City of West Allis
Fire Department

2022
Annual Report
and
Standards of Cover

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STANDARDS OF COVER

MASON J. POOLER
FIRE CHIEF

CITY of WEST ALLIS
FIRE DEPARTMENT

Citizens of West Allis,
Honorable Board of Police and Fire Commissioners,
Honorable Mayor and Common Council

Dear Colleagues,

We are respectfully submitting the 2022 West Allis Fire Department Annual Report which provides a detailed review of our department's activities.

In the previous year's edition of this letter, I left things on a somber note as the city's budgetary status was up in the air and secured funding for all city departments was uncertain. Through hard work at City Hall, the 2023 budget was passed without any wholesale changes in staffing or service delivery to most city departments. However, fast-forward one year, and there have been no changes in municipal funding thus far. Municipalities across the state are forced to plan for next year as the State of Wisconsin budget process plays out. Municipalities need some sort of financial relief, whether it comes in the form of a change to state shared revenue, the ability to enact a local sales tax, or a combination of both of those ideas.

Despite the uncertainty of the city's financial future, I am immensely proud of the continued hard work and innovations being championed by the members of the West Allis Fire Department. Below are a few noteworthy accomplishments from last year:

1) Continued recognition from the State of Wisconsin Coverdell Stroke Program for the level of care we provide to those experiencing strokes in the pre-hospital settings. We have become one of the top-performing EMS systems in the state, resulting in increased survivability and quality of life for those who suffer a stroke.
2) Decreasing the number of patients that suffer non-fatal overdoses in our city. Our Mobile Integrated Healthcare team proactively visits patients identified to be at risk of substance use disorder and they work diligently to get these patients into recovery services.
3) West Allis Fire staff has championed a change to scope of practice for paramedics in the State of Wisconsin and we have become the first EMS agency in the state to utilize a new medication to help combat substance use disorder, Buprenorphine.
4) In October of this past year, Lieutenant Zeke Dombrowski was recognized by the Wisconsin State Fire Inspectors as the Fire Inspector of the Year.
5) On June 19, 2022, Lieutenant Dan Rohde utilized a technique called Vent Entry Isolate Search to make an amazing rescue of a child from a house fire. The quick thinking of Lieutenant Rohde, coupled with the efforts of the 911 dispatchers, first arriving police officers, the balance of the Engine 63 crew, and West Allis Fire Department paramedics all contributed to this life-saving act.

I hope by this time next year, the State of Wisconsin elected officials can put their political differences aside and reimagine municipal funding so that our citizens can continue to receive the fire and EMS services that they expect and deserve. The dedicated men and women of this organization will continue to perform at their very best, but given the ever-increasing demand for service, resource draw down will continue to elongate response times as citizens are forced to wait for fire trucks and ambulances from further away to mitigate their emergencies (see Page 2 of the Standards of Cover for further details on unit draw down and reliance on automatic aid partners).

Thank you for taking the time to review our 115th West Allis Fire Department Annual Report.

Sincerely,

Mason Pooler
Fire Chief

City of West Allis Core Values

Service Excellence
Exceptional professional service for and by outstanding people; Responsive, efficient, dedicated, and engaged workforce.

Continuous Improvement
Innovations through creative and strategic management;
Sustained improvement through goal-oriented customer-focused results.

Open and Transparent
Ethical, accessible, and accountable government operations.

Renewal
Revitalization through collaborations and partnerships with a focus on image, economic development, and growth.

Equitable
Respectful, responsible, compassionate, and welcoming to all.

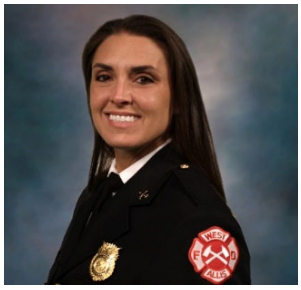
West Allis Fire Department Mission Statement

The mission of the West Allis Fire Department is to safeguard the lives and property of the people we serve, to reduce community risk and incidents of emergencies, and to enhance public safety while working with community partners to improve quality of life. Our promise to our citizens is to do so with honor and compassion, while at all times conducting ourselves with the highest ethical standards.

West Allis Fire Department Vision Statement

The vision of the West Allis Fire Department is to create the safest community in the nation through the strategic use of preventative measures, community outreach, and emergency mitigation.

Jay Scharfenberg
Assistant Chief



Mallory Stiglitz

Battalion Chief

Guy Paider

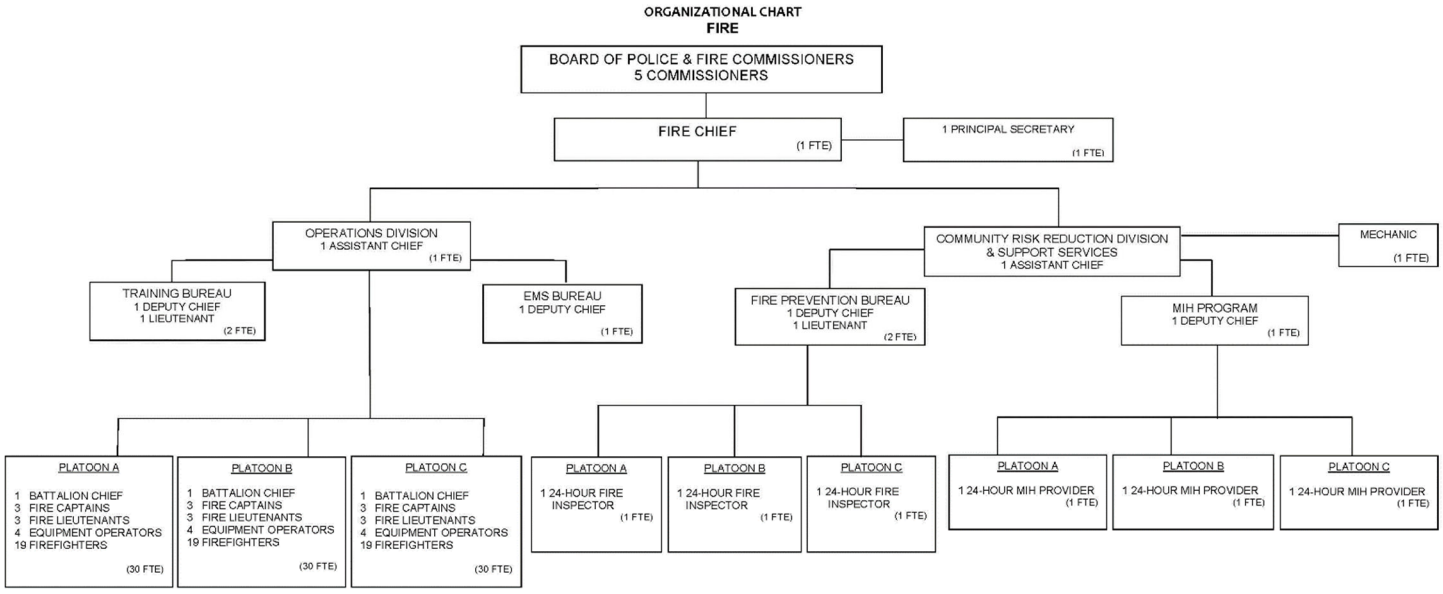
Acting Battalion Chief

Michael Wright

Battalion Chief

The West Allis Fire Department is a career agency that protects a population of approximately 60,000 residents in 11.4 square miles. The department has 102 sworn employees and two civilian employees operating out of three fire stations and a stand-alone administration building. On a daily basis, the West Allis Fire Department operates three engine companies (staffed by four personnel per company), one tower ladder company (staffed by four personnel), three EMS transport units (staffed by two personnel per unit), one mobile integrated healthcare unit (staffed by one paramedic) and a battalion chief, responding to an average of 31.9 calls for service per day. The department's operating budget in 2022 totaled $14,850,770.

In 2022 the Fire Chief was supported by two assistant chiefs and four deputy chiefs, all of whom worked a 40-hour schedule with offices in the Fire Administration building. Assistant chiefs supervised the Division of Operations and the Division of Community Risk Reduction. Deputy chiefs supervised the Bureau of Training and Safety, the Bureau of Emergency Medical Services, the Bureau of Fire Prevention, and the Bureau of Mobile Integrated Healthcare. Additionally, two lieutenants were assigned to a 40-hour schedule, one in the Bureau of Training and Safety and one in the Bureau of Fire Prevention. The 2022 organizational chart is shown below.

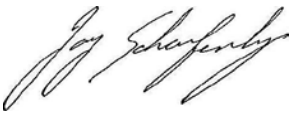


In 2022 the department responded to a total of 11,640 calls for service. A breakdown of these calls for service by type appears below:

- Fire: 148
- Rupture/Explosion: 8
- EMS: 9,351
- Hazardous Condition: 281
- Service Call: 259
- Good Intent: 656
- False Alarm: 933
- Severe Weather: 4
- Other: 0

Attached to this report is a copy of the West Allis Fire Department's Standards of Cover (SOC) document which provides a detailed analysis of the Division of Operations' performance benchmarks, benchmark compliance and overall activity by planning zone over the five-year period from 2018-2022. Please see the SOC document for additional details.

Sincerely,



Jay Scharfenberg
Assistant Chief - Division of Operations

Staffing Changes - 2022

Retirements / Resignations

3/22/2022	FF Scott Baumgardt (appointed 1/25/1992)

Promotions

11/19/2022	CT Guy Paider to Battalion Chief

BUREAU of EMERGENCY MEDICAL SERVICES

KYLE R. NOVAK
DEPUTY CHIEF

CITY of WEST ALLIS
FIRE DEPARTMENT

Kyle R. Novak

Deputy Chief

The modern fire service now responds to more medical calls than any other type of incident, and the West Allis Fire Department is no different. The Bureau of Emergency Medical Services (EMS) is responsible for managing most of the department's calls for service each day. The Bureau of EMS is responsible for ensuring that high-quality pre-hospital care is delivered rapidly and efficiently to all patients we encounter. The Bureau of EMS helps achieve the department's mission and vision by promoting innovative approaches to EMS delivery through adoption of the latest science in medicine and technology.

Through successful recruitment and continuing education efforts, the WAFD now employs over two-thirds of its staff as licensed paramedics. By creating a larger pool of providers able to practice at the Advanced Life Support (ALS) level, the WAFD continues to staff all fire suppression companies with a minimum of one paramedic. Additionally, in recent years we achieved a milestone by modifying and equipping all fire suppression apparatus to handle an ALS-level medical emergency independent of a transporting ambulance. This equipment, which includes a cardiac monitor, mechanical CPR device, and ALS-approved medications,

demonstrates the commitment of the Bureau of EMS to shifting the paradigm of traditional EMS delivery.

In addition to providing on-scene EMS care and transport for the citizens and visitors of our community, the Bureau of EMS is able to offer significant revenue back to the city as funding for the delivery of EMS. In recent years, revenue recovery was expanded to include billing for motor vehicle crashes. Revenue generated for the city continues to exceed projection year after year.

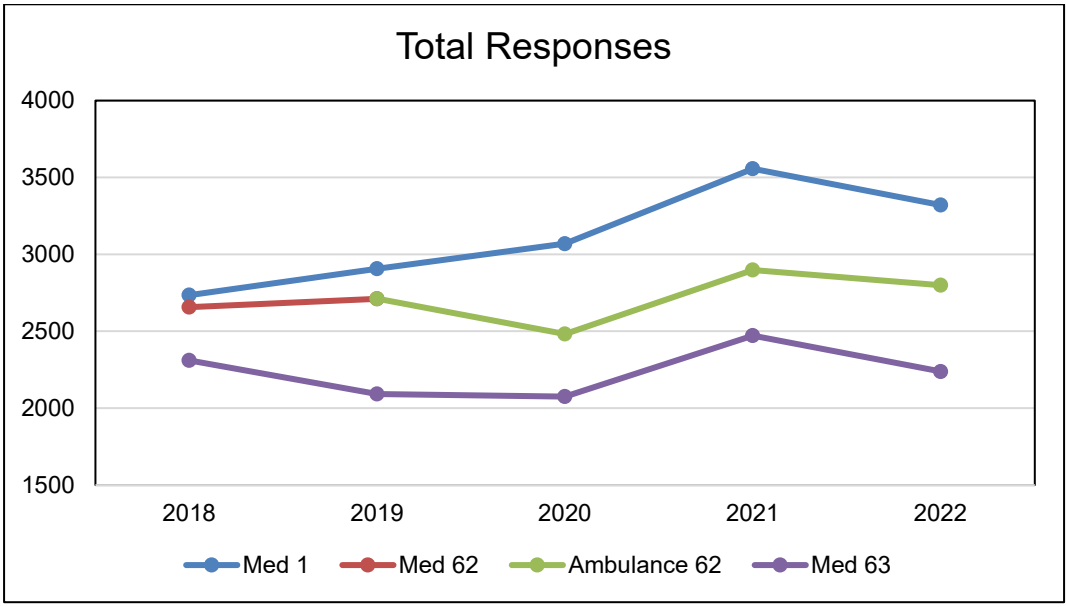
For specific analysis and detailed review of the Bureau of Emergency Medical Service's 2022 performance and comparison to the previous year's data, please see the Standards of Cover (SOC) document which is attached to the end of this report. Information regarding response time benchmark performance, the concentration of resources, unit reliability and drawdown, and aid given or received can be found in the SOC.

Emergency Medical Services Patient Contacts

EMS Incident Dispositions	2022	2021	2020	2019	2018	2021-2022 Change
Transported ALS	2468	2894	2589	2520	2456	**-14.72%**
Transported BLS	3261	3168	2501	3050	2893	**2.94%**
No WAFD Transport	3180	2914	2666	2653	2800	**9.12%**

Not all patient contacts result in transports to the hospital and not all transports to the hospital require the same level of care. The chart above illustrates both the number of patients transported and the care level at which the transport occurred. Of the 5,729 patients transported in 2022 via a WAFD transport unit, 43% were ALS transports and 57% were BLS-level transports. In total, there was a decrease in 67 patient contacts when compared to 2021. There was a notable decrease in ALS transports in 2022 by WAFD paramedic units as the department has prioritized dispatching the closest ALS unit available to critical-level EMS incidents, regardless of municipal borders. The benefits of this countywide practice are to decrease response times while increasing resource reliability and sustaining practical levels of utilization among all paramedic transport units. The number of patient transports was continuing to rise year after year with no additional staffing or resources, so this practice will temporarily buy time as call volume continues to increase.

Total Responses by Transport Unit Trend



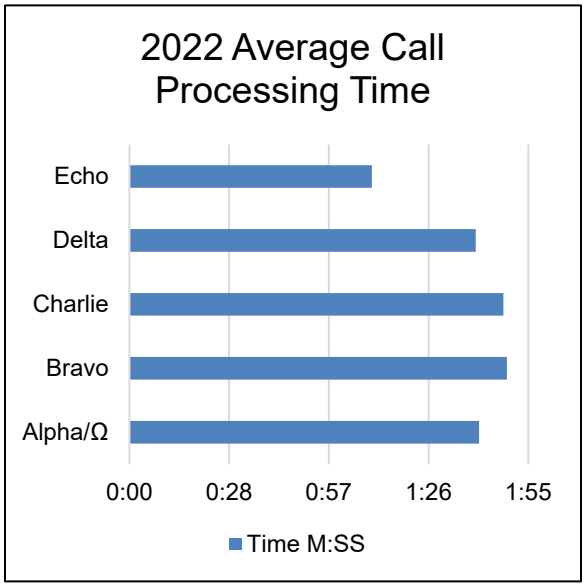
Patient Transport Destinations

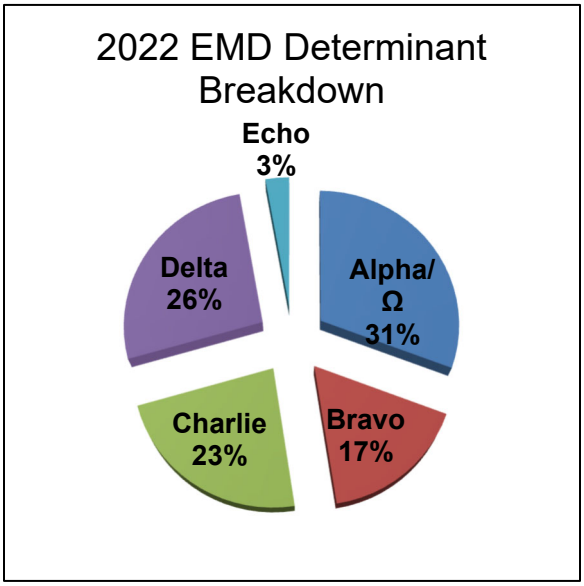
The medical facility that a patent is transported to is most commonly determined by patient choice or a specific request. The other destination determination is a need for treatment at a specialty center where specific care is available. WAFD-approved hospital destinations are governed by an agreement with the Milwaukee County Office of Emergency Management (OEM) EMS Division. The chart below explains locations where WAFD ALS and BLS ambulances conveyed patients during the last three years.

	Aurora South Shore	Aurora Sinai	Aurora St. Lukes	Aurora West Allis	Childrens Hospital	Veterans Hospital	Ascension Columbia St. Marys	Ascension Elmbrook	Ascension Franklin	Ascension St. Francis	Ascension St. Joseph	Froedtert Hospital	Froedtert Menomonee Falls	Froedtert Community Hospital – New Berlin	ProHealth Waukesha Memorial
2020	2	13	702	2773	138	222	41	20	1	54	3	1066	6	6	11
2021	9	14	762	3385	182	242	25	22	2	58	5	1382	2	1	11
2022	4	8	615	3365	153	201	19	19	4	52	7	1234	5	7	12

Emergency Medical Dispatch Call Processing

The below data applies to the individual calls for service that were processed and assigned an Emergency Medical Dispatch Code level in 2022 using ProQA electronic software from Priority Dispatch Corporation. As a risk reduction strategy for both the public and WAFD personnel, if there is no valid medical reason to send resources emergently to the scene of an incident, they will respond non-emergently meaning no lights or sirens are used. In 2022, 48% of EMD dispatches were at the BLS level and 52% were at the ALS level. The average call processing time for critical-level EMS incidents in 2021 was 85 seconds and 97 seconds for all incidents combined.





Emergency Medical Services Performance Awards

The West Allis Fire Department was awarded several significant awards for outstanding performance on high acuity incidents. The department was awarded gold status from the American Heart Association in coordination with Milwaukee County OEM-EMS. The American

Heart Association and American Stroke Associations recognized our organization for demonstrating continued success using the guidelines identified in the Mission Lifeline program. Our application of the most up-to-date evidence-based treatment guidelines helps to improve patient care and outcomes in the patients that we serve. We additionally were recipients of the Wisconsin Coverdell's Stroke Program EMS Awards in the following categories: left scene within 15 minutes of arriving at the patient, last-known-well (LKW) entered, pre-notification to hospital, and records complete. The WAFD had one of the highest comprehensive percentages compared to all Wisconsin Coverdell participating EMS agencies. This award is given to an EMS service that consistently scores high across all aggregate benchmark data. This award and metric demonstrate high-quality prehospital stroke awareness and care.

The department was also honored as the sole recipient in the Nation of the small/mid-size community Heart Safe Community Awards presented at Fire-Rescue Med by the International Association of Fire Chiefs. This was a distinguished honor that received attention at the national level.

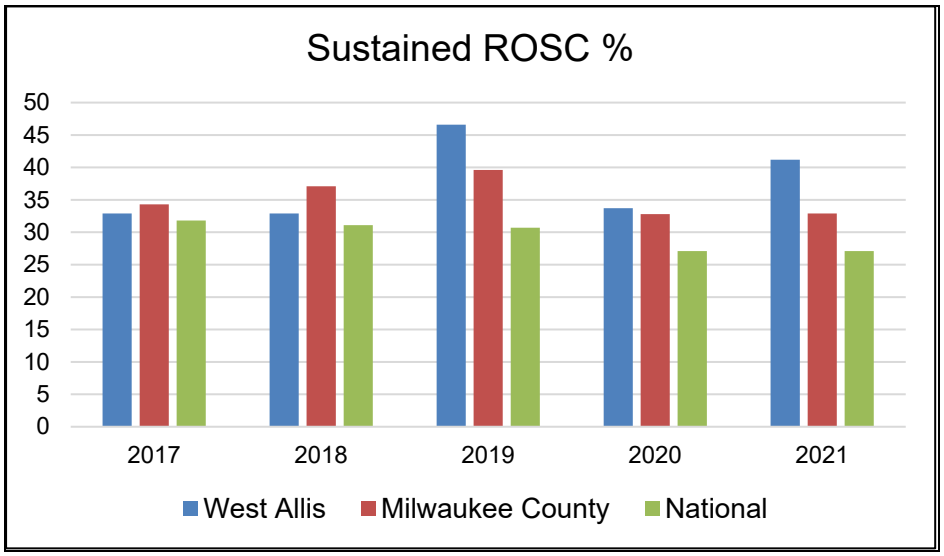
Celebrating a Second Chance on Life

The West Allis Fire Department was privileged to host three patient reunions in 2022 involving patients who survived out-of-hospital cardiac arrest. The patient and their families were invited to meet the WAFD paramedics and EMTs who aggressively treated them following advanced cardiac life support and administered numerous interventions to treat this lethal condition. This offers a unique opportunity to see how the paramedics and EMTs spend every third day of their life and a chance to see the facility where they eat, sleep, learn and train to respond to everyday emergencies like cardiac arrest. One thing that continues to remain the same, no matter where

the reunion is or how many people show up, it is always a heartwarming and rewarding experience for everyone present.

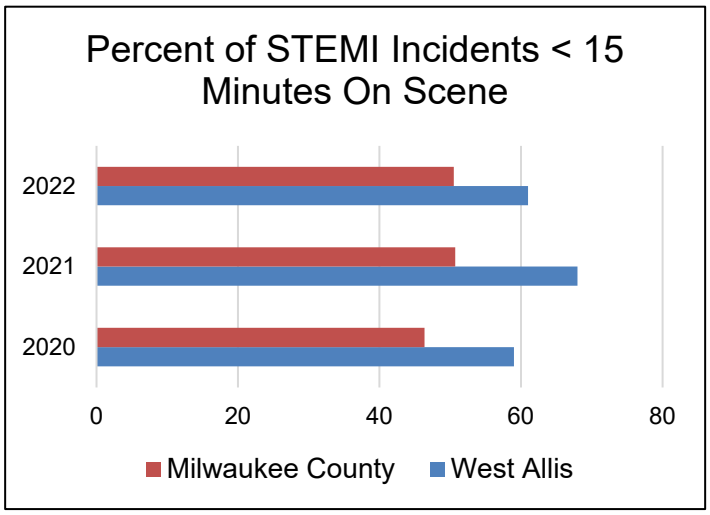
Performance Metrics

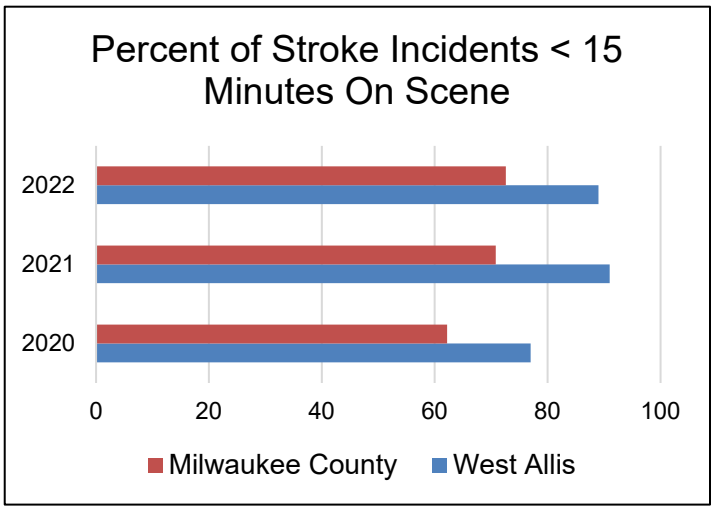
The WAFD in cooperation with MCOEM-EMS submits data regarding patients in cardiac arrest to the Cardiac Arrest Registry to Enhance Survival (CARES). This national-level registry is a network of communities working together to increase survival from sudden cardiac arrest. One crucial metric of this registry that the WAFD monitors monthly is the percentage of patients with sustained ROSC. Return of spontaneous circulation (ROSC) is defined as the restoration of a palpable pulse or a measurable blood pressure in a patient that was previously in cardiac arrest. The below five-year trend shows that the WAFD has sustained ROSC percentages higher than the national level annually and surpassed Milwaukee County's performance over the last three years.



**Note: 2022 data was not available at the time of publishing.*

The WAFD also monitors the on-scene performance of EMS transport units monthly for expedited on-scene times for patients presenting with a stroke or myocardial infarction. The goal for these time-sensitive medical emergencies is to have the patient transported from the scene in less than 15 minutes from when EMS providers arrived at the patient. WAFD in cooperation with MCOEM-EMS also submits data regarding these patients to the American Heart Association and Wisconsin Coverdell Stroke Program and publishes these performance benchmark goals. The below charts illustrate the percentage of patients who are treated with an on-scene time of under 15 minutes and show that WAFD has exceeded the Milwaukee County average for the last three years.





2022 Top Five Report

Runs by City	
West Allis	8415
Milwaukee / West Milwaukee	339
Wauwatosa	128
Greenfield	25
Hales Corners	1

Runs by Dispatch Reason	
Falls	1549
Sick Person	1205
Breathing Problem	1014
Chest Pain	603
Traffic Accident	379

Runs by Location Type	
Apartment or Townhouse	3545
Single Family Home	2469
Street or Highway	825
Skilled Nursing Facility	412
Public (commercial) Building	320

Runs by Patient Race	
White	6635
Black or African American	1426
Hispanic or Latino	658
Asian	75
Middle Eastern	49

Procedures Administered	
IV Start	2127
12 Lead Obtained	1911
C-Collar	312
Mechanical Ventilation	257
Mechanical CPR	123

Medications Administered	
Normal Saline	1997
Oxygen	900
Epinephrine	321
Nitroglycerin	235
Naloxone	233

Kyle R. Novak

Deputy Chief – Bureau of Emergency Medical Services

Brandon J. Foley
Interim Deputy Chief

Jesse D. Schwark
Lieutenant

The Bureau of Training and Safety is primarily responsible for ensuring that fire department members are prepared to deliver essential services to the citizens of West Allis effectively. To accomplish this mission, Bureau personnel work to keep fire department members abreast of current technology and information related to the science of fire suppression and EMS delivery, maintaining fundamental skills and developing new ones through consistent, realistic, and practical training sessions. Additionally, the Bureau of Training and Safety manages the fire department recruitment process and training of new fire recruits, manages the Candidate Physical Ability Testing (CPAT) program, prepares and conducts promotional testing, develops and assists with maintaining department operating guidelines and training manual articles, organizes and manages health and wellness programs.

There are several organizations and standards that influence the training that is delivered to fire department personnel. Among them are Wisconsin Department of Safety and Health Standards, National Fire Protection Association (NFPA) standards, Insurance Service Office (ISO) recommendations, Cities and Villages Mutual Insurance Company (CVMIC) recommendations, Commission Fire Accreditation International (CFAI) requirements, and contractual obligations

for the training of personnel. In compliance with these standards, laws, and recommendations, the Bureau of Training and Safety delivered the following training sessions in 2022:

TRAINING PROGRAMS

Fire Suppression: Classes relating to fire suppression practices included annual SCBA donning, proficiency, and confidence course drills. During the SCBA confidence course, firefighters encounter scenarios that reinforce survival topics. After entering a floor breach prop, firefighters are required to call a mayday and provide all the pertinent information before moving on in the course.

The training we delivered had several different objectives. We supplied command-level training aimed at our officers but was also beneficial to our younger members to understand emergency incident decision-making. We provided driver training for line personnel. Also, we provided practical exercises and reinforced basic firefighting techniques.

Topic	Attendees
SCBA Proficiency Drills	90
SCBA Confidence Course	92
SCBA Daily Check Proficiency	93
Engine Familiarization Training	82
Live Fire Training	85
Response to Electrical Fires and Emergencies	75

Emergency Medical Services: All fire department personnel are licensed as Emergency Medical Technicians (EMTs) and 71 members hold paramedic licenses. Both EMTs and paramedics are required to complete continuing education training every three years. The Wisconsin Department of Health Services dictates the topics while the Bureau of Training and Safety develops class content and provides instruction and competency testing. In addition to this refresher training, 2022 EMS training included elder abuse, pregnant patients with delivery, and pediatric pain management.

Topic	Attendees
Elder abuse	68
Pregnant patients and delivery	78
Pediatric pain management	68

Special Operations: Classes related to special operations included ice water rescue, trench rescue, confined space rescue, sky glider, and hazardous materials mitigation.

Topic	Attendees
Ice/Water Rescue	98
Sky Glider	98
Hazardous Materials Mitigation	90
Trench Rescue	96
Confined Space Rescue	92

Human Resources: Training related to human resource considerations primarily consisted of department policy and operating guideline review program that is mandatory for all personnel. This program, which is ongoing throughout the year, assigns a specific department policy and operating guidelines for review each week as in-station training.

Topic	Attendees
Department Policy Review	99
Operating Guideline Review	99

Equipment Familiarization/Orientation: A vital function of the Bureau of Training and Safety is to keep all personnel abreast of current technology. As new tools are introduced, or existing equipment is upgraded, Training Bureau personnel provide familiarization/orientation training to ensure that all personnel are proficient in the operation and maintenance of such equipment. In 2022, the West Allis Fire Department improved its newborn management with the addition of the newborn securing device known as the KangooFix device. Additionally, we purchased a new battery-powered positive-pressure ventilation fan. All members also completed a CVMIC training on back safety, and first amendment auditors.

Topic	Attendees
CVMIC Back Safety and Safe Lifting	100
CVMIC 1st Amendment Auditors	97
KangooFix Device	99
Super Vac Positive-Pressure Ventilation Fan	96

FIREFIGHTER RECRUITMENT

The Bureau of Training and Safety oversees the recruitment process and hiring of new firefighters. Minimum application qualifications include a high school diploma or equivalent, Wisconsin State Firefighter Certification Level I, a current State of Wisconsin EMT license, and a valid driver's license. Preferred qualifications include an Associate of Applied Science Degree in Fire Science or a closely related field from an accredited college or university and a Bachelor's Degree from an accredited college or university, various State of Wisconsin firefighting certifications, and a current Wisconsin EMT-Paramedic license.

In 2022, the West Allis Fire Department opted not to hire additional firefighters due to financial restraints within the city. In 2022, a total of 99 applications were processed. The applicant pool included:

Race	**Totals**
Black/African American	8
American Indian/Alaskan Native	1
Hispanic/Latino	9
Asian/Pacific Islander	1
White/Caucasian	73
Did Not Disclose	1
Blank	6
Gender	
Male	90
Female	8
Did Not Disclose	1
Veterans	11

CANDIDATE PHYSICAL ABILITY TESTING

The Bureau of Training and Safety is responsible for the administration of the Candidate Physical Ability Testing (CPAT) program. The program started in 2003, making 2022 its 20th year of operation. Bi-weekly tests were scheduled from May through October. Multiple departments in the area rely on the CPAT program for their recruitment process. Kenosha, Racine, and New Berlin have contracts with WAFD to conduct the testing. MATC fire program also utilizes the CPAT program annually.

In 2022 we conducted testing with a total of 104 candidates registered in the program. The results were as follows:

Overall: 104 registered; 87 passed, 4 failed, 12 no show = 83.65% pass rate.
Males: 91 registered; 80 passed, 2 failed, 9 no show = 87.91% pass rate.
Females: 13 registered; 7 passed, 2 failed, 4 no show = 53.85% pass rate.

CONCLUSION

This is a summary of some of the significant activities of the Bureau of Training and Safety. As always, the Training Bureau wishes to thank all of the members of the West Allis Fire Department for their cooperation throughout the year, as well as the administrative staff and members of other city departments for their continuing support.

Respectfully submitted,

Brandon J. Foley
Interim Deputy Chief - Bureau of Training and Safety

Jason Schaak
Assistant Chief

The Division of Community Risk Reduction

Traditionally the fire service has been a reactive force responding to emergencies after they occur. Recently fire departments have taken a more proactive approach by placing a greater emphasis on emergency prevention efforts.

Established in January 2019, the Division of Community Risk Reduction (CRR) is composed of the Bureau of fire prevention and Mobile Integrated Health (MIH). The responsibility of this division is to identify risks to the community through a continuous risk assessment. Identified risks are then prioritized and mitigation efforts are implemented. Risks related to fire are addressed through the efforts of fire prevention programming. Risks related to health are addressed by the community EMS programming. Risks to first responders are addressed by the fire department's Division of Operations.

Additional Responsibilities of the CRR Division

In addition to prevention efforts, the Division of CRR is also responsible for managing the fire department's fleet of fire apparatus, communications, and public relations.

What is Risk?

Definitions of “risk” human behavior, systems malfunctions, or an event that results in the ignition or other detrimental incident leading to a negative impact on life, property, and/or natural resources.

Risks that affect a community are regularly human-created or naturally occurring. Examples include preventable injuries, fires, and frequently occurring forms of severe weather. Examples of more uncommon risks that may occur every five to 20 years might include domestic terrorism, hurricanes, earthquakes, and major hazardous materials releases.

Another aspect of identifying risk is determining the likelihood and severity of each risk. These characteristics are vital to prioritizing which community risks will need to be addressed first.

Principles of Community Risk Reduction

Community Risk Reduction (CRR) is a process to identify and prioritize local risks, followed by the integrated and strategic investment of resources (emergency response and prevention) to reduce their occurrence and impact. Typically, Community Risk Reduction programs use a six-step approach.

Step 1: Identify Risks
Step 2: Prioritize Risks
Step 3: Develop Strategies & Tactics to Mitigate Risks
Step 4: Establish a CRR Plan
Step 5: Implement the CRR Plan
Step 6: Monitor, Evaluate, and Modify the CRR Plan

Identifying Risk in West Allis - Performing a Risk Assessment

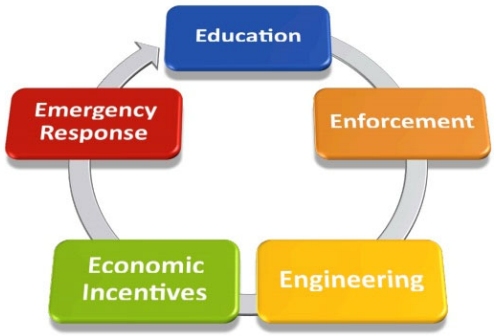
To identify risk within West Allis, data is collected on community demographics and calls for emergency services. Additionally, data from external sources is also analyzed to identify trends occurring elsewhere in the region, state, or nation that could recreate themselves in West Allis.

Examples of external agencies that provide trend data are the Milwaukee County Office of Emergency Management, the Bureau of Justice, the Wisconsin Department of Health Services, the National Fire Academy, and the National Fire Protection Association.

The data will be used to identify both current risks and trends. Once data is collected it is analyzed internally within the fire department and in a collaborative environment including representatives from internal and external stakeholder organizations.

Risk Mitigation Principles

After identifying risks and at-risk populations a risk mitigation plan is developed using the five E's of risk reduction. The five E's ensure that the root causes of risks are addressed systematically and comprehensively to serve as a framework for developing public service programs and actions.



Risk Mitigation Programs

Programs aimed at mitigating community risks are designed to be comprehensive, collaborative, and measurable. Most of the CRR programs are executed by the Bureau of Fire Prevention and MIH with assistance from partnered community stakeholders. All programs have identified goals, strategies, and performance benchmarks that ensure each program is having the desired effect on the population. All Program actions are standardized in guidelines so results are consistent and can be easily adjusted to achieve greater efficiency and effectiveness.

West Allis Risks and At-Risk Populations 2022 (This report only covers highlighted risks for 2022 and does not identify all the division efforts and actions.)

- **Fire Related Risk**
  - **Residential**
    - **Cooking fires**
    - **Smoking fires**
    - **Fire safety education**

        - **Commercial**
            - **False Alarms**
        - **Operational fire risk**
            - **Target hazard pre-planning**
            - **Lockboxes**

    - **Health and Wellness Risk**
        - **Demographic-based risk**
            - **Seniors**
            - **Veterans**
            - **Homeless**
            - **Maternal early childhood and youth**
        - **Health condition-based risk**
            - **Heart Disease**
            - **High utilizers / chronic high utilizers**
            - **Substance Use Disorder**
            - **COVID-19**

Fire Risk

A total of 94 fires occurred in 2022 resulting in an estimated $762,188.00 in property and contents loss and three civilian injuries. In response to these fires the Bureau of Fire Prevention and MIH continuously analyzes fire trends and provides education and/or safety devices to the public.

