their ambulances and consider factors such as the frequency of breakdowns, repair costs, technological advancements, and changing medical requirements. By evaluating these factors, municipalities can determine the optimal replacement cycle for their ambulance fleet and budget accordingly.

Additionally, nationally recognized standards such as NFPA 1917, *Standard for Automotive Ambulances*<sup>15</sup>, provide specific guidelines for safety features, equipment upgrades, and medical transportation. Changes in patient care protocols should also be taken into account when determining the replacement timeline for ambulances.

The frequency at which a municipality should replace a fire pumper or tanker can vary depending on several factors. These factors include the specific needs and requirements of the municipality, the condition and maintenance history of the existing fire pumper, technological advancements, budgetary considerations, and local conditions. There is no fixed timeframe or universal guideline for replacement, but here are some factors to consider:

1. **Age and Mileage:** Fire pumpers and tankers typically have a lifespan of 15 to 20 years, although this can vary depending on usage and maintenance. Some municipalities may choose to replace their fire pumpers after a certain number of miles driven or hours of service.
2. **Maintenance and Condition:** Regular maintenance and inspections are crucial to keep fire pumpers in good working order. If a fire pumper requires frequent repairs or shows signs of significant wear and tear, it may be a signal for replacement.
3. **Technological Advancements:** Firefighting technology is constantly evolving, and newer fire pumpers may offer improved safety features, more efficient operation, and enhanced firefighting capabilities. If new technologies become available that can significantly benefit the municipality, it may be worth considering an upgrade.
4. **Compliance with Standards:** Fire pumpers should meet specific safety and operational standards established in NFPA 1901, *Standard for Fire Apparatus*<sup>16</sup>. If an existing fire pumper no longer meets critical safety and performance standards or cannot be updated to meet them, replacement may be necessary.
5. **Changes in Risk and Threats:** The need for fire apparatus should be based on the needs of the entire town and not based on competition between fire companies to have the

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<sup>15</sup> [www.nfpa.org/1917](http://www.nfpa.org/1917)

<sup>16</sup> [www.nfpa.org/1901](http://www.nfpa.org/1901)

best or the biggest apparatus. Factors such as building density, age, and height, occupancy types, water supply capabilities, response times, community demographics, anticipated future growth, and mutual aid capabilities should be taken into consideration.

6. Budgetary Considerations: Municipalities must consider their budgetary constraints when determining the replacement cycle for fire pumpers. Fire apparatus replacements can be costly, so it is essential to plan and allocate funds accordingly.

Ultimately, it is important to strike a balance between ensuring the safety and reliability of fire and emergency medical services and managing budgetary constraints effectively.

The MRI study team was made aware of numerous incidents involving damage to vehicles and at least one incident of personal injury that occurred when the ambulance was backing up at an incident scene. All of the incidents that were told anecdotally to us were minor and occurred at low speeds and caused damage to one or more town-insured vehicles or to a fire station. None of the incidents were reported in a timely fashion to the first selectman or the human resources/finance administrator. However, unless proper risk management practices are implemented, the potential exists for more serious incidents involving vehicle operations.

Both the town and the fire companies have an obligation to establish aggressive risk management practices for safe vehicle operation that include training, written and practical testing for authorization to operate a vehicle, incident reporting requirements, post-incident safety review, and disciplinary procedures.

*Recommendation IX-1.* The MRI study team strongly recommends that GLVFC immediately initiate an expedited purchase process that includes the following:

1. Develop purchase specifications that are compliant with General Services Administration (GSA) standard FED-STD KKK-A-1822F and NFPA 1917. The initial focus should be placed on chassis specifications.
2. Place an order for a vehicle chassis. This could shorten the estimated delivery time for the ambulance.
3. Consider utilizing existing specifications and pricing that have been established by public purchasing pools such as Sourcewell<sup>17</sup> or the Metropolitan Area Planning Council/Fire Chiefs Association of Massachusetts (MAPC/FCAM) Collective Purchasing Program<sup>18</sup>. This could shorten the specification development and purchasing time frame.
4. The purchase contract for a new ambulance should be executed as soon as possible. Upon delivery, ownership of the ambulance should be transferred to the town as a condition of the establishment of a town-operated fire department. Alternatively, the town and GLVFC could agree to a transfer of funds from GLVFC ambulance revenues so that the town could purchase the ambulance.

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<sup>17</sup> [www.sourcewell-mn.gov](http://www.sourcewell-mn.gov). The town is a registered user of the Sourcewell purchasing system.

<sup>18</sup> <https://www.mapc.org/public-works-collective-purchasing-program/>



*Recommendation IX-2.* The MRI study team recommends that the town should take immediate steps to acquire a replacement ambulance that can be placed in service until the delivery of a new, custom ambulance. It may be possible to purchase a demonstrator unit from a dealer or manufacturer or purchase a relatively new but used unit from a dealer, a municipality, or a private EMS service. Several ambulance services in New England are going out of business (Lower Cape Ambulance Association in Provincetown, MA and DiLuzio Ambulance Service in Keene, NH), so a suitable used ambulance may be available from one of those services. Because the financial stability of commercial EMS services is at great risk throughout the United States, there may be other opportunities to acquire a used ambulance.

*Recommendation IX-3.* The MRI study team recommends that the town should operate a primary ambulance and a reserve ambulance. The reserve ambulance would be placed in service when simultaneous ambulance calls occur or when the primary ambulance is out of service for maintenance.

*Recommendation IX-4.* The MRI study team recommends that ambulances should be included in the town's capital equipment replacement plan. Based on the considerations described above, a new ambulance should be purchased every four (4) to five (5) years. The reserve ambulance should be retired after 8-10 years of service (4-5 years of front-line service and 4-5 years of reserve service).

*Recommendation IX-5.* The MRI study team recommends that fire apparatus should be retired after 15 to 20 years of service. Service vehicles and utility vehicles should be replaced as needed based on age, mileage, condition (mechanical and physical), and type of use.

*Recommendation IX-6.* The MRI study team recommends that the town and the fire companies should establish uniform risk management policies and procedures that address vehicle operations. The policies and procedures, at a minimum, should include:

- Vehicle operation training
- Testing (written and practical) for authorization to operate vehicles, based on the specific vehicle classification
- Incident reporting requirements that include notification to the fire chief, first selectman, human resources/finance administrator
- Post-incident "lessons learned" review
- Disciplinary procedures, and
- Insurance company notification procedures

*Recommendation IX-7.* The MRI study team recommends that fire apparatus be distributed as shown below. Support units should be assigned to a station based on the availability of personnel and space available in the station.

Station 1	Station 2
Engine Tanker 121: 2019 Pierce-Arrow 2000gpm pump; 1000 gal. water tank	Engine Tanker 127: 2000 Ferrara 1250gpm pump; 1000 gal. water tank
Tanker 121: 1999 Freightliner 2000gpm pump; 2500 gal. water tank	Tanker 127: 2017 KME 1250gpm pump; 3500 gal. water tank
Ladder 121: 2009 75' aerial 2000gpm pump; 300 gal. water tank	
Reserve ambulance (to be acquired)	Rescue 127: 2012 Dodge AEV Ambulance

Table 6. Proposed apparatus assignments.

**Support Units:**

- 1 Command vehicle—full-size SUV (to be acquired)
- 1 Forestry unit
- 1 Fire-Police pick-up truck
- 1 Pick-up truck with plow
- 1 Utility all-terrain vehicle
- 1 Boat with trailer

*Note:* in all cases, the fire chief shall have the authority and discretion to assign apparatus based on operational needs and staffing capabilities.

