



Annual Report

FY2020

Jefferson County Emergency Services Agency
419 Sixteenth Ave, Ranson, WV 25438

Mission Statement

The Mission of the Jefferson County Emergency Services Agency (JCESA) is to assist the Jefferson County volunteer fire departments in providing fire and emergency *medical services to all citizens and visitors of Jefferson County, West Virginia. JCESA and the fire departments will provide these services in a non-discriminatory manner with compassion, integrity and commitment to all those in need in a timely and professional manner.*

From the Director

Jefferson County Emergency Services Agency (JCESA), in the eastern panhandle of West Virginia, serves an ever-growing mixture of citizens and visitors to our farms, history-rich towns, bustling businesses, and Federal agencies-including parks. Like the County itself, JCESA has a proud heritage of tradition while always advancing on our quest to deliver the highest quality service with compassion and integrity. JCESA is proud to serve in partnership with our County's seven Volunteer Fire Departments who are dedicated to the wellbeing of every person on every call.

It is my goal as the Director to have our emergency services employees deliver the best services for our customers with impartiality and excellence and continue to promote the highest standards of safety and welfare to all. I want our workforce to remain efficient and effective in the utilization of our resources here in Jefferson County as we continuously improve public confidence and trust.

This annual report is prepared for our Board, our partners, and the community, to express the milestones of fiscal 2020 and look to the future with our fiscal 2021 goals.



A handwritten signature in blue ink, appearing to read "Allen K. G." with a stylized flourish at the end.

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Who We Are

JCESA is a component unit created by ordinance of the Jefferson County Commission under the authority of West Virginia Senate Bill 224. JCESA is funded by the County Commission through general revenue and an Ambulance Fee, also created by ordinance of the Commission.

JCESA provides staffing and support to the seven independently incorporated volunteer fire organizations in Jefferson County. JCESA does not own the fire stations, fire apparatus, or ambulances. These assets are owned and managed by the volunteer organizations, each being a WVOEMS licensed EMS agency and recognized Fire Department, who are funded through various sources including the County Commission, WV Fire Marshall, ambulance billing revenue, and significant fundraising efforts.

JCESA is WVOEMS licensed Emergency Medical Services agency and recognized by the WV State Fire Marshall as a Fire Prevention Unit, which is the classification established by WV statute allowing an organization without a designated fire response district to perform fire suppression activities under the jurisdiction of and alongside existing fire departments.

Field Staff

The foundation, core, and heart of the Agency are the professional field staff, assigned to the seven volunteer stations, which includes Firefighter/Emergency Medical Technicians (FF/EMTs), Firefighter/Paramedics (FF/Paramedics), and the Lieutenants who also function as front-line Firefighter/Paramedics.

In addition to the full-time field staff, the Agency maintains a roster of approximately thirty part-time FF/EMTs and FF/Paramedics who fill standing vacancies built into the schedule design to be filled with part-time staff and vacancies created by full-time leave.

Administration

The Director, Executive Administrative Assistant, Volunteer Recruitment & Retention Grant Coordinator, Operations Commander (Captain and FF/Paramedic), and Education & Compliance Officer (Captain and FF/Paramedic) are assigned to the centrally located JCESA building.

Board of Directors

Oversight for the Agency is provided by a volunteer board of directors appointed by the Commission. For FY20, the members of the board were:

Elliot Simon (Chair), Citizen representative

Tricia Jackson (Vice-Chair), Citizen representative

Craig Simpson (Treasurer), EMS representative

Jane Tabb, Commission representative

Bob Faas, Fire representative

Tony Troxel, Citizen representative

Marney Treese, MD, Medical Director

Mike Mood, JCFRA representative

In January of 2020, Mike Mood was replaced by Josh Smith, who was subsequently replaced by Ronnie Shutts. The Board meets monthly on the third Tuesday at 7:00 pm in Classroom I of the JCESA Building.

The Evolution of JCESA

Jefferson County is fortunate to have the established volunteer fire departments who have created an infrastructure over the last 200+ years including buildings, apparatus, the equipment needed to respond to a variety of hazards and emergencies, and strong relationships within the communities they serve.

As incident volume increased locally and volunteerism waned nationally, the volunteers worked to establish what would become the Jefferson County Ambulance Authority (JCAA), created by ordinance of the Commission in 1995 to provide supplemental staffing for EMS response. The volunteers also identified occasional shortages of fire suppression personnel and observed that many of the JCAA employees were qualified firefighters and some were experienced drivers of heavy apparatus, but were not legally permitted to function in those roles while on-duty as JCAA employees regardless of the circumstances.

The volunteers championed for change resulting in WV Senate Bill 224 in 2008, which allowed the creation of a joint Emergency Services Board in Jefferson County. By ordinance, the Commission dissolved the Ambulance Authority (JCAA) and Created the Emergency Services Agency (JCESA) in 2009.

In 2015 the Director appeared before the WV Fire Commission with a signed MOU amongst JCESA and all seven volunteer departments and received approval for JCESA as a Fire Prevention Unit. In 2016 JCESA personnel began functioning in fire suppression as well as EMS.

Advisors

The Board and staff receive legal advice from Nathan Cochran, Jefferson County Assistant Prosecuting Attorney. Strategic and long-range financial guidance is provided by Robert Baker. Informal consultation and advice are also received from a myriad of chief officers in the fire service – regionally and nationally, executives, and other experts with whom the senior staff has built relationships throughout their careers.

The Community We Serve

Jefferson County West Virginia is a bedroom community to Washington, D.C. with most of its workers commuting over 35 minutes to work. The population at the beginning of FY20 is estimated to be 57,146 by the US Census Bureau. Approximately 27% of the residents are elders over 65 or disabled persons. People in these categories are often susceptible to increased medical challenges, and therefore may request emergency services at a higher rate.

Jefferson County has been a steadily growing community for the past forty years with numerous housing developments and new industrial sites and federal government facilities springing up.

We are a mix of small-town and rural areas, with an average of 255 persons per square mile compared to the West Virginia average of only 77 persons per square mile.