An analysis of fire calls occurring in 2022 revealed that the leading causes of structure fires in the City of West Allis were attributed to vehicles, cooking, smoking, and appliances. The three civilian injuries were the result of a single cooking fire.

Surveys performed by the National Fire Protection Association show that most communities are grossly misinformed about the dangers of household fires. According to the survey, only 71% of households have a fire escape plan and only 47% of those have practiced it. Many believed that they would have more than six minutes to escape a fire but due to changes in home furnishings, the reality is that a person would most likely only have up to two minutes.

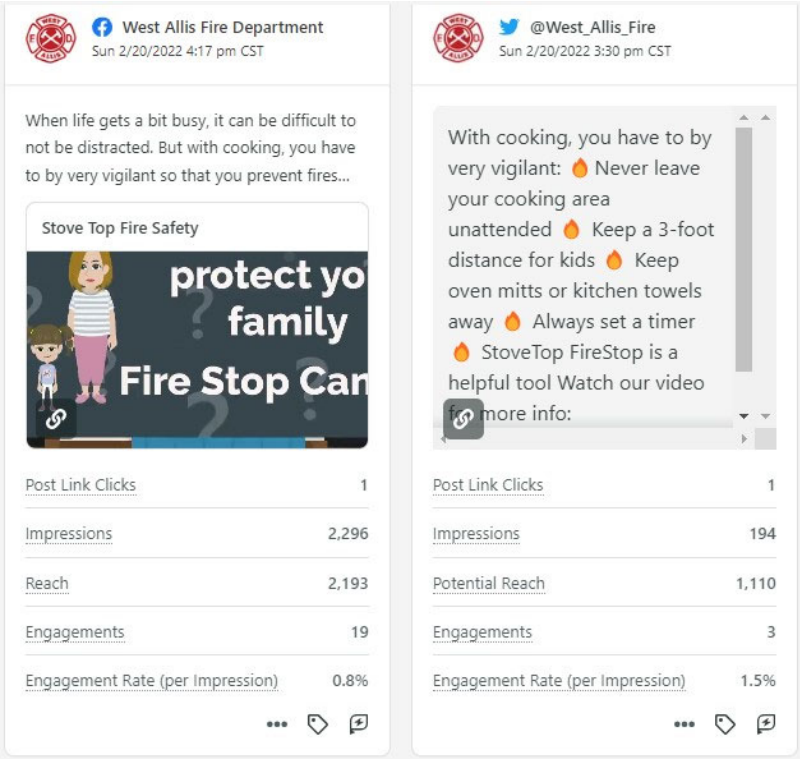
In response, the Fire Prevention Bureau was directed to address numerous fire risks falling under three categories; residential, commercial, and operational.

Residential Fire Risk

In the city of West Allis, most fires occur in or around residential properties. Most of these fires were preventable and were the result of cooking or smoking. To reduce the number of fires and the impact of those fires the Fire Prevention Bureau is charged with providing the public with fire safety awareness, education, inspection, code enforcement, investigation, and risk mitigation.

Awareness

To ensure that the public is aware of the fire dangers they face the Fire Prevention Bureau releases regular public safety announcements (PSAs) each month through social media outlets and quarterly through city publications. PSAs are developed to highlight the risk that is relevant to the season or in response to recent fire activity. In 2022 many of the PSAs were developed to raise awareness about cooking fires, smoking fires, and the importance of having working smoke detectors. To ensure PSAs and other forms of public information are received by the intended audience various metrics are monitored by the city's Communication Department.



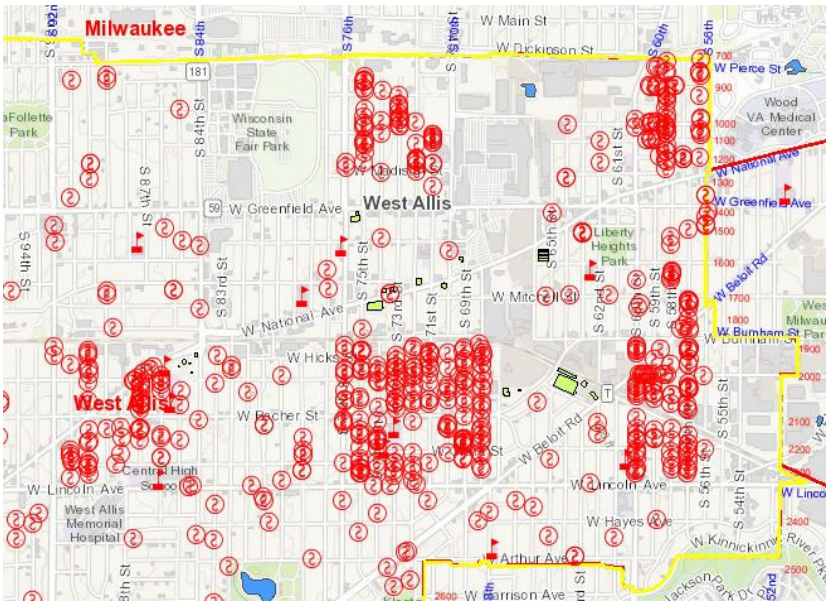
Fire safety messaging

Education

It is the hope that through awareness most fires are prevented, but if a fire does occur the public must be educated on how to respond. Fire safety education focuses on fire prevention, fire recognition, notifying emergency services, fire extinguishment, and evacuation. Most of this education is provided in person at various public events throughout the year. In 2022 many public gatherings which had been canceled in 2020-2021 due to the COVID-19 pandemic returned to the schedule. More detail about fire prevention education is included in the Bureau of Fire Prevention and MIH report.

Residential Fire Protection

In addition to awareness and education, the West Allis Fire Department has also made significant efforts to provide smoke detectors, carbon monoxide detectors, and stovetop safety devices to residents free of charge. These efforts are made to decrease the number of cooking fires that occur while increasing the rate of resident notification and evacuation. The detector installation campaigns aim to protect low-income neighborhoods and elderly residents since studies show that their households are two to three times more likely to have a fire. In 2020 due to the COVID-19 pandemic, all detector campaigns were canceled, but devices were still provided by request and while at emergency scenes. Since formal smoke alarm installation campaigns returned in 2021 the number of household served had been increasing, but in 2022 the cost of smoke alarms doubled in price which made them more difficult to acquire. Prior to the pandemic the fire department would on average, provided smoke alarms and CO alarms for 200 properties per year. In 2022 due to the impacted supply chain, smoke detector affordability and availability, the number of properties protected had been moderately diminished to 48. Barriers to acquiring smoke alarms and other fire protection devices are expected to be overcome in 2023 as additional funding from grants and community stakeholders increases.



GIS mapping is used to identify which neighborhoods are protected and which ones are at risk. Each symbol on the map below represents a property that has been provided smoke alarms and CO alarms from the Fire Department.

Fire Stop Suppression System

In 2021, WAFD responded to a house fire located in an eight-family apartment complex near South115 Street and West Orchard Court. Crews arrived on the scene to find that an occupant had overheated oil on the stove and resulting in a fire that began to extend up to the cabinets. The resident, fortunately, had a product called ‘Fire Stop’ mounted above the stove and the activation of the product extinguished the fire and prevented additional damage to the property, and most importantly stopped the production of dangerous smoke within the apartment. Unbeknown to the current occupant, a previous tenant had installed these devices above the stovetop. Several years ago, WAFD received grant funds to purchase these units and have installed some in selective properties across the city that meet the requirements for correct placement. The devices are available to install when WAFD conducts smoke detector installation campaigns across the city. Below are pictures from the most recent fire described above as well as a previous fire that started under similar circumstances. The stark difference in fire damage shown below demonstrates the importance of continued fire prevention efforts throughout the City.

Damage at property where Fire Stop product activated

Fire Stop Product

Location of Installed Units

Damage from cooking fire without Fire Stop activation. Fire was able to spread freely prior to WAFD arrival

Smart Burners

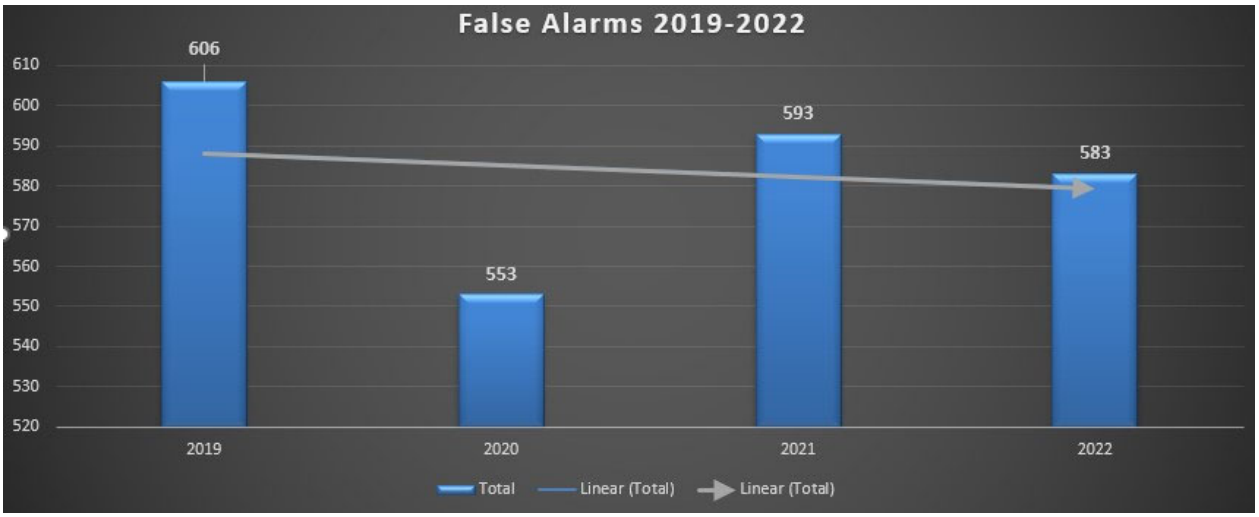
In 2020 this program was expanded to include the distribution of Smart Burners (a replacement range burner) that have technology built into them that limits their maximum temperature and does not allow for cooking oils to reach their ignition temperature. Although the distribution has been somewhat limited no protected households have experienced a cook-top fire.

Commercial Fire Risk

Another area of identified fire risk is commercial properties. Statistics show that there are far fewer Instances of fires within these types of properties since they are subject to fire prevention codes that require minimum egress standards, fire alarms, and fire suppression systems. Without the proper construction and inspection of these systems, the rate of fires and the impact of those fires would be much greater. To ensure that the fire risk for these properties remains low the Fire Prevention Bureau is tasked with providing plan review, routine inspection, and workplace fire safety education. Details about efforts being made to mitigate commercial fire risk are covered in greater detail within the Bureau of Fire Prevention section of this report.

Fire Alarm Fees

In 2019 to ensure fire alarm systems were being maintained and kept functional a fee had been established for false alarms. The fee is only imposed after a malfunctioning alarm system results in numerous false alarm fire calls. In 2022 the rate of false alarms was noted to be 4% lower than the pre-penalty 2019 rates. Additionally, it was noted that the rate at which a specific property would have more than three false alarms in a one-year time period had been reduced. The reduction of false alarm incidents has increased the availability of fire apparatus that can in turn be used to respond to other emergencies within the City. This greater availability of fire response vehicles helps to limit the reliance on neighboring municipalities and reduces costly wear and tear on the apparatus.

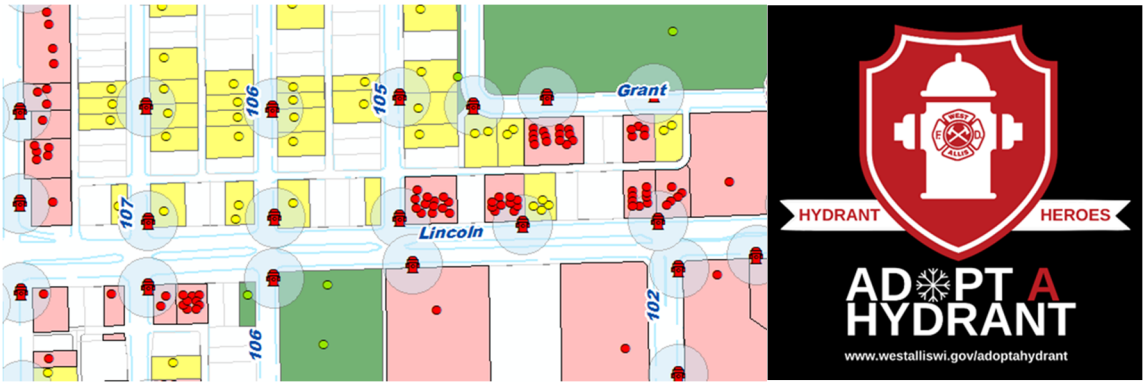


Rates of false alarms have declined from 2019 through 2022.

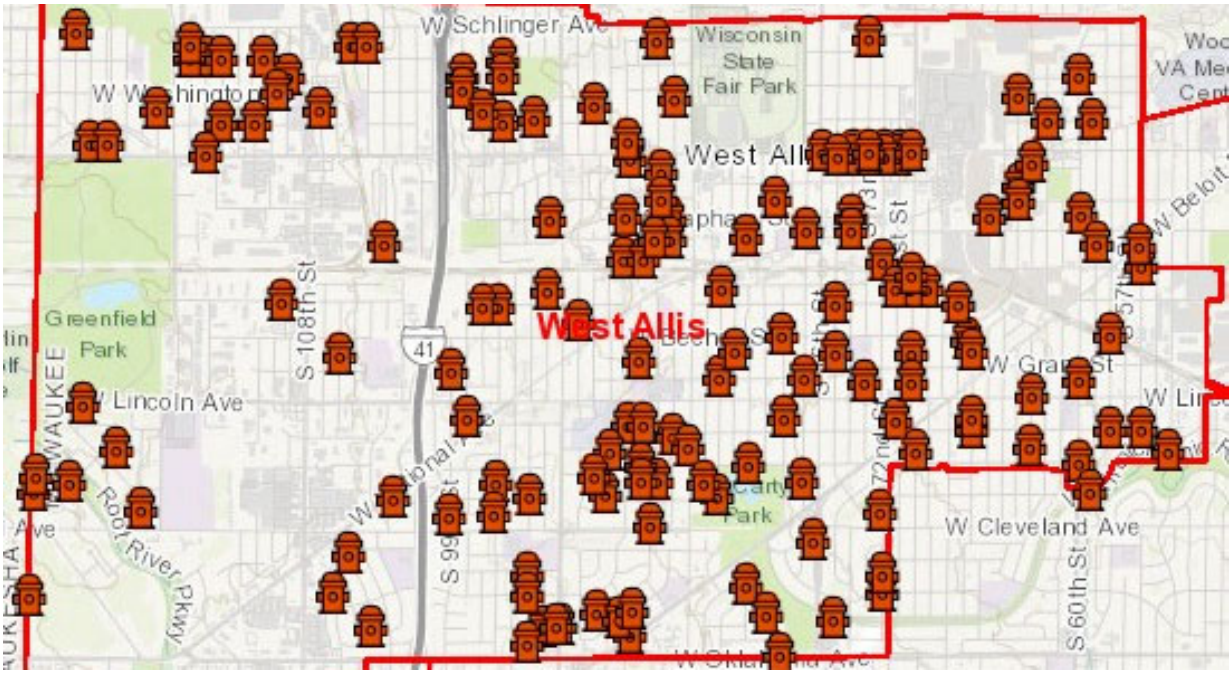
Operational Fire Risk

The Division of Community Risk Reduction is responsible for mitigating risk within the community that places firefighters at risk or hinders fire suppression operations. As it relates to this risk the Division monitors the readiness of the city's fire hydrants and they collect and share information about hazardous properties within the community.

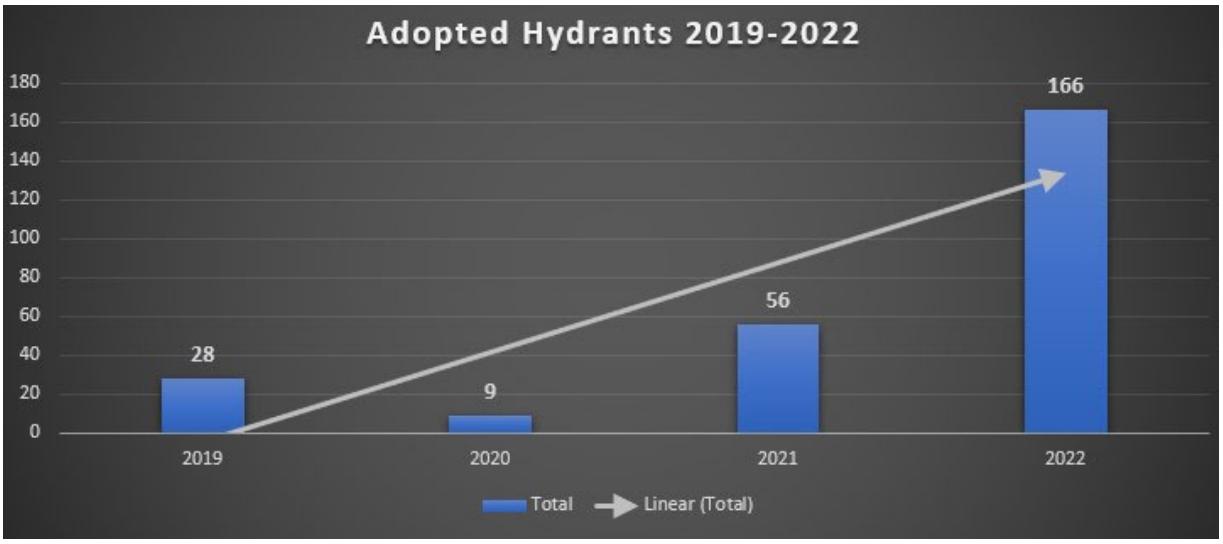
To ensure fire hydrants are clear of snow and in good working order, the division manages a program called Adopt-A-Hydrant which enlists the assistance of citizens to maintain the hydrants near their residences. In late 2020, to increase program participation the city's Geographic Information Systems (GIS) team was used to identify all the properties that are within 150 feet of a hydrant. Once the properties were identified a mailing was sent to each of the property owners asking for their participation in the program. Since the mailing, participation in the program in 2021 had increased by 86%.



GIS map of hydrants located within 150 ft of a residence.



GIS Map of adopted hydrants 2022.



Adoption rates continue to rise after mailings were sent to residences in close proximity to hydrants.

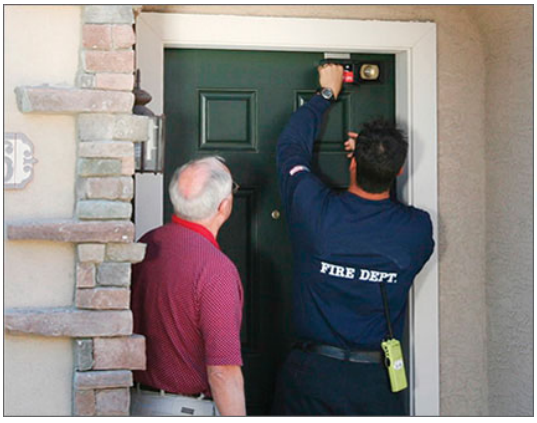
Pre-Fire Planning and lockbox maintenance

Members working within the Division of Community Risk Reduction spend most of their workday out in the community inspecting properties and working with the public in private residences. The nature of this work inherently provides these members with intimate knowledge about the properties. To increase fire response efficiency and effectiveness, these properties are pre-

planned to identify hazards, inherent protection systems, utilities, and evacuation routes. This ensures crews responding to emergencies can quickly deploy appropriate incident management strategies and tactics. Pre-plans are digital and can be viewed by a fire officer on a computer while en route to an incident. In addition to pre-fire plans, vacant and abandoned buildings are also flagged within the fire department's computer-aided dispatching system to warn first responders of increased danger. Vacant and abandoned buildings are inspected regularly throughout the year to keep the status of these properties up to date.

On-board computers display important information for fire officers during the response to incidents.

Once on the scene of an incident, the fire department has access to locked boxes containing keys to a property. The boxes are required to be installed on most commercial structures but can also be installed on residential properties if the resident has a higher-than-normal risk of needing emergency service response. The installation and inspection of these boxes are the responsibility of the Fire Prevention and MIH Bureaus.



Installation and access to a residential lockbox.

Health and Wellness Risk

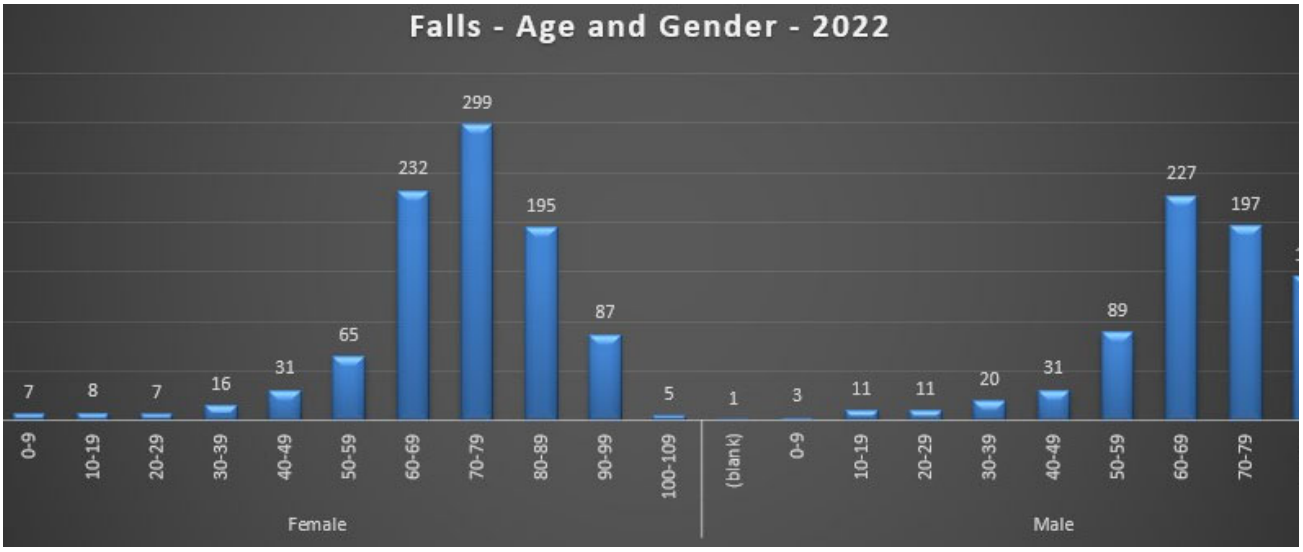
Through a comprehensive examination of calls for service, and data provided by local, state, and national partners numerous areas of risk were identified within the city. This report highlights the risks that were addressed in 2022. The risks are organized into two categories, demographic and health conditions. Detailed information about the various programs and risk mitigation efforts is described in greater detail in the Bureau of Mobile Integrated Health's report.

Demographic Based Risk

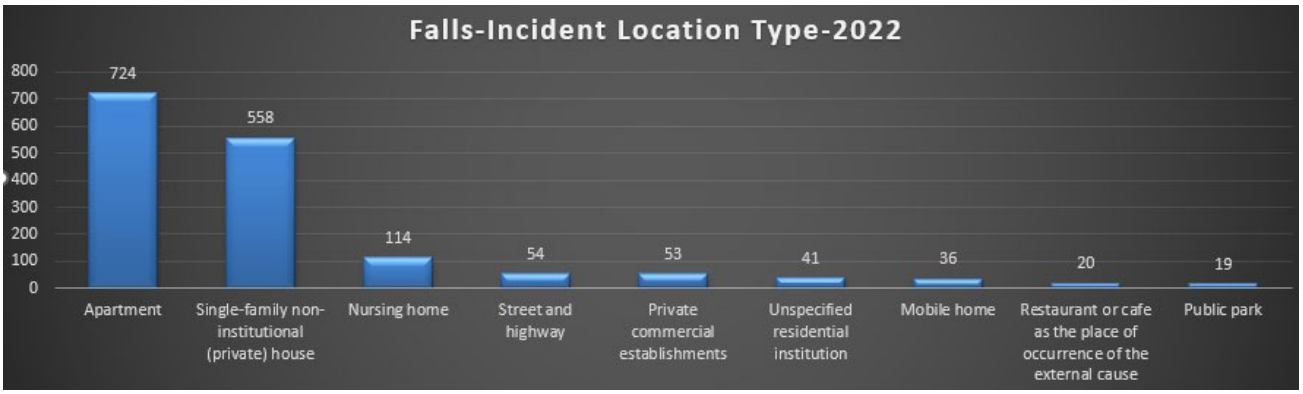
Within this category, risks are addressed by providing services to a group of people that share a demographic that places them at higher risk for illness, injury, or death. In 2022 the demographic-based risks that were focused on were; seniors, veterans, those experiencing homelessness, and maternal/early childhood.

Seniors and Fall Risk

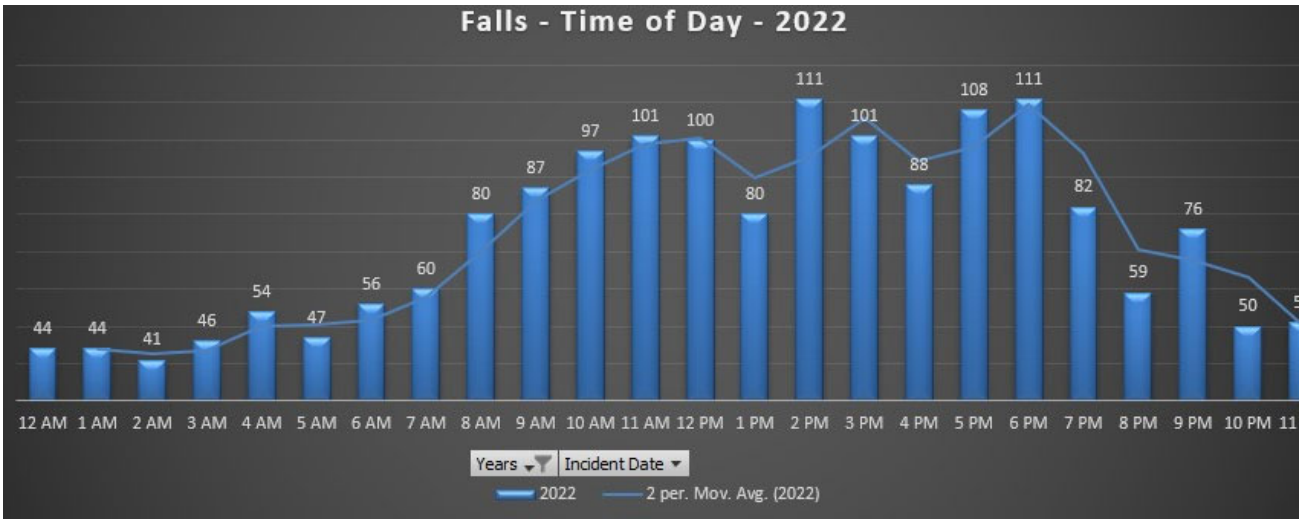
Seniors citizens represent 16% of the city's population and studies have shown that they have a higher rate of falls, abuse, heart disease, stroke, and suicide in comparison to the non-geriatric population. In 2021 the fire department responded to 1,728 calls for patients who have fallen which is 18% of all calls for emergency medical services. Looking closer at the data it has been noted that 1,579 calls or 91% of all fall-related emergencies are for patients between the age of 50 and 104.



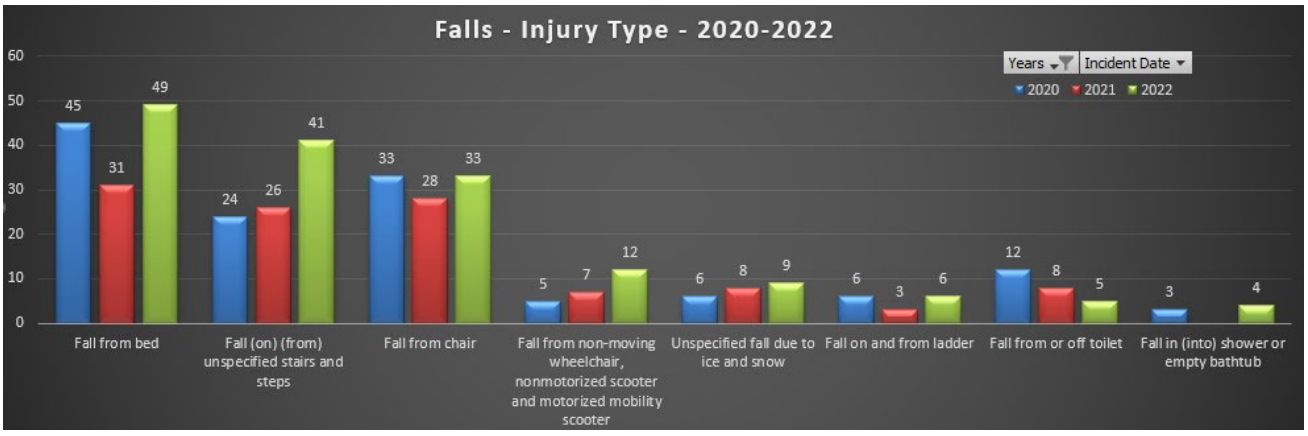
Age of patients experiencing a fall in 2021.



The most prominent location for falls to occur is apartments and single-family homes.

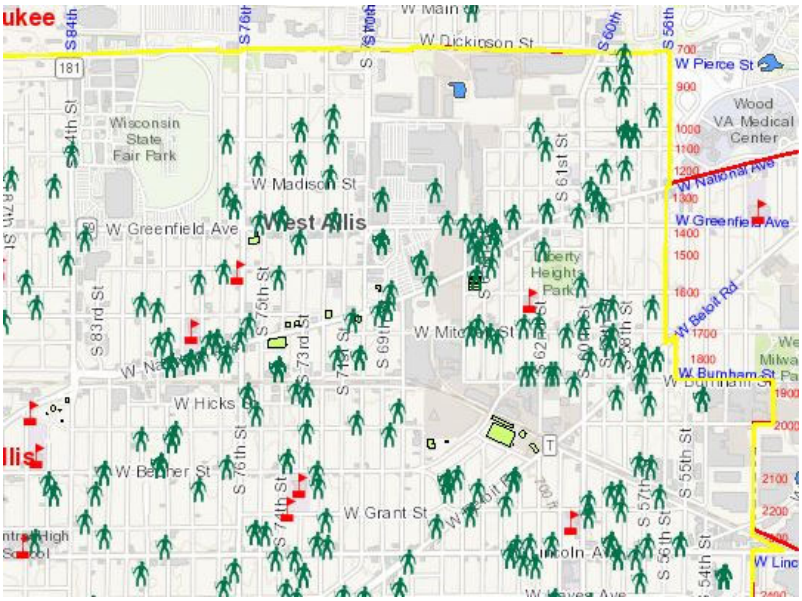


The most prominent time for falls to occur is between the hours of 8 am and 9 pm.



Falls were noted to occur most often when people had been getting out of bed or moving to and from the bathroom. Falls within the bathroom have decreased while falls out of bed and on steps have increased.

Nationally we see that fall rates have increased by 30% in recent years and if they remain at their current rate of ascent, they could cause seven deaths per hour by 2030 according to the Centers for Disease Control. To protect the senior citizen population the MIH Bureau provides this population with a variety of services which include the distribution of fall prevention devices, mental health screening, connection to healthcare, and more. Details related to the distribution of assistive devices or other fall risk mitigation resources are described in greater detail in the Mobile Integrated Health report.



GIS mapping provides insight into where falls are occurring in the City so outreach efforts can more effectively reach those most at risk.

Institute of Healthcare Improvement (IHI) Age-Friendly Community

The West Allis Fire Department maintains its recognition as an Age-Friendly Community by the Institute for Healthcare Improvement (IHI). To be recognized as an Age-Friendly Community, an agency must demonstrate that they have implemented evidence-based practices to evaluate the 4Ms: What Matters, Medications, Mentation, and Mobility. By assessing geriatric patients for issues related to these four categories patients are kept safer and healthier.

South East Regional Trauma Advisory Council (SERTAC)

SERTAC is a Regional Trauma Advisory Council is an organized group of healthcare entities and other concerned individuals who have an interest in organizing and improving trauma care within a specified region. It serves as the unifying foundation to bring together all local, county, regional, state, federal and other agencies, for the planning, education, training and prevention efforts needed to assure the exemplary care needed pre, acute and post injury. The primary purpose of an RTAC is to design, implement and evaluate a trauma system within a region that is data-based, confidential and sensitive to the needs and limitations of each regional area.

SERTAC awarded the West Allis fire department a microgrant in April of 2022. The grant money was used to purchase assistive devices which were installed in the homes of residents who are known to have a risk of falls. Statistics show that In the homes where assistive devices are installed by the fire department, the rate of falls is greatly reduced and residents experience far fewer traumatic incidents.

Veterans

The City of West Allis has one of the largest veteran populations within Milwaukee County and is second only to the City of Milwaukee. Over 3,000 veterans live in West Allis which is 5% of the overall population. This population is known to be at higher risk for conditions such as depression, chronic pain, post-traumatic stress disorder, and substance use disorder. To reduce the risk for this population the fire department has partnered with the Milwaukee Zablocki Veterans Administration (VA) Hospital to increase veteran access to healthcare and reduce veteran suicide risk. In 2020 through a process of pre-registration, the fire department increased veteran access to VA hospitals by 20% and identified more suicide ideation patients than in any year prior.

In 2022, 28 patients had been referred for service to the West Allis Mobile Integrated Health (MIH) team. When veterans received MIH services they were less likely to need the resources of an emergency department and more likely to be engaged with the healthcare system. The

overall volume of patients referred from the VA was lower than in 2021 which was attributed to reorganization of management within the VA hospital. The VA hospital is expected to increase referral rates within 2023 as they have expanded their referral pool beyond the emergency department to include stroke care, and substance disorder specialties. The details about these two new programs are explained later in this document under the Coverdell Stroke program and the Substance Use Disorder sections.

Homelessness

Although it is a small portion of the population, the homeless within the city are at an extraordinarily high risk of illness, injury, and death. Each year several people who are experiencing homelessness parish within West Allis. These deaths are preventable if actions are taken to eliminate barriers to care and address the root causes of homelessness. Causes of homelessness can be acute or chronic and often require a large variety of resources to be provided in real-time to make an impact. The Bureau of Fire Prevention and MIH has developed a collaborative outreach group, “the Community Collective” which is comprised of representatives from housing organizations, food shelters, substance use recovery programs, and others to make a difference for this population.

Maternal and Early Childhood

According to the National Center for Health Statistics, in Milwaukee County, the infant mortality rate has risen 10% between 2007 and 2017. In West Allis, infant, and child deaths account for a small percentage of the overall number of fatalities but the impact of those deaths on the public and the EMS providers is exceptionally high. To address this population's risk the West Allis Fire Department has been established as a Pediatric Emergency Care Coordination (PECC) site with the Children’s Healthcare Alliance of Wisconsin. Additionally, the department has partnered with the Aurora Advocate Women’s Pavilion. This partnership aims to better identify mothers, children, and families that may be at risk so they can be connected with the MIH providers. When connected the MIH team will address household hazards and provide education and resources that mitigate risks to health.

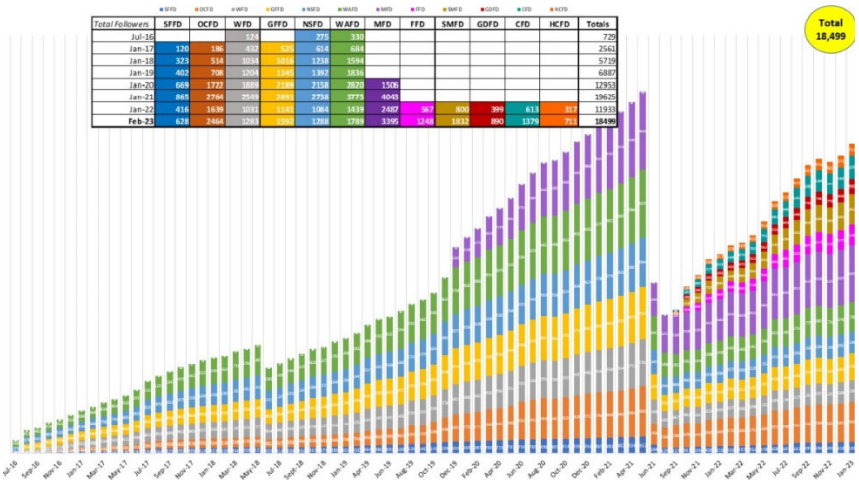
Health Condition-Based Risk

Heart Disease

Heart disease is the number one cause of death within the City of West Allis. Heart Disease can include a variety of more specific heart conditions which are often addressed through more focused programs. Nationally there are more than 356,000 out-of-hospital cardiac arrests that occur annually, and almost 90% of them are fatal. Studies show that cardiac arrest survival outcomes can be improved through early recognition, early CPR, and early defibrillation. The Fire Department goes to great lengths to establish programs and practices that educate and enlist the aid of family members, witnesses, and bystanders in treating cardiac arrest victims. Most years fire department personnel teach more than 3,500 people how to use a defibrillator and provide CPR.