*Recommendation IX-8.* The MRI study team recommends that funds should be appropriated in FY2025 for the replacement of the 2000 Ferrara (ET-127) with a new engine tanker that is equipped with a 2000gpm pump and a 1000-gallon tank. The town would then have an up-to-date front-line engine-tanker in each fire station.

If the town and the fire companies are successful in increasing the volunteer ranks with qualified firefighters, consideration should be given to replacing the 1999 Freightliner (T-121) with a similar capacity tanker in FY2026. If the fire companies do not have adequate personnel to staff and operate this apparatus, or if the vehicle is unsafe or mechanically unsound, T-121 should be taken out of service and disposed of.

As with ambulance purchases, the delivery time for custom fire apparatus is currently a minimum of two (2) years.

*Recommendation IX-9.* The MRI study team applauds the town for establishing an annual level of funding for personal protective equipment (PPE) and self-contained breathing apparatus (SCBA). This equipment requires regular replacement based on use and age. For health and safety reasons, new personnel should always be provided with new PPE. We recommend that this funding should be continued each fiscal year.



## X. Firefighting Operations

Firefighting, emergency medical services, rescue operations, an incident command system, and safety procedures are critical components of any fire department. Because the greatest number of calls for service is predominantly for emergency medical incidents, many fire departments have shifted from being fire service agencies that provide EMS and have become EMS agencies that provide fire protection services. While no longer generating the majority of most departments' responses as they once did, fire-related incidents are still justifiably an extremely high priority for the "fire" department and comprise a significant part of their operational missions.

NFPA 1720, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments*, 2020 edition (National Fire Protection Association, Quincy, MA)<sup>19</sup> addresses the organization and deployment of fire suppression operations, emergency medical operations, and special operations to the public by volunteer fire departments.

In addition to structural firefighting and emergency medical services, the fire department is tasked with responding to and managing a broad spectrum of other types of emergencies, including, but not limited to, vehicle crashes, building collapse, water and ice rescue, mass casualty incidents, weather-related emergencies, and natural and technological disasters. These types of incidents require specialized equipment and specialized training. In all types of emergency responses, an incident command system (ICS) should be utilized that conforms to the National Incident Management System (NIMS) guidelines that have been promulgated by the U.S. Department of Homeland Security. Since safety is the primary focus throughout all operations, a formal component of the ICS program includes the consistent assignment of an on-scene safety officer when appropriate.

Fire department operations and service delivery can be dramatically improved in those departments that commit resources to goal setting, master planning, risk assessment, and performance measurement. Several tools and resources are available to guide management in these efforts from organizations such as the US Fire Administration (USFA), National Fire Protection Association (NFPA), International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), the Connecticut State Commission on Fire Prevention and Control, the U.S. Department of Transportation (USDOT), and Connecticut Office of Emergency Medical Services (CEMS).

The fire service has experienced tremendous technological advances in equipment, procedures, and training, over the past fifty years. Better personal protective equipment (PPE), the

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<sup>19</sup> [www.nfpa.org/1720](http://www.nfpa.org/1720)

widespread use of self-contained breathing apparatus (SCBA), large diameter hoses, better and lighter hand lines and nozzles, and thermal imaging cameras are just a few of the numerous advances in equipment and procedures, that have allowed firefighters to perform their duties more effectively, efficiently, safely, and with fewer personnel. However, the fact remains that the emergency scene in general, and the fire ground involving a structure fire in particular, is a dynamic, dangerous, frequently unpredictable, and rapidly changing environment where conditions can deteriorate very quickly, placing firefighters in extreme personal danger.

The operations necessary to successfully extinguish a structure fire, and do so effectively, efficiently, and safely, requires a carefully coordinated, and controlled, plan of action, where certain operations, such as venting ahead of the advancing interior hose line(s), must be carried out with a high degree of precision and timing. Multiple operations, frequently where seconds count, such as search and rescue operations and trying to cut off a rapidly advancing fire, must also be conducted simultaneously.

The fire companies in the town of Salem are equipped to respond to a wide variety of emergency incidents. Although EMS calls are more prevalent, the fire companies must still be prepared to fulfill their core firefighting missions. It is our observation that the fire departments in Salem are appropriately trained and well-equipped to engage the risk profile of the community and the operational challenges presented.

While conducting the assessment of the SVFC and GLVFC, many things were highlighted that have the potential to negatively impact the community such as:

1. Deep animosity amongst some of the personnel
2. Lack of coordinated standard operating guidelines (SOGs)
3. Lack of coordinated training to promote cohesiveness
4. Trust issues among personnel
5. Response issues relative to availability of personnel
6. Command and control issues

Based on this evaluation, MRI recommends the following:

*Recommendation X-1 -Coordination of Fire Company Operations.* Operational effectiveness and firefighter safety can only be accomplished with the implementation of up-to-date standard operating guidelines (SOGs), enforceable safety policies and procedures, and regular training and drilling. For all intents and purposes, the SVFC and GLVFC should function as a single, cohesive unit. While the MRI study team heard anecdotally from fire company leadership and members that both fire companies work well at emergency incidents, this cannot be verified without evidence of aligned policies, procedures, and training. Therefore, the following actions should be taken immediately:

- a. Establish a single set of SOGs that are followed by both fire companies within six (6) months. The SOGs should include procedures for incident command that are consistent for both fire companies and the full-time firefighters.
- b. Establish a joint occupational health and safety committee. The committee should be tasked with developing safety policies and procedures that apply to both fire companies and the full-time firefighters. The committee should review all occupational injuries and recommend changes to policies, procedures, and training if warranted.
- c. Establish a joint schedule for fire and EMS training. This can be accomplished by the appointment of a training officer for each fire company and the ambulance, or by the establishment of a joint training committee. Training should be aligned with NFPA standards, state training curricula, and certifications for fire and EMS, and established EMS protocols.
- d. Establish a joint firefighter and EMT recruitment program.
- e. Establish a common software platform for fire incident reporting, training and certification records, vehicle and building maintenance records, fire pre-plans, etc.

## **XI. EMS Operations**

Ambulance transport services are provided by GLVFC and during weekday hours, by the full-time firefighter/EMTs. In addition, both fire companies respond to EMS incidents in a first responder capacity using fire company utility vehicles and personally owned vehicles. GLVFC holds the primary service area (PSA) designation from the CT Office of Emergency Medical Services (OEMS). The statewide EMS system is regulated by OEMS, which is responsible for strategic planning, regulatory and statutory oversight, and programmatic implementation. GLVFD receives clinical oversight for protocol compliance and quality assurance from its physician medical director who is based at Backus Hospital in Norwich.

As the holder of the PSA designation, GLVFD is currently the only ownership of the ambulance that serves the community. As was highlighted during this study, staffing, particularly during weekday daytime hours, is challenging. Due to this issue, career firefighters/EMTs employed by the town are permitted to pick up the ambulance daily and relocate it to their station to respond to emergencies as necessary. The ambulance is then returned to GLVFC in the evening.

EMS service oversight is performed by the GLVFC Board of Directors. The board is responsible for contracting with an ambulance billing company, assuring compliance with statewide treatment protocols, assuring that policies and procedures are developed and followed, maintaining an adequate amount of medical supplies and that budgeting is established and maintained. Of

importance is the long-term planning that is necessary to permit fleet replacement when the current ambulance is at the end of its life as a primary response vehicle. GLVFC is also responsible for assuring that volunteer staffing coverage and response times are adequate.