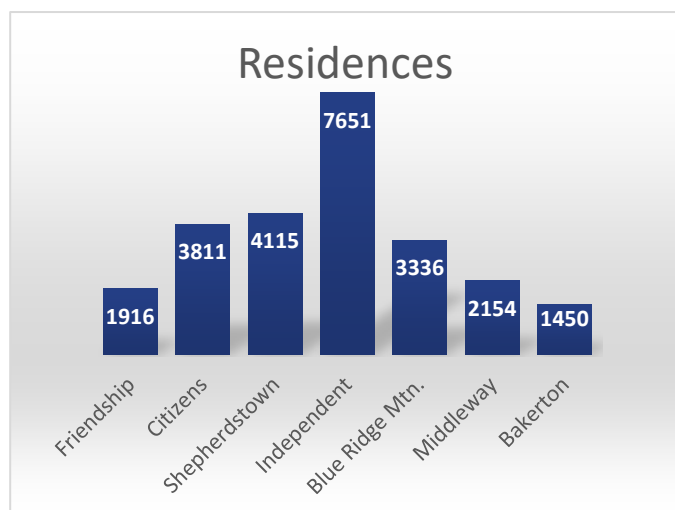


Figure 1 Number of residences by primary response area.
[Source: GIS]

The mix of small-town, rural, and areas in between, is evident within our county in the distribution of residences within the primary response areas of each volunteer fire company. Independent, located in Ranson, serves the area with the greatest population density and the highest total number of residences. Shepherdstown serves the next highest number of residences, followed by Citizens and Blue Ridge. The number of residences served by Friendship, Middleway, and Bakerton combined total slightly less than the number served by Independent. Figure 3 illustrates the total number of residences within each volunteer fire company's primary response area.

It Takes A Team

JCESA, in partnership with seven volunteer fire departments, strives to create a cooperative team environment with each and every member working toward the goal of continuous quality improvement in the areas of service to all residents and visitors; training to maintain and advance our skill, and comradery to buoy our resilience and ability to stay focused during the most challenging calls.

We are working together to reduce response times, improve emergency responder safety and ensure cost efficiency in our daily business practices.

*It is often said of the fire service, that we go into situations that other people are running out of. We respond on what is the worst day ever for the people we seek to help. This mission takes courage, dedication, and most importantly – **teamwork.***

What we do

Field Staff Deployment

Through additional funding by the Commission, frugal spending by the JCESA, and conversion of budgeted part-time hours, 4 additional full-time field providers were added at the start of FY20. This increased the FF/EMT staffing at Station 4 from 10hrs per day to 24hrs per day, 7 days per week.

With a 24- hour FF/Paramedic already in place at Station 4, the increase in BLS staffing resulted in sufficient personnel at Station 4 to fully staff an ALS ambulance 24/7 in the most heavily populated area with the highest call volume.

Additionally, staffing at Station 1 was increased from a single BLS provider 56 hours per week to 84 hours per week. In total, 6,552 hours of coverage were added as a result of increasing the full-time field staff headcount from 25 to 29 and reducing the part-time hours from 1.9 FTEs to 0.9 FTEs. An additional benefit of this change was a reduction in reliance on part-time hours, meaning there were about half the standing vacancies in the schedule to be filled each week.