PulsePoint

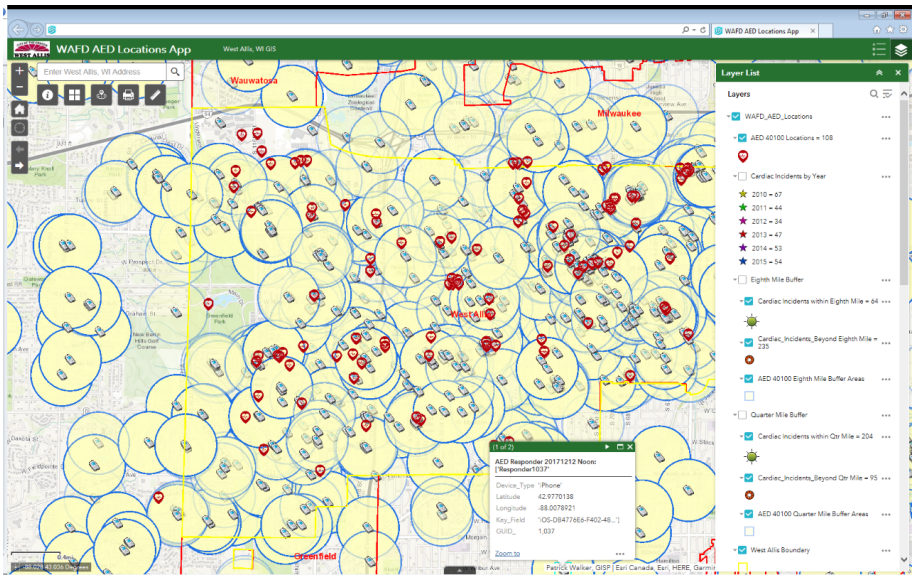
People who suffer a cardiac event have better outcomes if they receive bystander CPR and defibrillator use. With this in mind, the fire department invests in an application called PulsePoint that will alert subscribers if they are close to a cardiac arrest with hopes that if alerted, they will attempt to assist in resuscitative efforts until emergency responders arrive on the scene. West Allis Fire Department PulsePoint subscribership increased by 306 people in 2022, giving West Allis the second-most followers in Milwaukee County. With the fractured nature of Milwaukee County and the prevalence of people traveling through multiple jurisdictions each day, efforts are underway to consolidate the PulsePoint application which will allow for a subscriber to follow the County as a whole instead of just one city.



West Allis Fire Department is represented in green.

AED Access

Data has shown that greater availability of automated external defibrillators (AED) improves the likelihood of surviving a cardiac event. The fire department is continuously seeking opportunities to increase the number of devices available for use across the city. Available devices have been mapped in the fire department's PulsePoint application to aid bystanders in finding the unit closest to them in an emergency.



GIS mapping of AEDs with cardiac arrests helps to identify where future efforts should be made to install more devices.

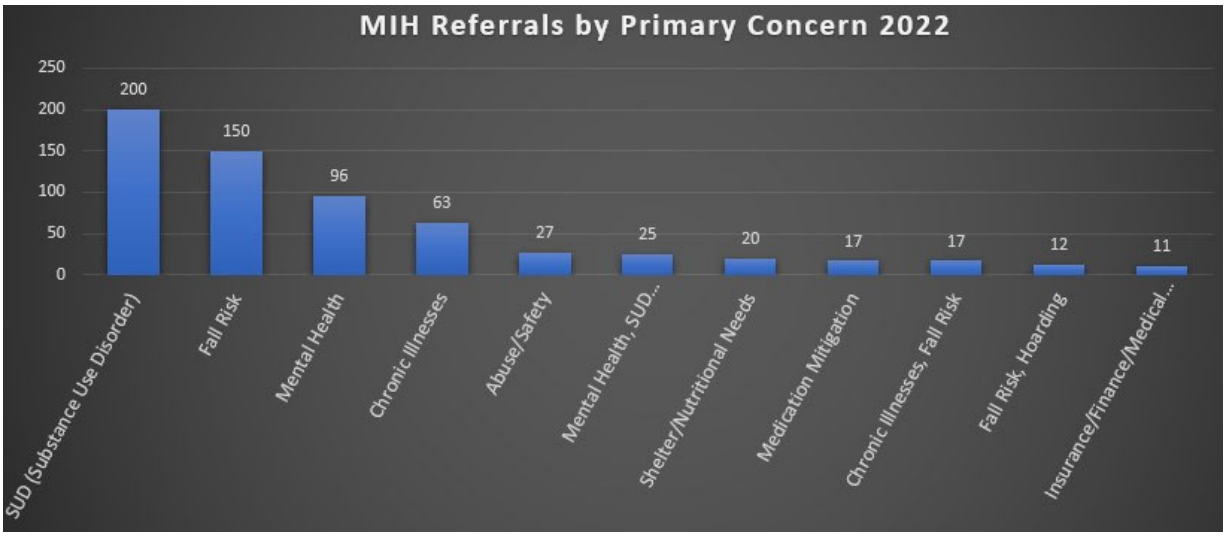
In a review of the latest out-of-hospital survivability data for cardiac arrest victims receiving care from the West Allis Fire Department, it is evident that efforts made to improve cardiac arrest outcomes have made a difference. West Allis Fire Department has an out-of-hospital survivability rate of 46% (2021) which is above the national average of 10.4% (American Heart Association).

Hands-Only CPR Education

To ensure community members can provide CPR to those in need the fire department works year-round to teach hands-only CPR. Most of this education takes place at community events and in schools. Due to the COVID-19 pandemic, many of the community events in 2021 had been canceled. In 2022 these community events began to return to the city allowing for in-person public education to continue.

High Utilizers and Healthcare Navigation

In 2022 the Fire Department received more than 9,352 calls for medical service; most of these are from first-time callers who require an emergency response for acute and severe circumstances. Conversely, another group of people calls 911 frequently for chronic illness management or low acuity circumstances. Within this group that of people if a person is calling for emergency services more than three times in a single month they are categorized into a High Utilizers Group (HUG). Along the same lines if a person is calling more than two times a month consistently each month they are placed into a Chronic High Utilizer Group (CHUG). In 2022 the HUG group consisted of 92 individuals who produced 451 calls for service. This breaks down to 4.9 calls for service per person per month. Many of the HUG and CHUG calls are preventable if a person's chronic illness is better managed or the person is connected with the resources they need which in turn reduces their reliance on the emergency room and EMS. Improving patient health care management and reducing reliance on the EMS system is accomplished by providing all HUG and CHUG patients with a one-on-one visit from the fire department’s Community Paramedic staff. This program has demonstrated effectiveness in the past at times reducing incident values by as much as 30%. However, in 2022 the number of high-utilizer patients remained similar to in 2021. Although there are a variety of challenges in meeting the needs of this population one of the more prominent issues has been attributed to undertreated mental health conditions. It is suspected that 87% of HUG patients are suffering from mental health conditions.



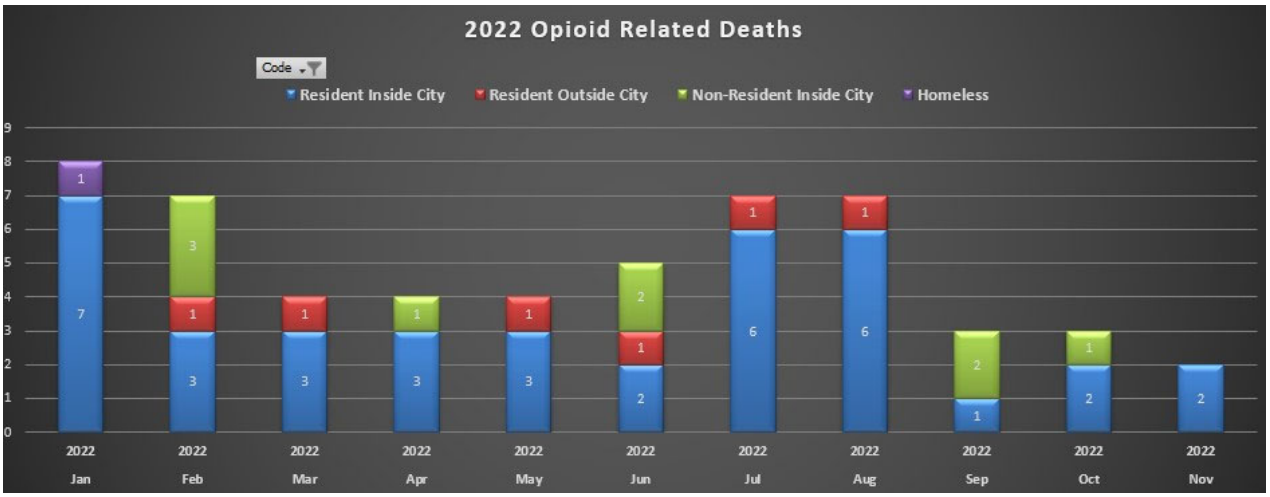
Substance Use Disorder

Substance use disorder and the opioid epidemic have been a primary concern for West Allis as the rate of overdose and the rate of overdose-related death are higher than the national average and surpass all communities within Milwaukee County except the City of Milwaukee. Although overdose incidents and deaths are exceptionally high for the community, efforts to reduce the epidemic's impact have been successful. With the increasing prominence of fentanyl communities across the country are experiencing increasing rates of overdose and death. Since West Allis started their outreach efforts rates of overdose have been declining.

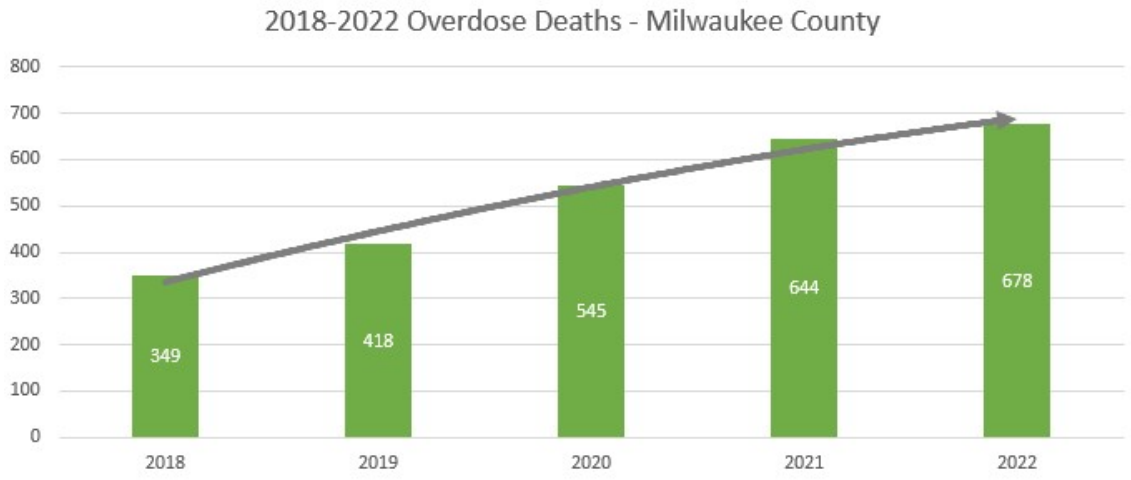
Substance Use Disorder Deaths

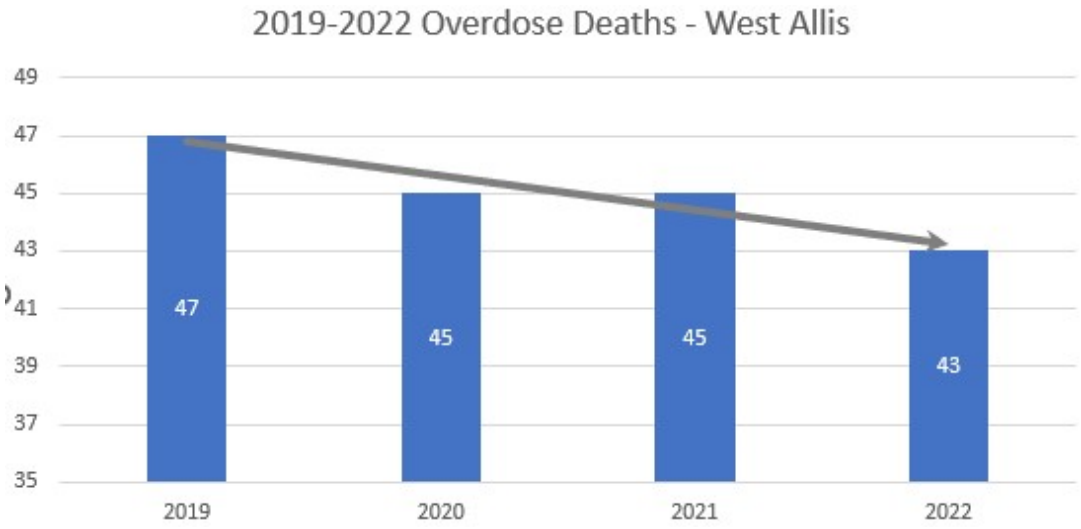
Substance Use Disorder (SUD) is one of the leading causes of death in West Allis and accounted for 43 resident deaths in 2022. Although this number is very high it is down 9% from the 2019 total of 47, which is further highlighted by the fact that in the same time frame, Milwaukee County experienced a 62% increase in SUD fatalities.

The reduction in deaths and overdoses is attributed to the efforts of the Bureau of Fire Prevention and MIH where Community Paramedics are tasked with providing outreach to those suffering from addiction, connecting them to medication-assisted treatment and recovery services.



West Allis opioid deaths (includes the death of residents inside the city, and outside the city; non-residents inside the city, and those experiencing homelessness inside the city)

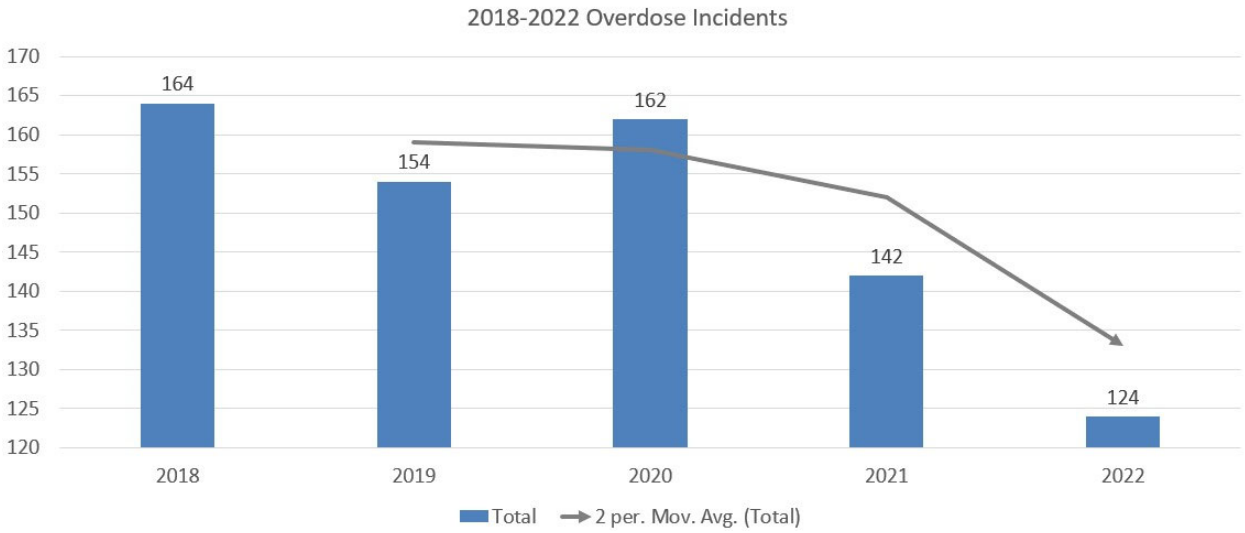


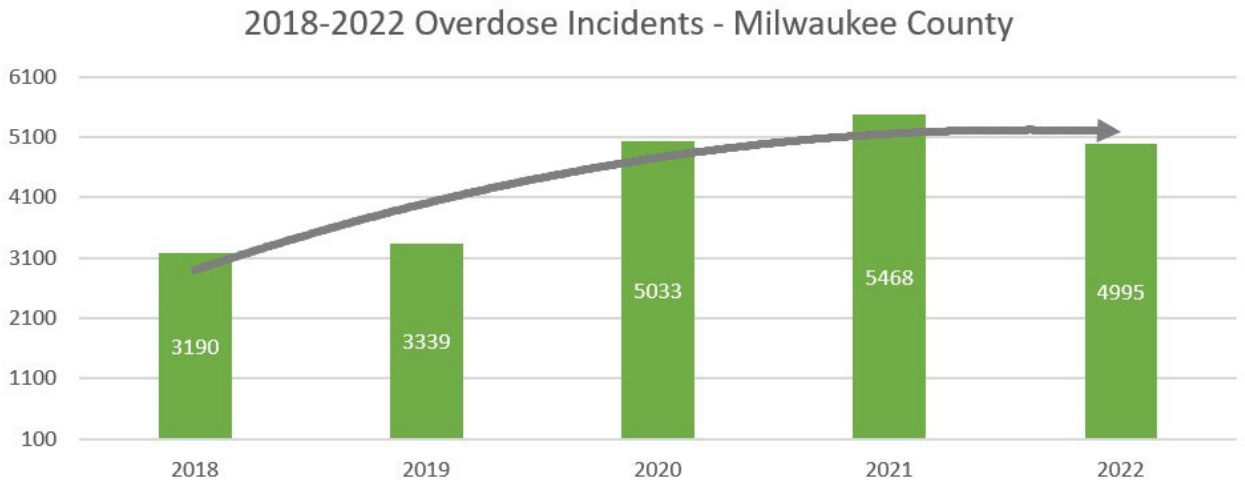


Milwaukee County Deaths increased over the same time frame that West Allis noted a decrease.

Overdose incidents

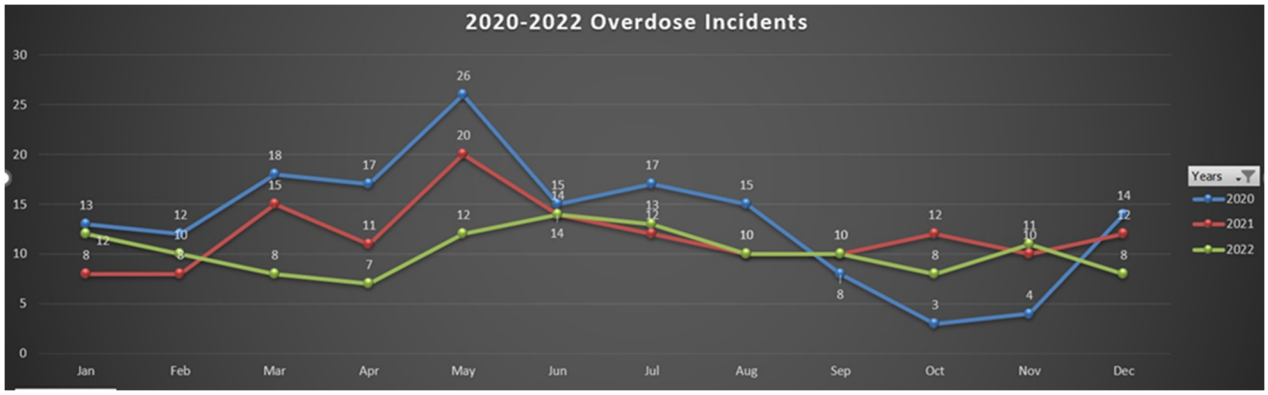
In 2022, the number of overdose incidents fell to be at the lowest rate recorded since 2017. The reduction in incidents is largely attributed to the distribution of harm-reduction materials to the community and the connection of those who use drugs to medication-assisted treatment programs.



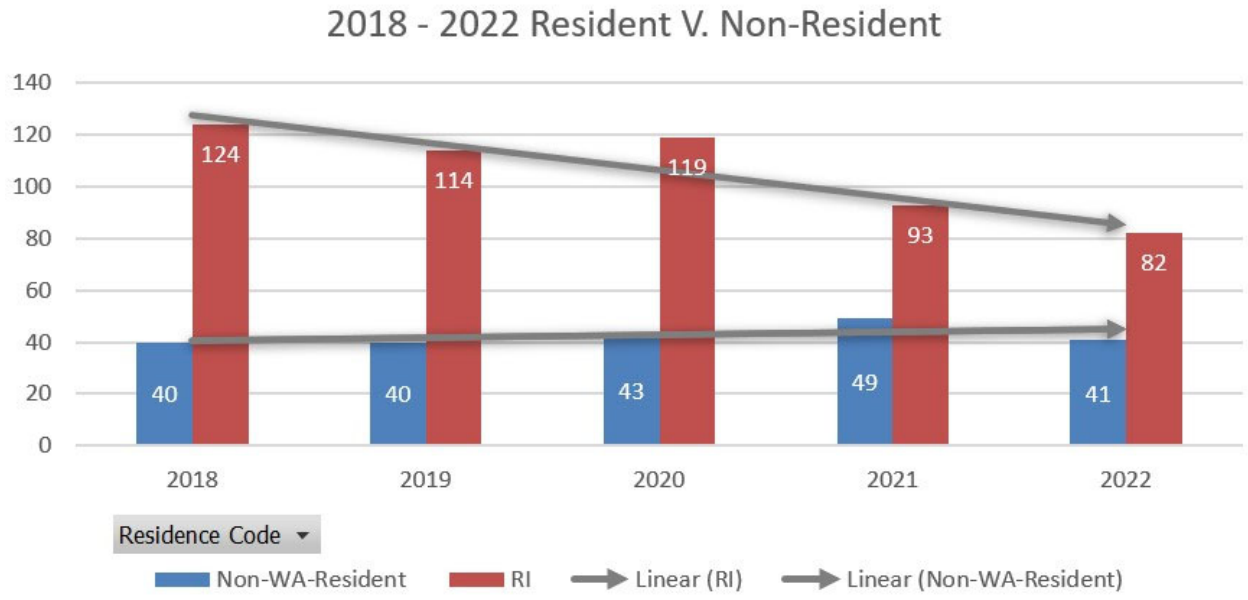


Milwaukee County opioid-related overdose incidents have been trending upward each year at an alarming pace up until 2022 when outreach efforts across the County were increased.

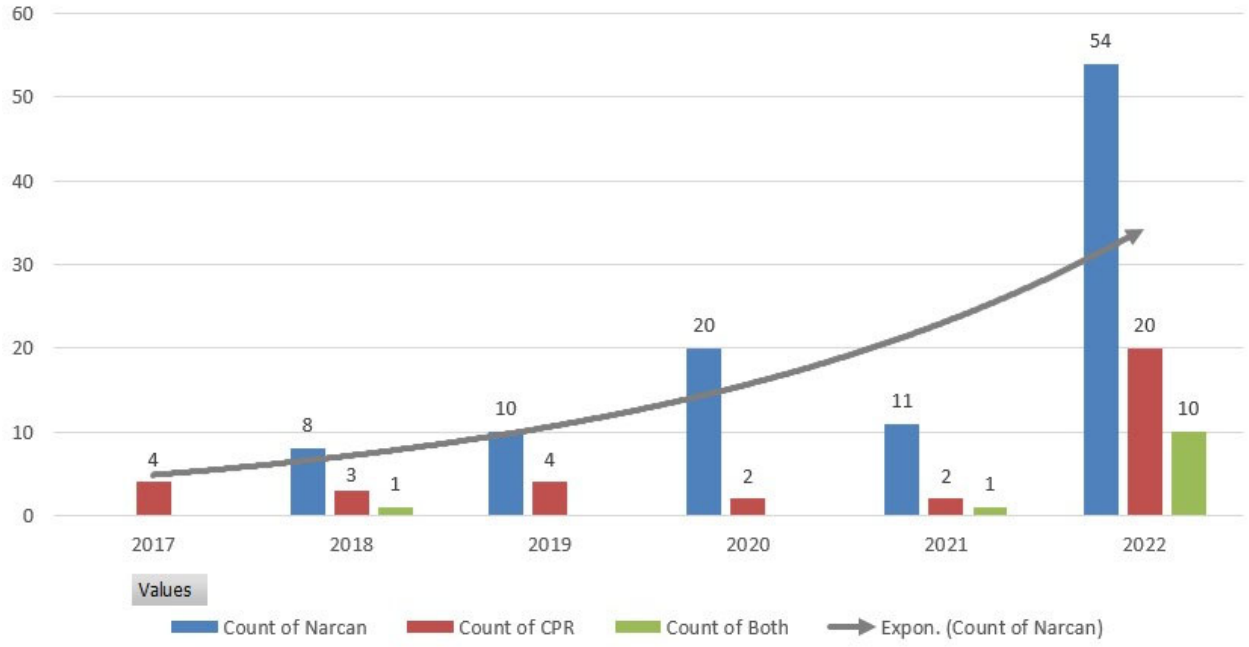
The rate of overdose incidents has continuously decreased in West Allis each year. In addition, as the percentage of non-residents overdosing in West Allis has remained constant the rate of residents has been significantly reduced. This trend is believed to be attributed to West Allis residents receiving aggressive and comprehensive community outreach services from Community Paramedics. Other surrounding communities do not have the same capabilities and as such, they continue to see higher rates of drug use among their populations. Understanding this trend the fire department has been working to provide other communities with the education and tools needed to provide their residents with the same programming West Allis residents receive. As other communities provide greater support to their residents West Allis is expected to see fewer non-residents migrating into the community.



West Allis opioid-related overdose incidents trend downward to a low not seen since 2017.



Understanding that incidents may continue to occur despite efforts to reduce them the fire department has also worked to arm the community and first responders with the tools and resources necessary to provide bystander CPR and Narcan to those that may be experiencing an overdose. The rates of bystander CPR and Narcan administration have risen drastically within 2022 which has in turn built greater trust for emergency responders and effectively reduced the rate of overdose-related death.



Supporting the Fight Against Opioids

Bureau of Justice Grant Awarded to West Allis

The City of West Allis Fire Department continued to provide overdose outreach through the operation of a Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). The program is funded through a grant awarded by the Bureau of Justice Administration which provides $900,000 of funding over three years to support the department's ongoing efforts to curb the effects of the opioid epidemic.

2021 Grant Application Abstract

Milwaukee County reported a 41% increase in opioid use disorder (OUD) deaths in the last 18 months. The County's fragmented 18 suburban municipalities are experiencing a high rate of overdose and OUD-related deaths. These communities do not have the resources required to

address their needs. The underserved area includes a population of 351,178 residents. According to the County's Office of Emergency Management, 23% of the County's overdose incidents and 25% of the opioid deaths in 2020 occurred in Suburban communities with no opioid response teams in operation.

Mobile Integrated Health (MIH) teams (1 community paramedic and 1 peer support counselor) are uniquely positioned to facilitate new enrollments or reengagements of OUD patients into medication-assisted treatment (MAT) services. West Allis Fire Department's (WAFD) 24/7 MIH program has provided evidence-based services for 7 years and has demonstrated success in contacting OUD patients (85%) and enrolling them into MAT (55%).

Responding to rising opioid-related incidents, WAFD will partner with community MAT providers and the Medical College of Wisconsin (MCW; Research Partner) to implement the MAT Access Advocate Program (MAAP) in response to COSSAP and first responder service and training gaps in suburban Milwaukee County.

MAAP will: 1) increase the number of OUD patients receiving MAT; 2) decrease illicit opioid drug use and prescription opioid misuse; 3) increase first responder agencies engaged in connecting people with OUD to MAT; 4) complete feasibility and potential pilot study related to first responders initiating MAT (buprenorphine) in the field. These goals are designed to provide an immediate response to municipalities underserved by MIH while working with the same municipalities to deliver long-term, sustainable opioid response services.

We will meet these goals by expanding WAFD's MIH opioid response to other suburban municipalities while developing and delivering a comprehensive MIH/OUD training package that will instruct other first responders on how to connect OUD patients to MAT. MAAP will prioritize the transport of overdose survivors to EDs that offer MAT at the point of care. MAAP and County and State EMS leadership will also evaluate the demand and ability for first responders to begin buprenorphine treatment in the field, develop implementation practices, and if supported MAAP will pilot MIH-initiated buprenorphine induction with telehealth and a warm handoff for long term treatment.

MCW will collect process and outcome measures and facilitate the dissemination of deliverables (training modules, policy briefs, scope of practice recommendations).

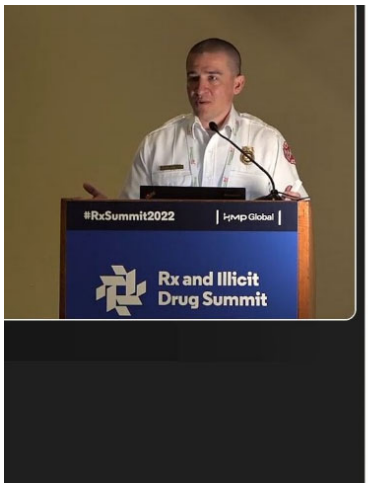
RX Drug Abuse & Heroin Summit Presentation - April 2022

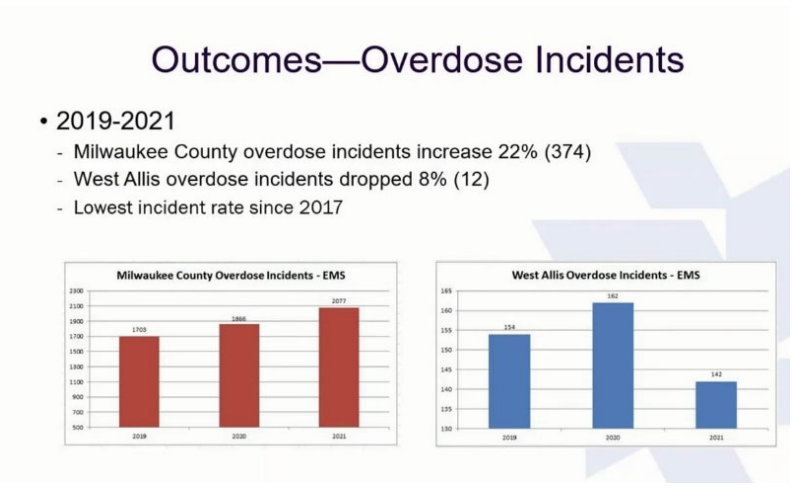
Having one of the most effective and progressive substance use disorder programs in the Country, West Allis Fire Department, in partnership with the Medical College of Wisconsin has been selected to present at the 2022 RX Drug Abuse & Heroin Summit which was held in Atlanta, Georgia.

The Rx Drug Abuse & Heroin Summit is the largest national collaboration of professionals from local, state, and federal agencies, businesses, academia, treatment providers, and allied communities impacted by prescription drug abuse and heroin use. It is *the* event for decision-makers and allied professionals working to address this public health emergency. Notable speakers in past years have included President Joe Biden in 2021, President Donald J. Trump and First Lady Melania Trump in 2019, President Bill Clinton in 2018, and President Barack Obama in 2016.

The conference was a great success and reaffirmed to the Nation that the rates and impacts of drug misuse can be reduced. After the presentation, numerous national organizations and several local representatives reached out to acknowledge the great work being done in West Allis. Agencies like the Association of State and Territorial Health Officials (ASTHO), and the International Association of Firefighters (IAFF) requested meetings to discuss how other agencies across the country could build similar programs. Much support has been gained for

the programming coming from West Allis, support that will hopefully lead to new partnerships and new funding opportunities future.





Accepted to Present - RX Summit 2023

The 2022 presentation at RX Summit was so well received West Allis Fire Department and its partners have been asked to return in 2023. The return trip to Atlanta will provide an opportunity to continue to build upon partnerships and share updates on the successes of local programming. An emphasis will be placed on sharing how teams like the one in West Allis can share their programming with surrounding municipalities which has been proven to have a synergistic effect on reducing the impacts of drug use.

West Allis Fire Department – Keynote Speaker for the of Association of State and Territorial Health Officials (ASTHO)

ASTHO is an organization working under the Centers for Disease Control (CDC) to manage the national Data to Action initiative where stakeholders leverage technology to reduce the impacts of the drug epidemic. Within the last few years, West Allis Fire has developed comprehensive and effective community outreach programs that have successfully reduced the number of people experiencing an overdose or dying due to drug use. ASTHO has recognized the success of West Allis and asked for a representative to speak at their national convening. The virtual event took place in June 2022 where teams from across the country were able to learn how they can achieve the same success as West Allis.

Wisconsin to Expand EMS Treatment for Substance Use Patients

West Allis is one of the only agencies in Wisconsin with a recent history of reducing the impacts of the opioid epidemic. As one of the states leading EMS agencies consistently at the forefront of substance use programming, West Allis has been relied upon to provide insight and direction on how EMS can continue to make progress in the fight against drug misuse.

In September 2022, stemming from recommendations made by WAFD, the State of Wisconsin paramedic scope of practice has been expanded to include the use of buprenorphine for treating patients experiencing opioid withdrawal.

Along with county, and state medical directors, WAFD has been working with colleagues in New Jersey, Texas, and Florida to gain the insight required to adopt the EMS practice. In September, WAFD met with American Medical Response (AMR) of Contra Costa, California, the foremost experts in the country when it comes to work of this nature. AMR provided WAFD with pieces of training, guidelines, and invaluable insight required to improve system-wide EMS practices in Wisconsin. Because of its contributions and unique expertise, WAFD is expected to be one of the first EMS agencies in the state of Wisconsin capable of providing care to its residents.

The current treatment for an opioid-related overdose is naloxone which has proven to be exceptionally effective at blocking the effects of opioids and preventing death secondary to overdose. Although the use of naloxone works well to stop overdoses it also, at times, will propagate opioid withdrawal in patients, and restore consciousness abruptly. Once patients wake from an overdosed state they are often disorientated, surrounded by first responders, and experiencing terrible symptoms of withdrawal. In these situations, patients are not interested in receiving assistance for their substance misuse, instead, they are scared, defensive, and violently ill. The patients are motivated to disengage from healthcare and seek out substances that will alleviate their withdrawal symptoms.

First responder contact with a known substance misuser at a time of overdose is a rare opportunity to direct a patient to medication-assisted treatment (MAT) and recovery services.

Connecting a patient to treatment is exceptionally difficult immediately after they receive naloxone because the symptoms of opioid withdrawal are at times excruciating. To alleviate the withdrawal symptoms, paramedics will provide buprenorphine. **The medication will provide immediate relief to the withdrawal symptoms, reduce cravings, and blunt the effects of any additional opioid use.** In systems where the medication is used in conjunction with comprehensive opioid use disorder (OUD) programming, patients have engaged with recovery more often which in turn reduces the number of overdose incidents and overdose-related deaths.

Buprenorphine will not be used as a standalone treatment. Emergency response and the provision of naloxone and buprenorphine is immediately followed by a comprehensive package of overdose care that includes transport to hospitals capable of providing comprehensive OUD care, or the direct connection to a community-based MAT clinic that can begin comprehensive opioid treatment, and the distribution of harm reduction materials.

Partnership with Vital Strategies and Johns Hopkins University

The West Allis Fire Department has been committed to implementing progressive and evidence-based initiatives that will improve the survivability and quality of life for residents impacted by the opioid epidemic. Recently WAFD has been networking with Vital Strategies and Johns Hopkins University to develop a state-wide survey that will provide valuable insight into the effectiveness of existing and planned initiatives. In addition to the survey, these stakeholder groups are supporting the local efforts of agencies to perform buprenorphine induction via community paramedics. Details are pending but it is expected that WAFD will be offered substantial compensation for costs incurred to institute these practices. Work of this nature is always a challenge but with capable, driven, and well-funded partners the mission of serving this at-risk population becomes more achievable.

Coverdell Stroke Program

In 2022 the fire department has joined with the Wisconsin Department of Health Services to provide community paramedic services to patients who have experienced or are at risk for stroke and/or COVID-19.

As “nearly 1 in 4” people who have strokes are likely to suffer subsequent strokes, risk mitigation strategies can lead to improved outcomes. West Allis Fire Department Mobile Integrated Health (MIH) with its community and hospital partners aims to reduce the rates of recidivism for stroke patients, with a focus on COVID risk mitigation and fall prevention. The West Allis MIH team is partnered with several healthcare systems including but limited to Aurora Advocate Health (AA) and the Milwaukee Veterans Affairs (VA) Medical Center. This project will provide care for hundreds of individuals known to be at risk for strokes and COVID-19. Each patient served under this project will receive a home visit from a Community Paramedic who will provide a health assessment, medication review, home safety assessment, and fall risk mitigation. Each visit will result in a comprehensive report that will be returned to the patient’s healthcare team so they can better understand the patient's needs and abilities. Additionally, at-home visits provide an opportunity for patients to receive the latest information regarding COVID-19, as the MIH providers will be able to identify risk factors for the disease, determine vaccination status, and help the patient make an informed decision regarding how they can best protect themselves and those around them.

