



Position Statement

Fire-based Emergency Medical Services

The International Association of Fire Chiefs (IAFC) restates and reaffirms existing resolutions and announces its position in support of fire-based emergency medical services (EMS). Fire-based EMS can be delivered through first responders utilizing non-transport fire apparatus and/or by a vehicle licensed as an ambulance to transport the sick and injured to an appropriate receiving facility.

The IAFC has supported this position since 1975 and resolutions supporting this position were issued in 1975, 1980, and 1991.

EMS is an essential component of the services provided by the fire service in the United States. The American fire service is strategically and geographically well positioned to deliver time critical response and effective patient care rapidly. As such, the fire service has become the first-line medical responder for critical illnesses and injuries in almost every community in the United States. Many fire departments in many communities strive to achieve response time consensus standards established through the National Fire Protection Association (NFPA) of four minutes for basic life support and eight minutes for advanced life support.

Of the 200 most populated communities, 97 percent have the fire service delivering pre-hospital emergency medical service response.¹ Additionally, the fire service provides critical advanced life support (ALS) response and care in 90 percent of the 30 most populated United States cities and counties.²

Some of the first paramedics in the United States were firefighters in such places as Los Angeles County, Seattle, Columbus, Jacksonville, and Miami in the late 1960s and 1970s.

Today, virtually every firefighter in the United States receives medical training as a part of their normal training agenda. Many firefighters are classified as Firefighter/EMT or Firefighter/Paramedic.

There are many system models that the United States fire service uses today to deliver emergency medical services. The three primary models include fire departments using cross-trained/multi-role firefighters for EMS first response and ambulance transport; fire departments using firefighters for EMS first response and civilians who are not cross-trained as firefighters for ambulance transport; and fire departments who use firefighters for EMS first response and non-fire department organizations for ambulance transport.

The model where fire departments use cross-trained/multi-role firefighters for EMS first response and ambulance transport has many unique and distinct advantages over other models. These include:

- Continuity of patient care between first responders and ambulance personnel who are part of the same organization
- Continuity of administration
- Continuity of the same medical training
- Continuity of the same medical equipment
- Continuity of Standardized Operating Procedures
- Continuity of Medical Direction
- Unity of Command
- Ability to deliver medical care while performing specialized rescue in such cases as auto extrication, marine rescue, high-angle rescue, collapse rescue environments, and hazardous material events.

There is also economy of scale savings when using firefighters in a cross-trained/multi-role EMS function.

- Because of the 207(k) exemption of the Fair Labor Standard Act, firefighters can work up to a 212 hours in a 28 day work period (53 hours per week) before being paid overtime. Non-firefighters must be paid overtime for any hours worked over 40 hours.

Other economy of scale savings are realized when EMS first response and EMS ambulance transport are combined into one organization through the elimination of duplicate functions such as administration, training, support functions, and in some cases, the communications center.

Another advantage of a fire-based EMS model is that a firefighter is trained in multiple disciplines. Thus, a single person performs multiple functions as opposed to hiring one person to perform a single function. Firefighters, besides being trained to handle fires and medical emergencies, can also mitigate hazardous material events, perform technical and complicated rescues, and perform fire prevention and education services.

Conclusion: Fire service EMS is the most efficient and effective model for the rapid delivery of all emergency medical services. When time is critical and effective pre-hospital care is necessary, the fire service is well positioned strategically, geographically, administratively, financially, and operationally.

Therefore, the International Association of Fire Chiefs urges all elected and government appointed officials, professional associations and health care providers to recognize and support the provision of emergency medical care first response and ambulance transport by the fire service.

Reference:

- 1 Journal of Emergency Medical Services, February, 2009.
- 2 IAFC/IAFF Fire Operations Survey, 2005.

Approved by: IAFC Board of Directors

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