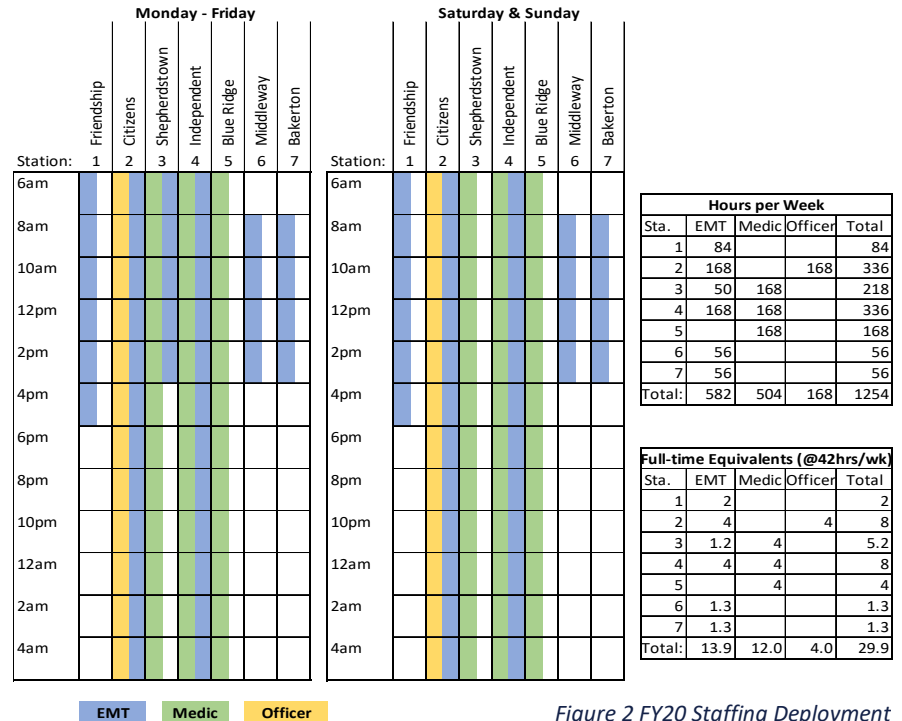


Figure 2 FY20 Staffing Deployment

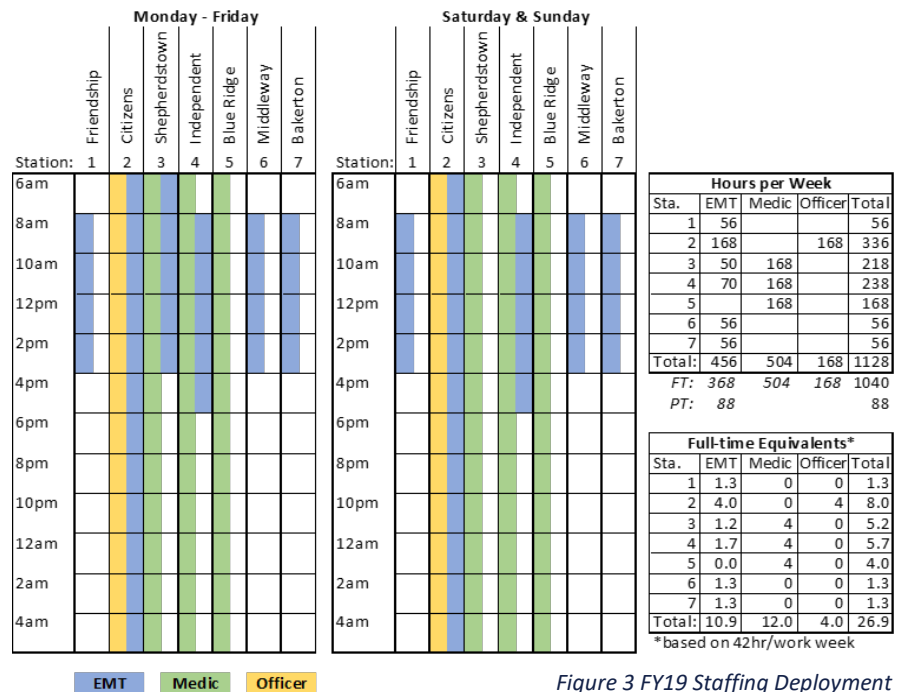


Figure 3 FY19 Staffing Deployment

Emergency Incidents

In FY20, there were 6,706 incidents. 5,380 (80%) were EMS incidents and 1,326 (20%) were fire incidents. Through Emergency Medical Dispatch (EMD), 4,192 (78%) of the EMS incidents were assigned an acuity level of Bravo or higher, requiring an Advanced Life Support (ALS) response. Of the 1,326 fire type incidents, 82 (6%) were dispatched as structure fires, 251 (19%) were fires that did not involve structures, and 576 (43%) were automatic alarms or odor investigations.

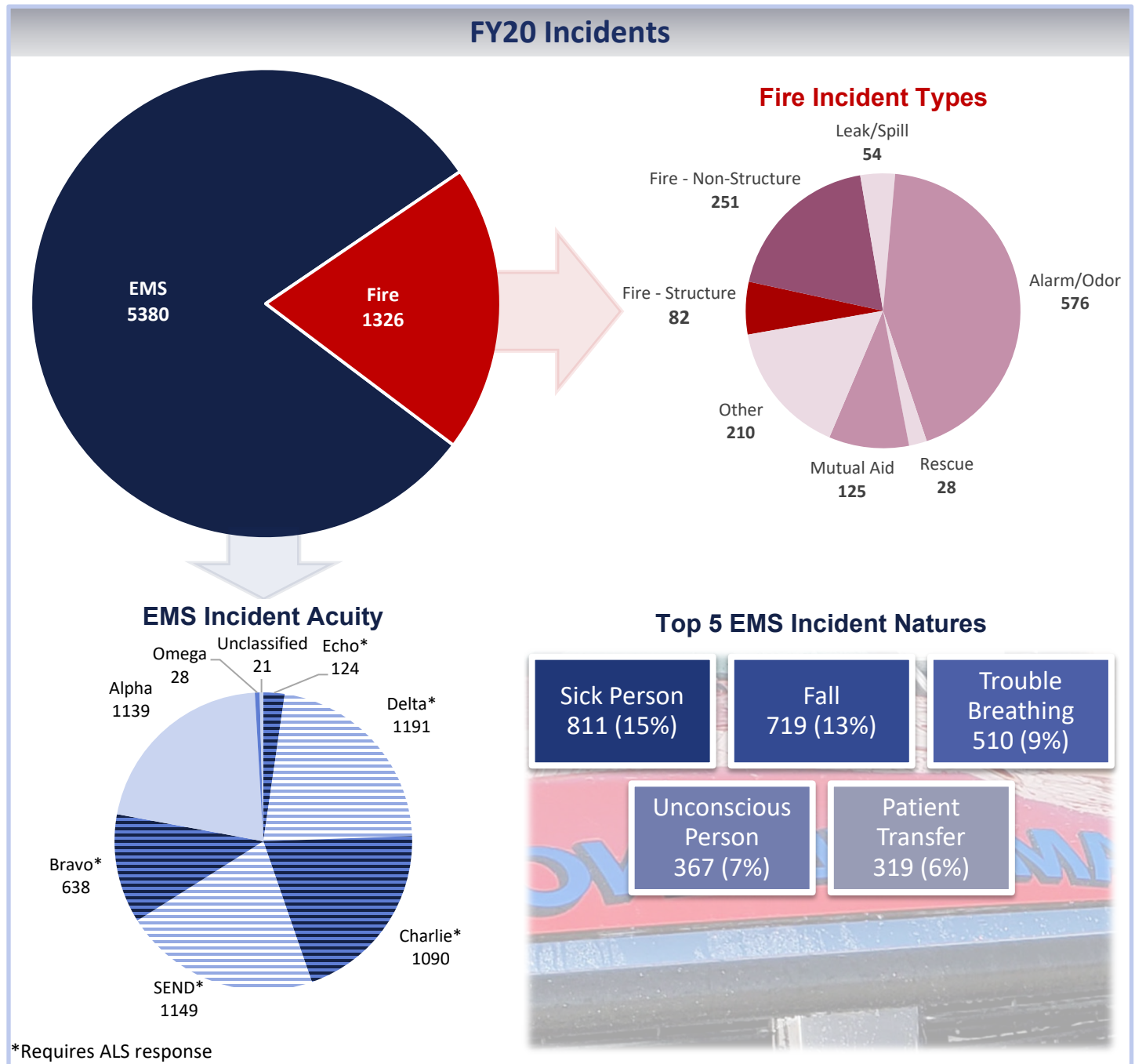


Figure 4 FY20 Incidents by Type. [source: CAD]



Geographical Distribution

The seven volunteer fire organizations maintain stations throughout the county. JCESA field staff are assigned to and respond from these stations which include:

Station	Organization	Location
1	Friendship Fire Company	Harper's Ferry
2	Citizens Fire Company	Charles Town
3	Shepherdstown Fire Department	Shepherdstown
4	Independent Fire Company	Ranson
5/5-1	Blue Ridge Mtn. Vol. Fire Dept.	Blue Ridge Mtn.
6	Middleway Vol. Fire Co.	Middleway
7	Bakerton Fire Department	Bakerton