Operational Health and Wellness Risk

Although identifying operational risk is regularly performed by the Division of Operations at times the CRR division aids them in identifying opportunities to improve crew safety, efficiency, and health, by identifing gaps in service.

Critical incident stress debriefing

A disturbing trend in the fire service is the exceptionally high rate of suicide and post-traumatic stress disorder. These rates are attributed to the high levels of stress and traumatic exposure first responders face each day they report for duty. To reduce rates of suicide the fire department provides employees access to an employee assistance program through a contracted third party and utilizes paramedics to provide critical incident stress debriefing after

each sentinel incident the provider faces. Debriefs and the offering of formal support services provide department personnel with much-needed education that may at some point in their career keep them safe.

Fleet Services

To effectively provide emergency services the West Allis Fire Department relies heavily on 36 fire apparatus and thousands of pieces of equipment. All the equipment and apparatus require regular maintenance, testing, and occasional repair.

Fleet Manager

Over the years, most fleet service work had been performed by the Department of Public Works (DPW). In 2019 an unfilled mechanic position was reallocated from DPW to the fire department to provide the fire department with a dedicated fleet manager which would allow for the high demand for service work stemming from the fire department to be met.

The fleet manager is tasked with the everyday repairs, servicing, and compliance testing of all fire department equipment and apparatus. At times the demand for service is greater than one person can handle and mechanics from the DPW or neighboring fire departments are used to assist.

The role of the Fleet Manager was expanded slightly in 2022 to include electric vehicles in preparation for the purchase of the City's first fully electric command pickup truck. The City purchased a Ford F150 Lightning EV which is expected to join the fleet in early 2023. The version of the EV truck joining the fleet is designed for emergency response and is expected to reduce fuel and maintenance costs over its service life. The battery within the vehicle is covered by a 100,000-mile warranty which is not expected to be surpassed since command vehicles operating within the City do not accumulate high mileage. If the vehicle exceeds expectations the EV fleet may be expanded within the fire department or other areas of the City.

West Allis Ford F150 Lightning EV added to the fleet in 2022.

Fire Department Shop Members

Specialty fire department equipment requiring service at times falls outside of the capabilities of a mechanic or fleet manager. To meet the service needs of this equipment the fire department utilizes a team of fire department members that have received certification from equipment manufacturers which allows them the ability to work on the equipment. As an example, the fire department is required to test over 375 sections of fire hoses each year to ensure they will perform as expected when needed in an emergency. In 2022 it was noted that the complement of inch and three-quarter attack hose was experiencing high rates of failure which were attributed to most of the sections being more than 20 years old, in response the department replaced 25 sections. Additionally, the department identified a need to increase the inventory of two-inch hoses by 28 sections which allowed for each rig to carry a larger complement required to remain consistent with neighboring fire departments.

Hose sections assembled for testing.

Public Relations and Communications

To ensure that the citizens of West Allis are kept informed on fire department activity and community risks the fire department routinely provides communication through a series of platforms. The Division of CRR is responsible for the development and release of communications specific to the fire department or its operation. The fire department in concert with the city's Communications Department maintains a website, social media sites, and a newsletter, and frequently delivers messaging through local media outlets.

In 2022 the ability to tailor messaging and monitor viewership has been significantly improved as the fire department gains access to the social media management software Sprout Social. The software allows for messages to be posted to a single site which will cross-post to a wide variety of social media platforms. Additionally, the activity of each post is monitored, and compared to other similar posts to aid the organization in understanding the reach and impact of communications to the public.

Throughout the year the fire department hosts or participates in numerous public relations events that aim to educate and show support for the city residents, business owners, and schools. These events provide an opportunity for the fire department membership to provide vital fire and life safety messaging.

Due to the COVID-19 pandemic, many public relations events early in 2021 had to be canceled, and efforts were made to redirect public education and safety messaging through digital means.

In 2022 numerous public events were restarted which has allowed the fire department the opportunity to once again engage with the public. In 2022 the department was able to participate in several parades, the Wisconsin State Fair, and 9-11 memorials.

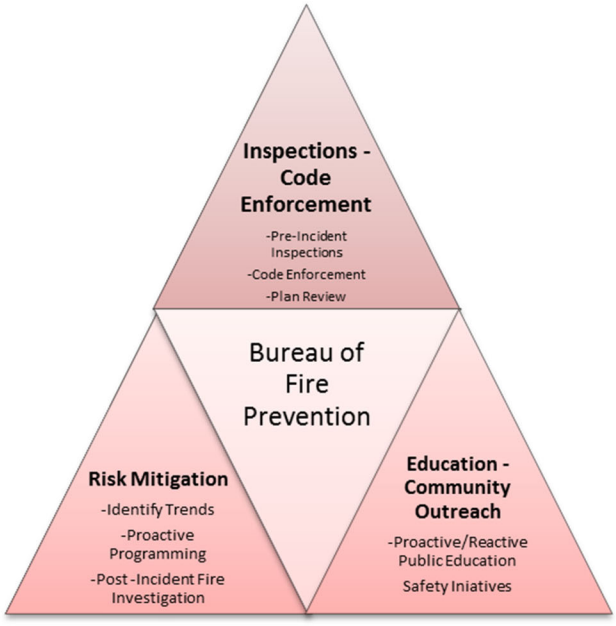

E61
STAY BACK
200 FEET


911

BUREAU OF FIRE PREVENTION
ARMANDO SUAREZ DEL REAL
DEPUTY CHIEF
ZEKE M. DOMBROWSKI
LIEUTENANT

CITY of West Allis
FIRE DEPARTMENT

The Bureau of Fire Prevention is responsible for the prevention of fires and the adverse effects that fires pose to the public, along with the education and prevention of inherent risks that exist within the City of West Allis. The three main areas of focus include 1) fire inspection and code enforcement 2) risk mitigation 3) public education. In each of the three areas of focus, there are subcategories to further outline the responsibilities of the bureau.



Inspections & Code Enforcement

The West Allis Fire Department's Fire Prevention Bureau inspects all commercial properties as well as residential properties containing three or more families. These inspections seek to identify conditions that do not meet local, state, and national codes for fire prevention and life safety. Once identified, the Fire Prevention Bureau informs and educates building owners and occupants about fire and life safety codes. This process is completed to reduce the risk to occupants, property, and first responders throughout the City.

The bureau's transition from a paper-based fire inspection system to a digital inspection system continually yields positive results. Fire inspectors can access and alter occupancy information from the field, allowing for faster performance of fire inspection activities as well as real-time updating of occupancy information. Information gathered by fire inspectors is accessible to emergency crews while responding to incidents via mobile computers that are located within all fire department vehicles. Violation notices and other formal communications can be generated from the field and emailed directly to business owners and managers resulting in faster turnaround times for code compliance and more readily available occupancy information that contains information relating to past violations and recurring issues. This information allows the Fire Prevention Bureau to notice trends within individual buildings, neighborhoods, or throughout the city as a whole. This increased knowledge can help further focus prevention resources and efforts on properties that require repeated attention or are part of a citywide trend.

Activity	2022	2021	2020	2019	2018
Regular Route Inspection	4,489	4,443	4,590	4,823	4,366
Occupancy Permit Inspections	322	168	147	224	179
State Fair Park Inspections	22	17	24	72	137
Special Inspections – Complaints/Referrals	24	22	24	17	15
License Inspections – Liquor/Other	12	12	178	194	188
Re-inspections	832	735	808	1,100	1,104
TOTALS:	**5,701**	**5,397**	**5,771**	**6,430**	**5,989**
Inspection Hours	441.38	365.17	308.27	306.03	310.97
Violations Issued	1104	1018	1,212	1,744	1,667
Outstanding Violations as of 12/31/2021	19	21	12	15	33

All inspections completed by the bureau are audited. This has led to an increase in the number of inspections completed on time as well as an increase in re-inspections of outstanding violations. As a result, the bureau has seen a higher prevalence of code compliance and a large decrease in

outstanding violations. While the fire department does have citation power, the bureau has maintained an effort to work with property and business owners to solve fire code concerns before the issues escalate to the level of citation. Of the nearly 30,000 inspections conducted over the past five years, this bureau has only issued one citation which occurred in 2020.

The Fire Inspector Efficiency Tool had been developed and put into practice this past year to understand the trends of the inspector's efficiency. Armed with concrete numbers, programming can be created to increase the productivity of the fire inspectors all year, every month. Below are the monthly averages for both the appointed and Back-Up inspectors. The tool will track the values seen in the graphic below. Each inspector had been able to see their numbers each month, but more importantly, the deputy chief and lieutenant of the Fire Prevention Bureau had been able to strategically determine the necessary changes that needed to be done to ensure consistent productivity

Fire Inspector Efficiency Numbers 2022		YTD Average
Appointed Inspector Monthly Average	# of Shifts conducting Inspection duties	21
	# of inspections completed	230
	Average inspections conducted per day	11
	# of "No Violation" inspections completed	211
	% of the monthly total that is "No Violation"	93%
	# of inspections with violations found	18
	% of inspections with violations found	7%
	Average time spent on each inspection	13

		YTD Average
Back-Up Inspector Monthly Average	# of Shifts conducting Inspection duties	17
	# of inspections completed	113
	Average inspections conducted per day	7
	# of "No Violation" inspections completed	90
	% of the monthly total that is "No Violation"	77%
	# of inspections with violations found	21
	% of inspections with violations found	23%
	Average time spent on each inspection	13

Plan Review

Another area of fire prevention consists of plan review and site inspection for new buildings and existing buildings that are undergoing remodeling. Inspectors review building plans to assure necessary safety features are present as well as compliance with applicable fire codes. Inspectors then visit the construction site on numerous occasions throughout the construction process to ensure that contractors are adhering to the code requirements that have been noted in the plan review stage. In addition to general construction, inspectors oversee the installation of fire protection systems and assure that these systems are properly maintained. This level of review assures code compliance that provides safety for the occupants and emergency response personnel. This also provides the basic information for the pre-plan process. Plan review is an integrated risk reduction component and is most effective when coupled with site inspections to track the progress of work.

Digital plan review for fire protection systems continued to benefit the bureau by aiding with efficiency and continuous quality improvement. Rather than have contractors submit several paper copies of plans, PDFs are now emailed and reviewed electronically. This creates a more efficient process, allowing for faster turnaround time for plan reviews and fewer staff dedicated to paper file maintenance and storage. The Fire Prevention Bureau works closely with Building Inspection and Neighborhood Services (BINS) to review building plans. Building plans submitted to BINS were transitioned from a traditional paper process to an exclusively digital workflow. The benefits of this transition mirrored the results realized by the bureau's previous transition of fire protection plans to a digital format several years ago.

Plan Review Activity	2022	2021	2020	2019	2018
Planning Commission	3	3	4	4	29
New Construction	2	6	10	3	11
Renovation/Remodeling	70	70	55	92	89
Fire Alarm Systems	44	28	53	46	56
Fire Sprinkler Systems	80	35	37	56	52
Hood & Duct Fire Suppression Systems	6	6	4	6	7
Other Fire Suppression	3	0	1	1	3
Under/Above Ground Storage Tank Plans	2	2	4	5	12
Petition of Variance	2	3	5	4	2
DSPS Plan Reviews	1	13	4	N/A	N/A
TOTALS:	**213**	**166**	**177**	**217**	**261**

Fire Investigation

Fire investigation entails searching for the origin and cause of the fire. Identifying how and why each fire occurs helps provide information that can be used to educate citizens and prevent future fires. The Fire Investigation Team consists of ten members that are trained specifically in fire investigation. This team works closely with the West Allis Police Department Arson Investigators on suspicious and suspected arson fires.

Investigated by	2022	2021	2020	2019	2018
Company Officer Performed Investigation	72	106	75	62	53
Fire Department Fire Investigator	9	5	8	15	21
Assisted by West Allis PD Arson Investigator	1	2	2	5	4

State Fair Park

The Wisconsin State Fair Park hosts a variety of events throughout the year. There are 56 permanent buildings inside the park, all of which require annual fire inspections. Additionally, several large events are hosted throughout the year that sees an influx of temporary stands set up within the park. The Fire Prevention Bureau is routinely on the grounds to inspect both permanent buildings, and temporary structures as well as the setup for weekend shows and events throughout the year.

The annual Wisconsin State Fair involves an additional 186 temporary vendor stands set up within the fairgrounds, all requiring fire inspections. The vendor stands must be inspected before the opening of the state fair. The Fire Prevention Bureau accomplishes these inspections within a short time frame without interrupting normal fair operations.

In an attempt to mitigate false and nuisance alarms, Wisconsin State Fair Park officials and the WAFD have decided to have duct detector signals reported as supervisory signals instead of a full alarm for all permanent buildings. This aid in risk reduction from multiple avenues with the most prominent being the reduction of an unwarranted response for multiple fire companies from not only West Allis but also our neighboring communities as well.

2022 - Year in review

Preventative Action Based on Fire Types and Seasonal Triggers

The Bureau of Fire Prevention's goal is to limit the dangers that fire has on the citizens and guests of West Allis. It had been found that 33% (3/10) of the fires for the month of January had been attributed to the improper disposal of smoking materials. With the assistance of the City's Communications Department, two Public Service Announcements (PSA) have been developed addressing how careless smoking material can pose a serious threat to life and property, along with the importance of changing smoke detector batteries with Daylight Savings. These videos have been put into regular rotation on the City's social media platforms.

https://youtu.be/CMMpzWMXL7Y

https://youtu.be/tf-Cgj20WWY

False Alarm Notifications to Business/Property Owners

Furthering the attempts to promote proactive actions taken by property owners in the City of West Allis, the Fire Prevention Bureau will begin sending out false alarm notifications reminding property owners of the City's Fire Prevention Code (5.10 – 23, b)

"Fee for false alarm response. In the event that the Fire Department responds to a false alarm, a fee as specified in the most recent Schedule of Fees resolution shall be imposed upon the owner of the property served for the third and each subsequent false alarm at the same property in a calendar year. Any fee payable to the City of West Allis that remains unpaid 30 days after imposition of the fee is delinquent and may be assessed against the tax parcel served as a special charge for current service, without notice, pursuant to sec. 66.0627(2) of the Wisconsin Statutes."

https://westallis.municipalcodeonline.com/book?type=ordinances#name=5.10_Fire_Prevention_Code

It is the goal of the Fire Prevention Bureau to reduce risks associated with the inherent dangers associated with fires, which also include the safety of our firefighters responding to fire alarms that end up being false alarms due to malfunctioning or poorly maintained fire protection alerting

systems. Following the response to a false alarm, the property owner will receive a letter reminding them of the fee schedule, prompting them to take immediate action to avoid having to pay the fines. The hope is to reduce the number of false alarms that the West Allis Fire Department responds to, ultimately reducing the yearly increase in call volume, but more importantly, limit the exposures that crews have to respond with lights and sirens that effects the fire department and the public.

National Fire Academy

In late March, Deputy Chief Suarez Del Real had been able to attend a Youth Firesetting Prevention and Intervention (YFPI) class at the National Fire Academy (NFA). The WAFD had developed a similar program in the past under the guidance of then-Assistant Chief King, but has since fallen out of date and is not a current operational practice.

The purpose of the re-found interest is to take data from the past five years that may suggest that there still exists a population of youth within the city that are responsible for setting fires in the City of West Allis and enroll them into this program. The health and well–being of communities affected by the inherent dangers associated with the actions of youth firesetters is the focus and purpose for the establishment and execution of this YFPI program. Through a systematic and strategic approach, the goals of this program will benefit the citizens, business owners, and guests of our communities. These efforts will be collective, involving various stakeholders with the common aim of the reduction of risks that exist due to the misactions of youth firesetters.

In November, Deputy Chief Suarez Del Real had been able to complete the Community Risk Reduction -A Policy Approach course at the National Fire Academy. The purpose of this 6-day course is to empower students with the ability to create, evaluate and defend the public policy in their home community. The course is also designed to facilitate an understanding of how codes and regulations can be used as an effective component of fire prevention, fire mitigation, and overall community risk reduction. A risk assessment is used to prioritize risk. The course presents the stages of the policy process, which include:

- Problem identification and agenda setting.
- Policy formation.
- Issue resolution and policy adoption.
- Implementation and application.
- Evaluation.

The NFA works to enhance the ability of fire and emergency services and allied professionals to deal more effectively with fire and related emergencies. As an entity of the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA), the mission of the U.S. Fire Administration is to support and strengthen fire and emergency medical services (EMS) and stakeholders to prepare for, prevent, mitigate, and respond to all hazards

National Night Out

The West Allis Fire Department responded to the farmers market and numerous block party events across the city during the National Night Out celebration in July. At each stop, the firefighters would hand out coloring books and stickers to children and provide general fire safety education to all in attendance. Residents would also get to see all the equipment and protective gear commonly used while fighting fires. Those attending the farmers market were also provided hands-only CPR education.

Donations of Smoke/CO Alarms to the Fire Prevention Bureau

On August 23rd, the West Allis Fire Fighters Charities Inc. donated $500 worth of smoke/CO alarms. The alarms will be installed by WAFD crews including the MIH Providers if they were to come into contact with members within the community found to not have working smoke/CO alarms. Per the National Fire Protection Agency (NFPA) (*https://www.nfpa.org/News-and-Research/Data-research-and-tools/Detection-and-Signaling/Smoke-Alarms-in-US-Home-Fires*)

- Almost three out of five home fire deaths were caused by fires in properties with no smoke alarms (41 percent) or smoke alarms that failed to operate (16 percent).
- The risk of dying in reported home structure fires is 55 percent lower in homes with working smoke alarms than in homes with no alarms or none that worked.

The aim is to provide proactive risk mitigation at the company level at any time of the day or night. This aligns with the overall goal of keeping guests and residents in the community protected from the tragic and avoidable consequences of occupants not having working smoke alarms.

Dottke PBL All School Project

Dottke PBL High School is the West Allis-West Milwaukee School District's only fully-functioning project-based learning high school. They are intentionally different in how they approach to school, choosing to empower students in the learning process. They expect a student to prove their learning through their projects and the delivery of them on Presentations of Learning (POL).

The West Allis Fire Department partnered with Dottke students on two projects to help solve two real-world problems. Time had been set aside every day for four weeks to brainstorm, research, develop solutions, and create a presentation. The goal of this all-school activity is for students to learn how to conduct project-based learning while assisting a community partner in solving problems.

The two real-world problems that they worked on with the Fire Department were :

Fire Safety Video Contest

Driving Question: How can we promote fire safety to ensure the West Allis community is safe in the home?

Teens, Tacos, and Talks

Driving Question: How can the WAFD better help the teenagers and young adults struggling with mental health in the West Allis Community?

This project is the first full school community project of the year. Greg Goelz, the school principal, said it's an important one. "It's a way for our students to learn how we do school here," Goelz said. Dottke High project-based learning high school and they say they're different by design. "All 170 students will take part and are split up into five different projects. Aside from the Admirals, they'll work with the Wisconsin State Fair to find out how to educate fair-goers about healthy soil and root types. They'll partner with the Aurora West Allis Medical Center to find out how they can impact the opioid crisis. They'll also work with West Allis Fire Department on two issues: how to help teens struggling with mental health, and how to make sure the community is safe at home. "What better way to do that than do to an actual, real-world community project like this," Goelz said. "So they feel like, 'whatever I'm doing has an immediate and real impact,' and they can see it. They can walk out of the school and see something they created and did in the community, it's awesome.

Fire Prevention Week 2022

Since 1922, the NFPA has sponsored the public observance of Fire Prevention Week. In 1925, President Calvin Coolidge proclaimed Fire Prevention Week a national observance, making it the longest-running public health observance in our country. During Fire Prevention Week, children, adults, and teachers learn how to stay safe in case of a fire. Firefighters provide lifesaving public education to drastically decrease casualties caused by fires.

Fire Prevention Week is observed each year during the week of October 9th in commemoration of the Great Chicago Fire, which began on October 8, 1871, and caused devastating damage. This horrific conflagration killed more than 250 people, left 100,000 homeless, destroyed more than 17,400 structures, and burned more than 2,000 acres of land.

The City of West Allis Fire Department had been able to visit 16 schools and educate upwards of 2,300 students on the importance of fire safety and preparing a home escape plan. Fire

Prevention Week is the highlight of many of the student's school year. The part of the program the students look forward to the most is getting outside to see the fire truck and meet the crews.

The presence and participation of the on-duty crews were vital components to making the visits a great experience for the students.

Wisconsin State Fire Inspectors Association's Fire Inspector of the Year
Lt. Zeke Dombrowski

The **"Fire Inspector of the Year"** award is presented by the Wisconsin State Fire Inspectors Association to an outstanding fire inspector, career, or volunteer, who has demonstrated superior achievement in the area of fire prevention. This award is based on the nominee's accomplishments, service, and reasons that qualify them for this recognition. This award is presented at the Wisconsin State Fire Inspectors Association Annual Conference.

Lt Dombrowski's absolute and meticulous attention to detail is in large part why the City of West Allis has such an efficient and capable Bureau of Fire Prevention. There are three main areas that Lt Dombrowski supervises; they are Fire Inspections, Fire Investigation, and Public Education. WAFD is responsible for approx. 4,500 annual periodic inspections alone, and averages 5,307 total inspections a year which include special inspections and re-inspections. During his time with the FPB Lt Dombrowski, he has been responsible for 1,962 inspections with four months left of his appointment. Under his watch, there have been over 13,800 inspections with 99.96% of all violations having been abated within 60 days. To date, in total, Lt. Dombrowski has managed an inspection team that has seen the correction of 2,738 violations in the City of West Allis.

As the Lead Fire Investigator, Lt. Dombrowski has ensured that 100% of all fires with damages totaling over $500 have been investigated. He has developed and implemented a narrative template that is second to none and is used on all fire investigations. This streamlining of the

process has greatly reduced the time a fire investigation takes, and ensures consistent and professional reports are recorded for every investigation. In total, while Lt. Dombrowski has been managing the Fire Investigating team there has been a total of 242 fires investigated.

Lt. Dombrowski ensured that ALL of the elementary schools in our district (K3-3rd grade) received fire education every year. He has conducted and helped execute smoke alarm installation drives resulting in 186 houses in West Allis now being equipped with life-saving tools. All of this has been despite the pandemic and all of its distancing restrictions.

Lt. Dombrowski has embodied what it means to consistently produce the highest quality work product, without seeking individual attention. He has taken his oath as a public servant seriously and has set the example of what it means to not only be a fire inspector but as a role model and leader in the fire service

2023 Outlook

In looking toward 2023, the Fire Prevention Bureau will aim at expanding two avenues of programming to reflect a more proactive approach toward fire risk trends and opportunities to ensure the safety of the citizens and guests of West Allis.

Alternative Inspection Program

With the average over the past five years of all inspections that are found to be without violation sits around 80%. The focus will be directed on developing an alternative schedule where low-risk and habitually violation-free occupancies can perform a virtual, or self-inspection at a reduced rate. The reduction in the number of annual periodic inspections needed to be completed will free workforce hour requirements, save money for the compliant business owners, and ensure that the Fire Prevention Bureau will be able to operate efficiently and financially responsibly for years to come.

Increase Public Awareness of Reducing the Risk of Preventable Fires

With the ever-increasing attention that people spend on various social media platforms, it is essential that the fire service adapts as well, and makes messaging surrounding reducing preventable fires. The publishing of Public Service Announcements (PSA) has been a hallmark of safety organizations. The West Allis Fire Department will explore means in which to become more relevant in this fast-growing platform to ensure that the citizens and guests of West Allis are aware of how to reduce the threat of harm to preventable risks for them and their loved ones.

Matthew LaDousa
Captain

Chris Williams
A/MIH Lieutenant

BUREAU of
MOBILE INTEGRATED HEALTH

CITY of West Allis
FIRE DEPARTMENT

Mathew LaDousa
MIH Coordinator

Christopher Williams
SUD Coordinator

The Bureau of Mobile Integrated Health

The West Allis Bureau of Mobile Integrated Health (MIH) provides one-on-one care between a community paramedic and residents who have shown a high reliance on emergency medical services for low-acuity complaints.

A community paramedic is a healthcare professional with expanded responsibility to assist under-served populations of the community. Their main goal is to be proactive in patients' needs, thereby lowering the cost of unneeded medical stays in the hospital, closing healthcare gaps, and helping better utilize department and community resources. This approach improves patient healthcare outcomes and assists in emergency prevention. This process starts by reaching out to high utilizers of the EMS systems. These patients typically tax the resources of healthcare systems, causing higher run volumes for the fire department, higher frequency of hospital visits, and higher healthcare costs that in turn trickle down to the patients. This one-on-one, self-paced interaction allows MIH personnel to build personal relationships with the patient and close healthcare gaps that may be detrimental to patients in the community.

The MIH bureau consists of one administrative Captain and one administrative MIH Lieutenant/SUD Coordinator. The Captain oversees the activity of three MIH lieutenants working 24-hour schedules, the Community Care Coordinator, and the SUD Coordinator. These staff members hold a special endorsement on their paramedic licenses, known as “community paramedics.” The MIH bureau staffs two SUVs daily, one for the MIH Lieutenant and a second for the Captain of MIH. To become a community paramedic an existing paramedic must complete an additional 220 hours of education and clinical time. Members filling the role of community paramedic are Lieutenants required to be capable of providing both emergency medical services and firefighting services for the city’s residents.

The community paramedic service is provided to residents as a standard “no fee” service. To offset the cost of providing MIH services the MIH bureau has established contracts with local hospitals that have agreed to pay for the provision of services for selected “at-risk” patients. The hospitals are willing to pay for MIH services as MIH involvement in care management has proven to effectively reduce hospital readmission rates. With reduced readmission, the hospitals can use their resources elsewhere and avoid financial impacts on their organizations.

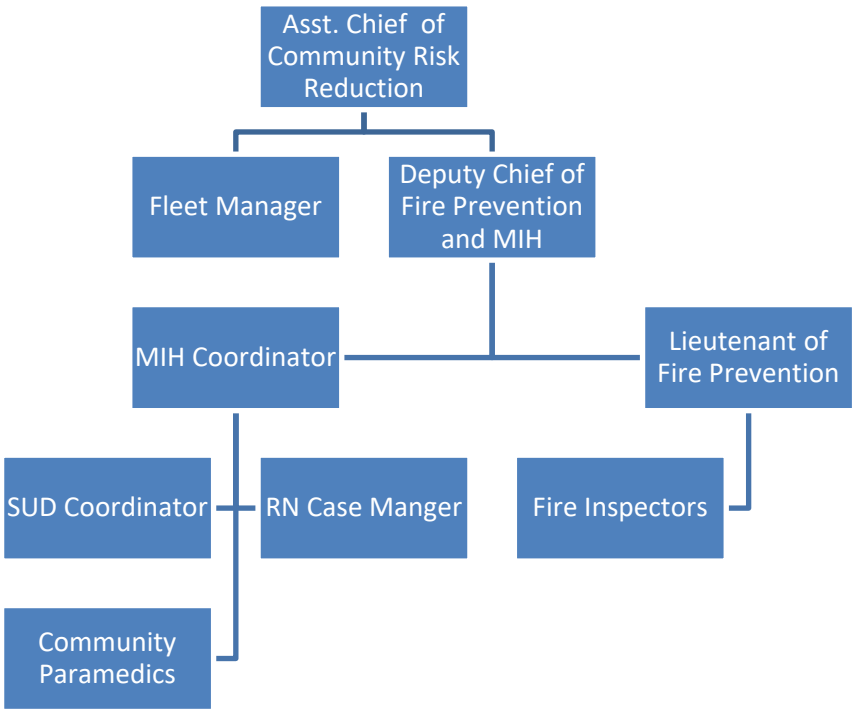
The MIH Bureau formalized a tool to identify and address risk factors. The tool is called *Five Areas of Concern*. This tool is universally applied to all MIH patients to best formulate a care plan in how to mitigate the risks they might present with. The five categories along with their specific primary risk categories include:

- **Fall Risk**
    - Primary Risk Categories
        - Home Safety
        - Mobility Issues
        - Assistive Devices
- **Mental Health**
    - Primary Risk Categories
        - Substance Use Disorder
        - Prescribed Medication Misuse
        - Alcohol Abuse
        - Hoarding
        - Mental Illness Navigation

- **Chronic Illnesses**
    - Primary Risk Categories
        - Chronic Obstructive Pulmonary Disease (COPD)
        - Congestive Heart Failure (CHF)
        - Diabetes
        - Sexually Transmitted Diseases
        - Alzheimer's/Dementia
        - Autoimmune Diseases
- **OB/Early Childhood**
    - Primary Risk Categories
        - Prenatal Health
        - Early Childhood Health and Safety
- **Physiological and Socio-Economical Needs Navigation**
    - Primary Risk Categories
        - Nutrition
        - Transport
        - Medical home
        - Insurance/Finances
        - Shelter
        - Safety/Abuse

Division of Community Risk Reduction Organizational Chart

As a result of grants that were awarded in 2021, the WAFD MIH team expanded to better serve the vision and efforts of the Division of Community Risk Reduction. This funding has allowed the team to MIH team to operate more efficiently. In 2021 the MIH Bureau created a new position, for a Substance Use Disorder Coordinator. This has better allowed the MIH Coordinator to put more focus on the daily operations of the MIH team. The bureau also added the addition of a community care coordinator. This coordinator's emphasis is to provide follow-up and care plan management to the citizens enrolled in MIH programs.



In the News- WAFD MIH Substance Use Disorder Program featured in Milwaukee Magazine

“West Allis Gets Proactive with the Opiate Crisis”

WAFD MIH was featured in February’s issue of Milwaukee Magazine. This spread highlighted the efforts of the Substance Use Disorder Program and our ability to reach those suffering from opiate use disorder. The article highlighted several quotes from DC Suarez Del Real, as well as MIH Coordinator Williams and Peer Support Specialist Cassidy Nehs. The article also highlighted the paradigm shift of the program, moving from a reactive to a proactive approach when it comes to its prevention measures.

“*But the opiate crisis has become front and center. Williams and Nehs recounted a recent overdose call – a woman with pinpoint pupils recently awoken with Narcan after her second overdose in October. When Nehs kneeled next to her, saying she’d been there herself and everything was going to be OK, the woman opened up. She wasn’t interested in treatment right away, but MIH later met with her for an hour and remains in contact. “Whether it’s the first time or the 100th,” Williams says, “we’ll be ready when the person is ready to accept treatment.”*

In the News- WAFD MIH Substance Use Disorder Program featured in the Southwest NOW - JSOnline

"As overdose deaths hit record highs, this nasal spray can help save lives. Here's how to get it and use it"

"West Allis Fire Department mobile integrated healthcare provider Adam Livingston holds up a Narcan nasal spray kit at the West Allis Fire Department. Saving a life can be as simple as peel, place, and press to administer a dose of the anti-opioid drug."-Southwest NOW - JSOnline

On March 23rd, Substance Use Disorder Coordinator Adam Livingston had the privilege of training 50 citizens on the proper use and application of Nasal Narcan. Each attendee was able to learn lifesaving information on how to recognize an opioid overdose as well as how to administer the medication to someone in need. At the end of the presentation, each attendee was given the opportunity to be sent home with one of these rescue kits at no charge

Mobile Integrated Healthcare and WISHIN

The MIH team has recently begun to use the WISHIN software to better serve the citizens of West Allis. WISHIN, the Wisconsin Statewide Health Information Network, is an online platform that healthcare professionals can utilize to access real-time patient data and information. This service allows MIH team members to look up updated patient data, including any new or alternate patient demographics. All of the local area hospitals are also partners with WISHIN, allowing a stable information network for virtually all local patients.

WAFD MIH Presents for Froedtert Nurse Grand Rounds

As the MIH SUD program continues to gain steam, the project is beginning to move into its initial evaluation and presentation stage. Recently, the team presented their model for Froedtert

nurses as part of the hospital's Nurse Grand Rounds, which is a series of educational lectures and seminars aimed to keep nurses at the forefront of their craft while providing up-to-the-minute training. Across two presentations, the MIH team presented to a total of approximately 75 nurses, including those in management and executive positions. Feedback was positive, and it was a great way for connections and relationships to be established with one of the area's largest healthcare systems.

In the News – MIH Featured on Spectrum News 1

Spectrum News 1

"Wisconsin health officials warn of increased overdose risk"

MIH Lieutenant Williams was interviewed in August by *Spectrum News 1, to* highlight the benefits of the West Allis Fire Departments' response model to the opiate crisis. West Allis' MIH team is one of 2 quick response teams that currently exist in Milwaukee County.

"An EMT's immediate actions save lives virtually every day, but the department's overdose response continues beyond the initial call. After treating a resident for an overdose, an EMT returns to the scene to follow up with the person the next day. They

ride with a peer support specialist — someone who's battled addiction themselves — to have a conversation about health and recovery.

“We’re making sure that they understand that there are resources out there for them, that this isn’t the end of the road for them as far as getting into recovery,” Williams said.

MIH Working with Local High School

This project is the first full school community project of the year. Greg Goelz, the school principal, said it’s an important one. “It’s a way for our students to learn how we do school here,” Goelz said. Dottke High project-based learning high school and they say they’re different by design. “All 170 students will take part and are split up into five different projects. Aside from the Admirals, they’ll work with the Wisconsin State Fair to find out how to educate fair-goers about healthy soil and root types. They’ll partner with the Aurora West Allis Medical Center to find out how they can impact the opioid crisis. They’ll also work with West Allis Fire Department on two issues: how to help teens struggling with mental health, and how to make sure the community is safe at home. “What better way to do that than do to an actual, real-world community project like this,” Goelz said. “So they feel like, ‘whatever I’m doing has an immediate and real impact,’ and they can see it. They can walk out of the school and see something they created and did in the community, it’s awesome.

Say Hello to Your New MIH Providers

On November 1st, the MIH team welcomed their new MIH Coordinator, Captain Matthew S LaDousa. Captain LaDousa is a 17-year veteran of the West Allis Fire Department. He is a paramedic and a fire investigator. In addition to coordinating the Mobile Integrated Healthcare Team, he will also be assisting with Fire Prevention as these two divisions will be connected in Community Risk Reduction. He is a compassionate caregiver with a motivation to help the most vulnerable of our community. His addition to the MIH team will be sure to make a valuable impact.

The Mobile Integrated Healthcare Bureau would like to highlight a new Community Paramedic to our MIH roster, Acting Battalion Chief Guy Paider. He has been a member of the West Allis Fire Department for over 26 years. Since being in a leadership role at the department, A/BC Paider also brings a unique skill set to our team. He has 15 years of nursing experience, with 13 of those years spent treating patients in the emergency room setting. A/BC Paider has shown that he loves to teach and pass on all the knowledge from his years of EMS experience. He has also spent over 6 years as an EMT-Paramedic instructor at the Milwaukee Area Technical College, teaching in both the classroom and clinical setting. When asked why he wanted to join the team, A/BC Paider stated *"I enjoy working with people and helping them navigate their healthcare needs. It allows them to live their life to the fullest".*

Lt Carriveau has served the City of West Allis for over 10 years and has been promoted through the ranks of FF/Paramedic and EO. Lt Carriveau started his Fire Service journey in 2001 at 18 years old. He has held Fire-EMS positions with Elm Grove and Lisbon Fire Departments, as well as 8 years of Active Duty Air Force as a Fire-Medic. Lt Carriveau holds multiple Fire/EMS certifications, an AAS in Fire Science, a BS in Management, and an MBA.

Lt. Carriveau brings diverse knowledge and skillset to the team. He is widely known in the department for being a leader, a mentor, and a highly-skilled paramedic. Lt. Carriveau has been observed on multiple occasions, going above and beyond for the citizens that he serves. Lt. Carriveau stated, “he is always looking for ways to increase his working knowledge and strongly believes in challenging yourself to step outside of your comfort zones to make a difference”.

MIH and UWM Partnership

In 2022 The West Allis Fire Department Mobile Integrated Healthcare Division partnered with the University of Wisconsin Milwaukee Nursing Program to provide in-the-field educational opportunities. Students from the nursing program accompanied our Mobile Integrated Providers on a ride-along as part of a community clinical experience. Two separate groups were given a main topic of focus. Our first group focused on diabetes and our second group on mental health. Students and MIH providers met with patients that had been referred to our program. The Students were able to interact with the patients discussing their needs and seeing how the MIH program helps to meet those needs and connect them to resources. At the end of the semester, the students gave their final presentations to share what they had learned about the topics they had been assigned and how they're in the field experiences allowed them to put their knowledge into practice. This is one of the many collaborative relationships that MIH holds, that benefits the program, our partners, and the West Allis community.