For EMS incidents, the national standard of care based on stroke and cardiac arrest protocols is to have a unit on scene at a medical emergency within six minutes from receipt of the 9-1-1 call. Paragraph 4.2.1 of NFPA 1720, which would be applicable to fire company EMS operations recommends establishing acceptable deployment guidelines as part of a “community risk management plan.” For a career department, it is suggested that for EMS incidents, a unit with first responder or higher-level trained personnel and equipped with an automatic external defibrillator (AED), should arrive within four minutes of response (five minutes of dispatch of the call), and an Advanced Life Support (ALS) unit should arrive on scene within eight minutes (ten minutes of call receipt). Paragraph 4.1.2.2 recommends the establishment of a 90% performance objective for these response times. The Commission on Accreditation of Ambulance Services recommends that an ambulance arrives on scene within seven minutes, fifty-nine seconds (00:07:59) of dispatch. Based on the level and quantity of staffing, these are discussions that the town of Salem should have and determine acceptable response times and how they impact patient outcomes.

Heart attack and stroke victims require rapid intervention and care, and transport to a medical facility. The longer the duration without care, the less likely the patient is to fully recover. Numerous studies have shown that irreversible brain damage can occur if the brain is deprived of oxygen for more than four minutes. In addition, the potential for successful resuscitation during cardiac arrest decreases exponentially with each passing minute that cardio-pulmonary resuscitation (CPR) or cardiac defibrillation is delayed.

EMS training is conducted by the GLVFC and attended by members of both departments. This training is necessary to comply with Connecticut statewide treatment protocols, foster professional growth, and development, and provide the necessary training hours to the membership to renew their EMT certification. During the interviews conducted, it was learned that few members of the SVFC members attend the training sessions due to adversarial relationships between the two fire companies.

Advanced life support (ALS) paramedics services are provided on an as-needed basis for critical EMS calls by mutual fire departments, including the Mohegan Sun Tribal Fire Department. Paramedics are trained and equipped to handle advanced airway management (intubation), advance cardiac life support (ACLS), and trauma life support (TLS). They are able to administer medications, initiate intravenous (IV) lines, and use specialized equipment for cardiac monitoring and defibrillation. The volume of ALS calls in Salem does not warrant the need for the town to maintain its own paramedic staff.

Organizationally, the following are the expectations that the community should have from their EMS service:

1. Up-to-date policies and procedures
2. Adherence to statewide treatment protocols
3. Compliance with OEMS PSA requirements
4. Satisfactory completion of annual ambulance inspection
5. Compliance with applicable Connecticut statutes
6. Maintenance of a reliable EMS fleet
7. Regular preventative maintenance of current fleet
8. Timely replacement of ambulances in accordance with nationally recognized best practices
9. Response times that meet the expectations of the “Community Risk Management Plan”
10. EMS responders that have the physical and emotional capacity to perform strenuous work under adverse conditions
11. Training programs to ensure a high level of skills
12. Strong leadership that motivates volunteers, solves problems and collaborates closely with the town and related agencies
13. Continuation of community impact programs (citizen training for CPR, AED first aid, drug overdose intervention, etc.)
14. Clinical care that exceeds the minimum requirements

## **XII. Fire Stations**

Fire and EMS stations are a critical community asset. The station facilities of a modern fire and EMS department are designed to do much more than simply provide a garage for apparatus and a place for firefighters and EMS personnel to wait for a call. Well-designed fire and EMS facilities enable staff to perform their duties effectively, efficiently, and safely.

The town’s fire companies currently operate out of two fire stations to serve a population of 4151 within 29.81 square miles. SVFC, located at 424 Hartford Road, and GLVFC, located at 429 Old Colchester Road were both established to protect the entire community. While the town has been divided into two response districts, generally speaking, both fire companies respond to all fire and EMS emergencies in the town. Each department has specific resources that the other does not have, but they also have some duplicate capabilities.



Figure 2. Salem Volunteer Fire Company Station, 424 Hartford Road (building owned by the town)

SVFC operates with a board of directors that is responsible for administrative and financial matters and a command staff that is responsible for emergency operations. Board members and officers are elected by the membership and the fire chief serves on the board. The fire station houses several pieces of apparatus including an aerial ladder truck, an engine (pumper), a tanker, an off-road utility terrain vehicle (UTV), a forestry truck, an EMS first response vehicle, and two (2) service vehicles. The building was constructed in 1990 and rests on 1.35 acres. The building has an operational floor space of 7740 sq ft. Within the facility, there are specific items that require annual testing such as a compressor and fill station used to refill self-contained breathing apparatus tanks (used by both fire companies), a standby generator, and a diesel exhaust removal system. The station is equipped with a diesel exhaust extraction system to remove diesel particulate and other airborne contaminants from the building when apparatus is running. Overall, the structure is well-maintained and in good condition. The station is protected with a fire detection system and there is adequate room for storage (secondary building to the rear). Within the facility firefighters have the necessary equipment to decontaminate their personal protective equipment. Consideration should be given in the future to assure that there is separation between the storage of personal protective equipment and response apparatus to prevent contamination from carcinogens from building fire residue and diesel exhaust.

Future capital planning should include the installation of an automatic fire sprinkler system in both fire stations. Fire stations are important community assets that rise to the level of critical infrastructure and should be protected from the likelihood of fire.





Figure 3. Gardner Lake Volunteer Fire Company Station, 429 Old Colchester Road (building owned by GLVFC)

GLVFC is led by a board of directors that is responsible for administrative, financial, and operational duties. The members of the board and the officers are elected by the membership, and the fire chief serves on the board. The building houses several pieces of apparatus including an ambulance, rescue truck with specialty equipment, engine (pumper), tanker, boat and trailer, forestry unit, UTV, and a service vehicle. The building was built in 1955 and rests on .96 acres. The building has an operational floor space of 9762 sq ft. As with the SVFC fire station, the building standby generator and diesel exhaust extraction system require annual testing and maintenance. The station is equipped with a diesel exhaust extraction system to remove diesel particulate and other airborne contaminants from the building when apparatus is running. Overall, the structure is well-maintained and in good condition. GLVFC has submitted a request to the town for funding to replace the fire station roof and to repave the station apron and parking area. The station is protected with a fire detection system and there is adequate room for storage although the apparatus storage areas are tight. Future consideration should be given to the storage of personal protective equipment to assure that it is stored independently away from the vehicular storage area to prevent contamination from carcinogens from building fire residue and diesel exhaust.

*Recommendation XII-1.* The MRI study team recommends that consideration be given to installing an automatic fire sprinkler system in both fire stations.

### **XIII. Mutual Aid and Regional Teams**

SVFC and GLVFC are members of the New London County Fire Chiefs Association, which coordinates mutual response capabilities in the region. The New London County Mutual Aid Plan guarantees that each of the 64 participating fire and EMS agencies will dispatch at least one public safety resource, if necessary, to participating departments should a major incident occur.

A major benefit of membership in the New London County Fire Chiefs Association is the opportunity to exchange views and best practices on various subjects pertaining to fire prevention and suppression. At its regular meetings and committee meetings, the goal of the Association is to have programs and/or instruction in fire prevention methods, handling of fire and medical emergencies, fire and arson investigation, fire department management, the exhibition of modern firefighting and rescue equipment, and any other subject deemed beneficial to the members of the Association. This benefit promotes better interoperability and delivery of service to the county and to each individual community.

Rapid Intervention Team (RIT) capabilities are provided through the mutual aid system. An RIT is required to be available at structure fires to rescue trapped firefighters in the event of a structural collapse, flashover, backdraft, or other reason for a “mayday” call.