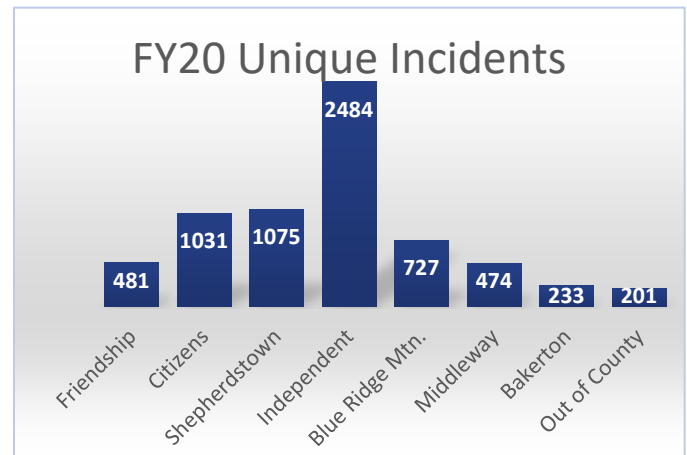


Figure 5 Number of unique incidents by primary response area.
[Source: CAD]

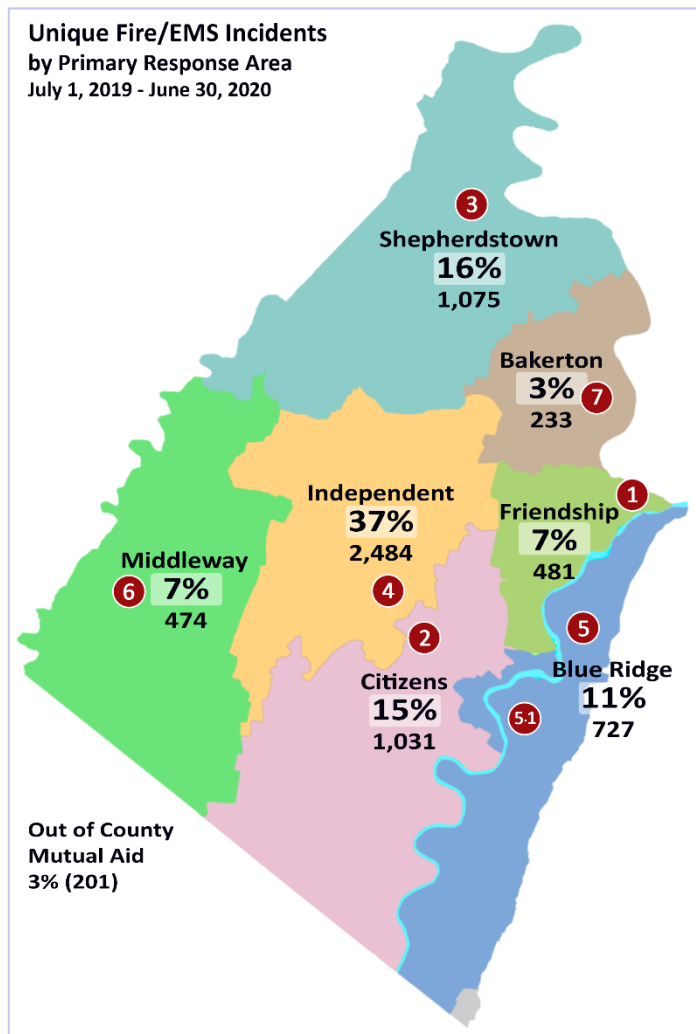


Figure 6 Station & unique incident map [Source: CAD/GIS]

Figure 6 illustrates the location of the volunteer fire stations and their primary response areas within the county along with the number of unique incidents within those areas during FY20. *Unique incident* means each incident is counted only once and is attributed to the jurisdiction in which the incident is located. For example, an EMS incident that occurs at Mildred & Fifth is counted as one incident and attributed to Independent Fire Company's response area, regardless of how many companies were dispatched or 'added on' to the call.

The number of incidents within each fire company's primary response area (figure 5) reveals a strong correlation to the number of the residences (figure 3.)

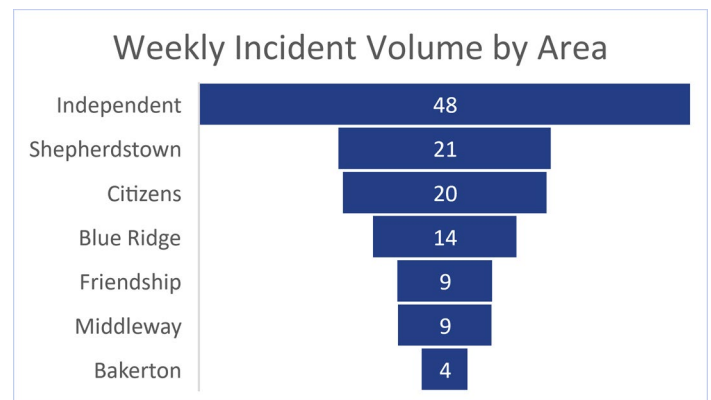


Figure 7 Average unique incidents per week by area [Source: CAD]



Crew Composition

Emergency incidents are mitigated by crews composed of all volunteer responders, all JCESA field staff, or a combination of the two (a mixed crew), based on volunteer availability at the time of the incident. The chart in figure 4 illustrates the crew composition for EMS incidents in FY20 and previous fiscal years. The partnership between the volunteer companies and JCESA is demonstrated in the number of incidents that are handled by a mixed crew – volunteer and ESA working together and physically making up the team.

In addition to clearly highlighting the partnership of volunteer and Agency responders, this data also provides insight into the increasing workload of Agency staff.

While total incident volume within Jefferson County has remained relatively consistent in recent years, the number of EMS incidents that Agency field staff are mitigating has risen significantly. In FY14, a JCESA provider filled the role of driver and/or primary attendant on 60% of EMS incidents (2,550.) In FY20, a JCESA provider filled the role of driver and/or primary attendant on 96% of EMS incidents (4,784.)