2023 OUTLOOK

Looking forward to 2023 the WAFD MIH Bureau will continue to provide comprehensive healthcare visits to underserved individuals in the community. This has been shown to be a means to lower healthcare costs to the patient, reduce call fatigue for the fire and EMS crews in the field, and provide a unique service to the citizens that reside in West Allis. The WAFD MIH Bureau will focus on expanding our programming to include stroke care and prevention. The WAFD MIH Bureau will also look to expand the efforts of key programs they have in place, namely the SUD program. Through the grant funding, WAFD MIH has recently received it will look to expand this program by developing operating guidelines, educational detailing, and collaboration with neighboring communities. This will allow WAFD MIH to expand the SUD outreach services across Milwaukee County, thereby creating a greater impact. This expansion of services will indeed put increased demand on the current MIH personnel, so it is our vision to see an increase in personnel on the WAFD MIH team. This will allow WAFD MIH to maintain an efficient and effective response model.

WEST ALLIS FIRE DEPARTMENT

STANDARDS OF COVER

APRIL 18, 2023

7332 WEST NATIONAL AVE
WEST ALLIS, WI 53214

EXECUTIVE SUMMARY

This 2023 update to the West Allis Fire Department's Standards of Cover provides reason to be proud of current performance, but also reason to be concerned about sustainability of that performance. The past five years have seen a steadily increasing demand for service with no corresponding increase in available resources *(see charts on pp. 56-58)*. The department has managed to maintain service delivery performance despite increase in demand. It is becoming evident, however, that the response system is nearing a breaking point and that future increases in demand will begin to overwhelm the department's ability to accommodate them.

Calls for service increased by 19.1% *(see charts on pp. 69, 70)* and total unit responses increased by 16.7% *(see charts on pg. 60)* over the past five years with no corresponding increase in the number of available resources. This has decreased availability of first-due units and produced longer travel times for units that must respond outside of their primary coverage territories *(see charts on pg. 61)*. Although these factors would be expected to negatively impact call to arrival performance, the call to arrival interval has decreased slightly over the past five years *(see charts on pg. 76)*. Improvement has been driven by more consistent call processing performance *(see charts on pg. 73)* and more efficient use of automatic aid units from neighboring agencies *(see charts on pg. 67)*. There is reason to be proud of the incredible work our dispatchers are doing each day to get response units on the road as efficiently as possible. Efficient call processing, including rapid dispatching of automatic aid units, has allowed for excellent fire suppression and EMS performance (*see analysis on pp. 78-80*). When we remove the call processing component from the response continuum, though, we notice that the dispatch to arrival interval, which had been decreasing from 2018–2020, is now beginning to lengthen *(see charts on pg. 76)*. Although there is significant reason to feel proud of fire suppression and EMS performance over the past five years, we must understand that continued increases in call volume without correlated increases in unit availability will jeopardize future performance.

It is important to note that use of automatic aid has significantly increased over the past five years. West Allis Fire Department units responded to neighboring municipalities 363.1% more often in 2022 than they did in 2018. Units from neighboring municipalities responded into West Allis 346.4% more often in 2022 than they did in 2018 *(see charts on pg. 67)*. This indicates that, not only is the West Allis Fire Department struggling to handle a steadily increasing call volume, but neighboring agencies are doing so as well. Although use of automatic aid is an essential component of modern service delivery, over-reliance on it places the entire regional system at risk of collapse.

In summary, dispatching efficiencies and increased reliance on automatic aid have been leveraged to compensate for increasing call volume and associated drawdown of local resources over the past five years. As a result, fire suppression and EMS performance have been excellent. Dispatching efficiencies, however, are nearing maximum effect while the automatic aid system nears its breaking point. Future increases in call volume without corresponding increases in system capacity will undoubtedly begin to erode performance.

DOCUMENTATION OF AGENCY CHARACTERISTICS

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

DOCUMENTATION OF AGENCY CHARACTERISTICS

INTRODUCTION

The Allis-Chalmers Corporation, from which West Allis gets its name, dominated the Milwaukee manufacturing scene for most of the 20th century with its bright orange tractors. At its height, Allis-Chalmers employed tens of thousands of workers to build farm tractors and turbines for the hydroelectric industry. The West Allis Fire Department was organized in 1906 in the wake of the rapid expansion of the Allis-Chalmers Corporation and resulting organization of the city to house its workforce. The department began as a group of volunteers, borrowing horses from local residents, to move their chemical wagon and hand-pumper to the scene of an alarm. The "call-to-arms" was signaled by the Allis-Chalmers whistle, and responders used wooden fireplugs and cisterns as their water sources.

The department remained a strictly volunteer organization until 1922, when five full-time "firemen" were hired to maintain the department's equipment and transport it to the scene of an emergency. The city began to use a "call-man" system, which was similar to many of the paid–on-call systems that are currently in use.

In 1925, the West Allis Fire Department became a completely career organization. "Firemen" were required to work three 24-hour shifts to receive one full day off. They could not leave the city without permission from the Chief, and only a limited number were given that privilege. The department occupied a single station at the intersection of South 73rd Street and West National Avenue. By this time, the department no longer relied upon local horses, but maintained five various types of fire apparatus, two of which had inflatable tires.

The department moved one block to the west in 1930 to make room for the construction of a new police department headquarters. In 1999, police headquarters moved to a new facility on the city's west end. The existing police station was torn down and a new Fire Station #1 now sits on that site with a Fire Administration building occupying the former Fire Station #1.

In 1954 the City of West Allis annexed land to the west from the town of Wauwatosa, and south from the town of Greenfield. This annexation doubled the city's size and required significant expansion of the fire department. Over the next few years, the city built two more fire stations and increased staffing to nearly 150 members. The City was thriving with industry, new homes and one of the lowest tax rates in the state.

Over the course of time, however, the profile of the city began to change as did the appearance of the fire department. Throughout periods of citywide change, consistent, cooperative efforts of fire department administrators, union officials, local politicians and local businesses have enabled the West Allis Fire Department to maintain its position as a highly respected and trusted public safety agency.

In 1973, advancements in prehospital medical care prompted training of West Allis firefighters to staff the first paramedic unit in Milwaukee County. Additional paramedic transport units and paramedic engine companies have since been added to the Milwaukee County Emergency Medical Services program.

In 1985 the West Allis Fire Department opened Wisconsin's first "Survive Alive House" to teach fire safety techniques to local school children. The Survive Alive House, which has been in constant operation since 1985,

currently provides formal fire safety education to all first and fourth grade students of the West Allis / West Milwaukee School District and to private/parochial school classes throughout the city.

The West Allis Fire Department became a core member of the Milwaukee County Shared Services initiative in 2013 and has been an active participant in the Mutual Aid Box Alarm System (MABAS) Division 107 since 2007. By means of the Shared Services initiative, automatic aid is routinely provided to the City of West Allis by the Cities of Milwaukee, Wauwatosa, and Greenfield. Reciprocally, West Allis Fire Department companies provide automatic aid daily to neighboring municipalities. Via MABAS agreements, mutual aid resources are available as needed for unusually large or complex incidents in the City of West Allis and West Allis Fire Department resources are routinely deployed throughout southeastern Wisconsin.

West Allis firefighters currently protect an area of 11.4 square miles, housing 59,484 residents, more than twice the population of 1954. Since the department's expansion in that year, annual calls for service have increased more than 240% while overall staffing has decreased by approximately 30%. The West Allis Fire Department answered more than 11,600 calls for service in 2022. In order to provide effective response to an ever-increasing number of incidents with a steadily decreasing workforce, the West Allis Fire Department maintains intergovernmental agreements with neighboring agencies to provide/receive automatic aid.

CITY PROFILE

The City of West Allis, incorporated in 1906, lies immediately west of the City of Milwaukee. With its 59,484 residents in 11.4 square miles, West Allis is the most populous suburb in Milwaukee County and the 10th largest city in Wisconsin.

West Allis' population is predominately white, with a growing Hispanic community. As of the most recent US Census Bureau data (2021), 76.9% of the population is made up of non-Hispanic whites, 14.7% are Hispanic, and 6.8% are African American. The median household income is $58,738 with 10.4% of the total population living in poverty. Also noteworthy is that 48.1% of housing units in West Allis are occupied by renters. Additional details include:

Total Households	27,808
Percentage of High School Graduates	93.2%
Percentage of College Graduates (Bachelor's Degree)	25.7%

As a summary of census data trends, over the past five years the city has seen a decline in the percentage of its population that is non-Hispanic white, and an increase in the percentage of population that is African American, Hispanic, and multi-racial. There has also been a steady decline in the percentage of residential structures that are owner-occupied.

Public Safety Services

Fire Stations	3
Police Stations	1.5

Public Schools

Elementary Schools	11
Middle Schools	3
High Schools	2

Hospitals

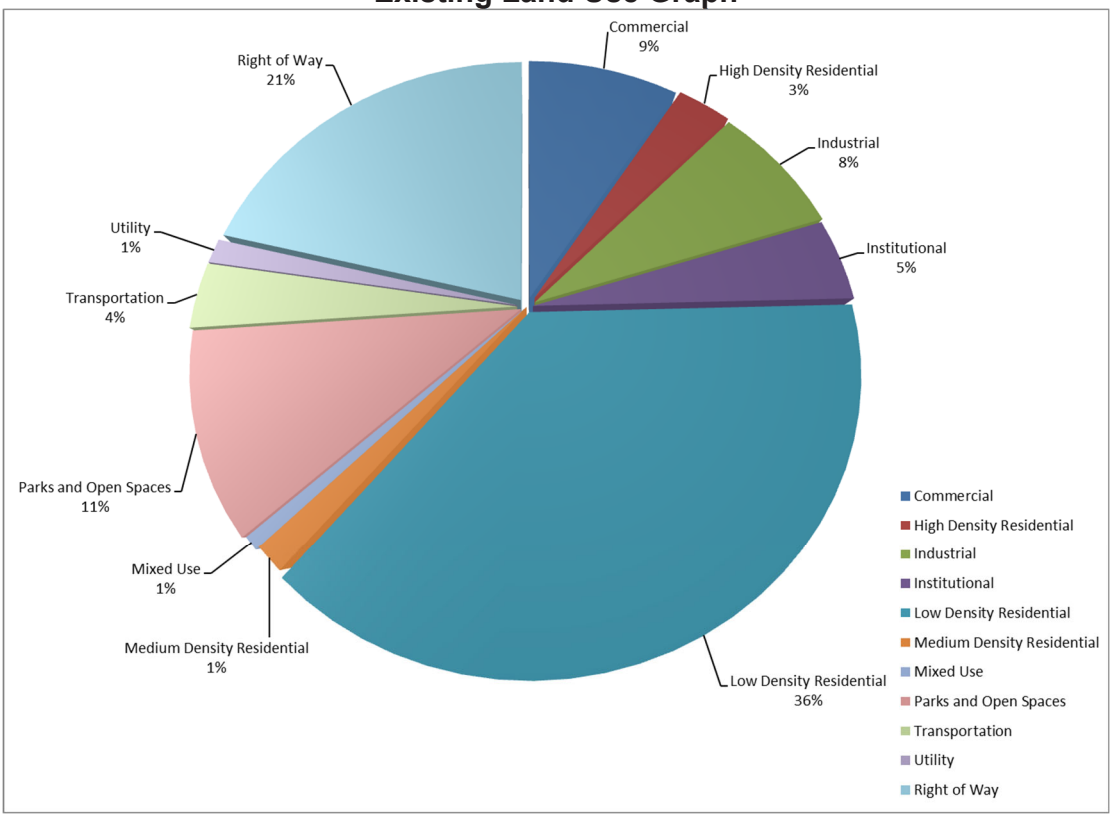
The City of West Allis is fortunate to have a hospital, Aurora West Allis Medical Center, located centrally in the city. In addition, the City of West Allis is located within a four-mile radius of three other hospitals, one of which is a Level I Trauma Center.

CITY OF WEST ALLIS LAND USE

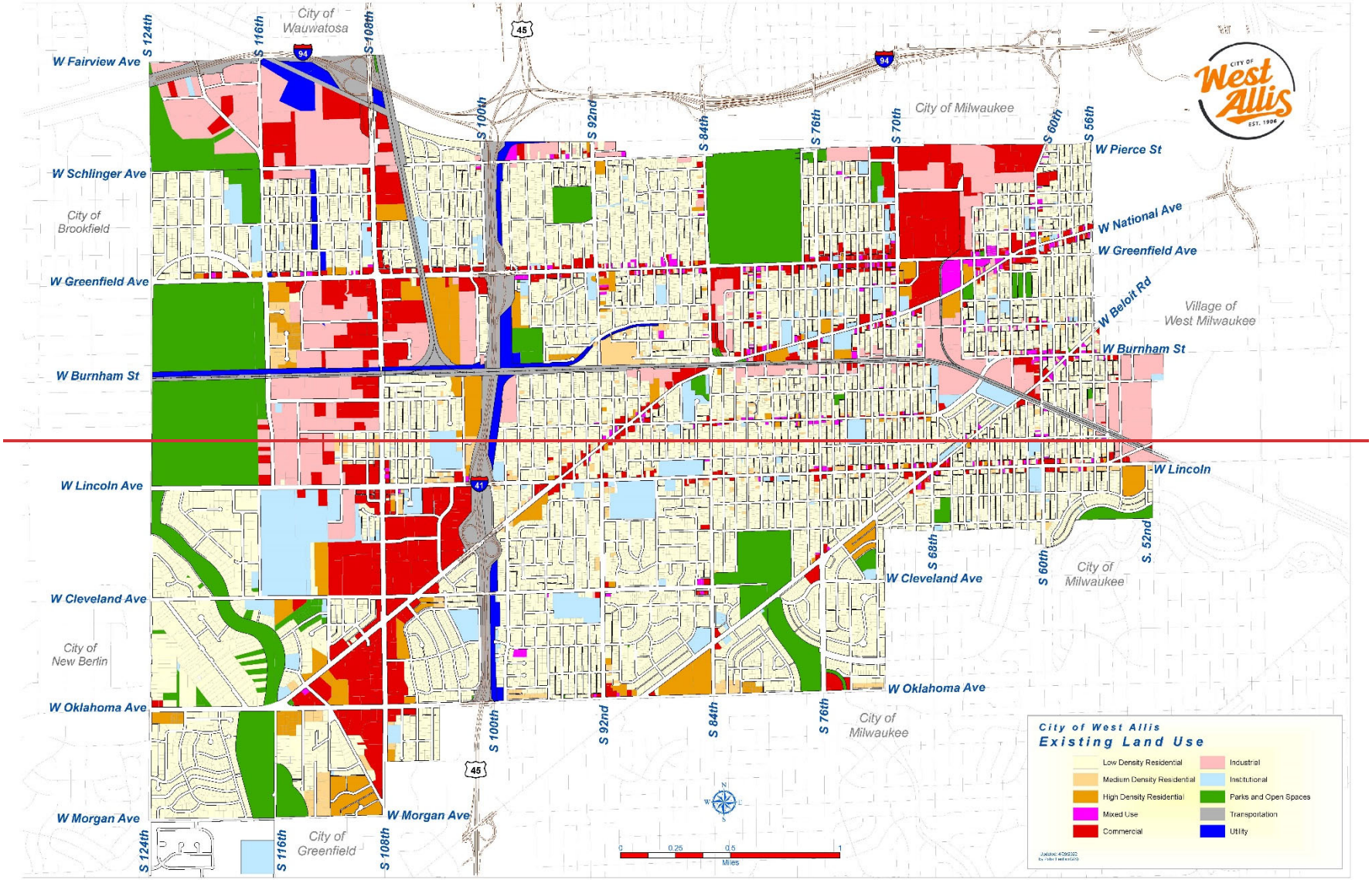
The City of West Allis is characterized by a high percentage of residential properties, which account for roughly 40% of the city's land. Residential properties are categorized as high, medium, or low density. High-density use indicates 15-20 dwelling units per acre. Medium-density use indicates 10-14 dwelling units per acre, while low-density use indicates nine dwelling units per acre. Commercial and industrial properties occupy 15% of the city's land, typically in the vicinity of major transportation corridors.

Parks and open space account for ten percent of the city's land. Some of the larger parks in the area include Honey Creek Park, Greenfield Park, and McCarty Park. The city's most significant natural resources include the Root River, Hale Creek, and Honey Creek areas. These resources encompass 800 acres of land.

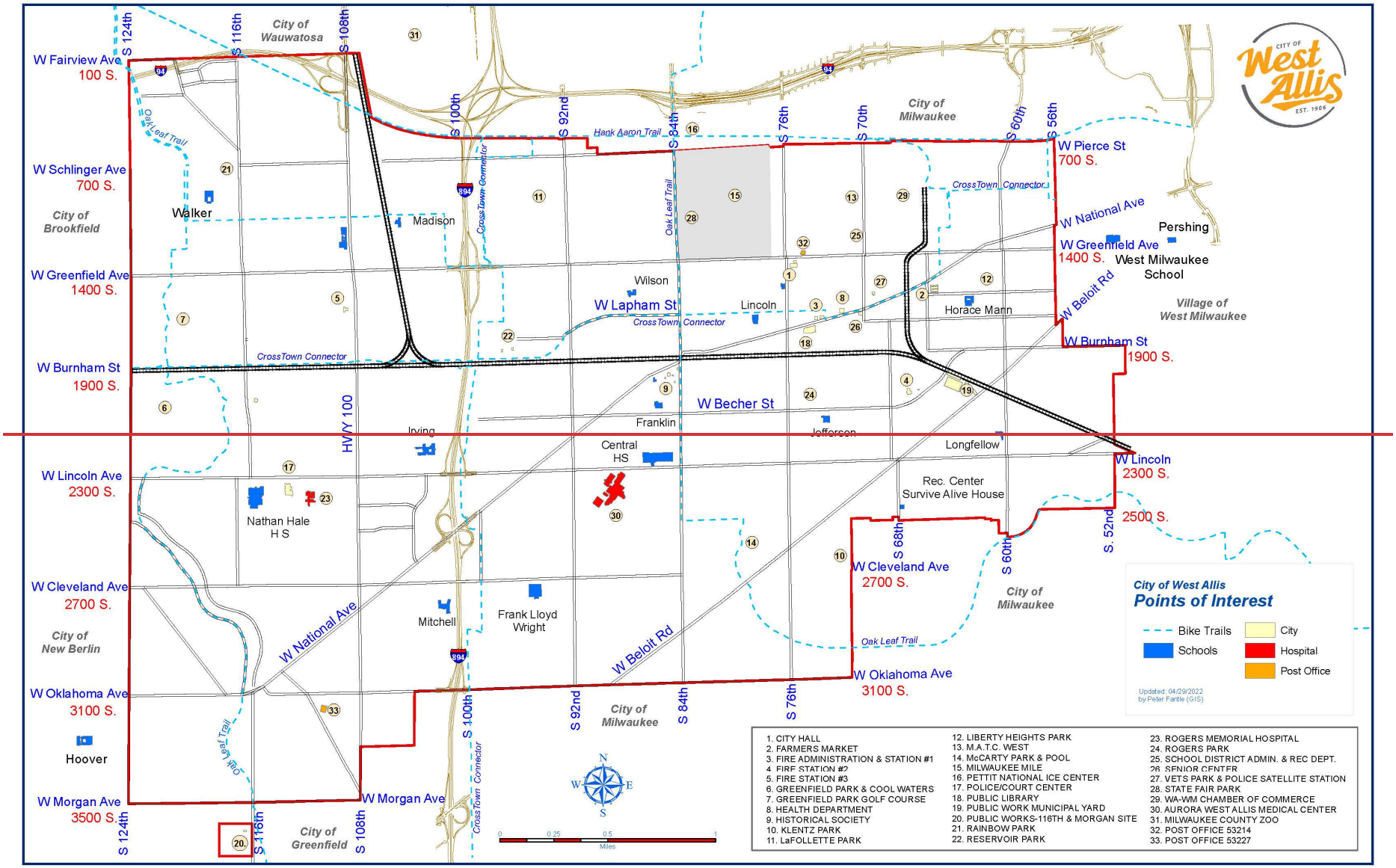
Existing Land Use Graph



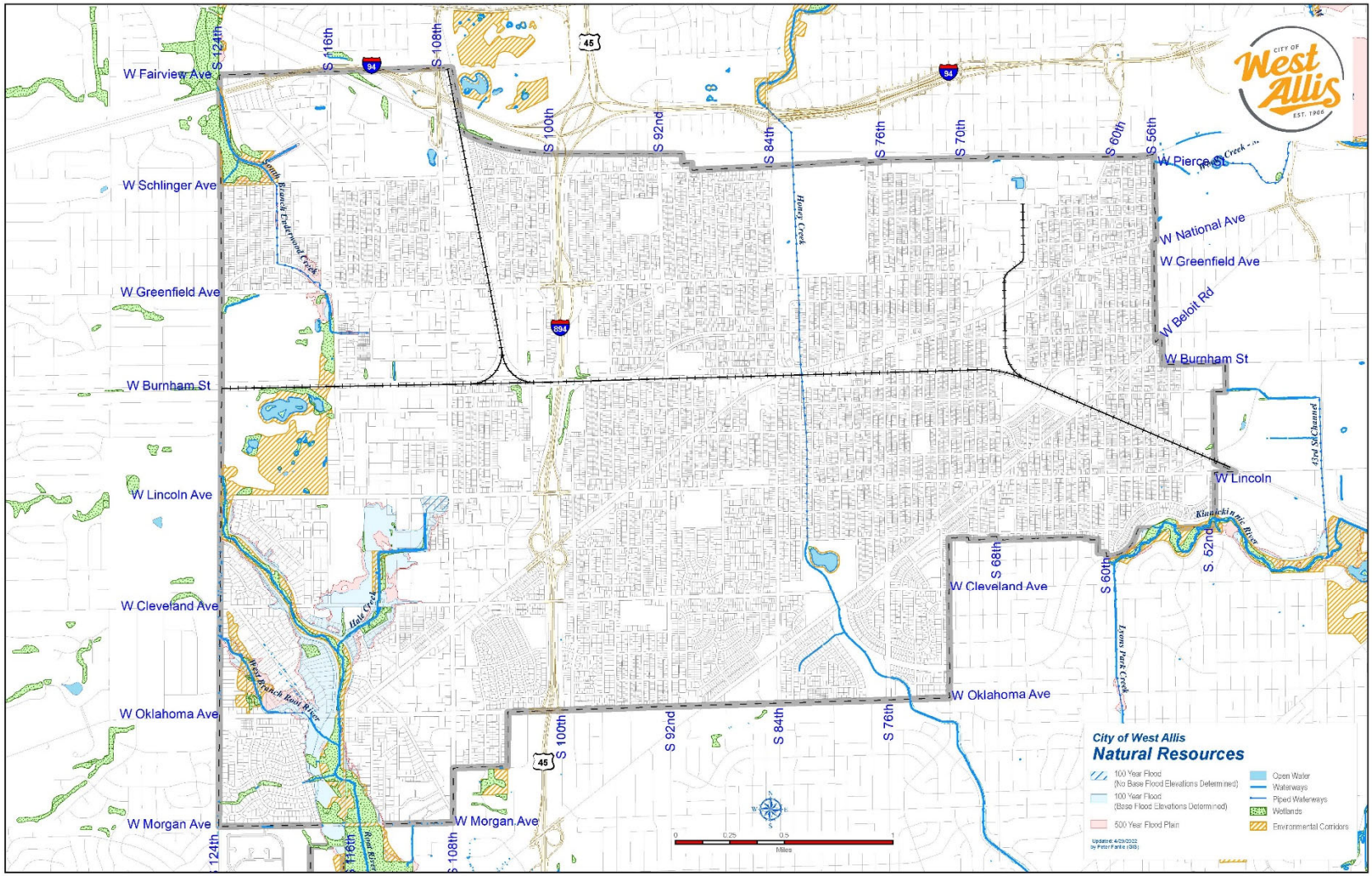
City of West Allis Land Use



City of West Allis Points of Interest



City of West Allis Natural Resources



GOVERNANCE IN THE CITY OF WEST ALLIS

The City of West Allis maintains a mayor and common council form of government. The fire department is directly governed by the Board of Police and Fire Commissioners. Police and Fire Commissioners are appointed by the mayor and approved by the common council. The City of West Allis Fire Department is a career fire department, overseen by a fire chief.

FIRE DEPARTMENT STAFFING

Under supervision of the fire chief, two assistant fire chiefs currently coordinate daily activities of the department by overseeing the work of two divisions. These are the Assistant Chief of the Operations Division and the Assistant Chief of the Community Risk Reduction Division. The Assistant Chief of Operations is supported by a deputy chief and two lieutenants in the Bureau of Training and EMS. The Assistant Chief of Community Risk Reduction is supported by a deputy chief, a lieutenant, and a captain in the Bureau of Fire Prevention and MIH.

The West Allis Fire Department is comprised of 102 sworn members, one civilian administrative secretary, and one civilian fleet manager. Three (4 person) engine companies, one (4 person) tower ladder company, two (2 person) ALS ambulances, one (2 person) BLS ambulance and one battalion chief responded from three fire stations to 11,640 calls for service in 2022. The department staffs a minimum of 23 personnel per shift.

MAJOR MILESTONES IN THE PAST TEN YEARS

Shared Services Fire/EMS/Special Operations Response
In 2014, the West Allis Fire Department joined nine other Milwaukee County fire departments in signing a Shared Services Memorandum of Understanding (MOU). This MOU provided a legal basis for dispatching the closest, most appropriate resource to the scene of an emergency incident regardless of jurisdictional identity.

Use of Primary Dispatch Talk Group When Providing/Receiving Automatic Aid
In 2015, all Milwaukee County fire departments adopted a communications plan that allows for utilization of the host community's primary dispatch talk group for all radio traffic prior to MABAS activation.

Adoption of Additional Alarms Prior to MABAS Box Alarm Activation
Prior to July of 2016, it was necessary to activate the Mutual Aid Box Alarm System (MABAS) in order to bring additional resources to the scene of a structure fire or disaster above the full assignment level. The MABAS, while an effective means of drawing resources from surrounding municipalities for incidents of unusually large scale or atypically long duration, is not an effective way to draw the closest available resources to the scene of an emergency when the need for such resources is time sensitive. Additionally, MABAS activation requires use of a regional radio talk group and transfer of dispatching to a regional dispatch center, both of which introduce a greater level of complexity to the incident and further delay the arrival of MABAS resources.

In July of 2016, the West Allis Fire Department and neighboring agencies that participate in the Milwaukee County Shared Services Initiative implemented a second alarm level for structure fire and major disaster incidents. This second alarm, which does not involve MABAS activation, was

set up to draw the closest available two engine companies, one truck company, and one command officer to the scene of the emergency regardless of jurisdiction based on routine computer aided dispatching (CAD) unit recommendations.

In January of 2018, this program was expanded to add a third alarm level for structure fire and major disaster incidents. The third alarm was set up to bring an additional two engine companies, one truck company, and one heavy rescue to the scene.

In January of 2020, this program was revised to add additional resources at the second alarm level, essentially duplicating the resource package of a first alarm while adding an incident command post, heavy rescue company, and rehabilitation unit. Additionally, fourth and fifth alarm levels were added, each of which brings the closest three engine companies to the scene.

As of January 1, 2020, five pre-MABAS alarm levels have been established. Activation of these five alarm levels will bring a total of 17 engine companies, four truck companies, two heavy rescue companies, two ALS ambulances, five chief officers, an incident command post, and one rehabilitation unit to the scene. Use of these pre-MABAS additional alarms has allowed for additional resources to be drawn to the scene of an emergency in a time sensitive manner while avoiding the added complexities of a MABAS activation.

Installation of an Automatic Station Alerting System
In September of 2018, the department completed installation and activation of a new automatic station alerting system. This system, which is tied directly to the computer aided dispatching (CAD) software, allows dispatchers to remain on the line with 911 callers and to continue providing pre-arrival instructions while fire suppression and/or EMS units are dispatched automatically to the scene of the emergency. Since the system went live, call processing performance for critical fire and EMS incidents has been significantly improved.

Technological Consolidation of Dispatch Centers
In March of 2022, as culmination of significant work by fire chiefs, information technology professionals, dispatch center managers, and software vendors throughout Milwaukee County, the Central Square CAD2CAD system became operational. This third-party technology solution linked all CAD systems in Milwaukee County together through a central data hub. Data flowing through the hub allows each dispatch center to maintain countywide resource status in real time. It also allows dispatch centers to efficiently share unit requests and incident details. As an end result, local and automatic aid units may now be dispatched simultaneously, and all units responding to an incident are able to access important CAD notes regarding the incident to which they are assigned.

After testing the CAD2CAD system for approximately two months, the West Allis Fire Department significantly adjusted CAD unit recommendations in May of 2022. Prior to this, local units would always be dispatched to an incident if they were available, and use of automatic aid was limited to augmenting local resource supply. In May of 2022, the West Allis Fire Department began to send the closest available unit to any emergency, including automatic aid resources, even when local units were available. This has resulted in more efficient response to emergency incidents.

RECENT DEVELOPMENT IN THE SERVICE AREA

The West Living Apartments
In July of 2018, the former industrial epicenter of West Allis continued its rebranding. The Mandel Group, a predominate real estate services firm in the greater Milwaukee area, continued to intertwine their luxury urbanized apartment concept by building in the city of West Allis. The luxury apartment project consists of two three-story buildings that include 177 units. The 290,000 square foot project entails amenities that include a dog park, outdoor greenspace, underground parking, and courtyard. The Mandel Group plans to utilize the West Living blueprint for future development projects.

Holiday Inn Express
In 2019, Lincoln Hospitality Group financed and completed construction of a new Holiday Inn Express along W Lincoln Ave near Interstate 894. Development of the property began with the demolition of an outdated and vacant office building that previously occupied the parcel of land. Upon completion of construction, the brand new 60,000 square foot hotel became the second hotel built within the last decade in West Allis. With the addition of the Holiday Inn Express, the number of hotels within the city increased to three allowing for a significant increase in hotel rental options for patrons of Wisconsin State Fair Park and the surrounding business community. The hotel features an indoor pool, dog area, conference center and easy access to the freeway system.

Element 84 Apartments
In spring of 2020, Element 84 LLC completed the redevelopment of a parcel of land near Wisconsin State Fair Park. The company invested over $30 million into a property that contained several vacant structures. The investment culminated in the construction of two identical apartment buildings, with each building containing over 165,000 square feet of residential space and 3,000 square feet of commercial space. The luxury apartments include greenspace, an outdoor pool, courtyard, underground parking, and community rooms. The property is part of TIF district and will contribute to the continued redevelopment of the surrounding area.

CHR Hansen Laboratories
In late 2020 construction began at the North American headquarters of CHR Hansen laboratories to nearly double the size of their facility. CHR Hansen is a bioscience company that is the global leader in the development and distribution of food cultures and enzymes. The addition to their existing complex adds over 20,000 square feet of space, including three above ground storage tanks containing 15,000 gallons each of liquid nitrogen. Additionally, the company has purchased several parcels of land in the surrounding area to allow for future expansion and development of their headquarters.

DeNovo Behavioral Health
The former industrial epicenter of West Allis continues to see significant investment into the redevelopment of vacant parcels of land across the east side of the city. In 2020, Denovo Behavioral Health began construction of a $34 million behavioral health center near S. 68 St. and W. Mitchell St. The 80,000 square foot single floor hospital will serve the needs of behavioral health patients throughout Milwaukee County. The hospital includes resources to assist patients suffering from a wide range of behavioral health issues across a broad spectrum of severity levels. The hospital consists of inpatient and outpatient rooms, physicians' offices, conference areas, and classrooms. The hospital has provided many new jobs within the heart of

West Allis leading to increased patronization of businesses in the area, tax revenue increases, and subsequent additional commercial development.

Reunion Restaurant
In fall of 2021, the owners of Capri di Nuovo, located in West Allis, opened a second restaurant within an outlying building on the former Allis Chalmers property. The new two-story restaurant consists of 9,000 newly renovated square feet that includes a first-floor restaurant with a second-floor arcade. The outside of the property offers patio seating and recreational space for volleyball courts, bocce ball court, foot pool, an entertainment stage, and a fire pit. Renovation of this vacant building into a new restaurant contributes to the ongoing revitalization of the Six Points Crossing area of the city. Recent projects in this part of the city have included the building of modern apartments, business office space, and a health care clinic. In 2022, this area also saw the addition of another mixed retail/residential building, as well as the opening of a new microbrewery.

The Gage
2021 welcomed the opening of a brand-new event space located at 1139 S 70 St. The Gage consists of over 7,000 square feet of newly remodeled floor space that is spread across the ground floor and mezzanine inside the building which formerly housed the tractor division for Allis Chalmers. In addition to the event space, there is a large catering kitchen available off the main level, along with private dressing rooms for wedding parties to utilize. The event space was developed by the same family that owns Double B's BBQ, which is located in the downtown area of West Allis. The new event space is positioned along the 70th Street corridor, which represents a main arterial into the east end of the city. Over the next few years, further development within this area of the city will include a hotel, which is currently under construction, and two new mass timber buildings that will be used for mixed retail and business office space.

Aspen Dental
Located near S 108 St and W Cleveland Ave is the newly constructed Aspen Dental office which opened in 2021. The office space is approximately 4,000 square feet in size and located along the most heavily trafficked roadway in West Allis. Aspen Dental is a brand new, $900,000 building that was placed on the same property as an existing Office Max store, thus increasing the business density in this area of the City. The main corridor of S 108 St consists primarily of office, retail and dining establishment and represents a significant economic hub for the city.

All Kind Smiles
After sitting vacant for numerous years, a building that formerly housed an automotive repair shop was demolished and replaced by a brand-new building located at 7020 W National Ave. The new building is two stories high and contains approximately 17,500 square feet of multi-tenant office space. The first occupant of this brand-new building is a dental office by the name of All Kind Smiles. This $2.6 million project helped to revitalize a portion of National Ave that was recently reconstructed to improve traffic flow and physical appearance. The building currently is soliciting companies to lease the remaining suites.

Bread Pedalers
In the Fall of 2022, world-renowned sister cyclists, Samantha and Skylar Schneider, opened a bakery at 1436 S 92nd Street. The sisters came up with the idea to open their own bakery after the COVID-19 pandemic disrupted life as they knew it. Having traveled the world as professional cyclists, the West Allis natives have experienced a range of international cultures, including new foods. Stuck at home during quarantine, Skylar took interest in baking fresh bread and bakery

items like those she'd enjoyed at cafes throughout Europe. She eventually formed a bread club – a group of family and friends who placed weekly orders for her fresh-baked bread for pick-up or delivery. The bakery is small in stature, boasting just over 450 square feet of seating space, but brings a big impact to the neighborhood nestled between downtown and the Hwy 100 corridor.

Granite Hills Hospital

In January 2022, West Allis welcomed the opening of Granite Hills Hospital, a 120-bed behavioral health facility, that will offer high-quality, patient-centered care for the greater Milwaukee community. The 83,000-square-foot Universal Health Services facility will initially begin offering services for adults and will continue to open units and add further services in a phased approach during the coming months and years. With a wide range of treatment options for patients, the mission of Granite Hills Hospital is to provide outcome-focused behavioral healthcare for those in need.

DESCRIPTION OF AGENCY PROGRAMS AND SERVICES

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

DESCRIPTION OF AGENCY PROGRAMS AND SERVICES

COMMUNITY RISK REDUCTION

The West Allis Fire Department's Bureau of Fire Prevention and MIH is tasked with interpreting and enforcing the Wisconsin Uniform Commercial Building Code, State of Wisconsin Fire Prevention Code, NFPA Fire Prevention Code, and Municipal Fire Prevention Codes to achieve code compliance. Application of the fire code originates with plan reviews and field inspections of new construction and remodeling of existing structures. Fire inspections are conducted by State of Wisconsin certified fire inspectors to ensure that life safety considerations and fire protection systems adhere to established fire code.

West Allis Fire Department fire inspectors work a 24-hour shift while assigned to a fire suppression company, typically a ladder truck. They perform inspection duties during the day, responding to emergency alarms as necessary throughout the shift. They are available at any time during the shift for special inspections or public education events. Fire inspectors visit all commercial and public occupancies on an annual basis.

In addition to inspecting all commercial and public occupancies within city limits, the West Allis Fire Department's Bureau of Fire Prevention and MIH also conducts fire prevention inspections of the Wisconsin State Fair Park. Inspections of all permanent buildings, permanent stands, and vendors are conducted annually. The Bureau of Fire Prevention and MIH has consistently passed annual audits by the State of Wisconsin Department of Safety and Professional Services Fire Inspection 2% Dues Audit staff.