For complex hazardous materials incidents, the fire companies rely upon mutual aid from U.S. Navy Mid-Atlantic District 6 Fire Department, also known as the submarine base. This department has personnel with “hazmat technician” level training to conduct operations in these dangerous environments. The Colchester Fire Department has the capability to handle minor hazardous materials incidents.

*Recommendation XIII-1.* The MRI study team recommends that the town continue to support the participation of SVFC and GLVFC in the New London County Fire Chiefs Association and the mutual aid plan. Both fire companies should take advantage of the training and educational programs that are offered by the Association.

#### **XIV. Fire Marshal**

In Connecticut, the local fire marshal is a town employee separate and distinct from the fire department. In Salem, the fire marshal and deputy fire marshals are appointed by the first selectman following training and certification by the Connecticut Department of Public Safety. The responsibilities of a local fire marshal are focused on fire prevention, investigation, and enforcement of fire safety regulations. Typical responsibilities include:

1. **Fire Prevention:** The fire marshal is responsible for developing and implementing fire prevention programs in their jurisdiction. This involves educating the public, businesses, and organizations about fire safety measures, conducting inspections of buildings and facilities, and ensuring compliance with fire codes and regulations.
2. **Fire Code Enforcement:** The fire marshal enforces the Connecticut Fire Safety Code and other applicable regulations. They review building plans, issue permits for construction or renovation projects, and inspect buildings and facilities to ensure compliance with fire safety standards. The fire marshal may also conduct regular inspections of businesses, schools, and public places to identify and rectify fire hazards.

3. Fire Investigations: When fires occur, the fire marshal is responsible for investigating the cause and origin of the fire. They collect evidence, interview witnesses, and work with other agencies as necessary to determine the cause of the fire. This information is crucial in identifying potential hazards and preventing future fires.
4. Fire Safety Education: The fire marshal plays a vital role in educating the public about fire safety. They may conduct public awareness campaigns, organize training programs, and visit schools, community centers, and businesses to provide information on fire prevention, emergency preparedness, and the proper use of fire safety equipment.
5. Fire Safety Inspections and Permits: The fire marshal conducts routine inspections of buildings, including commercial, industrial, and residential properties, to ensure compliance with fire safety regulations. They also issue permits for certain activities that involve fire hazards, such as fireworks displays, pyrotechnic events, and special effects in entertainment venues.

The fire marshal can call upon resources from the Department of Public Safety when needed. For example, the Fire and Explosions Unit of the CT State Police conducts fire and arson investigations.

The fire marshal staff is highly knowledgeable of community hazards and risks, the condition of buildings, and strategies for mitigating those risks. Their knowledge can inform fire department pre-plans<sup>20</sup> for target hazards. Fire marshals can play an important role in the town's community risk reduction (CRR) efforts. It is essential for the fire marshal and deputy fire marshals to collaborate on a regular basis with the town building official, fire chief(s), resident troopers, town planner, and emergency management director.

The towns of Salem, Lebanon, Colchester, Bozrah, and Franklin recently established a fire marshal mutual aid agreement. This agreement enables the five (5) towns to share fire marshal resources as needed.

Salem is in the process of enhancing its fire marshal staff with the appointment of additional part-time deputy fire marshals. This will ensure that inspections, plans reviews, and permits are handled promptly and that one or more local fire marshals are available for fire investigations. Subscriptions to on-line fire and building code services have been updated.

*Recommendation XIV-1.* The MRI study team recommends that the town of Salem continue to participate in the multi-town fire marshal mutual aid agreement.

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<sup>20</sup> A fire department pre-plan, also known as a pre-incident plan or pre-fire plan, is a detailed document that provides essential information about a specific building or facility to the responding firefighters.

*Recommendation XIV-2.* The MRI study team recommends that the town of Salem maintain a fire marshal staff that includes one fire marshal and two or more part-time deputy fire marshals.

*Recommendation XIV-3.* The MRI study team recommends that the town of Salem consider the establishment of a formal community risk reduction (CRR) program. CRR is a process to identify and prioritize local risks, followed by the strategic investment of resources to reduce their occurrence and impact. Guidance on the development and implementation of a CRR program can be found in NFPA 1300, *Standard of Community Risk Assessment and Community Risk Reduction*. Responsibility for managing the CRR program could be vested with the fire marshal.

*Recommendation XIV-4.* The MRI study team recommends that the town continue to fund training and professional development opportunities for the fire marshal staff.

*Recommendation XIV-5.* The MRI study team recommends that the fire marshal establish policies, procedures, and a schedule for the timely inspection of high-risk occupancies and target hazards in the community. Follow-up inspections should be scheduled to ensure that required remedial actions have been taken by property owners. When feasible, the fire marshal should invite full-time firefighters and/or members of the fire companies to participate in inspections of high-risk occupancies and target hazards as part of the fire pre-planning process.

*Recommendation XIV-6.* The MRI study team recommends that the fire marshal's office be identified on the town's website. Guidance concerning contact information, office hours, permit requirements, and the functions of the office should be included. Information on fire safety should also be provided and updated on a regular basis.

## **XV. Emergency Management**

The role of emergency management is to prepare for, respond to, and recover from emergencies and disasters. Emergency management involves a coordinated and systematic approach to identifying, assessing, and reducing the risks of disasters, as well as developing plans and procedures to minimize the impact of disasters on people, property, and the environment.

Emergency management includes a range of activities, such as emergency planning, risk assessment, hazard mitigation, response operations, and recovery efforts. Emergency managers work with a wide range of stakeholders, including government agencies, non-governmental organizations, community groups, and the private sector, to ensure a coordinated and effective response to emergencies and disasters.

Overall, the goal of emergency management is to minimize the impact of disasters and emergencies, protect lives and property, and help communities recover as quickly and effectively as possible.

The Salem emergency manager (EM) is responsible for the development of the town's emergency operations plan (EOP) and hazard mitigation plan (HMP). He/she is the primary point of contact with the CT Division of Emergency Management and Homeland Security. During declared emergencies, the EM is responsible for standing up the town's emergency operation center (EOC) and coordinating disaster resources (internal and external), including sheltering and evacuation capabilities.

The Salem EM has established emergency operations information sharing capabilities between the town EOC and the fire stations via "smart" boards.

*Recommendation XV-1.* The MRI study team recommends that emergency manager should establish a regular schedule of tabletop and full-scale exercises to test and improve the town's disaster response capabilities. Grants and other support for such activities should be sought from the CT Division of Emergency Management and Homeland Security and the Federal Emergency Management Agency (FEMA).

*Recommendation XV-2.* The MRI study team recommends that the town appoints one or more deputy emergency management directors. The deputy director can fulfill the role of the EM when needed, particularly during long-term disaster events. Consideration could be given to assigning the role of deputy emergency management director to the fire marshal or deputy fire marshals.

*Recommendation XV-3.* The MRI study team recommends that the town should continue to support ongoing training and professional development for the emergency management director, including but not limited to participation of in-person courses at the FEMA Emergency Management Institute (EMI)<sup>21</sup>.

## **XVI. Police Services**

Police services in Salem are contracted to the Connecticut State Police (CSP) through the CSP resident trooper program. Two (2) resident troopers are assigned to patrol Salem and a resident trooper office is located in town hall. During hours when a resident trooper is not on duty or otherwise not available, police patrols and emergency responses are provided by troopers assigned to the CSP Troop K district based in Colchester. Specialized units of CSP, such as detectives, major crime, fire investigations, canine, etc., are always available to respond when needed at no additional cost to the town.