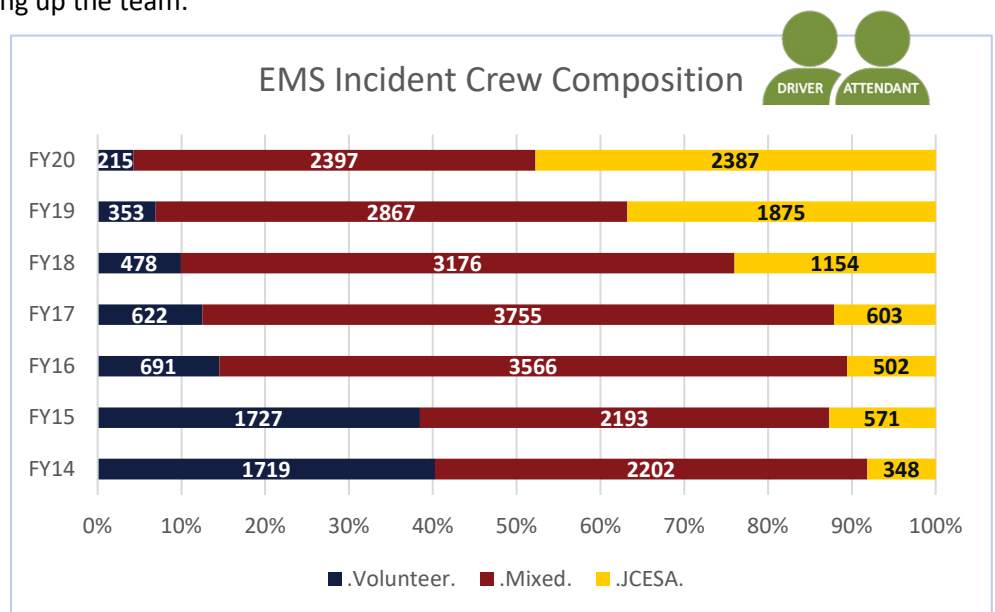


Figure 8 EMS Crew Composition. [source: ESO]

Another way to look at the distribution of workload is to multiply the number of EMS incidents by the number of crew members required to mitigate the call, which is 2 (a driver and a primary attendant.) This calculation reveals that in FY20 9,998 personnel units were required to mitigate the 4,999 incidents reported above (2 personnel, a driver and a primary attendant, for each incident.) JCESA providers accounted for 7,171 of those 9,998 personnel units.

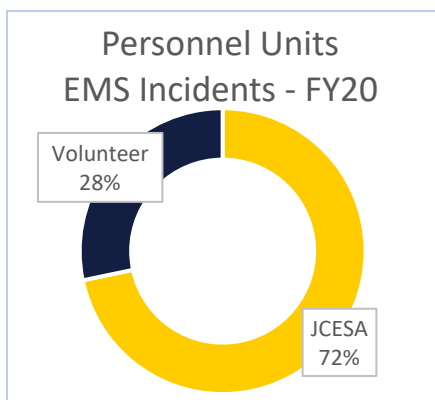


Figure 9 EMS crew composition by personnel units.

Our volunteer partners have been candid about the decreasing number and availability of volunteer responders. As mentioned earlier in this report JCESA came into existence at the request of the volunteer leadership based on their observations and predictions regarding volunteer responder availability which were, and continue to be, accurate.

This information is collected from the electronic patient care report (ePCR) data, which is entered by the primary attendant following an incident through vendor software, ESO Solutions. The number of records in the ePCR system is less than the number of incidents recorded in CAD data because not every incident dispatched result in an ePCR. The calculations here are based on the premise that each EMS incident requires a driver and a primary attendant. These are the two positions required by law to staff an ambulance during transport and the common crew size nationally for most EMS calls. Only those two positions (driver and

primary attendant) are evaluated for this calculation. However, there are many occasions where additional volunteer responders or Agency field staff will respond to the scene and sometimes accompany the crew during transport to assist with patient care. That personnel is not reflected in these calculations because, while their assistance is often beneficial to crew safety and the outcome of the patient, they are in excess of the minimum required personnel to execute the response and transport.

Since the source of this information is ePCR data and an ePCR is not completed for fire-type incidents, crew composition data is not presently available for fire-type incidents. We hope to include it in future reports.

Education & Training

In FY20, JCESA held 74 training sessions representing 34 unique courses – some courses were held multiple times throughout the year. 368 course-hours of training were offered. Our conglomerate of 19 instructors served 305 unique students who, combined, received a total of 3,951 hours of education. This is quite an accomplishment, especially considering that all classroom activity was suspended for 3 months early in the pandemic.

Responder Training

JCESA offers training for Agency staff, volunteers, and mutual aid partners in several ways. The primary method is through our own Training Institute accredited by the West Virginia Office of Emergency Medical Services (WVOEMS.) Another way we conduct courses is through West Virginia Public Service Training (WVPST.) The course type and nature dictate the jurisdiction under which the course will be conducted. For example, fire-related certificate courses are conducted through WVPST, since there is no mechanism in West Virginia for any organization other than West Virginia University and WVPST to earn accreditation to offer these courses. Additionally, JCESA chooses to conduct Initial EMT and EMT refresher courses through WVPST as a less expensive alternative to conducting them independently, because WVPST bears some of the cost as part of their mission.

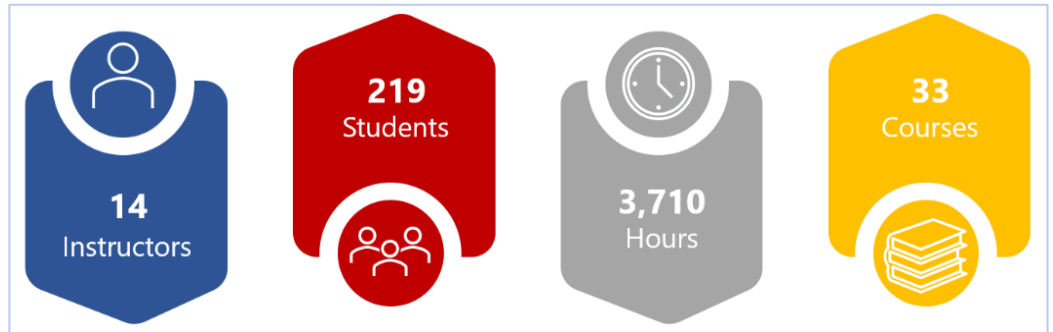


Figure 10 FY20 responder training

The JCESA Training Institute offered 335 course-hours of training in FY20 which consisted of 58 training sessions representing 31 unique courses in various topics within the categories of EMS, fire, and hazardous materials. 14 instructors served 198 students who, combined, received a total of 3,616 hours of education. Additionally, the agency delivered 2 courses through WVPST in FY20 totaling 94 course-hours and serving 21 students.