The Bureau of Fire Prevention and MIH has embraced the importance of engaging the community as a champion of community risk reduction (CRR). As an ongoing component of CRR, the bureau has created a means to ensure that the community has basic fire protection available, even in private dwellings, by periodically canvassing a specific quarter section of the city to ensure that working smoke detectors and carbon monoxide alarms are present in all occupancies. When occupancies are found to be deficient, new smoke detectors and/or carbon monoxide alarms are installed by West Allis Fire Department personnel.

The Bureau of Fire Prevention and MIH is staffed by nine personnel, consisting of one deputy chief, one captain, one lieutenant, three fire inspectors, and three mobile integrated healthcare (MIH) providers. The fire inspectors and MIH providers work 24-hour shifts in the Operations Division but are cross-trained to provide community risk reduction services. The bureau is a State of Wisconsin appointed agent for fire protection system plan review and all fire inspectors are minimally certified as such by the State of Wisconsin.

PUBLIC EDUCATION

The West Allis Fire Department provides the City's occupants with public education that can be categorized into three categories: fire safety education, preventative medical education, and

public information. Each of these categories covers a broad range of topics that focus on risk identification, risk reduction, departmental response plans, and post-incident recovery. Public education messages are delivered locally to residents, employees, students, or visitors that occupy the city. Certain aspects of public education may also be distributed regionally, nationally, or internationally through cooperation with various media outlets.

The West Allis Fire Department's public information office establishes, maintains and cultivates relationships between the department, the public and the media. The public information office works to promote and maintain a favorable image of the department and the department's personnel via local, national, and international media outlets. The public information office is responsible for disseminating information pertaining to the department via press releases, media alerts, news conferences, and interviews at emergency scenes. Fire department participation in events such as the Wisconsin State Fair, WAFD open house, city parades, fire station tours, business openings, and charity events are also scheduled and coordinated by the public information office. While participating in or providing a public event, the public information office provides tailored education materials to attendees such as flyers, brochures, booklets, or souvenirs that display a safety message.

School-aged children are provided fire safety education through the Survive Alive Program, direct school visitation, fire station tours, and public events. Childhood fire safety messages focus on basic fire alarm recognition, evacuation, contacting 911, and a general understanding of the fire department's response.

Residents of the city are provided fire safety education through a variety of public events, scheduled home visitation, and non-scheduled post-incident visitation. Fire safety messages that are delivered include, but are not limited to, smoke/carbon monoxide detector education or installation, building evacuation plans, grill safety, and post-incident recovery. Residents may also receive fire safety education messages through quarterly newsletters that are produced and released by the city with input from the West Allis Fire Department's public information office.

Businesses within the city are provided fire safety education through scheduled or non-scheduled visitation. Fire safety training is frequently provided in, but not limited to, the following subjects: building evacuation plans, fire extinguisher usage, and workplace safety.

The Bureau of Mobile Integrated Health (MIH) inherently provides the bulk of the public information relating to medical needs and services. The MIH unit analyzes EMS response demographics to identify patients that would benefit most from one-on-one medical education. Members of the public may also be referred to the MIH unit for visitation if a need for their services had been noted by EMS providers in the field or by hospital clinicians. The MIH unit typically delivers training which includes, but is not limited to, CPR and AED certification, home safety education, fall risk awareness, ambulation safety guidance, depression awareness, understanding of an established health care plan, understanding of health conditions, understanding the use medical equipment, or provision of trauma care through a "stop the bleed" kit. Members of the public receiving education from MIH personnel may also receive assistance establishing care with a variety of resources including, but not limited to, alcohol or drug addiction services, case managers, physical therapy centers, and/or nutritional specialists.

FIRE INVESTIGATION, ORIGIN AND CAUSE

The West Allis Fire Department has had a long history of maintaining a team of fire investigators available to perform investigations of fire and explosion origin and cause. Originally, fire investigations were typically performed by battalion chiefs or acting battalion chiefs in their role as shift commanders. In 1998, the department embarked on a plan to ensure that selected personnel received additional training to form a fire investigation team. Members of this team were assigned to investigate fires on a rotating weekly basis.

Today there are 10 specially trained fire investigators who are organized into three teams. Each team has a designated team leader who serves as the primary point of contact for the team. The three teams rotate through an on-call schedule, with each team being assigned call priority for one week out of every three. Fire investigation teams are activated at the discretion of the incident commander at each fire scene.

Fire investigators report to the scene of any emergency to which they are requested and initiate their investigation by utilizing the scientific method of fire investigation. This method includes, but is not limited to, documenting the scene with photographs, sketches, and witness statements. Fire Investigators will contact the West Allis Police Department's arson investigator(s) in the event of an intentionally set fire or fire death. Fire investigators have the authority to contact the Wisconsin Department of Criminal Investigation-State Fire Marshal's Office for assistance with investigation of arson cases or fatal fires. Fire investigators may also contact the Bureau of Alcohol, Tobacco, and Firearms (ATF) for assistance with fires involving explosives or federal property.

DOMESTIC PREPAREDNESS, PLANNING AND RESPONSE

The City of West Allis maintains an Emergency Operations Plan that is annually reviewed by all department/division heads. This plan, which lays out protocols for activation of the Emergency Operations Center (EOC) and established EOC roles and responsibilities, was developed around the Incident Command System (ICS) and based on templates from Milwaukee County Office of Emergency Management.

The City of West Allis maintains an EOC at the West Allis Police Department and Municipal Court Center with a backup EOC at the West Allis Fire Department Administration building. The primary EOC is set up at least once per year during the run of the Wisconsin State Fair when it is utilized to monitor activity in and around the Wisconsin State Fair Park, to evaluate social media activity that may serve to indicate impending unrest, and to coordinate law enforcement activities related to this event. The Chief of the West Allis Fire Department serves as the primary Emergency Management Director.

A matrix of required training is maintained by each department/division head and is reviewed by the Emergency Management Director and City Administrator on an annual basis to ensure that necessary training levels are maintained for all City employees. Continuing education in the form of seminars, classroom session, and/or tabletop exercise is conducted on an annual basis under oversight of the Emergency Management Director. Attendance at such training events is mandatory for all department/division heads and is expanded to include attendance of additional personnel as indicated by the training matrix.

FIRE SUPPRESSION

The Division of Operations currently staffs three engine companies, one tower ladder company, two ALS ambulances, one BLS ambulance, and one battalion chief at all times. West Allis Fire Department engine and tower ladder companies are staffed with a minimum of four personnel while EMS transport units are staffed with a minimum of two personnel. The department works a three-platoon rotation with assigned staffing of 30 sworn personnel on each shift. A minimum of 24 personnel are on duty at all times.

All engines are equipped with a minimum of two 250' pre-connected 1¾" hand lines and one 250' pre-connected 2" hand line. Engines are also equipped with a 2 ½" reduced load, which can be utilized for longer layouts or when there is a need for unusually high fire flow. Water supply is established by means of 5" large diameter hose, with each engine carrying 1,000' of this supply hose. Tower ladders are equipped with aerial booms that are 95' in length. A comprehensive set of operating guidelines is in place to direct risk management philosophies, strategic goals, and tactical assignments for all companies that are assigned to emergency incidents. Operating guidelines are reviewed administratively and by line personnel on a biennial rotation.

The West Allis Fire Department dispatches four engines, two ladder trucks, one ALS ambulance, and three chief officers to each reported structure fire. Minimally, one engine company, one truck company and one chief officer are automatic aid units. A total of 29 personnel respond to each reported structure fire.

The West Allis Fire Department became a core member of the Milwaukee County Shared Services initiative in 2013. By means of the Shared Services initiative, automatic aid units are routinely assigned to incidents in the City of West Allis based on proximity to the incident. The West Allis Fire Department currently deploys up to five alarm levels of Shared Services automatic aid companies to the scene of a structure fire or disaster prior to activating the Mutual Aid Box Alarm (MABAS) system. In 2022, automatic aid units responded into West Allis 3.7 times per day and West Allis Fire Department units responded to other municipalities 4.2 times per day on average.

The West Allis Fire Department has been an active participant in the Mutual Aid Box Alarm System (MABAS) Division 107 since 2007. Via MABAS agreements, mutual aid resources are available as needed for unusually large or complex incidents in the City of West Allis and West Allis Fire Department resources are routinely deployed throughout southeastern Wisconsin. After utilizing five alarm levels of Shared Services automatic aid resources, up to five alarm levels of MABAS resources are available for a structure fire or disaster in the City of West Allis. Resources above the fifth MABAS alarm level may be requested via interdivisional response protocols.

EMERGENCY MEDICAL SERVICES

The Operations Division presently deploys at least two ALS transporting ambulances, one out of Fire Station 61 and one out of Fire Station 63. This places a primary ALS transport unit on each end of the city. In addition to the two ALS transport units, a BLS ambulance is staffed at Fire Station 62 and this unit responds citywide to BLS calls for service. Each ALS unit is staffed with two firefighter/paramedics, and the BLS ambulance is staffed by two firefighter/EMTs. One each

EMS transport unit, one member is assigned to drive the ambulance while the other functions as the company officer.

The department currently employs 72 paramedics and 27 EMT basics. In addition to staffing the ALS transport units, at least one paramedic is assigned to every fire suppression company. All engine and tower ladder apparatus are issued advanced life support equipment. Ten of the paramedics serve as administrators and are not utilized in the daily EMS operations of the department.

All department calls for service are processed by the West Allis Fire/Police dispatch center. Any call for service that is determined to be medical in nature is processed by dispatchers who are trained in the use of Priority Dispatch Corporation's ProQA Emergency Medical Dispatch (EMD) call taking software. This software, which is integrated into the computer aided dispatch (CAD) system, uses vetted questions to code the chief complaint and severity of medical need as described by each caller. Once the call is coded via EMD, the code is transferred into a CAD system which recommends the closest asset(s) to respond and assigns a level of acuity to each response. If the EMD code indicates a life threating emergency, EMD software provides the dispatcher with a set of pre-arrival instructions that are relayed to the 911 caller. These instructions allow dispatchers to become part of the response package by providing aid over the phone before any physical resources can arrive on scene. An automatic station notification system receives data from CAD and alerts responding units without dispatcher intervention, leaving dispatchers free to continue delivering pre-arrival instructions while responders are alerted.

The department operates an integrated service delivery model with EMS and fire suppression units working together to provide the appropriate level of care at an EMS scene. Low acuity EMS calls receive a single EMS transport unit responding either emergently or non-emergently. High acuity EMS calls receive both an EMS transport unit and a fire suppression company for additional manpower. The most significantly life threating calls receive an EMS unit, a suppression company, and an MIH provider or command officer who will oversee the incident, act as a liaison to family/bystanders, and ensure responder safety.

The West Allis Fire Department is an active participant in the Milwaukee County shared services program whereby assets are provided to and received from all Milwaukee County municipalities via automatic aid agreements. The West Allis Fire Department on occasion provides EMS units to Milwaukee County municipalities that do not geographically abut the city, though this occurs on a relatively infrequent basis.

In addition to providing EMS services to the citizens of West Allis and other Milwaukee County municipalities, the West Allis Fire Department each year provides emergency medical service to the Wisconsin State Fair Park grounds which are located within the borders of the city. Each year the Wisconsin State Fair brings in an additional one million plus visitors to the City of West Allis for its annual eleven day run in August. To accommodate this influx of visitors for the run of the fair, the West Allis Fire Department opens and staffs a fourth station on the grounds of the fair park with four ALS first-response units, one ALS transport unit, an engine company, and a dedicated incident commander during the operational hours of the Fair. Throughout the remainder of the year, EMS service is provided to numerous events that take place on the Wisconsin State Fair Park grounds and at its Milwaukee Mile racetrack from off-site fire stations.

Patient care protocols, EMS specific operational policies, medical direction and continuing education of paramedics are provided by the Milwaukee County Office of Emergency

Management – EMS division. All Milwaukee County fire departments participate in, report data to, and receive financial aid from the Milwaukee County EMS system. Operating within the Milwaukee County EMS system also provides the benefit of a continuity of care to patients, no matter which EMS agency responds to a call.

TECHNICAL RESCUE

The West Allis Fire Department provides response to confined space, trench and ice/water rescue emergencies. The agency's members operate at the operations level for confined space, high-angle, and ice/water rescue emergencies, while operating at the awareness level for trench rescue emergencies. All West Allis Fire Department Operations Division personnel receive annual refresher training in high angle, confined space, ice/water, and trench rescue response. Additional training is provided annually for response to and operation at incidents involving vehicle accidents with entrapped persons.

Incidents involving structural collapse, high angle rescue, dive rescue, or confined space rescue beyond an operations level, or for any trench rescue are mitigated with assistance from the City of Milwaukee Fire Department's Heavy Urban Rescue Team (HURT) via an interagency shared services agreement. The Milwaukee Fire Department provides specialty resources in the form of a dive rescue team and two HURT units along with specially trained command and support staff. The West Allis Department of Public Works is also an assisting resource for trench rescue emergencies, capable of supplying excavation equipment, lumber, and vacuum trucks upon request.

The West Allis Fire Department minimally dispatches two chief officers, two engine companies, one truck company, and one ALS transport unit to confined space, high angle, trench, and ice/water rescue incidents. Early consideration is given to requesting the assistance of a Milwaukee Fire Department HURT and/or dive teams to such incidents.

HAZARDOUS MATERIALS

All West Allis Fire Department personnel are trained to the operations level for hazardous materials incidents. The department serves as a first response agency to all hazardous materials incidents within city boundaries and adheres to the National Fire Protection Association (NFPA) 472 Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents.

As the local response agency, West Allis Fire Department personnel will consider entry into a hazard zone of a Level B release for rescue purposes only. For emergencies involving a Level A release of hazardous material and for assistance at level B incidents, the Wisconsin Office of Emergency Management contracts with and manages 22 regional hazardous materials response teams. These teams are divided into four task forces which are further subdivided into Type I, Type II and Type III teams, all with complimentary capabilities and training requirements. The Milwaukee Fire Department houses a Type I team approximately one-half mile east of the West Allis city limit.

Response to a hazardous materials incident will vary depending on the quantity and type of material involved. Response to common hazardous materials incidents is as follows:

- Gasoline or Diesel Fuel Spill – Small Quantity: 1 engine company
- Gasoline or Diesel Fuel Spill – Large Quantity*: 1 chief officers, 1 engine company, and 1 truck company
- Bulk spill of Hazardous Material*: 2 chief officers, 2 engine companies, 1 truck company, and 1 ALS transport unit.

  **The Milwaukee Fire Department's Regional Response Team shall be requested as necessary*

MOBILE INTGRATED HEALTHCARE

Mobile Integrated Healthcare (MIH) paramedics are trained in partnership with the University of Wisconsin – Milwaukee College of Nursing, Milwaukee County Emergency Medical Services, and the Medical College of Wisconsin utilizing a nationally accredited curriculum. The curriculum has been developed by the North Central EMS Institute to be a standardized training curriculum that is consistent, yet it has been modified and customized to needs of the local community. Selected paramedics complete additional clinical and classroom hours that make up the community paramedic curriculum. Additional training includes topics such as mental health, motivational interviewing, crisis intervention, and palliative care. The training includes over 280 hours of content above the paramedic level.

One key component of the MIH program focuses on transition in care for elderly patients. MIH paramedics work with a nurse practitioner from Aurora West Allis Medical Center to identify vulnerable patients transferring out of inpatient care or the emergency department who may need follow up care. This innovative partnership between public and private entities provides comprehensive care along the healthcare continuum.

MIH paramedics complete a comprehensive initial in-home visit with each patient, focusing on their needs and health status. Benefits include direct and consistent contact with a health care provider, real-time reconciliation with pharmacists, motivational interviewing, immediate intervention, increased patient engagement, reduced readmission rates, and getting to the root of over-utilization of emergency services. Additionally, community paramedics can connect patients to many community resources, giving patients the tools to help themselves work toward better health.

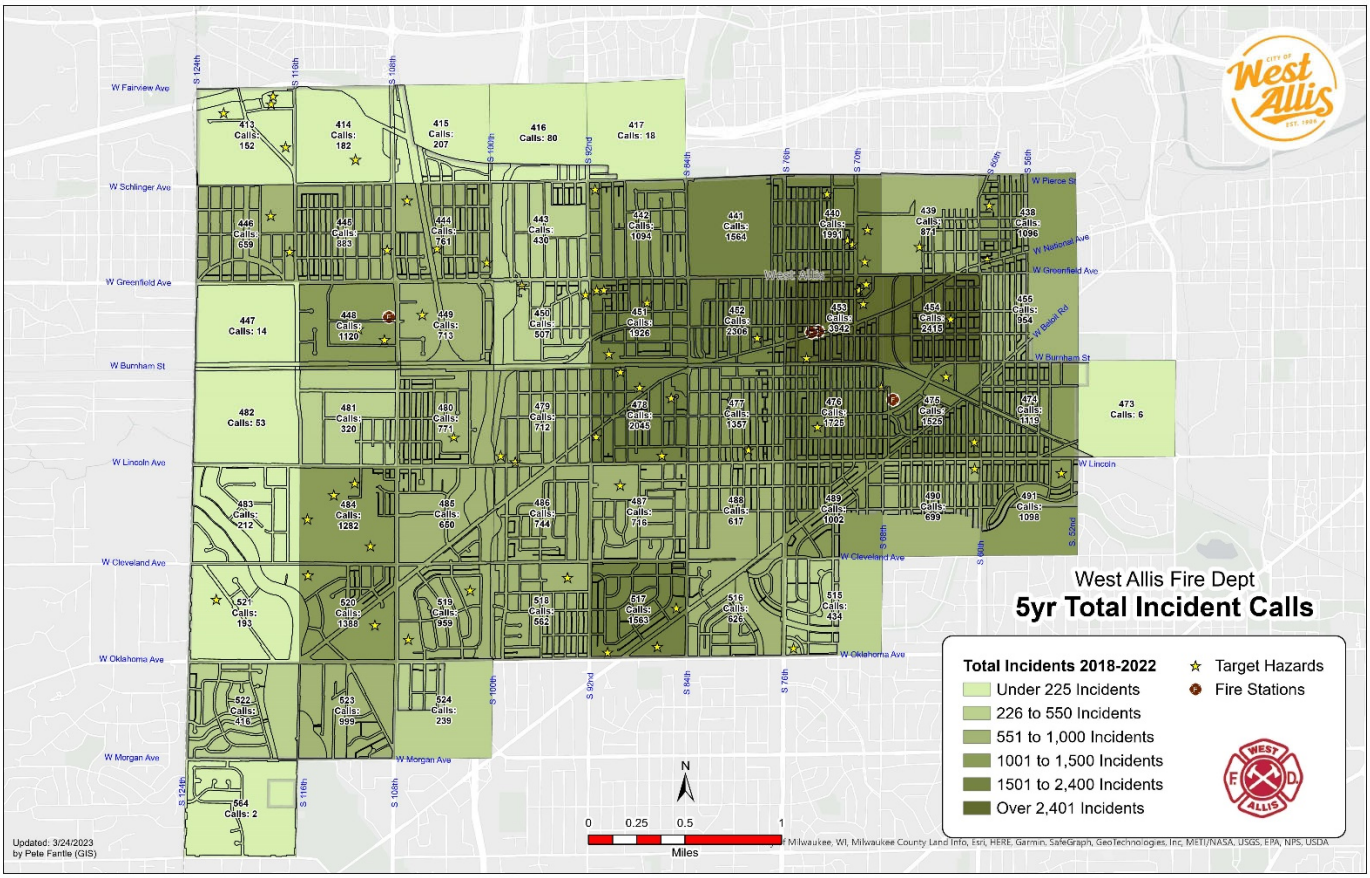
RISK ASSESSMENT

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

RISK ASSESSMENT

Risk assessment is an imperative task that must be performed to determine vulnerability present in the community. The City of West Allis Fire Department performed its original risk assessment in 2001/2002. As development continued to occur, the risk assessment has been updated to keep pace with these changes. The current risk assessment is a stand-alone document.

PLEASE SEE RISK ASSESSMENT DOCUMENT



CURRENT DEPLOYMENT AND PERFORMANCE

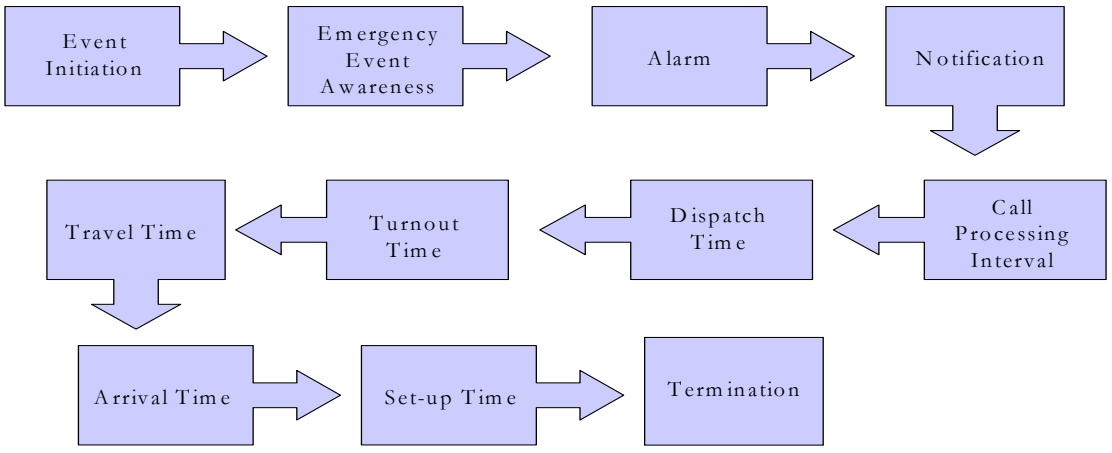
CURRENT DEPLOYMENT AND PERFORMANCE

MISSION STATEMENT

The West Allis Fire Department's most critical goal is to fulfill its mission statement: “The mission of the West Allis Fire Department is to safeguard the lives and property of the people we serve, to reduce community risk and incidents of emergencies, and to enhance public safety while working with community partners to improve quality of life. Our promise to our citizens is to do so with honor and compassion, while at all times conducting ourselves with the highest ethical standards”. In keeping with this mission statement, the West Allis Fire Department ensures that its equipment and personnel provide the highest quality of emergency service.

The West Allis Fire Department prides itself on its ability to respond to emergencies quickly and professionally. Studies have confirmed that the time taken to respond to an emergency situation has a direct impact on the situation's outcome. The following chart displays the individual stages of an emergency incident. Each stage organizes the emergency activation system from start to finish.

Emergency Activation System



TIME POINTS AND TIME INTERVALS

Event Initiation: The point at which factors occur that may ultimately result in an activation of the emergency response system. Precipitating factors can occur seconds, minutes, hours, or even days before a point of awareness is reached.

Point of Awareness: The point in time when a human being or mechanical device becomes aware of an emergency situation that requires intervention. The need to activate the emergency response system becomes apparent.

Alarm: The point at which emergency response system activation is initiated. The interval between awareness of the event and notification of the emergency response system is not constant.

Notification: The point at which an alarm is received by the West Allis Public Safety Answering Point. This transmission of alarm may be received via the Enhanced 9-1-1 System or through an alarm-monitoring agency via a non-emergency telephone number.

Alarm Processing: The interval between the first ring of the dispatcher's telephone and the time the computer-aided device (CAD) and dispatcher alert fire station(s) and/or fire company(s). Alarm processing and dispatching are provided to the City of West Allis through the West Allis Public Safety Dispatch Center.

Dispatch Time: The point in time when the dispatcher, having selected appropriate units for response with assistance from the CAD system, initiates the notification of these units.

Turnout Time: The interval between the activation of fire station alerting devices and the time when the responding crew(s) leave their respective stations. During turnout time, crews cease other activities, don appropriate protective clothing, determine the location of the call, and board fire apparatus. The apparatus operator is expected to address the safety of their crew, making sure everyone is seated and belted, before the apparatus begins to respond.

Travel Time: This interval begins at the termination of the turnout time and ends when the responding unit marks arrival on scene.

Arrival Time: The point in time when the assigned resource(s) arrives on scene.

Initiating Action: This interval begins when the first resource arrives on scene to initiate emergency mitigation.

Termination of Incident: The point in time when assigned resources have completed the assignment and are available to respond to another incident.

Described above are eleven essential steps that will result in the activation of emergency services and mitigation of the emergency incident as outlined in the *Fire & Emergency Service Self-Assessment Manual 8th Edition*. If one step should not occur, the entire sequence of events will be compromised and ultimately, successful mitigation of the emergency incident will not occur.

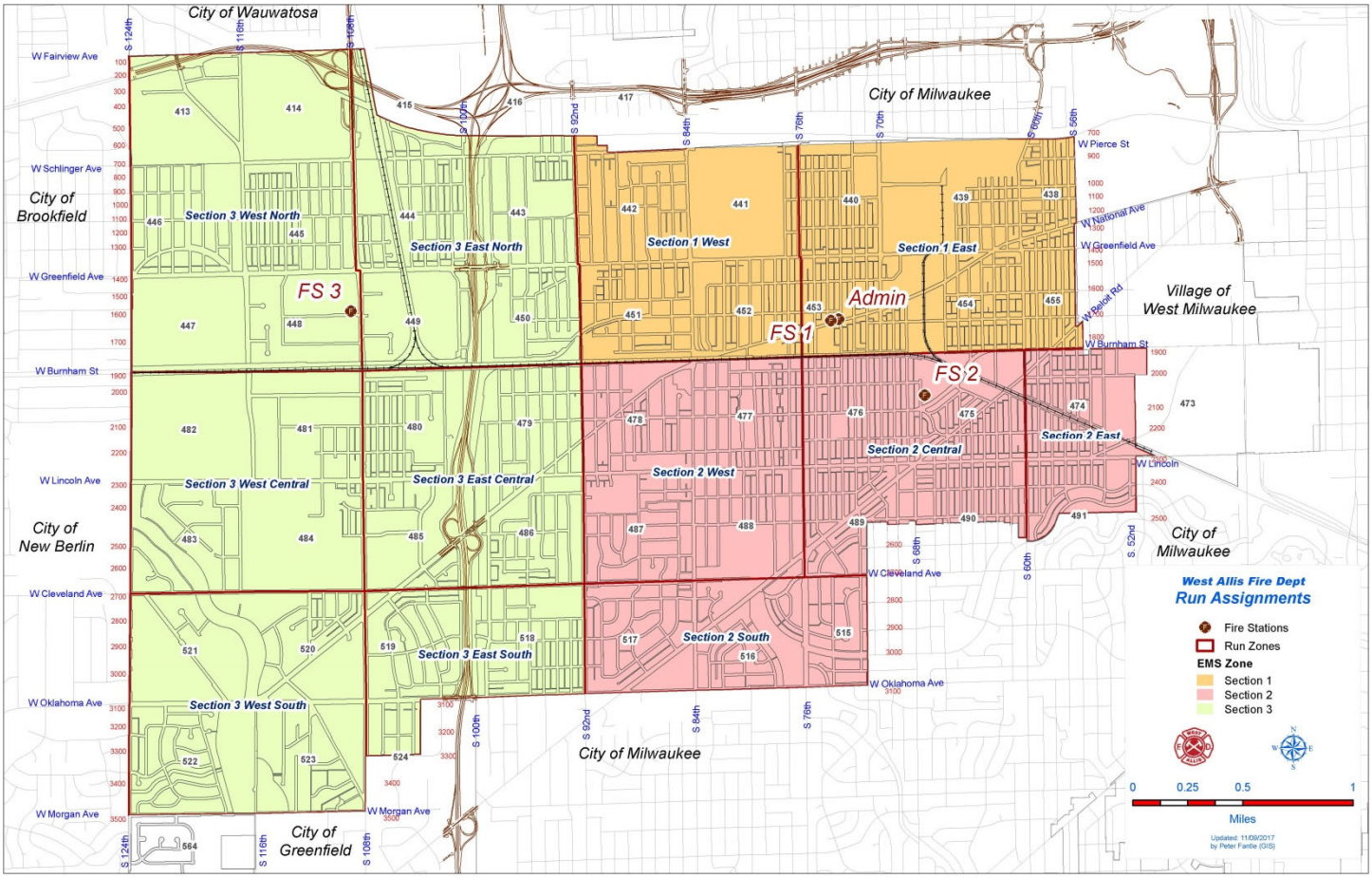
ORGANIZATION OF RESPONSE ZONES

The City of West Allis has defined geographical boundaries that have been established since the early 1900s, not being revised since 1954. Currently, the city consists of 11.4 square miles housing approximately 60,000 residents. It is the goal of the department to provide a rapid and efficient response; therefore, resources are allocated throughout the city contingent upon the interrelation of geographical response zones.

The West Allis Fire Department occupies three fire stations. The city is divided into three primary fire station response areas, with two fire stations located in the eastern portion of the city and the third fire station covering the western portion.

The three primary response areas are further subdivided into twelve CAD response zones, with each response zone being roughly the same size geographically. While West Allis Fire Department resources are dispatched according to the three primary station response areas, the order of automatic aid resources varies among individual CAD response zones. This subdivision of fire station response areas allows for the closest automatic aid resource(s) to be requested to any incident in the City of West Allis.

Distribution of response zones considers, not only maintaining consistency in the size of each zone, but also maintenance of quarter section boundaries and use of main thoroughfares as boundaries whenever possible. This has been done to ensure that response zone separation remains intuitive for responders and dispatchers in the event that technological aids fail, and resources must be dispatched using maps.



STRUCTURE FIRE RESPONSES

The West Allis Fire Department's response to a structure fire, whether residential or commercial, consists of four engine companies, two truck companies, one ALS ambulance, and three chief officers. The minimum number of personnel initially responding to the city's structure fires is 29. Station location allows the fire department to respond to any call for fire suppression with an effective, professional response force. Additionally, automatic aid agreements allow for the response from West Allis Fire Department stations to be augmented seamlessly by external resources at the time of initial incident dispatch.

The Milwaukee County Shared Services program, operational since 2014, facilitates immediate access to 43 engine companies, 18 truck companies, 34 ALS ambulances, two heavy recue companies and 12 battalion chiefs. The Shared Services program provides five structure fire alarm levels prior to activation of the statewide Mutual Aid Box Alarm (MABAS) system. These additional alarm levels allow for incidents of extended duration or above average complexity to be handled by the local dispatch center and without involving an additional MABAS radio talk group.

Since April of 2006, the Mutual Aid Box Alarm System (MABAS) has been approved for operation in Wisconsin as a means to deploy fire, rescue, and EMS resources for multi-jurisdictional response. The commander of any incident may request MABAS activation. This is accomplished through direct contact with the MABAS Dispatch Center by means of a dedicated radio channel. MABAS cards allow for the dispatching of five additional MABAS box alarms above the fifth local alarm level.

STRUCTURE FIRE PERFORMANCE EXPECTATIONS

The West Allis Fire Department's benchmark calls for a turnout time of 105 seconds, with safe arrival on scene of the first fire suppression company occurring within 5:45 (4:00 travel + 1:45 turnout) of dispatch 90% of the time. The first arriving company officer is responsible for verbalizing command and to initiate fire control and/or rescue operations. The remainder of the effective response force must arrive within 9:20 (7:35 travel + 1:45 turnout) of dispatch 90% of the time. Please see Section 5 of this document for breakdown of the effective structure fire response force.

EMERGENCY MEDICAL SERVICE RESPONSES

The West Allis Fire Department provides emergency medical services at the Advanced Life Support (ALS) transport level. The department maintains two ALS ambulances, one at Fire Station 61 and one at Fire Station 63. This places an ALS ambulance at each end of the city. Minimally, these units are staffed by two firefighter/paramedics who maintain State of Wisconsin paramedic licensure. In addition to the two ALS ambulances, a BLS ambulance is staffed by two firefighter/EMTs at Fire Station 62. This BLS ambulance responds to low acuity EMS calls citywide. When staffing allows, a third member of the department is assigned to each ambulance.

The West Allis Fire Department maintains EMS automatic aid agreements with neighboring municipalities. Therefore, when West Allis Fire Department resources are stretched to their capacity, emergency medical response and transport is provided by automatic aid partners. A fourth EMS transport unit is placed in service when staffing allows. This typically occurs two to three months out of the year.

The West Allis Fire Department has a growing number of personnel (72 in 2022) who maintain State of Wisconsin Paramedic licensure. This allows for the assignment of at least one ALS provider to each engine and truck company, thus ensuring the availability of advanced medical care to the city's residents and visitors even when ALS transport units are not readily available.

The department's paramedic program operates under the Milwaukee County Office of Emergency management's Emergency Medical System (MCOEM-EMS). MCOEM-EMS provides education, funding, medical control, and consistent quality improvement not only to the West Allis Fire Department, but also to all other Milwaukee County municipal fire departments that operate at the ALS level.

EMERGENCY MEDICAL SERVICE PERFORMANCE EXPECTATIONS

The West Allis Fire Department prides itself on a high level of emergency medical system (EMS) response capability. The turnout time benchmark for all EMS alarms is 80 seconds with safe arrival on scene of the first EMS unit within 5:20 (4:00 travel + 1:20 turnout) of dispatch 90% of the time. The effective ALS response force, including an ALS capable transport unit, must arrive on scene within eight minutes (6:40 travel + 1:20 turnout) of dispatch 90% of the time. Please see Section 5 of this document for breakdown of the effective ALS response force.

In the event of high call volume that overwhelms the capability of West Allis Fire Department ALS transport units, automatic aid EMS transport units are dispatched from neighboring municipalities. These automatic aid EMS transport units respond along with a West Allis engine or truck company when available. In the event of a mass casualty incident, the West Allis Fire Department has ready access to all Milwaukee County EMS transport units through its automatic aid agreements and to all regional EMS transport units through MABAS Life Safety card 6-33.

SPECIAL OPERATIONS RESPONSES

The West Allis Fire Department trains and otherwise prepares for four distinct special operations disciplines. They include hazardous material response, confined space rescue, trench rescue and ice/water rescue. Currently, all department members are trained to the operations level for hazardous materials, confined space, and ice/water rescue response. Members are trained to the awareness level for trench rescue response. Training in each of the special operations disciplines is mandatory for all personnel and is conducted at least annually.

All special operations incidents are approached similarly by the West Allis Fire Department. Prior to 2015 a special operations team was maintained by the department and a specified number of personnel were trained to the technician level for each operational discipline. As the seamless sharing of resources has evolved throughout Milwaukee County, the West Allis Fire Department has gained unrestricted access to two heavy rescue companies and one regional hazardous materials response unit that are maintained by the Milwaukee Fire Department. The regional hazardous materials response team is quartered less than one mile from the eastern West Allis city boundary. The nearest heavy rescue company is located less than three miles from the eastern West Allis city boundary.

Due to the proximity of these units to the City of West Allis and the operational expense of maintaining an independent special operations team, the decision was made in 2015 to utilize Milwaukee Fire Department special operations units in place of an independent team. While West Allis Fire Department units will respond to identify, isolate, and prepare to mitigate hazardous materials and technical rescue incidents, final resolution of such incidents will occur in cooperation with specialized Milwaukee Fire Department units that are trained and equipped to the technician level for all special operations disciplines.

While West Allis Fire Department personnel do not operate at the technician level for confined space and ice rescue disciplines, they are trained and equipped to perform simple removal of victims from unobstructed confined spaces and to initiate ice rescue operations while awaiting the arrival of specialized units. Ice rescue equipment is carried on Engine 63 and Tower Ladder 62 during cold weather months. A limited cache of rope rescue equipment is stocked on Tower Ladder 62 at all times.

SPECIAL OPERATIONS PERFORMANCE EXPECTATIONS

The West Allis Fire Department’s benchmark calls for the first company to arrive on-scene safely, within 5:45 (4:00 travel + 1:45 turnout) of dispatch 90% of the time. Since specialized units must respond from outside of the City of West Allis to effectively mitigate a complex special operations incident, the effective response force arrival benchmark for such incidents is twenty minutes from the time of dispatch. Due to the infrequent nature of special operations incidents, there is no meaningful data set available that may be used to analyze fractal response time to them.

NFPA STUDY: QUANTITATIVE EVALUATION OF FIRE AND EMS MOBILIZATION TIMES

Research has been conducted to evaluate the current standards and benchmarks established by the National Fire Protection Agency (NFPA) with regards to alarm handling and turnout times. The Fire Protection Research Foundation examined and tested the attainability of standards documented in the following literature: NFPA *1710 Standard for the Organization and Deployment of Fire suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments* and NFPA 1221 *Standard for the Installation, Maintenance, and Use of Emergency Services Communications System.* In its final review, the Fire Protection Research Foundation indicated that current standards outlined in NFPA 1710 and NFPA 1221 may be unrealistic.

NFPA 1221 requires that 90% of alarms be processed within 60 seconds, and that 99% of alarms be processed within 90 seconds. This is known as alarm handling time.