Participation in the CSP resident trooper program ensures that the town is protected by a highly trained, well-equipped law enforcement agency. The two resident troopers are intimately familiar with the needs of the community and maintain close working relationships with town officials, town staff, the two fire companies, and the public school. CSP is responsible for

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<sup>21</sup> <https://training.fema.gov/emi.aspx>

providing cruisers and related equipment, communications services, training, and supervision of the resident troopers.

*Recommendation XVI-1.* The MRI study team recommends that the town continue to contract for police services through the Connecticut State Police resident trooper program.

## **XVII. Emergency Communications**

Emergency communications for SVFC and GLVFC are provided by Quinebaug Valley Emergency Communications (QV) in East Killingly. This regional dispatch center serves 45 fire and EMS organizations throughout northeastern Connecticut. The center provides the following services:

- Answering emergency 911 calls for fire and EMS
- Emergency medical dispatching services (providing emergency medical instructions such as CPR, bleeding control, childbirth, etc., over the phone to callers who are awaiting the arrival of first responders)
- Alerting (dispatching) of fire and EMS units
- Coordination of mutual aid, including special resources such as tanker task forces and mass casualty incident response
- Incident data management

By participating in the QV regional dispatch center, Salem residents receive rapid and efficient handling of their 911 calls. This ensures that the most appropriate level of response is dispatched to an emergency, and automatic aid and mutual aid resources can be called upon without delay and are coordinated effectively.

CT State Police communications are handled through the Troop K barracks in Colchester. Troop K and QV are directly linked to ensure that communications between fire, EMS, and law enforcement are coordinated.

*Recommendation XVII-1.* The MRI study team recommends that the town of Salem and its fire companies continue to utilize the resources of the Quinebaug Valley Emergency Communications dispatch center.

## **XVIII. Ongoing Disputes**

During our numerous interviews, the MRI study team learned of disputes, animosity and friction that exist between individuals and agencies that are affecting public trust, the recruitment and retention of volunteers, and the ability of boards and staff to complete their work without negative distractions. Our assessment is that some of the issues that have been brought to our attention are ancient history, are not in any way connected to the operation of the fire companies, have been previously adjudicated, or are based on rumor and miscommunication.

The town's leadership team, including the Board of Selectmen and the Board of Finance, have made considerable efforts to support and strengthen public safety services in Salem, and specifically, to support the two volunteer fire companies financially and administratively. As discussed elsewhere in this report, the first selectmen convenes monthly meetings with the fire chiefs to identify and resolve issues. The town has created full-time and part-time positions to cover fire and ambulance calls during daytime hours and to relieve volunteers of numerous administrative and operational responsibilities. The town's finance office coordinates purchasing, accounts payable, insurance, and human resource functions. The Board of Finance continues to support reasonable and justifiable operating and capital budget requests, and those requests are approved by the town meeting. Clearly, the citizens of the community are willing to pay for high quality fire and EMS services.

We are concerned that the ongoing litigation between the town and GLVFC is taking a toll on the public's perception of town government and its fire companies, is impacting the ability to recruit and retain volunteers, is distracting town staff and fire company leadership from their primary roles and responsibilities and is depleting financial resources that could be spent on public safety functions, including the purchase of a new ambulance. The MRI study team has never encountered a community where the leadership of a volunteer fire company (specifically, the Gardner Lake Volunteer Fire Company) holds the town leadership in such contempt and expresses so much bitterness about perceived wrongs and injustices, particularly when the town has demonstrated significant good faith efforts to move forward with positive support of the town's fire and EMS services. Meanwhile, the town has been placed at considerable risk by GLVFC's failure to purchase a much-needed new ambulance and its decision to divert ambulance transport revenues to cover litigation costs that were instigated by GLVFC against the town. The leadership of GLVFC is failing their own membership by continuing to foster discontent, which is an unacceptable distraction from their responsibility to provide professional, highly competent fire and EMS services that the citizens of Salem deserve. It is our hope that the recommendations identified in this management letter can be deliberated and acted upon collaboratively, respectfully, and without rancor by all parties.

## **XIX. Community Interviews**

Throughout the course of this project, the MRI study team conducted in-person or telephone interviews with thirty-four (34) individuals, including but not limited to:

- Members of the Board of Selectmen
- Past members of the Board of Selectmen
- Members of the Board of Finance
- Human Resources & Finance Administrator
- Municipal attorney
- Outside legal counsel

- Leadership of the Salem VFC
- Leadership of the Gardner Lake VFC
- Current and past members of the two fire companies
- Emergency management director
- Fire marshal staff
- Building official
- Town clerk
- Town staff members
- Full-time firefighter staff
- Part-time fire supervisory staff
- Resident trooper
- Fire union collective bargaining agent
- Interested citizens/residents

We take seriously all of the comments and suggestions that are directly related to the scope of this project. We heard a wide range of opinions and not everyone is in agreement on every issue. Our interviews did not constitute a scientifically designed survey but provided the study team with considerable insight and historical perspective on the issues that are facing the town and the fire companies. The following summarizes those comments and suggestions that are most relevant:

- Fire and EMS volunteers are greatly appreciated by the community
- Both fire companies are recognized for their commitment to the town and for their dedication to protecting the community
- There is good cooperation between fire, EMS, and law enforcement
- Both fire companies work well together at emergency incidents
- The town should make every effort to maintain a volunteer force
- The town cannot afford to have a fire-EMS department with 24/7 full-time coverage
- The fire companies should be merged into a single fire department
- The fire companies have too much equipment for the number of personnel that they have
- The legal dispute between the town and GLVFD is resulting in negative public opinion of SVFC
- The failure to purchase a new ambulance is a serious problem
- The loss of volunteers is a serious problem
- Some volunteers may not be physically capable of doing the job, and fit-for-duty standards should be established
- The town should have greater oversight over ambulance revenues and expenditures
- Personnel should be held accountable for rude and unprofessional behavior, particularly in their interactions with town staff and boards
- Two fire stations are needed because of the geographic size of the town



- The town should consider consolidating resources in one fire station
- GLVFC leadership should be more transparent with their finances and more cooperative with town officials
- The town exercises too much control over the independent, non-profit fire companies
- GLVFC should not be using ambulance revenues to pay for legal costs

## **XX. Summary of Recommendations**

### **III. Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis**

*Recommendation III-1.* The MRI study team recommends that the town update this SWOT analysis on an annual basis prior to the development of the annual budget. Input should be provided by the fire chief(s), fire marshal, emergency management director, resident trooper(s), town planner, and others. The SWOT analysis should be used to establish fiscal and operational goals and objectives for the coming year.

### **IV. Community Risk Profile**

*Recommendation IV-1.* The MRI study team recommends that the town and its fire companies conduct a review of the town's risk profile and emerging threats on an annual basis. Input should be provided by the fire chief(s), fire marshal, emergency management director, resident trooper(s), town planner, and others. The updated risk profile should guide decisions related to budget preparation, equipment needs, training, standard operating guidelines, and staffing.

### **VI. Town Oversight and Management of Fire and EMS Services**

*Recommendation VI-1.* The MRI study team recommends that the town initiate discussions with the two fire companies with the goal of consolidating all firefighting, rescue, and EMS functions under the administrative management of the town within one (1) year. We recommend that the following objectives be included in this initiative:

- Establishment of a single Town of Salem Fire-EMS Department. The existing personnel in SVFC and GLVFC would become members of Salem Fire-EMS Company 1 and Salem Fire-EMS Company 2, respectively.
- Establishment of a fire department organizational structure as identified in Section VIII of this management letter.
- Appointment of a full-time career fire chief by the first selectman.
- Transfer of all EMS functions, including ambulance response and patient transportation, to the Town of Salem Fire-EMS Department.
- Transfer of the CT OEMS PSA designation from GLVFC to the town.
- Transfer of ownership of the GLVFC fire station to the town.