Community Education

Recognizing that the fire and EMS resources in Jefferson County are insufficient to guarantee a timely response, the Agency began a campaign to educate as many laypersons as possible to mitigate emergencies in the critical seconds before responders arrive. Our community education efforts began in earnest a few years ago with the development and delivery of a customized training program to teach employees of all county departments how best to activate the 911 system and the crucial steps to take while awaiting the arrival of first responders. Concurrently, we began offering community first-aid and CPR courses. In FY20 we focused our community education efforts on CPR and first aid, delivering 16 training sessions throughout the year. The Agency offered 33 course-hours of training delivered by 9 instructors. We served 120 students who, combined, received a total of 335 hours of education.

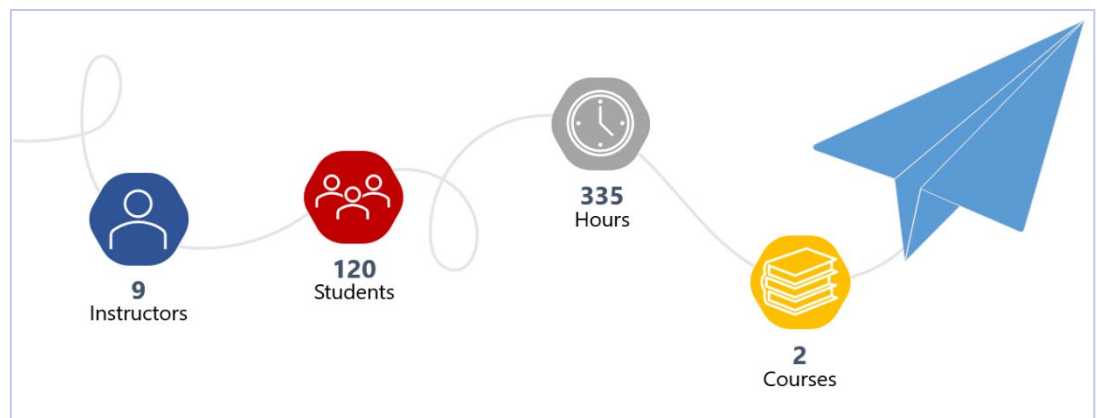


Figure 11 FY20 community education

RSI

Rapid Sequence Intubation (RSI) is an advanced life-saving clinical procedure indicated for critically ill or injured patients that allows the team to take control of the patient's airway and breathing. Before 2015, this procedure was only available in the hospital and medical helicopter. Jefferson County became the first ground EMS system in the state trained and authorized to perform this procedure. Our RSI program involves intense and frequent training and mentorship along with a thorough review by all team members and the Medical Director of every single case.



At the end of our 5th year with the program, the RSI team had performed the procedure 126 times with an overall 87% first-pass success rate, 100% second-pass success rate, and zero cases where a backup airway was needed. This means that our team was successful in this procedure every single time, and at a higher standard than the established best-practice which allows for a third-pass attempt. We attribute our proficiency to the investment of 1,815 hours of training specific to this procedure, the close involvement of our Medical Director, and the explicit design of our program. This clinical procedure, when performed well and appropriately, provides our patients with the best possible opportunity for a positive outcome.

Transportation of the Deceased

In West Virginia, the responsibility to transport and temporarily store decedents who do not fall under the jurisdiction of the Medical Examiner and whose final arrangements are not readily known is statutorily unclear. In Jefferson County, this unmet need is fulfilled by JCESA as an essential service to the community. Eackles, Spencer & Norton Funeral Home generously provides space for our morgue unit in their facility.

Staffing for the deceased transport unit, known as Transport 11, is primarily accomplished by voluntary On-call shifts. No employee is required to request, bid on, or accept On-call shifts to staff the deceased transport unit. When there is no employee on-call, any on-duty employee may be directed by the on-duty Lieutenant to operate the deceased transport unit.

In FY20, we transported 17 decedents via the deceased transport unit. All other cases involving death in the field were either transported under the Medical Examiner's contract with Blue Ridge Mtn. Volunteer Fire Department, or through arrangements with a funeral service provider made by the decedent prior to death.



Looking Back

Recognition

The Agency was privileged to honor many responders throughout the year in recognition of their exceptional service to the community. Firefighter/Paramedic IV Kent Rilling was recognized as the Outstanding EMS Provider of the year and Technician Matt Ryan as the Outstanding Firefighter of the Year at the 19th Annual Public Service Recognition Banquet, hosted by the Jefferson County Chamber of Commerce.



JCESA hosted recognition ceremonies for Meritorious Service, two Unit Citations, and two Life-Saving Awards.

We were delighted to have the recipients' colleagues, Medical Director, and board members in attendance at these ceremonies. At more than half of the ceremonies the former patient, who would not be alive but for the actions of the responders, was in attendance along with their family. The opportunity to meet these members of the community in a non-clinical and non-critical situation and to see the living, breathing, impact of the responders' efforts was a powerful and personal reminder of the importance of what we do, and why we do it.



Employee Recruitment & Retention

On-Boarding of a firefighter/EMT or Paramedic is expensive. Just the protective gear alone begins at nearly \$3,000 and is specially fitted to each employee. The total cost for onboarding new employees ranges from \$3,000 to \$10,000.00 or more depending on the employee's position, existing training, and experience. Also, the time for orientation and training is intensive. Because of these factors, the retention of employees is a major concern.

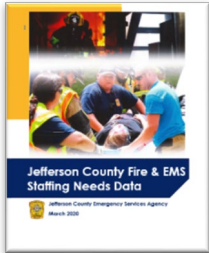
Compensation and benefit disparities are a significant driving force for employees leaving to take positions outside of Jefferson County. To combat this attrition, across the board pay raises for full-time employees were implemented at the beginning of FY18. However, shortly after these increases took effect two of the closest counties to our east also implemented significantly higher across-the-board pay raises, and the pay gap we worked to thin, not close, was quickly made wider than it was before.

In FY20 there was only one voluntary separation from full-time employment, and zero employees transferred from full to part-time. This is certainly a marked improvement from attrition in years past. However, we are finding it increasingly difficult to recruit candidates, particularly paramedic applicants to fill vacancies created by voluntary and involuntary separations and new positions. Those with paramedic certification have many opportunities and JCESA is now even less competitive than before the revised pay scale implementation in 2018.