NFPA 1710 defines the benchmark for career fire departments to place emergency response units (ERUs) en route to an emergency. EMS ERU's must mark en route within 60 seconds 90% of the time, and fire ERU's within 80 seconds 90% of the time. This is known as turnout time.

The Fire Protection Research Foundation analyzed 13,463 alarms of fire and 66,202 requests for EMS response processed by 14 career fire departments. Although there are always assumptions and limitations in quantitative evaluations, analysis of the data revealed as follows:

Alarm Handling Time

Emergency Response	Time Frame (seconds)	Percentage (%)
Fire	92 seconds	90%
EMS	84 seconds	90%

Daytime Turnout Time – (0600-1800)

Emergency Response	Time Frame (seconds)	Percentage (%)
Fire	123 seconds	90%
EMS	109 seconds	90%

Evening Turnout Time – (0000-0600)

Emergency Response	Time Frame (seconds)	Percentage (%)
Fire	158 seconds	90%
EMS	144 seconds	90%

ESTABLISHING AN EFFECTIVE RESPONSE FORCE

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

ESTABLISHING AN EFFECTIVE RESPONSE FORCE

RESPONSE TO STRUCTURE FIRE INCIDENTS

According to industry statistics, the most common structure fire occurs in single-family homes and is confined to the room of origin. Confined room fires *usually* do not present a high-risk when personal protective equipment (PPE) is worn properly and standard operating guidelines are followed. Although this is true, the West Allis Fire Department cannot assume that all fires will be low-risk incidents. Every structure fire presents associated risks that make it unique. A comprehensive set of operating guidelines must be in place and closely followed to perform fire suppression operations with the highest degree of safety and effectiveness. To address the incident priorities of life safety, incident stabilization, and property conservation, tactical priorities must be clearly established and integrated into operating guidelines.

Adequate staffing is essential if fire suppression operations are to be performed with a high degree of safety and effectiveness. West Allis Fire Department engine and tower ladder companies are always staffed with a minimum of four personnel. EMS units are staffed with a minimum of two personnel, a third member being added to these companies whenever additional personnel are available.

All engines are equipped with a minimum of two 250' pre-connected 1¾" hand lines and one 250' pre-connected 2" hand line. Engines are also equipped with a 2 ½" reduced load, which can be utilized for longer layouts or when there is a need for unusually high fire flow. Tower ladder companies are equipped with aerial devices that are 95' in length.

TACTICAL PRIORITIES – STRUCTURE FIRE RESPONSE

Fire Attack: The first arriving engine company is assigned to perform fire attack. In most cases, a 1¾'' crosslay is deployed from the fire side of the engine. A source of water that is capable of providing a minimum of 150 gpm is secured by the equipment operator of this engine company.

Search and Rescue: The second arriving engine company is responsible for search and rescue unless this task is assigned to the first-due truck company. In residential structures, deployment of a hoseline with the search company is discretionary. When deployment of a hoseline to protect the company is necessary, it will be stretched from the first arriving engine. A second source of water that is capable of providing a minimum of 150 gpm is secured by the equipment operator of the second arriving engine company.

Backup Hoseline: The third arriving engine company will position to supply a truck company with water. Members of the third arriving engine company will stretch a backup hoseline that provides a minimum 150 gpm unless this task has been accomplished by the second arriving engine company. This backup line will be stretched off of the second arriving engine company whenever possible so as to be working from an independent water supply.

Ventilation: The first arriving truck company is responsible to perform visible rescue, primary search if not assigned to the second arriving engine company, and to ensure effective ventilation. It is imperative that the truck company coordinate ventilation with fire attack. In addition to rescue, search, and ventilation, the truck company is assigned to forcible entry, positioning of ground ladders, securing of utilities, and provision of

support activities that support the initial attack line. To accomplish this myriad of tasks, truck company officers are authorized to split their companies into teams of two personnel per team.

Rapid Intervention Team (RIT): A rapid intervention team (RIT) is established at all structure fires by four members of the fourth arriving engine company or second arriving truck company. The RIT will secure a predetermined cache of RIT equipment from one of the trucks that is on scene, staging this equipment in the most advantageous position. The RIT will perform a 360° assessment of the fire building, perform forcible entry and place ground ladders as necessary to facilitate emergency egress, while always maintaining radio contact with the operations section chief (Operations). Typically, the RIT will stage near the entry point through which fire attack was initiated.

Incident Command / Operations / Safety: The first arriving chief officer will assume a mobile position outside of the structure so as to visualize at least two sides of it and will assume the combined roles of incident commander (Command), operations section chief (Operations) and incident safety officer (Safety). Upon arrival of a second chief officer, the incident command role will be separated from Operations/Safety. As soon as Incident Command and Operations/Safety are separated the incident commander will assume a position inside of a command vehicle where they will be able to monitor tactical radio traffic from a controlled environment and have ready access to multiple radios. Typically, the second arriving chief officer will assume the role of incident commander in a fixed command post while the first arriving chief officer retains Operations/Safety in a mobile position. Upon arrival of the third chief officer Operations and Safety will be separated, typically by the third arriving chief assuming the role of incident safety officer.

Water Supply: Responsibility for obtaining water supply rests with the equipment operators of the first and second arriving engine companies. Typically, water supply is established by hand stretching 5” supply hose from the engine to the nearest hydrant or by performing a forward layout. Both options allow pumping apparatus to be positioned near the front of the fire building. The truck company equipment operator or the crew of the ALS transport unit may assist with establishing water supply when not committed to other activities. Fire hydrants are located no more than 300’ apart throughout the City of West Allis which allows for hand stretching of the first-due engine’s supply line in most cases.

Equipment Operators: Unless establishing water supply or specifically assigned to other roles, equipment operators of the first three arriving engine companies will remain at their apparatus. The equipment operator of the RIT company is expected to join his or her crew to create a four-member RIT. The equipment operators of truck companies and of the fourth-due engine company are expected to operate as a member of the company unless otherwise assigned by the company officer or operations section chief.

EMS: Paramedics from the ALS transport unit will report to the front of the structure outside of the hazard zone and assume responsibility for EMS delivery. If victims are reported to be trapped or evacuated occupants require medical care, at least one additional ALS transport unit will be assigned to the incident to ensure availability of ALS care to working firefighters.

Tactical Reserve: When all tasks outlined above are being accomplished, there will typically remain one company that is uncommitted on the first alarm. Typically, this is the fourth arriving engine company or the second arriving truck company. This company may initially be used to perform support functions that do not tax their air supply or physical capabilities. Examples of such tasks include utility control, horizontal ventilation, or exterior overhaul. From a practical standpoint, however, this company will be held in an on-deck position to relieve an operating company that runs low on air or to assist with overhaul once the fire has been controlled.

There are two categories of activities that must be performed by firefighters at the scene of a structure fire. The first wave of activities must be performed in a virtually simultaneous manner while the second wave may be performed by later arriving companies.

First, there are activities that must be accomplished with a great deal of coordination in the initial minutes of an operation. These activities must be accomplished in a virtually simultaneous manner to allow for a relatively safe advancement to the seat of the fire for extinguishment along with an aggressive search for occupants while maintaining accountability for operating personnel and coordination with resources that are not yet on scene. These tasks, which must be accomplished by initial arriving units within moments of one another (otherwise defined as the effective response force) are listed below:

BREAKDOWN OF PERSONNEL – EFFECTIVE RESPONSE FORCE

Critical Tasks	Personnel Required
Fire Attack	3
Backup Line	3
Search and Rescue	2
Ventilation	2
Pump Operation & Water Supply	2
Rapid Intervention Team	4
Incident Command	1
ALS Care	2
TOTAL PERSONNEL	**19**

Second, there are activities that, though they must be performed in a timely fashion by units assigned to the initial alarm, do not necessarily need to occur simultaneously. These activities allow for augmenting the effective response force to cut off extension of fire and to enhance the safety of the incident by expanding the command and accountability structure. The chart below lists all tasks that must typically be performed by personnel responding on the initial alarm.

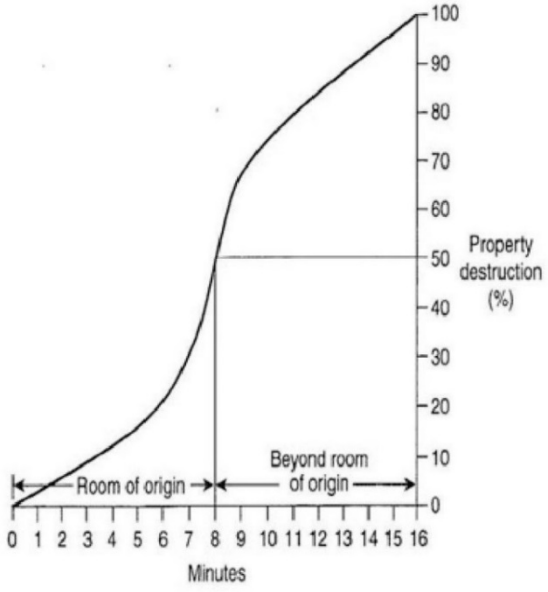
BREAKDOWN OF PERSONNEL – FULL FIRST ALARM

Critical Tasks	Personnel Required
Fire Attack	3
Backup Line	3
Search and Rescue	4
Ventilation	2
Pump Operation & Water Supply	3
Rapid Intervention Team	4
Aerial Device Operation	1
On-Deck Company	4
Incident Command	1
Operations	1
Safety Officer	1
ALS Care	2
TOTAL PERSONNEL	**29**

AVOIDING FLASHOVER

Flashover is defined as a critical point in “the development of a contained fire in which all exposed surfaces reach ignition temperatures more or less simultaneously and fire spreads rapidly throughout the space” (NFPA 555). According to data taken from the National Fire Protection Association (NFPA) and the Insurance Services Organization (ISO), a residential compartment will reach flashover between 10 and 30 minutes after ignition. For flashover to occur, temperatures must achieve a range between 900 - 1200 degrees Fahrenheit.

In the figure below, taken from the NFPA 1710 Standard for the Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Career Fire Departments, “the line represents a rate of fire propagation in an unsprinklered room, which combines temperature rise and time. It roughly corresponds to the percentage of property destruction. At approximately 10 minutes into the fire sequence, the hypothetical room of origin flashes over. Extension outside the room begins at this point. Consequently, given that the progression of a structure fire to the point of flashover generally occurs in less than 10 minutes, two of the most important elements in limiting fire spread are the quick arrival of sufficient numbers of personnel and equipment to attack and extinguish the fire as close to the point of its origin as possible.” (NFPA 1710, p. 16)



When structure fires occur in the City of West Allis, the fire department’s primary mission is not simply to extinguish the fire, but to initiate fire attack prior to flashover. To accomplish this, the West Allis Fire Department’s benchmark calls for a turnout time of 105 seconds, and arrival of the first fire suppression company within 5:45 (4:00 travel + 1:45 turnout) of dispatch 90% of the time. All remaining companies in the effective response force must arrive within 9:20 (7:35 travel + 1:45 turnout) of dispatch 90% of the time.

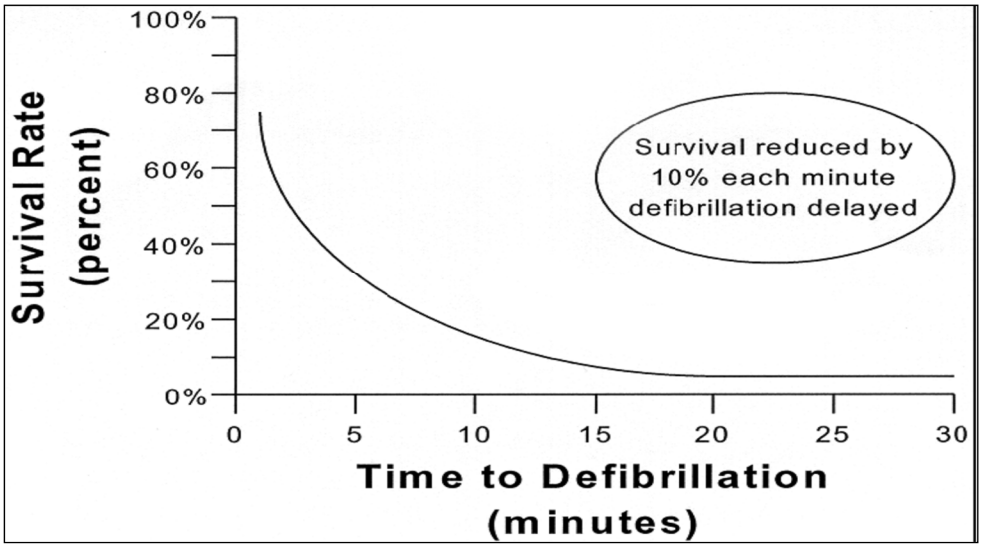
National Fire Protection Association (2000) *NFPA 555: Guide on Methods for Evaluating Potential for Room Flashover*, Quincy, MA

National Fire Protection Association (2010), *NFPA 1710 Standard for the Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Career Fire Departments,* Quincy, MA

RESPONSE TO EMERGENCY MEDICAL INCIDENTS

Requesting emergency medical assistance through the enhanced-911 system initiates response of the West Allis Fire Department, the city's principal EMS provider. Strategically located fire stations and prompt responses allow fire department personnel to arrive on-scene of critical EMS incidents within 5:20 (4:00 travel + 1:20 turnout) of dispatch 90% of the time. Fire department personnel are equipped and deployed to aggressively follow the American Heart Association's (AHA) standard for medical intervention in cases of cardiac arrest. The chart below illustrates the relationship between time of defibrillation and survival rate in cardiac arrest patients.

CARDIAC ARREST SURVIVAL RATE



The City of West Allis provides its citizens with access to four ALS suppression companies, two ALS transport units, and one BLS ambulance as primary EMS response units. Each suppression company is staffed by four personnel, at least one being a licensed paramedic. Each EMS transport unit is staffed by a minimum of two firefighter/paramedics or two firefighter/EMTs. When staffing permits, an additional firefighter/paramedic or firefighter/EMT is assigned to the EMS transport units. When additional EMS transport units are needed, mutual aid ambulances from neighboring communities are called into the city through automatic aid agreements and respond with a local engine or truck company. All fire department units are equipped with external defibrillators.

Critical tasks have been established to treat critically ill patients. The chain of survival recommends the availability of BLS services, including cardiopulmonary resuscitation (CPR) and defibrillation, within four minutes of cardiac arrest. Also, ALS services must be provided no later than nine minutes after notification of the event. Early notification of emergency response services is imperative to successful resuscitation of a cardiac arrest patient.

TACTICAL PRIORITIES – ADVANCED LIFE SUPPORT

CPR: The first arriving fire department unit shall immediately initiate CPR. Effective CPR requires the attention of two personnel who are licensed minimally at the BLS level.

Defibrillation: Defibrillation is the second tactical priority and shall be accomplished as soon as possible upon arrival. Application and operation of the external defibrillator, whether automatic or manual, shall be accomplished by a single individual who is licensed minimally at the BLS level.

Airway Management: Airway management shall be established simultaneously with defibrillation. Establishment of a secured airway must be accomplished as soon as possible and constitutes the third tactical priority. Intubation, whether visualized or non-visualized, shall be accomplished by a single individual who is licensed at the ALS level.

Medication Administration: The fourth tactical priority when attempting resuscitation shall be the administration of appropriate medications. Medication administration shall be accomplished by a single individual who is licensed at the ALS level.

Documentation and Communication: A member of the fire department's response team must accurately document all interventions performed and medications administered, as well as the patient's response to each. Additionally, this member of the team must maintain communication with a medical control physician. Documentation and communication shall be accomplished by a single individual who may be licensed at the ALS or BLS level, although ALS experience is preferred for this member of the team.

BREAKDOWN OF PERSONNEL – ADVANCED LIFE SUPPORT RESPONSE

Critical Tasks	Personnel Required
CPR (BLS)	2
Defibrillation (ALS or BLS)	1
Airway Management (ALS)	1
Medication Administration (ALS)	1
Documentation/Communication (ALS or BLS)	1
TOTAL PERSONNEL	**6**

CONFINED SPACE RESCUE

A confined space rescue is one of two special operations disciplines for which the West Allis Fire Department has maintained Operations level capability and may accomplish rescue without involvement of technician level responders. Report of a confined space rescue incident will receive two engine companies, one truck company, one ALS ambulance, and two chief officers, for a total of 16 personnel. In addition to this initial assignment, the initial incident commander is encouraged to request response of a Milwaukee Fire Department heavy rescue company if there is any possibility that the incident may require technician level expertise. The following tactical priorities shall be accomplished by personnel responding to the initial assignment:

TACTICAL PRIORITIES – CONFINED SPACE RESCUE

Establish Command: The first arriving company or person will be responsible to initiate command and determine the scope of the emergency. The initial incident commander will collect as much data as possible and begin assigning tasks.

Evaluate Confined Space: The next task will be to evaluate the confined space and the area surrounding it. The area must be secured. Hazards shall be identified and the atmosphere shall be monitored. One goal of this evaluation is to determine whether the confined space meets criteria set forth in NFPA 1670 for operations level rescue.

Patient Assessment: Patient contact shall be established to determine the number of patients involved and vital information regarding mechanism of injury, location of patient(s), etc.

Resource Assessment: The next priority shall be identification of necessary resources. The incident commander shall ensure that properly trained and equipped personnel are assembled. If the situation encountered meets criteria for an operations level rescue per NFPA 1670, initial responders may perform such rescue. If, however, the situation encountered requires technician level expertise per NFPA 1670, initial responders will await the arrival of a Milwaukee Fire Department heavy rescue company before entering the space.

Pre-entry: Atmospheric monitoring shall be performed.

Establish Ventilation: Confined spaces shall be sufficiently ventilated to ensure the safety of operating personnel.

Identify and Control Hazards: All pertinent power sources shall be secured. All equipment associated with the confined space shall be shut down, tagged, and locked out.

Prepare entry and backup teams: If the space allows entry, teams shall consist of at least two entrants. There shall be an equal number of backup personnel equipped for immediate entry.

Assign Accountability Officer: Command shall institute level III accountability for all entries into permit required confined spaces.

Set up Entry and Retrieval System: All personnel entering a confined space shall have a safety line attached to a class III harness. If the confined space is deeper than five feet they shall also have fall arrest and retrieval lines in place.

BREAKDOWN OF PERSONNEL – CONFINED SPACE RESCUE RESPONSE

Critical Tasks	Personnel Required
Incident Command / Accountability	1
Operations / Safety	1
Entry Team	2
Backup Team	2
Rigging Team	4
Atmospheric Monitoring / Ventilation	2
Hazard Control	2
EMS Care and Transport	2
TOTAL PERSONNEL	**16**

ICE/WATER RESCUE

Ice/water rescue is one of two special operations disciplines for which the West Allis Fire Department has maintained Operations level capability and may accomplish rescue without assistance from technician level responders. Report of an ice or water rescue incident will receive two engine companies, one truck company, one ALS ambulance, and two chief officers, for a total of 16 personnel. The following tactical priorities shall be accomplished:

TACTICAL PRIORITIES – ICE/WATER RESCUE

Establish Command: The first arriving company or person will be responsible to initiate command, determining the scope of the emergency. The initial incident commander shall collect as much information as possible and begin assigning tasks. The initial incident commander will determine whether the rescue can be performed from shore, or whether entry onto the ice or into the water will be required.

Reach and Throw: Personnel will don flotation devices and try to reach the victim using equipment such as pike poles. If victims are too far for the reach method to be effective, these personnel will attempt to deploy a throw rope.

Victim Rescue: Personnel wearing exposure suits will perform entry operations. One member will attempt rescue while another member fills a backup role. For each member assigned to entry or backup, a partner will be assigned to manage their tag line and to maintain communications.

Victim Treatment: The ALS transport unit crew will attend to victims per EMS hypothermia protocols.

BREAKDOWN OF PERSONNEL – ICE / COLD WATER RESCUE RESPONSE

Critical Tasks	Personnel Required
Incident Command / Accountability	1
Operations / Safety	1
Reach and Throw	4
Entry	4
Backup	4
EMS Treatment	2
TOTAL	**16**

Service Type	Chief	Engine	Truck	ALS	Task Analysis
Active Shooter	**4**	**4**	**2**	**4**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(rescue task force)*, Engine *(rescue task force)*, Engine *(rescue task force)*, Engine *(casualty collection)*, Truck *(EMS support)*, Truck *(EMS Support)*, ALS x4 *(victim transport)*
Automatic Fire Alarm		**1**	**1**		Engine (*investigate / extinguish*), Truck (*support / RIT*)
Bomb Threat	**1**				Chief - non-emergent w/o radio traffic *(investigates and determines need for additional resources)*
Broken Pipe - Gasoline/Oil	**1**	**1**	**1**		Chief *(incident command)*, Engine *(fire control)*, Truck *(evacuate / contain)*
Broken Pipe – Water			**1**		Truck - best equipped to handle *(water/sprinkler shutoff application and ladder access if elevated pipe)*
Broken Window			**1**		Truck - best equipped to handle *(lath and plastic installation)*
Bulk Spill – Non-Hazardous	**1**	**1**	**1**		Chief *(incident command)*, Engine *(fire suppression)*, Truck *(containment)*
Bulk Spill - Hazardous	**2**	**2**	**1**	**1**	Chief *(incident command)*, Chief *(operations/safety)*, Engine (*water supply and fire control*), Engine *(decon)*, Truck *(containment/evacuation)*, ALS *(medical exams)*
CO Alarm			**1**		Truck *(most appropriately equipped for air monitoring and ventilation)*
CO Alarm - Medical Symptoms			**1**	**1**	Truck *(most appropriately equipped for air monitoring and ventilation)*, ALS Ambulance *(EMS treatment/ transport)*
Chemical Spill	**2**	**2**	**1**	**1**	Chief *(incident command)*, Chief *(operations/safety)*, Engine (*water supply and fire control*), Engine *(decon)*, Truck *(containment/evacuation)*, ALS *(medical exams)*
Confined Space Rescue	**2**	**2**	**1**	**1**	Chief *(incident command)*, Chief *(operations/safety)*, Engine *(hazard control/LOTO)*, Engine *(victim assessment and stabilization)*, Truck *(retrieval system)*, ALS *(EMS treatment/transport)*
Drowning – Lagoon / Ice	**2**	**2**	**1**	**1**	Chief *(incident command)*, Chief *(operations/safety)*, Engine *(reach/throw)*, Engine *(pt. Movement)*, Truck *(rescue)*, ALS *(EMS treatment/transport)*
Elevator Alarm			**1**		Truck *(most appropriate equipment)*
Explosion	**3**	**4**	**2**	**1**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(water supply and fire suppression)*, Engine *(water supply and search & rescue)*, Engine *(backup hose line)*, Engine *(on deck)*, Truck *(rescue/ventilation/forcible entry)*, Truck *(RIT)*, ALS *(EMS treatment/transport)*
Fire – Apartment Building	**3**	**4**	**2**	**1**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(water supply and fire suppression)*, Engine *(water supply and search & rescue)*, Engine *(backup hose line)*, Engine (*on deck*)Truck *(rescue/ventilation/forcible entry)*, Truck *(RIT)*, ALS *(EMS treatment/transport)*
Fire – Appliance	**1**	**2**	**1**	**1**	Chief *(incident command)*, Engine *(water supply and investigation/fire suppression)*, Engine *(water supply and backup)*, Truck *(ventilation/utility control)*, ALS *(EMS treatment/transport)*
Fire – Commercial Building	**3**	**4**	**2**	**1**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(water supply and fire suppression)*, Engine *(water supply and search & rescue)*, Engine *(backup hose line)*, Engine *(on deck)*, Truck *(rescue/ventilation/forcible entry)*, Truck *(RIT)*, ALS *(utility control/search support)* ALS *(EMS treatment/transport)*
Fire – Vehicle		**1**	**1**		Engine *(fire suppression)*, Truck *(forcible entry/stabilization)*

Service Type	Chief	Engine	Truck	ALS	Task Analysis
Fire – Vehicle In/Near Building	**3**	**4**	**2**	**1**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(fire suppression)*, Engine *(search & rescue)*, Engine *(backup hose line)*, Engine *(on deck)*, Truck *(rescue/ventilation/forcible entry)*, Truck *(RIT)*, ALS *(EMS treatment/transport)*
Fire – Delivery Truck	**1**	**2**	**1**		Chief *(incident command)*, Engine *(water supply and fire suppression)*, Engine *(backup hose line)*, Truck *(forcible entry/stabilization)*
Fire – Dumpster		**1**			Engine *(fire suppression)*
Fire – Dumpster Inside Building	**3**	**4**	**2**	**1**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(water supply and fire suppression)*, Engine *(water supply and search & rescue)*, Engine *(backup hose line)*, Engine *(on deck)*, Truck *(rescue/ventilation/forcible entry)*, Truck *(RIT)*, ALS *(EMS treatment/transport)*
Fire – Grass		**1**			Engine *(fire suppression)*
Fire – House, Duplex or Garage	**3**	**4**	**2**	**1**	Chief *(incident command)*, Chief *(operations)*, Chief *(safety)*, Engine *(water supply and fire suppression)*, Engine *(water supply and search & rescue)*, Engine *(backup hose line)*, Engine *(on deck)*, Truck *(rescue/ventilation/forcible entry)*, Truck *(RIT)*,ALS *(EMS treatment/transport)*
Fire – Pull Station Alarm	**1**	**2**	**1**		Chief *(incident command)*, Engine *(water supply and investigation/fire suppression)*, Engine *(water supply and backup)*, Truck *(ventilation/utility control)*
Fire – Street Light, Electric Pole, etc.		**1**			Engine *(fire suppression / hazard isolation)*
Gasoline Spill - Small		**1**			Engine *(containment, absorbent)*
Gasoline Spill - Large	**1**	**1**	**1**		Chief *(incident command)*, Engine *(fire suppression)*, Truck *(containment)*
Lock In/Out			**1**		Truck - Non-Emergency Response *(most appropriate tools / equipment)*
Natural Gas Leak – Outdoors	**1**	**1**	**1**		Chief *(incident command)*, Engine *(suppression/ evacuation/protection)*, Truck *(metering/evacuation)*
Natural Gas Leak - Indoors	**1**	**2**	**1**		Chief *(incident command)*, Engine *(water supply and suppression/protection)*, Engine *(evacuation)*, Truck *(metering/ventilation)*
P.I. Accident		**1**		**1**	Engine *(suppression / fluid containment / assist EMS)*, ALS *(EMS treatment/transport)*
P.I. Accident - Interstate		**1**		**1**	Engine *(suppression / fluid containment / assist EMS)*, ALS *(EMS treatment/transport)*
P.I. Accident - Rollover, Entrapment	**2**	**2**	**1**	**1**	Chief *(incident command)*, Chief *(operations/safety)*,Engine *(fluid control and containment/fire control)*, Engine (*EMS care, vehicle stabilization*), Truck *(extrication)*, ALS *(EMS treatment/transport)*
Smoke – Odor in Area		**1**	**1**		Engine *(fire suppression)*, Truck *(forcible entry/RIT)*
Smoke – Odor in Structure	**1**	**2**	**1**	**1**	Chief *(incident command)*, Engine *(water supply and investigation/fire suppression)*, Engine *(water supply and backup)*, Truck *(ventilation/utility control)*, ALS *(EMS treatment/transport)*
Trapped Person - Machinery, etc.	**2**	**2**	**1**	**1**	Chief *(incident command)*, Chief *(operations/safety)*,Engine *(hazard control/LOTO)*, Engine (*EMS care, machinery stabilization*), Truck *(extrication)*, ALS *(EMS treatment/transport)*
Wires Arcing		**1**			Engine *(fire suppression / hazard isolation)*

Quick Look Dispatch

Type of Incident	Type of Service	Units to Respond
Active Shooter	Fire Code- **AS**	4 Chiefs + 4 Eng + 2 Trucks + 4 Meds + 3 RTFs + ***
Active Shooter 2nd Alarm	Fire Code- **AS2AL** *(see MABAS card)*	5 Chiefs + 6 Eng + 3 Trucks + 6 Meds + 5 RTFs + ***
Active Shooter 3rd Alarm	Fire Code- **AS3AL** *(see MABAS card)*	6 Chiefs + 8 Eng + 4 Truck + 8 Meds + 7 RTFs + 1 Rescue + ***
Automatic Alarm of Fire	Automatic Alarm- **AA**	Eng + Truck
Bomb or Chemical Weapon Threat (call by phone)	Non-Emergency Service- **NES**	Add BC - When Credible Threat
Broken Gasoline/Oil Pipe	Limited Response-**ES**	1 Chief + 1 Eng + 1 Truck
Broken Water Pipe	Emergency Service-**ES**	Truck
Broken Window	Non-Emergency Service- **NES**	Truck
Bulk Spill - Non-Hazardous	Non-Emergency Service- **NES**	1 Chief + 1 Eng + 1 Truck
Bulk Spill - Hazardous Material	Chemical Spill- **CS**	2 Chiefs + 2 Eng + 1 Trucks + 1 ALS Unit
Carbon Monoxide Alarm	Non-Emergency Service- **ACO**	Truck
Carbon Monoxide Alarm w/ Medical Symptoms	EMD **Card 8 or** Fire Code **ES**	Truck + EMS Unit
Collapse - Building or House	Fire Code- **FULL**	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Chemical Spill **(Get Chemical Info or Guide #)**	Chemical Spill- **CS**	2 Chiefs + 2 Eng + 1 Truck + 1 ALS Unit
Elevator Alarm	Emergency Service- **AELEV**	Truck
EMS Request - No EMD Code BLS Emergency	Fire Code- **RS**	EMS Unit
EMS Request - No EMD Code BLS NonEmergency	Fire Code- **RSNE**	EMS Unit
EMS Request - No EMD Code ALS	Fire Code- **M**	ALS Unit + Eng
Explosion-LARGE	Fire Code- **EXP**	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Extrication (Vehicle or Machinery)	EMD 40D1 or Fire Code **RES**	2 Chiefs + 2 Eng + 1 Truck + 1 ALS Unit
Fluid Flush	Non-Emergency Service- **NES**	Engine
Full Assignment	Fire Code- **FULL**	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Fire - 2nd Alarm	Fire Code - **F2AL**	4 Chiefs + 8 Eng + 4 Trucks + 2 ALS Units + 1 Rescue + ***
Fire - 3rd Alarm	Fire Code - **F3AL**	5 Chiefs + 11 Eng + 4 Trucks + 2 ALS Units + 1 Rescue + ***
Fire - 4th Alarm	Fire Code - **F4AL**	5 Chiefs + 14 Eng + 4 Trucks + 2 ALS Units + 1 Rescue + ***
Fire - 5th Alarm	Fire Code - **F5AL**	5 Chiefs + 17 Eng + 4 Trucks + 2 ALS Units + 2 Rescues + ***
Fire - Apartment Building	Apartment Fire- **FAPT**	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Fire - Appliance	Appliance Fire - **FAPPL**	1 Chief + 2 Eng + 1 Truck + 1 ALS Unit
Fire - Business	Business Fire - **FBUS**	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Fire - Vehicle	Vehicle Fire- **FVEH**	Eng + Truck
Fire - Vehicle Inside/Adjacent to a Structure	Use Structure Fire Code	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Fire - Delivery Vehicle (tractor/trailer or tanker)	Vehicle Fire- FVEH Upgraded	1 Chief + 2 Eng + 1 Truck
Fire - Dumpster	Miscellaneous Fire- **FMISC**	Engine
Fire - Dumpster Inside Building	Use Structure Fire Code	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Fire - Grass	Miscellaneous Fire- **FMISC**	Engine
Fire - High Rise	Fire Code- **FHR**	4 Chiefs + 4 Eng + 4 Trucks + 1 Rescue + 2 ALS Units
Fire - High Rise 2nd Alarm	Fire Code- **FHR2**	8 Chiefs + 8 Eng + 8 Trucks + 2 Rescues + 4 ALS Units
Fire - High Rise 3rd Alarm	Fire Code- **FHR3**	10 Chiefs + 12 Eng + 12 Trucks + 2 Rescues + 6 ALS Units
Fire - House, Duplex or Garage	Fire Code- **FHOUSE**	3 Chiefs + 4 Eng + 2 Trucks + 1 ALS Unit
Fire - Pull Station Alarm	Pull Station Fire Alarm - **FPULL**	1 Chief + 2 Eng + 1 Truck + 1 ALS Unit
Fire - Street Light, Electric Pole etc.	Miscellaneous Fire- **FMISC**	Engine
Gasoline Spill - Small	Emergency Service- **ES**	Engine
Gasoline Spill - Large	Emergency Service- **ES**	1 Chief + 1 Eng + 1 Truck
Lock In - with child locked in house or room	Emergency Service- **ES**	Truck
Lock Out - Person locked out of house	Non-Emergency Service- **NES**	Truck
Natural Gas Leak - Inside of a Structure	Natural Gas- **NGIN**	1 Chief + 2 Eng + 1 Truck-Immediately notify WE Energies
Natural Gas Leak - Outside	Natural Gas- **NGOUT**	1 Chief + 1 Eng + 1 Truck-Immediately notify WE Energies
Smoke Investigation - Inside a Structure	Smoke Investigation - **SMOKE**	1 Chief + 2 Eng + 1 Truck + 1 ALS Unit
Smoke Investigation - Smell of Smoke Outside	Miscellaneous Fire- **FMISC**	Eng + Truck
Rescue - Confined Space	EMD **Card 22** or Fire Code- **RES**	2 Chiefs + 2 Eng + 1 Truck + 1 ALS Unit
Rescue - Sky Glider	Rescue Assignment - **RES**	2 Chiefs + 2 Eng + 1 Truck + 1 ALS Unit
Rescue - Trench	EMD Card **22** or Fire Code **RES**	2 Chiefs + 2 Eng + 1 Truck + 1 ALS Unit
Rescue - Water or Ice	Rescue Assignment - **RES**	2 Chiefs + 2 Eng + 1 Truck + 1 ALS Unit
Wires Arcing (Electric Power Lines)	Emergency Service- **WIRES**	Engine
Wires Down w/o Arcing (Electric Power Lines)	Emergency Service- **WIRES**	Engine

DISTRIBUTION OF RESOURCES

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

DISTRIBUTION OF RESOURCES

DISTRIBUTION

Distribution refers to a method of strategically planning and placing fire stations within a jurisdiction to support rapid deployment of fire and EMS services. The West Allis Fire Department's benchmark calls for a non-EMS turnout time of 105 seconds and first unit arrival within 5:45 to 90% of all emergency incidents. The benchmark also calls for an EMS turnout time of 80 seconds and first unit arrival within 5:20 to 90% of advanced life support incidents. Station location and personnel are strategically dispersed to consistently meet these benchmarks.

FIRE & EMERGENCY MEDICAL RESPONSE BOUNDARIES

The West Allis Fire Department currently responds out of three fire stations. Station 61 is located in the east end of the city, north of a railroad track that divides the city into north and south sections. Station 61 houses Med 1 and Engine 61. Station 62 is also located in the east end of the city, but on the south side of the abovementioned railroad track. Station 62 houses Battalion 6, Ambulance 62, Engine 62, and Tower Ladder 62, as well as the department's fleet maintenance and training facilities. Station 63 is located in the west end of the city, housing Med 63 and Engine 63.