- Transfer of ownership of the GLVFC ambulance to the town.
- Transfer of the administration of patient billing and revenue collection from GLVFC to the town. This would alleviate a tremendous burden on the volunteer leadership of GLVFC, would ensure that funds are under full municipal oversight, and would provide for complete transparency of the funding and financial operation of the ambulance service. The town should continue to utilize the services of a third-party ambulance billing service, based on competitive bidding for the service every three to five years. A multi-town bid for ambulance billing services should also be considered to reduce costs. The transfer of responsibilities and revenue could be completed in conjunction with the purchase of the new ambulance, provided that ownership of the new ambulance is transferred to the town.

Under this proposed organizational structure, the non-profit fire company entities could continue to exist to perform community service activities, fundraising in support of initiatives that are not funded by the town, sponsor social events for members and the public, and provide other support to current and retired members of each of the respective fire companies.

*Recommendation VI-2.* The fire service vehicles that are owned by the town should be rebranded with lettering, town logo, and/or town seal in addition to the current identifiers for SVFC and GLVFC. Following the recommended restructuring, all vehicles should be identified as “Town of Salem Fire-EMS Department” or similar branding.

*Recommendation VI-3. Ambulance Services Contract.* The town and GLVFC should take immediate steps to negotiate a new service contract that will be in effect until the establishment of a town fire-EMS department (as described in Recommendation VI-1). The terms of the contract should include, but not be limited to:

- a. Response metrics (goals for response times and percentage of calls answered)
- b. On-call crew coverage metrics
- c. Back-up ambulance coverage and mutual aid agreements, including mass casualty plan
- d. Use of the ambulance by Salem full and part-time firefighters/EMTs or other qualified personnel
- e. Billing policy, including for town residents
- f. Collection policy
- g. Write-off policy
- h. Ambulance replacement escrow fund
- i. Revenue sharing formula to cover town expenses for full-time firefighter ambulance coverage, vehicle maintenance, insurance, etc.
- j. Expense and revenue reporting requirements
- k. Audit requirements

## VII. Volunteer Recruitment and Retention

*Recommendation VII-1. Enhanced Funding of Volunteer Firefighter and EMT Recruitment and Retention Initiatives.* The MRI study team recommends that the town continue to fund and fully support a robust volunteer recruitment and retention program. Both fire companies are seeking new members from the same pool of citizen recruits, so it makes sense to combine their limited resources. Public perception that both companies are collaborative and well-coordinated in their service to the town will greatly enhance recruitment possibilities. The MRI study team strongly encourages the use of recruitment and retention resources that are available from the National Volunteer Fire Council (NVFC)<sup>22</sup>. The town, SFVC, and GLVFC should collaborate on creating incentives and public recognition that acknowledge long-standing service, meritorious actions, promotions, certifications, and the like. A joint town/fire company committee should be established to oversee recruitment and retention efforts. The town's full-time and part-time firefighter/EMTs should be directed to provide mentoring, encouragement, and support to the volunteer firefighters and EMTs.

## VIII. Fire Company Organization and Staffing

*Recommendation VIII-1.* When the recommended reorganization of fire and EMS services occurs (see Section VI, above), the MRI study team recommends that the job titles and responsibilities of both fire companies (other than the boards of the non-profit associations) be realigned so that they are the same in both companies. Position descriptions should be established that identify the knowledge, skills, and abilities (KSAs) that are required for each rank or assignment. Incident command responsibilities should be clearly defined and aligned with the National Incident Management System (NIMS).

*Recommendation VIII-2.* When the recommended reorganization of fire and EMS services occurs (see Section VII, above), the MRI study team recommends that the town hire a full-time fire chief. Each fire company would be led by an on-call volunteer deputy fire chief. The town should consider establishing a modest but reasonable annual stipend for the EMS coordinator position.

*Recommendation VIII-3.* The MRI study team recommends the establishment of an EMS coordinator, chosen from the ranks of the volunteer EMTs. This individual would be responsible for overseeing EMS training and certification, as well as supporting efforts to recruit and retain EMTs. The town should consider establishing a modest but reasonable annual stipend for the EMS coordinator position.

*Recommendation VIII-4.* The scheduling of two (2) full-time firefighter-EMTs to cover daytime weekday shifts has successfully filled a gap caused by the non-availability of volunteers during

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<sup>22</sup> National Volunteer Fire Council website: [www.nvfc.org](http://www.nvfc.org)

these hours. However, vacations, sick leave, ambulance calls, and out-of-town training time result in coverage lapses on a regular basis. The MRI study team recommends that the town once again apply for a FEMA Staffing for Adequate Fire and Emergency Response (SAFER) grant to fund two additional firefighter-EMTs. This would ensure that two firefighter-EMTs are on duty during the required hours. During times when more than two firefighters are on duty, the response to fire and EMS emergencies will be enhanced to the benefit of the town and will result in coverage when the ambulance is out of town.

## **IX. Apparatus and Equipment**

*Recommendation IX-1.* The MRI study team strongly recommends that GLVFC immediately initiate an expedited purchase process that includes the following:

1. Develop purchase specifications that are compliant with General Services Administration (GSA) standard FED-STD KKK-A-1822F and NFPA 1917. The initial focus should be placed on chassis specifications.
2. Place an order for a vehicle chassis. This could shorten the estimated delivery time for the ambulance.
3. Consider utilizing existing specifications and pricing that have been established by public purchasing pools such as Sourcewell<sup>23</sup> or the Metropolitan Area Planning Council/Fire Chiefs Association of Massachusetts (MAPC/FCAM) Collective Purchasing Program<sup>24</sup>. This could shorten the specification development and purchasing time frame.
4. The purchase contract for a new ambulance should be executed as soon as possible. Upon delivery, ownership of the ambulance should be transferred to the town as a condition of the establishment of a town-operated fire department. Alternatively, the town and GLVFC could agree to a transfer of funds from GLVFC ambulance revenues so that the town could purchase the ambulance.

*Recommendation IX-2.* The MRI study team recommends that the town should take immediate steps to acquire a replacement ambulance that can be placed in service until the delivery of a new, custom ambulance. It may be possible to purchase a demonstrator unit from a dealer or manufacturer or purchase a relatively new but used unit from a dealer, a municipality, or a private EMS service. Several ambulance services in New England are going out of business (Lower Cape Ambulance Association in Provincetown, MA and DiLuzio Ambulance Service in Keene, NH), so a suitable used ambulance may be available from one of those services. Because the financial stability of commercial EMS services is at great risk throughout the United States, there may be other opportunities to acquire a used ambulance.

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<sup>23</sup> [www.sourcewell-mn.gov](http://www.sourcewell-mn.gov). The town is a registered user of the Sourcewell purchasing system.

<sup>24</sup> <https://www.mapc.org/public-works-collective-purchasing-program/>

*Recommendation IX-3.* The MRI study team recommends that the town should operate a primary ambulance and a reserve ambulance. The reserve ambulance would be placed in service when simultaneous ambulance calls occur or when the primary ambulance is out of service for maintenance.

*Recommendation IX-4.* The MRI study team recommends that ambulances should be included in the town’s capital equipment replacement plan. Based on the considerations described above, a new ambulance should be purchased every four (4) to five (5) years. The reserve ambulance should be retired after 8-10 years of service (4-5 years of front-line service and 4-5 years of reserve service).