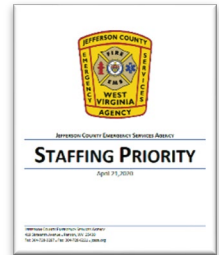


Staffing Plan

Our budget request presentation in the winter of 2020 included a pass-thru request from the volunteer companies for 27 additional personnel, which was the sum of additional positions requested by each company. Observations from commissioners included a desire to see data and rationale to support requests for additional staff, and an expectation that JCESA has a plan for staffing requests. We developed and published the Staffing Needs Data



report, which included information regarding the safety concerns of having a sole provider assigned to a station and the current response times compared to benchmark expectations. We then developed a Staffing Priority & Sequence Plan which outlines the priorities for future staffing increases and defines the allocation and rationale for the next 119 positions to be funded. The Staffing Priority & Sequence Plan was adopted by the JCESA Board in April of 2020 and serves as the agency's blueprint for future staffing requests and assignments.



Employee Benefits

On the suggestion field staff, a Mental Health Fund was established in FY20. This fund was borne out of the observation that mental health can be significantly adversely affected by the work our team performs. Meanwhile, our health insurance coverage offers very little in the area of mental health coverage, creating a potentially significant financial burden for an employee which may be a roadblock to proper care. This could have devastating consequences for the individual, the team, and the agency as proven time and time again by numerous studies and headlines. The Mental Health Fund is available to help employees cover the cost of mental health services not covered by insurance for issues developed as a result of their work.

Another area of concern has been the relatively low level of life insurance coverage provided, which was \$40k in FY18, and \$50k in FY19. The nature of what we do simply increases our likelihood of unexpected or premature death. While \$50k may sound reasonable, it would not go very far toward supporting a surviving spouse and/children, especially considering many of our employees work multiple jobs to make ends meet. In FY20 the agency-provided term life insurance was increased from \$50k to \$100k. While we don't suggest employees rely solely on this benefit in the event of their untimely death, it does provide some additional resources for their surviving spouse and/or children.

Vehicles

One vehicle purchase was approved in the FY20 budget. Although it was ordered in early FY20, it was not delivered until the end of the fiscal year. Once the upfit is completed, this vehicle will be placed in service in the field and other field vehicles will be rotated, with the oldest and/or most costly to maintain vehicle being decommissioned.



Grants

Structural Turnout Gear

Structural turnout gear creates a protective envelope to shield responders from the extreme heat, vapors, and steam that exist inside a burning structure. Our FY20 budget request included 30 sets of structural turnout gear at a cost of \$90,000 to ensure that field staff can continue performing fire suppression activities while their gear was out for cleaning, inspection, and repair which can take days or weeks each time. Budget constraints prevented this request from being funded. Rockwool helped fulfill the need by donating \$60k, which was enough funding for 20 sets of gear. By carefully evaluating the current inventory and roster, we were able to assign those employees most active in fire suppression a dedicated second set of gear and arrange the existing inventory in a way that most others could use loaner sets while their primary set is unavailable.

Video Laryngoscopes & Difficult Airway Manikins



Having the right tools is critical to efficiently and successfully completing any task. A video laryngoscope is invaluable in managing the airway of a critically ill or injured patient – providing higher success rates and reduced exposure of providers to potentially infectious material. The units we had in the field were among the earliest models and suffering occasional technical glitches and frequent charging issues – which meant this valuable tool was not always available when needed. Thanks to a generous gift of \$11,110 from the Jefferson County Tuberculosis Association we were able to replace the units in the field and move the older units to training. Before this, we had no units to train with unless they were pulled off a front-line response vehicle. We were also able to obtain two desperately needed difficult airway manikins for training. We believe training should be as similar to the real-world as possible and, in the real world, we encounter difficult airways – those with pathologic or traumatic anatomical differences and the presence of material not seen in the typical healthy anatomy. These manikins allow us to practice for such situations to improve our skill proficiency.

Volunteer Recruitment and Retention

A FEMA SAFER Recruitment and Retention grant of \$960,000 was received with a performance start date of Nov. 20, 2016. The grant period is four years in length, including all of FY20, during which 31 volunteer firefighters were recruited. Each recruit receives a full NFPA 1582 physical, and upon passing that physical can participate in training and receive individually sized personal protective equipment (PPE) for firefighting operations. Another benefit of the Recruitment and Retention grant is the reimbursement of tuition (for higher education) available for members who are in good standing with their fire departments.



Pandemic

Never in our lifetimes have we experienced a pandemic of such proportions as COVID-19 (Coronavirus.) Its worldwide spread became a reality in our region in March of 2020. It was and continues to be life-changing for everyone, and life-taking for some.

Stress, Balance, and Mental Health

While our staff grapples with the same changes, fears, and realities as all civilians do in this situation, and healthcare workers face a heightened concern by virtue of working with patients, first responders have the added risk of entering homes and other scene locations where social distancing and other risk reduction measures are just not possible. To say this event has been stressful on our front-line staff, who operate under significant stress already, is an understatement. Many of our staff have felt the effects at home due to a spouse being out of work, not being able to enjoy their normal activities, social isolation, unexpected childcare issues, and even the death of family members due to COVID-19. All these factors lead to a reduction in work/life balance and a resiliency deficit.

PPE Shortage

Early in the pandemic, we faced a serious issue of not having enough Personal Protective Equipment to adequately outfit responders for each call. This type of equipment is seldom used and therefore has not been stocked by our volunteer partners in large quantities. But, for the first time in our lives, these PPE elements were needed in large quantities and right away. With competition from hospitals, civilians, and opportunists who would attempt to acquire supplies to later sell at a highly inflated price, PPE simply wasn't available from our traditional vendors. The Strategic National Stockpile and Emergency Management at every level were unable to provide PPE supplies in any meaningful quantity or within a reasonable timeframe. We turned to numerous non-traditional vendors to source the items necessary to protect our staff and build inventory levels at the volunteer stations until the supply chain caught up with demand and our volunteer partners were able to once again procure the needed items.

Respirators

Throughout the pandemic, we have had to take any type of disposable respirator available, rather than maintain the same model for which our staff was fit-tested. While this was acceptable under CDC guidance

given the circumstances, it is not optimal. Among our goals for FY21 is to obtain non-disposable respirators for all field staff to ensure that will have access to a model they have been fit-tested for.