*Recommendation IX-5.* The MRI study team recommends that fire apparatus should be retired after 15 to 20 years of service. Service vehicles and utility vehicles should be replaced as needed based on age, mileage, condition (mechanical and physical), and type of use.

*Recommendation IX-6.* The MRI study team recommends that the town and the fire companies should establish uniform risk management policies and procedures that address vehicle operations. The policies and procedures, at a minimum, should include:

- Vehicle operation training
- Testing (written and practical) for authorization to operate vehicles, based on the specific vehicle classification
- Incident reporting requirements that include notification to the fire chief, first selectman, human resources/finance administrator
- Post-incident “lessons learned” review
- Disciplinary procedures, and
- Insurance company notification procedures

*Recommendation IX-7.* The MRI study team recommends that fire apparatus be distributed as shown below. Support units should be assigned to a station based on the availability of personnel and space available in the station.

Station 1	Station 2
Engine Tanker 121: 2019 Pierce-Arrow 2000gpm pump; 1000 gal. water tank	Engine Tanker 127: 2000 Ferrara 1250gpm pump; 1000 gal. water tank
Tanker 121: 1999 Freightliner 2000gpm pump; 2500 gal. water tank	Tanker 127: 2017 KME 1250gpm pump; 3500 gal. water tank
Ladder 121: 2009 75’ aerial 2000gpm pump; 300 gal. water tank	
Reserve ambulance (to be acquired)	Rescue 127: 2012 Dodge AEV Ambulance

*Table 7. Proposed apparatus assignments.*



Support Units:

- 1 Command vehicle—full-size SUV (to be acquired)
- 1 Forestry unit
- 1 Fire-Police pick-up truck
- 1 Pick-up truck with plow
- 1 Utility all-terrain vehicle
- 1 Boat with trailer

*Note:* in all cases, the fire chief shall have the authority and discretion to assign apparatus based on operational needs and staffing capabilities.

*Recommendation IX-8.* The MRI study team recommends that funds should be appropriated in FY2025 for the replacement of the 2000 Ferrara (ET-127) with a new engine tanker that is equipped with a 2000gpm pump and a 1000-gallon tank. The town would then have an up-to-date front-line engine-tanker in each fire station.

If the town and the fire companies are successful in increasing the volunteer ranks with qualified firefighters, consideration should be given to replacing the 1999 Freightliner (T-121) with a similar capacity tanker in FY2026. If the fire companies do not have adequate personnel to staff and operate this apparatus, or if the vehicle is unsafe or mechanically unsound, T-121 should be taken out of service and disposed of.

As with ambulance purchases, the delivery time for custom fire apparatus is currently a minimum of two (2) years.

*Recommendation IX-9.* The MRI study team applauds the town for establishing an annual level of funding for personal protective equipment (PPE) and self-contained breathing apparatus (SCBA). This equipment requires regular replacement based on use and age. For health and safety reasons, new personnel should always be provided with new PPE. We recommend that this funding should be continued each fiscal year.

**X. Firefighting Operations**

*Recommendation X-1 -Coordination of Fire Company Operations.* Operational effectiveness and firefighter safety can only be accomplished with the implementation of up-to-date standard operating guidelines (SOGs), enforceable safety policies and procedures, and regular training and drilling. For all intents and purposes, the SVFC and GLVFC should function as a single, cohesive unit. While the MRI study team has learned anecdotally that both fire companies work well at emergency incidents, this cannot be verified without evidence of aligned policies, procedures, and training. Therefore, the following actions should be taken immediately:



- a. Establish a single set of SOGs that are followed by both fire companies within six (6) months. The SOGs should include procedures for incident command that are consistent for both fire companies and the full-time firefighters.
- b. Establish a joint occupational health and safety committee. The committee should be tasked with developing safety policies and procedures that apply to both fire companies and the full-time firefighters. The committee should review all occupational injuries and recommend changes to policies, procedures, and training if warranted.
- c. Establish a joint schedule for fire and EMS training. This can be accomplished by the appointment of a training officer for each fire company and the ambulance, or by the establishment of a joint training committee. Training should be aligned with NFPA standards, state training curricula, and certifications for fire and EMS, and established EMS protocols.
- d. Establish a joint firefighter and EMT recruitment program.
- e. Establish a common software platform for fire incident reporting, training and certification records, vehicle and building maintenance records, fire pre-plans, etc.

## **XII. Fire Stations**

*Recommendation XII-1.* The MRI study team recommends that consideration be given to installing an automatic fire sprinkler system in both fire stations.

## **XIII. Mutual Aid and Regional Teams**

*Recommendation XIII-1.* The MRI study team recommends that the town continue to support the participation of SVFC and GLVFC in the New London County Fire Chiefs Association and the mutual aid plan. Both fire companies should take advantage of the training and educational programs that are offered by the Association.

## **XIV. Fire Marshal**

*Recommendation XIV-1.* The MRI study team recommends that the town of Salem continue to participate in the multi-town fire marshal mutual aid agreement.

*Recommendation XIV-2.* The MRI study team recommends that the town of Salem maintain a fire marshal staff that includes one fire marshal and two or more part-time deputy fire marshals.

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*Recommendation XIV-4.* The MRI study team recommends that the town continue to fund training and professional development opportunities for the fire marshal staff.

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*Recommendation XV-3.* The MRI study team recommends that the town should continue to support ongoing training and professional development for the emergency management director, including but not limited to participation of in-person courses at the FEMA Emergency Management Institute (EMI)<sup>25</sup>.

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<sup>25</sup> <https://training.fema.gov/emi.aspx>



## **XVI. Police Services**

*Recommendation XVI-1.* The MRI study team recommends that the town continue to contract for police services through the Connecticut State Police resident trooper program.

## **XVII. Emergency Communications**

*Recommendation XVII-1.* The MRI study team recommends that the town of Salem and its fire companies continue to utilize the resources of the Quinebaug Valley Emergency Communications dispatch center.

We wish to thank you, the members of the board of selectman, board of finance, town staff, town attorney, and the members of the volunteer fire companies for the assistance, insight, and cooperation that has been provided during this study.

We look forward to your comments and are available to answer any questions or concerns that you might have.

With kindest regards,

Brian Duggan  
MRI Director of Fire Services

## MRI Team Profiles

### Director of Fire Services

**Brian P. Duggan** recently retired from the Fire Department in Northampton, Massachusetts where he has instituted substantial changes to modernize and restructure the entire department including equipment, facilities, personnel, and training. In conjunction with his staff, Brian has created a regional Advanced Life Support Program that currently serves eighteen communities within the Northampton Area. He formerly commanded the Northborough, Massachusetts, Fire Department, and has significant experience with the Massachusetts Department of Fire Services where he held several key positions. Mr. Duggan developed and directed the Graduate and Undergraduate Fire Science Programs at Anna Maria College in Paxton Massachusetts from 1995 - 2003. Mr. Duggan has a Business Management/Fire Science degree from Providence College and a Master's Degree of Business Administration (MBA) from Nichols College in Dudley, Massachusetts. He is also a graduate of the National Fire Academy Executive Fire Officer Program and the Senior Executive Program for State and Local Leaders at Harvard University. In December 2012, Mr. Duggan received a Master's Degree in Homeland Security through the Naval Post Graduate School based in Monterey, California, where his thesis entitled "*Enhancing Decision-making during the First Operational Period of Surge Events*" was selected as an outstanding thesis. He is one of only a few fire service professionals to be designated as a Chief Fire Officer by the Commission on Fire Accreditation International. He leads the Massachusetts fire service through his affiliation as Chairman of the Fire Chief Association of Massachusetts Technology Committee and as a Regional Director on the Massachusetts State Fire Mobilization Committee. Mr. Duggan has authored several publications, inclusive of writing Section 7, Chapter 3, Fire Department Information Systems, in the Nineteenth and Twentieth Editions of the National Fire Protection Association's Fire Protection Handbook. Chief Duggan has served as a subject advisor to MRI since 2002.