Obstacles to Patient Care

Having the PPE brings about its own set of problems. Providers were frustrated by the extra time it took to don all of the elements because it delayed them from getting to the patient and rendering care. Equally frustrating was the challenge of trying to see through fogged up goggles and communicate through a respirator. All of these frustrations demonstrate that our field staff is driven by providing excellent care and anything that threatens to hinder that is unacceptable.

Exposure

From the onset of the pandemic through the end of FY20 we experienced zero infections within our staff and a very small number of true exposures that required temporary quarantine – each of which was lifted following a negative result of the source patient.

Administration & Education

While the most difficult changes were felt by the field staff in daily operations and every patient encounter, changes were also required in the administration and education areas. Telework became a new norm across the nation and the Agency used this alternative to the greatest extent possible. We learned that in many ways it is more efficient, but the nature of our work precludes 100% telework for any position within the Agency. We found the need to immediately implement technologies and processes, such as videoconferencing and remote file sharing, that only a month prior was no more than ideas for the future that did not stand anywhere near the top of the priority list. Once implemented, the agency has identified numerous ways in which these technologies can be incorporated into the administration, operations, and education long after the pandemic has ended.

Education offerings were suspended for several months to avoid gatherings. This included a six-month Emergency Medical Technician class that was mid-way through when the suspension occurred. All continuing education courses and classes were also suspended during this time. When education efforts resumed, numerous precautions were put into place including reduced class size, face coverings, temperature checks, and enhanced decontamination and cleaning practices.

Looking Forward

FY21 Goals

Our number one goal for the year ahead is to continue to work together with our volunteer partners to provide excellent service to the residents and guests of Jefferson County while ensuring the health and safety of our staff. Additional goals for FY21 include:

01

Continue efforts to reduce response times

02

Acquire non-disposable respirators for all field staff to ensure constant access to a fit-tested respirator

03

Improve benefit availability to employees including offering vision insurance

04

Increase field staffing, with the priority being upgrading the mountain to two personnel 24/7

05

Overhaul the onboarding process to promote the greatest opportunity for success and reduce attrition

06

Rethink and redevelop the performance review process to provide employees with actionable feedback

07

Revisit the pay table and work to reduce the gap between the Agency and competitive jurisdictions

08

Develop additional Lead Instructors authorized by WVOEMS and/or WVPST

09

Automate administrative processes and procedures to improve efficiency

10

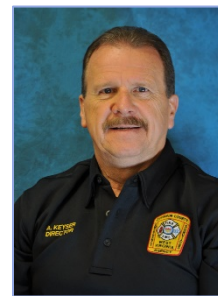
Wherever possible, implement paperless processes



Our Senior Staff

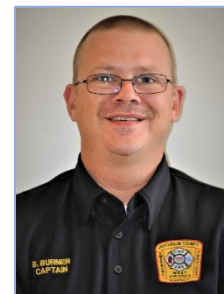
Allen Keyser - Director (Chief)

Allen is a 3rd generation firefighter who began his journey as a volunteer at the Carroll Manor VFD where he held many positions including Chief. He was employed by DFRS in Frederick County, Maryland in several roles from part-time firefighter/EMT to Deputy Chief of Operations. Allen spent 28 years as a career firefighter in Montgomery County, Maryland. During his tenure with MCFRS Allen was promoted eight times, ultimately retiring at the rank of Captain/Commander after serving in numerous assignments in the field, training, and the safety office. Over the course of his career, he has been involved in many cross-jurisdictional safety investigations including near-miss and line of duty deaths. Allen has continually maintained Maryland EMT certification since 1976. He has earned nearly every nationally recognized training certificate including Fire Officer IV. Allen remains a MFRI instructor credentialed to conduct fire courses from initial firefighter training and live-fire evolutions to specialty subjects and leadership education. He has been an invited instructor and speaker across the nation and appeared in several training videos. Over the last 40+ years, Allen has forged relationships with many talented leaders and specialists in the fire service, creating a vast network of knowledge and experience.



Bob Burner - Operations Commander (Captain)

Bob entered the fire service as a volunteer at Shepherdstown Fire Department after over a decade in the corporate sector fields of sales, marketing, IT, and logistics. As a volunteer, Bob served on a number of committees and in various staff, line, and administrative roles including EMS Chief and President. His certifications include Instructor II and Fire Officer II. Bob served as an adjunct instructor in the EMS program at Blue Ridge Community & Technical College, holds a WV Department of Education Adult Teaching Permit with an EMS endorsement, and continues to serve as a WVPST instructor for EMS courses. He is a Lead Instructor endorsed by WVOEMS, an ASHI Level 8 instructor, a PHTLS, AMLS, GEMS, and SAFETY instructor, and is appointed by NAEMT as Affiliate Faculty for the PHTLS course. He has authored and edited several EMS continuing education courses which are CAPCE accredited and delivered to providers nationwide. Bob earned an associate degree with the honor of Outstanding Paramedic Graduate; a bachelor's from West Virginia University, cum laude; and a master's from Liberty University, with honors. Bob began at the Agency as a part-time paramedic and has since held several ranks and served in many different areas of the Agency's operations and administration.



Craig Horn - Education & Compliance Officer (Captain)

Craig, a Jefferson County native, began in the fire service as a volunteer with Friendship Fire Company where he served in several roles including Assistant Ambulance Chief. Craig was recognized as Region 8/9 Top EMT and Top Rescuer in 1998. He has held positions as a Nationally Registered Paramedic and served in various occupational safety roles in healthcare systems. As a Program Director for the WVOEMS Technical Services Network Craig developed a keen insight of EMS systems and a network of contacts throughout the state. He was a collegiate Fire Science and Safety Program Coordinator, instructor, and academic advisor in Fire Science, Safety, and EMS courses. Craig is a Lead ALS Instructor endorsed by WVOEMS, a WVPST fire service and EMS instructor, ASHI Level 8, PHTLS, AMLS, and GEMS Instructor. Craig holds a West Virginia Department of Education Adult Teaching Permit with endorsements in Fire Science and EMS along with certifications in C3IFT, NAEMSE, NFPA Instructor III, and Fire Officer IV. Craig has earned 3 associate degrees, a bachelor's from Shepherd University, and a master's from West Virginia University. He is appointed by the Governor as a member of the WV EMS Advisory Council (EMSAC) and serves as the President of the North Eastern Regional EMS Association (NEREMS.)