**Donald P. Bliss** is a subject-matter expert providing support for the project teams at Municipal Resources, Inc. (MRI), a municipal management consulting firm based in Plymouth, NH. He retired in July 2019 as vice president for field operations at the National Fire Protection Association, Quincy, MA where he oversaw NFPA's international division and NFPA's regional operations in the U.S. and Canada. NFPA is a worldwide leader in fire, electrical, building, and life safety. The mission of the international non-profit, non-government organization founded in 1896 is to eliminate deaths, injury, property and economic loss due to fire, electrical and other hazards by providing and advocating consensus codes and standards, research, training, and education; and by partnering with others who share an interest in furthering the NFPA mission.

Prior to joining NFPA, Bliss was a senior project manager and public safety consultant with MRI, participating in numerous fire department assessments and fire chief recruitments. He also

chaired various technical committees at NFPA, including the technical committee on cultural resources. He served on the NFPA board of directors, NFPA Standards Council and the Fire Protection Research Foundation board of trustees.

From 2003 to 2012, he served as the director of the NI2 Center for Infrastructure Expertise, a not-for-profit applied research group based in Portsmouth, NH dedicated to strengthening the security and resiliency of the nation's built critical infrastructure and key resources. Bliss was responsible for managing federal and state funded projects that included the Canada-US Cargo Security Project, the CARVER2® critical infrastructure risk assessment tool, the SMART School Tool®, and an in-depth assessment of cross-border critical infrastructure protection and emergency response capabilities between the US and Canada.

Bliss served as the New Hampshire State Fire Marshal from 1992 until 2003, responsible for overseeing fire investigations; fire, building and electrical code enforcement; and public fire safety education efforts throughout the state. He has served as president of the New Hampshire Association of Fire Chiefs, the New England Association of Fire Chiefs and the National Association of State Fire Marshals, and chair of the NH EMS Coordinating Board. In the wake of the tragic events of September 11, 2001, he took over responsibility for New Hampshire's emergency management and homeland security efforts. He also served as homeland security advisor to both Governor Jeanne Shaheen and Governor Craig Benson.

From 1983 to 1992, Bliss served as the fire chief in Salem, New Hampshire. From 1989 to 1992, he served as both fire chief and the town's emergency management director. From 1980 to 1983, Bliss served as the director of the University of Connecticut Fire Department and as fire marshal for the University of Connecticut System. He began his career with the Durham-UNH Fire Department in 1970, rising from call firefighter to fire marshal/deputy chief. During his time in Durham, he also volunteered as an EMT with the Durham Ambulance Corps (now known as McGregor EMS) and served in various leadership positions, including president.

Bliss has served as a subject matter expert on critical infrastructure protection with the Mobile Education Team of the Center for Homeland Defense Studies at the U.S. Naval Postgraduate School and was an adjunct professor in the graduate public administration program at the University of New Hampshire. He currently serves on the Federal Emergency Management Agency (FEMA) National Advisory Council, is a Senior Distinguished Fellow at Northeastern University's Global Resilience Institute and serves on the board of directors of McGregor EMS in Durham, NH.

Bliss received a Bachelor of Arts in political science from the University of New Hampshire in 1973 and a Master of Public Administration degree, also from the University of New Hampshire, in 1979. He has completed numerous courses at the National Fire Academy in Emmitsburg, Maryland

**Patrick J Purcell** serves as the Fire Chief and Emergency Management Director for the Town of Westborough, Massachusetts. The Town of Westborough Fire Department, which provides full fire, rescue, emergency medical services, and public safety dispatch, is staffed by 45 career firefighters and 9 career public safety dispatchers who serve a residential population of 19,100 and a large transient population, primarily during the daytime hours. During his career Pat has administered an annual fire department budget of nearly \$5 million. Pat had also served as a paramedic for Worcester EMS and Life Flight Helicopter at UMass Memorial Health Care for 24 years. He has an associate degree in Paramedic Science from Quinsigamond Community College, a bachelor's degree in Criminal Justice and Graduate Degree in Fire Service Administration from Anna Maria College. He is a graduate of the Chief Fire Officer Program administered by the Edward J. Collins Center for Public Management at UMass Boston and the Massachusetts Department of Fire Services. He is a member of the International Association of Fire Chiefs and the New England Association of Fire Chiefs. Pat has a diverse background and expertise in Firefighting, EMS, Dispatch, Emergency Planning and Operations, Grant Writing, and Municipal Finance and Government and Labor/Management relations. In addition, he has been instrumental in developing a joint public safety dispatch center for the Town of Westborough and has participated in a number of municipal assessment centers.

### About MRI

MRI was founded in 1989 by six former municipal and state government managers, with both public and private, professional experience. MRI provides professional, technical, and management support services to municipalities, schools, and non-profit organizations throughout the Northeast. MRI provides technical knowledge and practical experience that others cannot offer because it hires the best in the municipal consulting industry. This is evidenced by a high level of implementation of MRI's recommendations by its clients. MRI's clients have come to expect the organization to provide for whatever they need, and it fulfills their expectations.

MRI's dynamic management staff adapts services to specific client needs. Clients realize that MRI has been in their shoes and has the experience, sensitivity, and desire that it takes to develop and deliver services that specifically meets their needs. The depth of MRI's experience is reflected not only in the experiences of its associates, but in the scope of services it provides its clients, from professional recruitment to organizational and operational assessments of individual municipal departments and school districts, or ongoing contracted services for various municipal government and school business support activities. Municipal Resources has a particularly strong public safety group with nationally recognized expertise in fire and emergency medical services.

MRI's professional staff is always focused on helping its clients solve problems and provide solutions for their future success. We simply work to gain an understanding of past events to build a framework for future success. We do not put forth idealistic, unachievable, or narrowly focused solutions.

### MRI'S Philosophy

Municipal Resources, Inc. is committed to providing innovative and creative solutions to the problems and issues facing local governments and the agencies that serve them.

The purpose of MRI's approach is to supplement the efforts of municipal employees and other personnel and enable them to do their jobs well. MRI is committed to supporting and enhancing positive, sustainable communities through better organization, operations, and communication. This is achieved by:

- Supporting towns, cities, counties, school districts and other community service agencies with management and technical services to facilitate constructive change within client organizations.
- Conducting studies and analyses designed to assist clients in achieving organizational improvement.
- Advocating and advancing cooperation, coordination, and collaboration between government organizations and related community support agencies.
- Maintaining a staff of highly qualified professional, experienced and open-minded life-long learners to serve as consultants and advisors to clients.
- Maintaining awareness and understanding of advances in "best practices" for delivery of all levels of core community services and related professional management.
- Developing and refining techniques for effective community engagement, information dissemination, and constructive change.

## Objectives

1. To help municipalities and agencies obtain maximum value for limited tax dollars.
2. To identify and help communities manage the risks associated with public safety functions.
3. To raise public awareness of the value and professionalism of their municipal resources.
4. To help local leaders develop and execute plans that best meet their community's needs, given available resources.