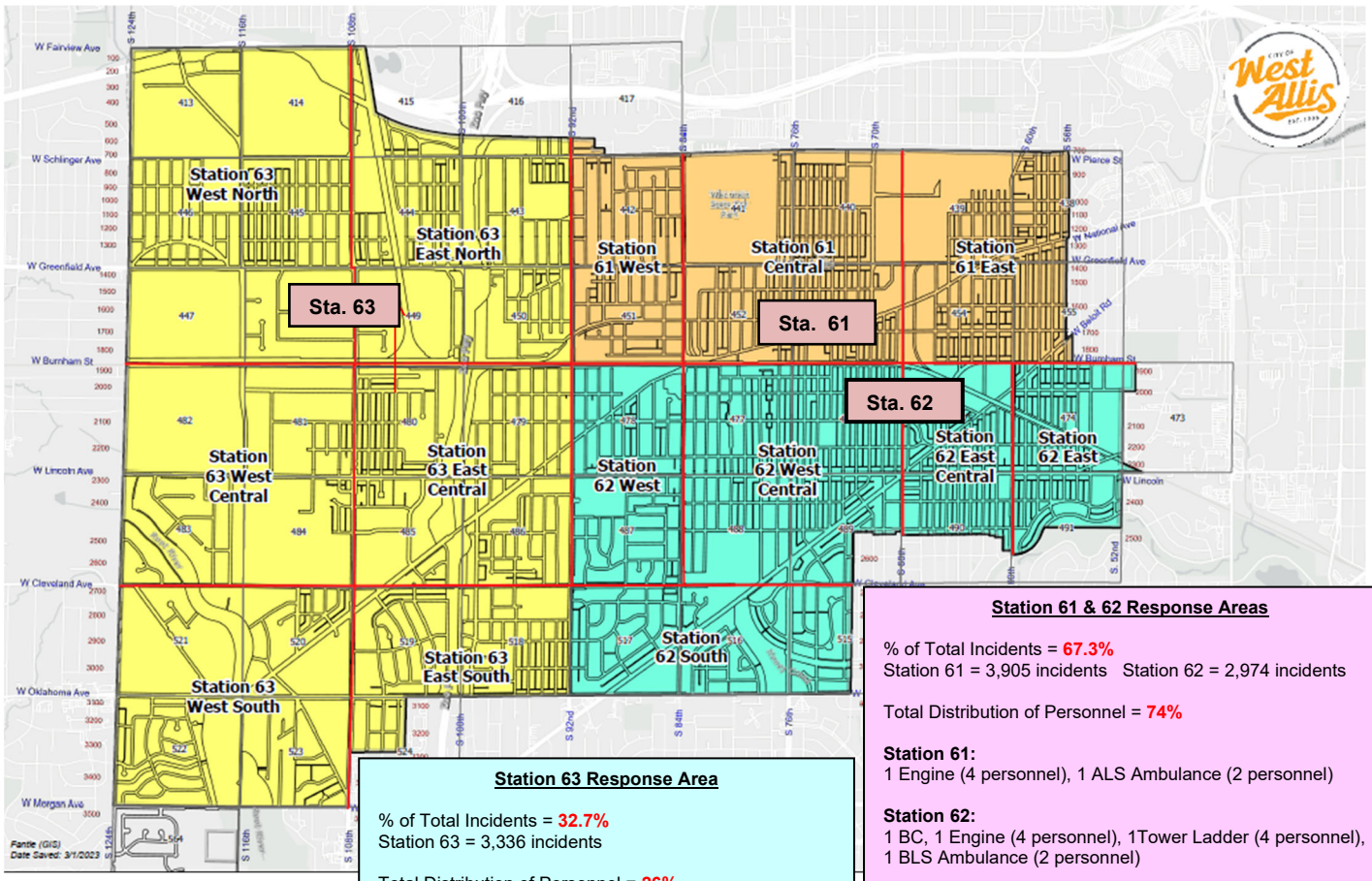
RESPONSE STANDARDS

Successfully meeting response time benchmarks is a priority for the West Allis Fire Department. Rapid responses truly influence the outcome of emergency incidents, whether they are fire, EMS, or technical in nature. The West Allis Fire Department strives to provide for the arrival of an initial company within 5:20 of dispatch 90% of the time for advanced life support EMS calls and 5:45 for all other emergency responses; and an effective response force within 8:00 of dispatch for EMS calls and 9:20 of dispatch 90% of the time for all structure fire incidents.

The West Allis Fire Department dispatches a full assignment to each structure fire. The full assignment consists of three command officers, four engine companies, two truck companies, and one ALS ambulance. As a result, a minimum of 29 personnel respond with each full assignment. While the West Allis Fire Department maintains a daily staffing of only 24 personnel, automatic aid agreements allow for the rapid dispatching of neighboring resources to fill out the assignment. Minimally, each structure fire assignment receives one engine company, one truck company and one command officer from a neighboring jurisdiction.

Response Times by Station Response Areas (Dispatch to Arrival)										
EMS – 5:20	2018		2019		2020		2021		2022	
Fire – 5:45	EMS	FIRE	EMS	FIRE	EMS	FIRE	EMS	FIRE	EMS	FIRE
Records Analyzed	2,173	98	2,177	107	2,099	101	2,276	112	2,307	94
Station 61 Area	87.4%	95.1%	91.3%	92.9%	93.4%	100%	96.3%	97.6%	96.1%	100%
Station 62 Area	85.7%	88.5%	81.2%	97.1%	86.7%	95.2%	87.1%	95.5%	86.0%	87.5%
Station 63 Area	81.5%	77.3%	78.1%	64.1%	83.9%	77.1%	84.4%	81.6%	79.4%	83.9%
*EMS incidents being analyzed are only advanced life support responses										

DISTRIBUTION OF RESOURCES - 2022



Station 63 Response Area

% of Total Incidents = **32.7%**
Station 63 = 3,336 incidents

Total Distribution of Personnel = **26%**

Station 63:
1 Engine (4 personnel); 1 ALS Ambulance (2 personnel)

Station 61 & 62 Response Areas

% of Total Incidents = **67.3%**
Station 61 = 3,905 incidents Station 62 = 2,974 incidents

Total Distribution of Personnel = **74%**

Station 61:
1 Engine (4 personnel), 1 ALS Ambulance (2 personnel)

Station 62:
1 BC, 1 Engine (4 personnel), 1Tower Ladder (4 personnel), 1 BLS Ambulance (2 personnel)

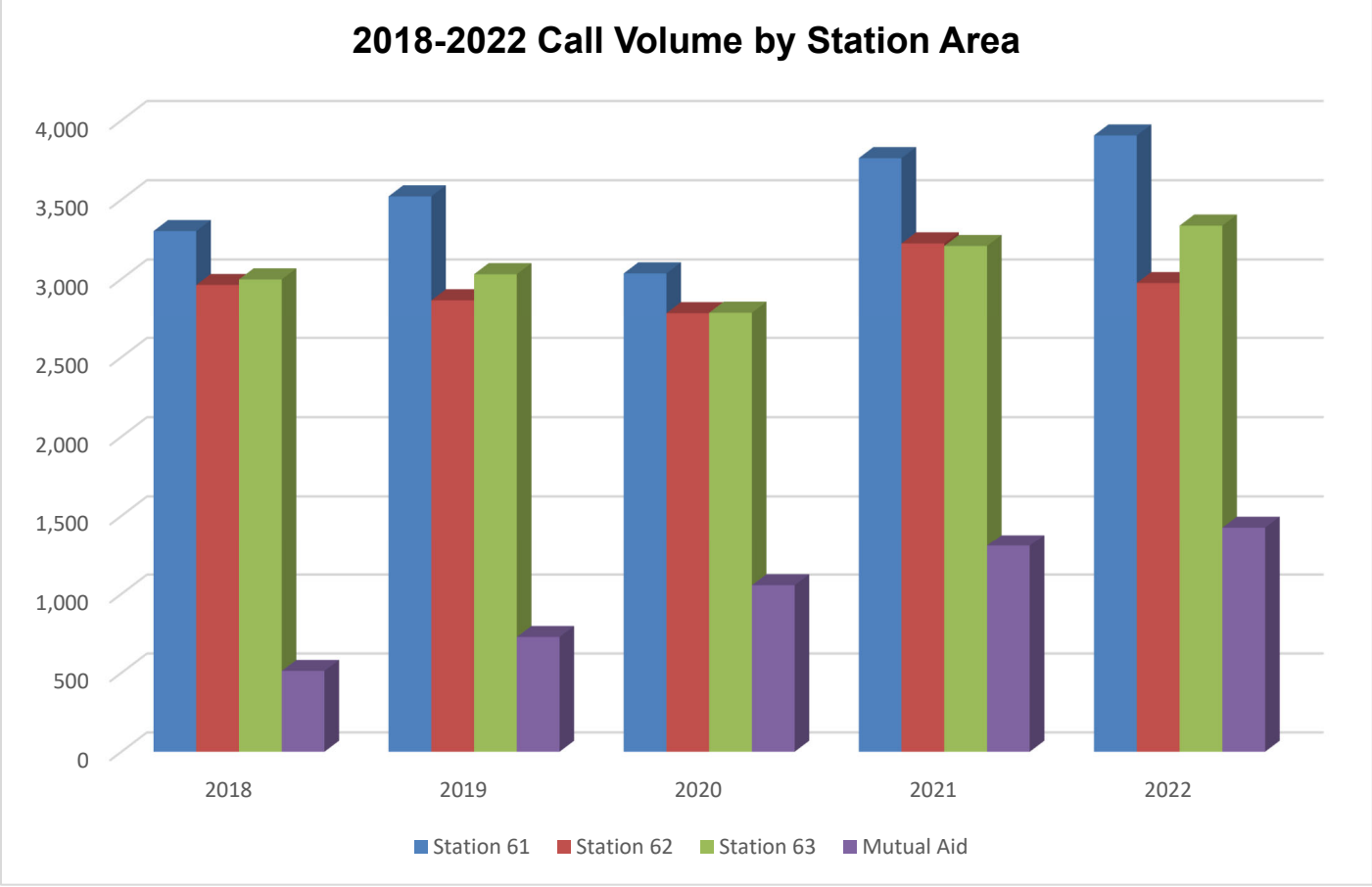
The city of West Allis encompasses 11.4 square miles. The fire department occupies three fire stations. Two stations are located in the eastern half of the city and the third station is located in the western half. The west end of the city is newer, with larger lots and more residential properties. The eastern half of the city was developed in the early 1900's around several large factories. These factories have since disappeared, being replaced by light manufacturing and multifamily residential buildings. The eastern half of the city is comprised of older buildings and smaller residential lots.

Both halves of the city are roughly the same size, the western half being slightly larger, but containing only 33% of the total population. The west end is protected by one engine company and one ALS ambulance providing a minimum of six personnel per shift. The east end is protected by two engine companies, a tower ladder company, one ALS ambulance, one BLS ambulance, and a battalion chief providing a minimum of 17 personnel per shift.

On the pages that follow, six measures have been combined to provide a quick comparison and assessment of the delivery system by first due unit. Below is a chart that provides data in raw form and in percentages. In addition, each quarter section of the city is broken down for further analysis.

DISTRIBUTION OF INCIDENTS BY STATION AREA

Station	2018	2019	2020	2021	2022	Total
Station 61	3,302	3,521	3,035	3,762	3,905	**17,525**
Station 62	2,962	2,865	2,784	3,224	2,974	**14,809**
Station 63	2,997	3,030	2,787	3,208	3,336	**15,358**
Other	512	727	1,055	1,307	1,425	**5,026**
Total	**9,773**	**10,143**	**9,661**	**11,501**	**11,640**	**52,718**



NUMERIC OF INCIDENTS BY DISTRICT BY INCIDENT TYPE
(JANUARY 2018 – DECEMBER 2022)

CALL VOLUME BY DISTRICT/STATION

STATION 61

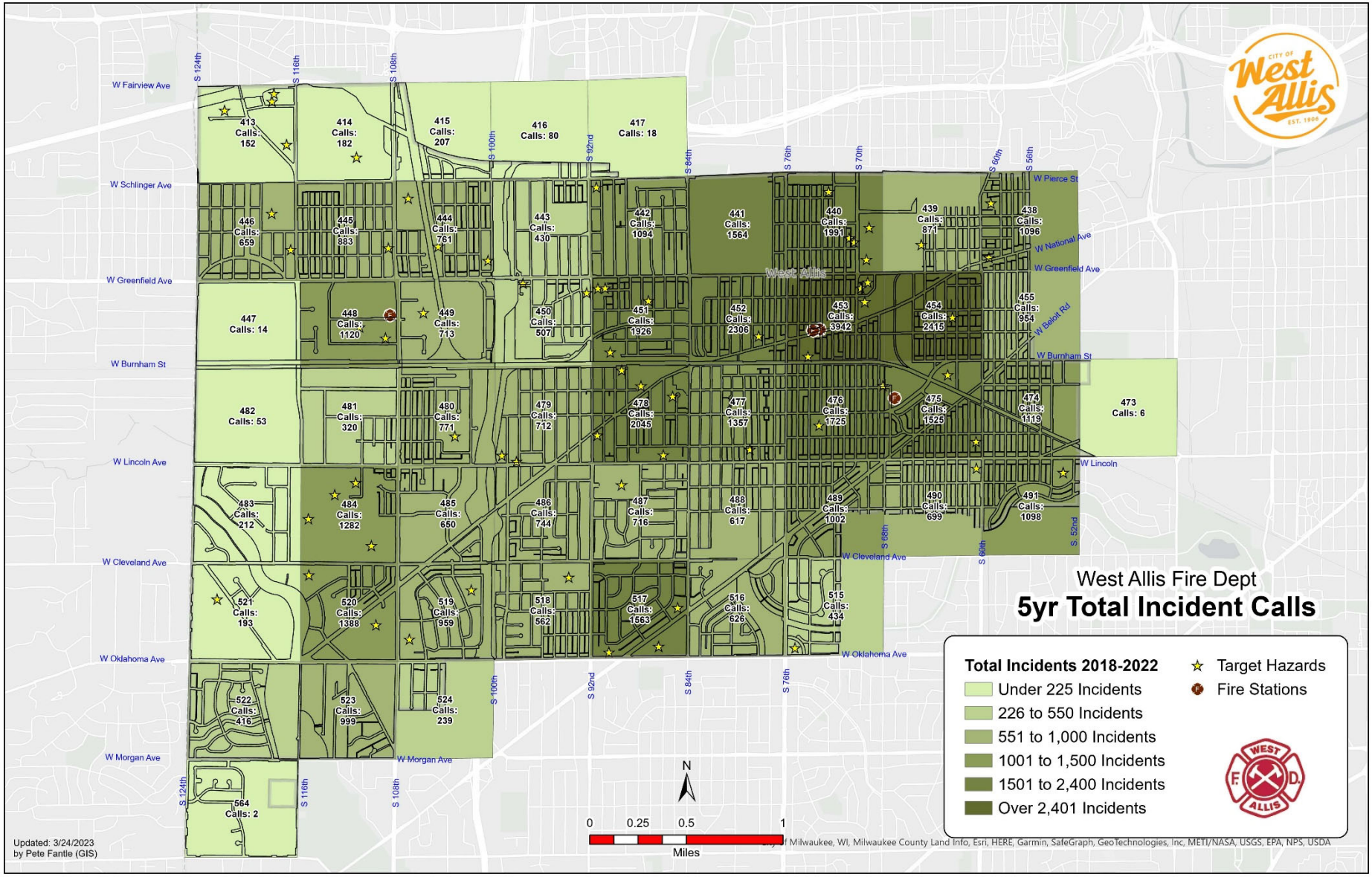
District	Total	Fire	EMS	Other
417	18	0	11	7
438	1096	9	945	142
439	871	15	682	174
440	1991	22	1666	303
441	1564	6	1300	258
442	1094	14	965	115
451	1926	19	1681	226
452	2306	27	1984	295
453	3942	28	2792	1122
454	2415	37	2113	265
455	954	14	824	116
Total	**18,177**	**191**	**14,963**	**3,023**

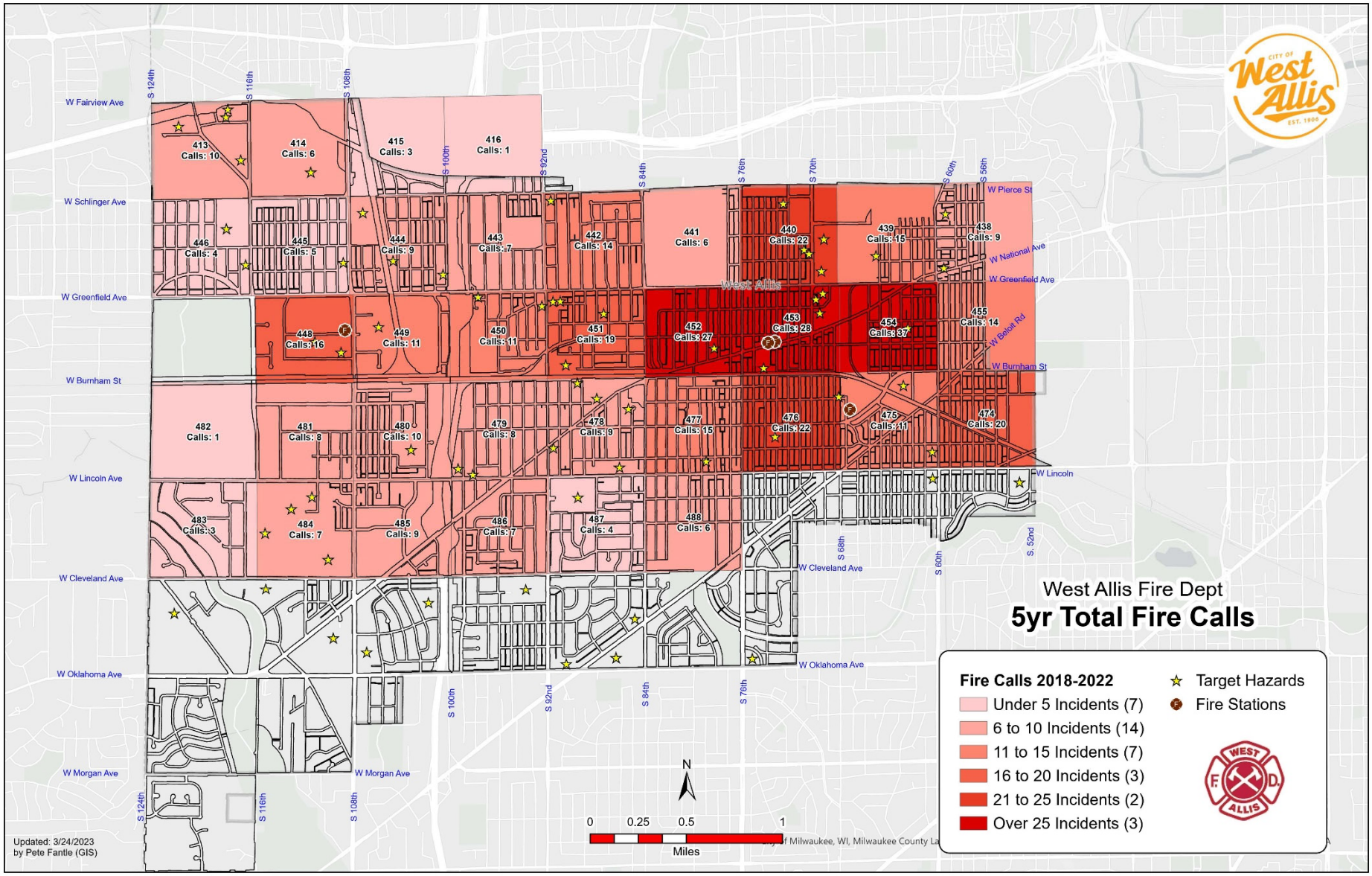
STATION 62

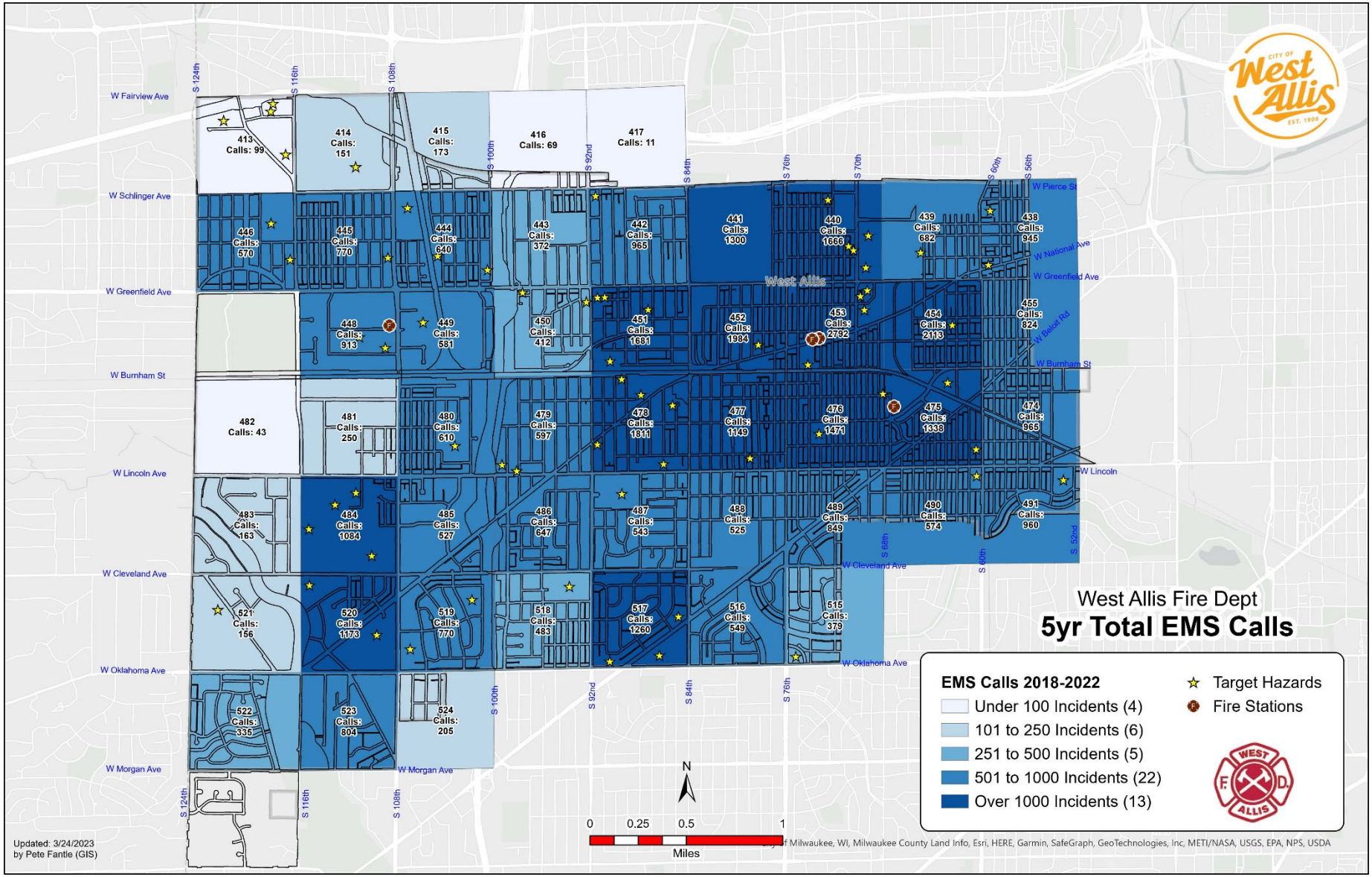
District	Total	Fire	EMS	Other
473	6	0	4	2
474	1119	20	965	134
475	1525	11	1338	176
476	1725	22	1471	232
477	1357	15	1149	193
478	2045	9	1811	225
487	716	4	543	169
488	617	6	525	86
489	1002	10	849	143
490	699	10	574	115
491	1098	7	960	131
515	434	5	379	50
516	626	8	549	69
517	1563	5	1260	298
Total	**14,532**	**132**	**12,377**	**2,023**

STATION 63

District	Total	Fire	EMS	Other
413	152	10	99	43
414	182	6	151	25
415	207	3	173	31
416	80	1	69	10
443	430	7	372	51
444	761	9	640	112
445	883	5	770	108
446	659	4	570	85
447	14	0	9	5
448	1120	16	913	191
449	713	11	581	121
450	507	11	412	84
479	784	5	672	107
480	771	10	610	151
481	320	8	250	62
482	53	1	43	9
483	212	3	163	46
484	1282	7	1084	191
485	650	9	527	114
486	744	7	647	90
518	562	7	483	72
519	959	11	770	178
520	1388	11	1173	204
521	193	2	156	35
522	416	4	335	77
523	999	14	804	181
524	239	2	205	32
Total	**15,208**	**187**	**12,606**	**2,415**


West Allis Fire Dept
5yr Total Incident Calls
Total Incidents 2018-2022
Under 225 Incidents
226 to 550 Incidents
551 to 1,000 Incidents
1001 to 1,500 Incidents
1501 to 2,400 Incidents
Over 2,401 Incidents
Target Hazards
Fire Stations
413 Calls: 152
414 Calls: 182
415 Calls: 207
416 Calls: 80
417 Calls: 18
446 Calls: 659
445 Calls: 883
444 Calls: 761
443 Calls: 430
442 Calls: 1094
441 Calls: 1564
440 Calls: 1991
439 Calls: 871
438 Calls: 1096
447 Calls: 14
448 Calls: 1120
449 Calls: 713
450 Calls: 507
451 Calls: 1926
452 Calls: 2306
453 Calls: 3942
454 Calls: 2415
455 Calls: 954
482 Calls: 53
481 Calls: 320
480 Calls: 771
479 Calls: 712
478 Calls: 2045
477 Calls: 1357
476 Calls: 1725
475 Calls: 1525
474 Calls: 1119
473 Calls: 6
483 Calls: 212
484 Calls: 1282
485 Calls: 650
486 Calls: 744
487 Calls: 716
488 Calls: 617
489 Calls: 1002
490 Calls: 699
491 Calls: 1098
521 Calls: 193
520 Calls: 1388
519 Calls: 959
518 Calls: 562
517 Calls: 1563
516 Calls: 626
515 Calls: 434
522 Calls: 416
523 Calls: 999
524 Calls: 239
564 Calls: 2
W Fairview Ave
W Schlinger Ave
W Greenfield Ave
W Burnham St
W Lincoln Ave
W Cleveland Ave
W Oklahoma Ave
W Morgan Ave
W Pierce St
W National Ave
W Beloit Rd
S 124th
S 116th
S 108th
S 100th
S 92nd
S 84th
S 76th
S 70th
S 60th
S 56th
S 68th
S 52nd
N
0 0.25 0.5 1
Miles
Updated: 3/24/2023
by Pete Fantle (GIS)
City of Milwaukee, WI, Milwaukee County Land Info, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, USDA


West Allis Fire Dept
5yr Total Fire Calls
Fire Calls 2018-2022
Under 5 Incidents (7)
6 to 10 Incidents (14)
11 to 15 Incidents (7)
16 to 20 Incidents (3)
21 to 25 Incidents (2)
Over 25 Incidents (3)
Target Hazards
Fire Stations
413 Calls: 10
414 Calls: 6
415 Calls: 3
416 Calls: 1
446 Calls: 4
445 Calls: 5
444 Calls: 9
443 Calls: 7
442 Calls: 14
441 Calls: 6
440 Calls: 22
439 Calls: 15
438 Calls: 9
448 Calls: 16
449 Calls: 11
450 Calls: 11
451 Calls: 19
452 Calls: 27
453 Calls: 28
454 Calls: 37
455 Calls: 14
482 Calls: 1
481 Calls: 8
480 Calls: 10
479 Calls: 8
478 Calls: 9
477 Calls: 15
476 Calls: 22
475 Calls: 11
474 Calls: 20
483 Calls: 3
484 Calls: 7
485 Calls: 9
486 Calls: 7
487 Calls: 4
488 Calls: 6
W Fairview Ave
W Schlinger Ave
W Greenfield Ave
W Burnham St
W Lincoln Ave
W Cleveland Ave
W Oklahoma Ave
W Morgan Ave
W Pierce St
W National Ave
W Greenfield Ave
W Beloit Rd
W Burnham St
W Lincoln
W Cleveland Ave
W Oklahoma Ave
W Morgan Ave
West Allis
S 124th
S 116th
S 108th
S 100th
S 92nd
S 84th
S 76th
S 70th
S 60th
S 56th
S 68th
S 60th
S. 52nd
N
0 0.25 0.5 1
Miles
Updated: 3/24/2023
by Pete Fantle (GIS)


West Allis Fire Dept
5yr Total EMS Calls
EMS Calls 2018-2022
Under 100 Incidents (4)
101 to 250 Incidents (6)
251 to 500 Incidents (5)
501 to 1000 Incidents (22)
Over 1000 Incidents (13)
Target Hazards
Fire Stations
413 Calls: 99
414 Calls: 151
415 Calls: 173
416 Calls: 69
417 Calls: 11
441 Calls: 1300
442 Calls: 965
443 Calls: 372
444 Calls: 640
445 Calls: 770
446 Calls: 570
438 Calls: 945
439 Calls: 682
440 Calls: 1666
448 Calls: 913
449 Calls: 581
450 Calls: 412
451 Calls: 1681
452 Calls: 1984
453 Calls: 2792
454 Calls: 2113
455 Calls: 824
474 Calls: 965
475 Calls: 1338
476 Calls: 1471
477 Calls: 1149
478 Calls: 1811
479 Calls: 557
480 Calls: 610
481 Calls: 250
482 Calls: 43
483 Calls: 163
484 Calls: 1084
485 Calls: 527
486 Calls: 647
487 Calls: 543
488 Calls: 525
489 Calls: 849
490 Calls: 574
491 Calls: 960
515 Calls: 379
516 Calls: 549
517 Calls: 1260
518 Calls: 483
519 Calls: 770
520 Calls: 1173
521 Calls: 156
522 Calls: 335
523 Calls: 804
524 Calls: 205
West Allis
W Fairview Ave
W Schlinger Ave
W Greenfield Ave
W Burnham St
W Lincoln Ave
W Cleveland Ave
W Oklahoma Ave
W Morgan Ave
W Pierce St
W National Ave
W Greenfield Ave
W Beloit Rd
W Burnham St
W Lincoln
W Cleveland Ave
W Oklahoma Ave
W Morgan Ave
S 124th
S 116th
S 108th
S 100th
S 92nd
S 84th
S 76th
S 70th
S 60th
S 56th
S 68th
S 60th
S. 52nd
N
0
0.25
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1
Miles
Updated: 3/24/2023
by Pete Fantle (GIS)
f Milwaukee, WI, Milwaukee County Land Info, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, USDA

CONCENTRATION OF RESOURCES

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

CONCENTRATION OF RESOURCES

CONCENTRATION

The West Allis Fire Department strives to provide effective and efficient service to the citizens of West Allis. This includes timely mitigation of fire incidents and timely response to requests for EMS intervention. The placement of resources directly impacts the fire department's effort to achieve this goal. In short, resources must be sufficiently concentrated to effectively halt the escalation of an emergency incident and, ultimately, to provide complete incident stabilization.

AUTOMATIC AND MUTUAL AID AGREEMENTS

In 2014 the West Allis Fire Department became a founding member of the Milwaukee County Shared Services initiative. Through the Shared Services program, immediate automatic aid access is maintained to 43 engine companies, 18 truck companies, 34 ALS ambulances, two heavy recue companies and 12 battalion chiefs. The Shared Services program provides five structure fire alarm levels prior to activation of the statewide Mutual Aid Box Alarm (MABAS) system. For EMS incidents and other non-fire emergencies, the Shared Services program ensures that the closest, most appropriate resources are dispatched to every emergency regardless of jurisdictional affiliation.

The West Allis Fire Department has participated in the MABAS, a statewide system for providing mutual aid to stricken regions, since 2007. In contrast to the borderless automatic aid format of the Shared Services program, MABAS pre-designates specific assets from neighboring jurisdictions that will respond to a stricken region without overly taxing any single geographic area. Above the fifth automatic aid alarm, up to five MABAS box alarms may also be requested.

The West Allis Fire Department's benchmark calls for an effective response force (19 personnel) to arrive on scene within 10 minutes 20 seconds (1:00 call processing, 1:45 turnout time & 7:35 travel time) of the 911 call 90% of the time. The balance of the first alarm and up to ten additional alarm levels are readily available to supplement the initial ERF via automatic aid and MABAS agreements.

DEPARTMENT NAME:	BOX ALARM TYPE:	EFFECTIVE DATE:	MABAS DIVISION
West Allis	Structure Fire	December 16, 2019	107
BOX ALARM #	**LOCATION OR AREA:**	**AUTHORIZED SIGNATURE:**	
6 -31	Citywide		

LOCAL DISPATCH AREA:

ALARM LEVEL	ENGINES	TRUCKS	SQUADS	AMBULANCES	CHIEFS	SPECIAL EQUIPMENT	CHANGE OF QUARTERS* (Station #)
Smoke /Appl Assignment	2	1		1 ALS	1		
Full Structure Fire	2	1			2		
2nd Alarm Structure Fire	4	2	1	1 ALS	1	Wauwatosa Utility 55 MFD Command Post Milw. Fire Bell	*MFD Dispatch evaluates quadrant move-ups automatically at the 2nd alarm level or upon IC request*
3rd Alarm Structure Fire	3				1		
4th Alarm Structure Fire	3						
5th Alarm Structure Fire	3		1				

MABAS BOX ALARM:

ALARM LEVEL	ENGINES	TRUCKS	SQUADS	AMBULANCES	CHIEFS	SPECIAL EQUIPMENT	CHANGE OF QUARTERS (Station #)
BOX						Div 106 Fire Taskforce	*MFD Dispatch will coordinate movement of resources to maintain quadrant minimums as necessary. Interdivisional strike teams and/or task forces will be requested to address coverage gaps.*
2ND						Div 102 Fire Taskforce	
3RD						Div 119 Fire Taskforce	
4TH						Div 101 Fire Taskforce	
5TH						Div 111 Fire Taskforce	

INTERDIVISIONAL REQUEST	1st Choice	2nd Choice	3rd Choice
	118	103	115

INFORMATION

West Allis Station 61 - 7300 W. National Avenue **(Engine 61, Med 1, MIH 61)**

West Allis Station 62 - 2040 S. 67th Place (3 blocks north of Lincoln Avenue) **(Battalion 6, Engine 62, Tower Ladder 62, Ambulance 62)**

West Allis Station 63 - 10830 W. Lapham Street (2 blocks south of Greenfield Avenue, just west of HWY 100) **(Engine 63, Med 63)**

Dispatch to Arrival Performance Analysis: 2018 - 2022													
NFIRS Category	1st Unit Fire 5:45	1st Unit Arrival Time (90%)	2nd Unit Fire 9:20	2nd Unit Arrival Time (90%)	3rd Unit Fire 9:20	3rd Unit Arrival Time (90%)	4th Unit Fire 9:20	4th Unit Arrival Time (90%)	5th Unit Fire 9:20	5th Unit Arrival Time (90%)	6th Unit Fire 9:20	6th Unit Arrival Time (90%)	Notes
Fires (100's)	89.7% (445)	5 Min. 52 Sec.	96.1% (320)	6 Min. 49 Sec.	99.2% (252)	6 Min. 27 Sec.	98.2% (222)	7 Min. 28 Sec.	97.0% (194)	8 Min. 01 Sec.	93.1% (149)	8 Min. 42 Sec.	There are 2,023 Apparatus records being analyzed. *47 records were ignored because they were more than limit of 900 seconds.
NFIRS Category	1st Unit EMS 5:20	1st Unit Arrival Time (90%)	2nd Unit EMS 9:00	2nd Unit Arrival Time (90%)	3rd Unit EMS 9:00	3rd Unit Arrival Time (90%)	4th Unit EMS 9:00	4th Unit Arrival Time (90%)	5th Unit EMS 9:00	5th Unit Arrival Time (90%)	No Data	No Data	Notes
Emergency Medical Service* (300's)	87.6% (7,604)	5 Min. 30 Sec.	98.5% (8,071)	6 Min. 37 Sec.	96.7% (2,721)	7 Min. 24 Sec.	94.5% (206)	8 Min. 32 Sec.	91.8% (78)	8 Min. 26 Sec.	97.3% (36)	7 Min. 47 Sec.	There are 27,271 Apparatus records being analyzed. * 1,461 records were ignored because of a zero time value. * 206 records were ignored because they were more than limit of 900 seconds.
All EMS incidents analyzed are advanced life support responses (EMD code Delta and Echo)													

EFFICIENCY

In the ideal workplace, workload would be equally divided among work sites, response units, and personnel. Unfortunately, this is extremely difficult to accomplish in a fire department. As is true with most municipal fire departments, most of the West Allis Fire Department's responses are of an EMS nature. As a result, ambulances (M1, AMB62, and M63) are the department's busiest units, accounting for 52.3% of the department's total unit responses.

The following charts list the breakdown of calls for service by station and by individual unit.

NUMBER OF RESPONSES PER APPARATUS BY STATION (2018-2022)

Fire Station 61		
	Engine 61	**Med 1**
2018	1,757	2,705
2019	1,935	2,902
2020	1,782	3,063
2021	2,027	3,549
2022	2,124	3,313

Fire Station 62				
	Battalion 6	Engine 62	Tower 62	Amb. 62*
2018	642	1,821	1,177	2,657
2019	528	1,853	1,306	2,697
2020	619	1,839	1,252	2,481
2021	628	2,137	1,363	2,890
2022	731	2,066	1,407	2,798

*This unit ran as M62 prior to January 2, 2019

Fire Station 63		
	Engine 63	Med 63
2018	1,660	2,281
2019	1,738	2,087
2020	1,688	2,070
2021	1,978	2,471
2022	2,015	2,234

Fire Station 63's response area is worthy of special note since it encompasses slightly over half of the total land area in the city. Each fire station protects a civilian population that is approximately equal, even though each station covers a different number of square miles.

Fire Station 63's territory was annexed by the City of West Allis in the early 1950s. As a result, this area of the city has a lower population density, a higher percentage of commercial properties, and more buildings that are protected by automatic fire detection and sprinkler systems than the other two response territories.

To accurately assess the spacing of resources, the volume of calls for service in each geographic area must first be evaluated.

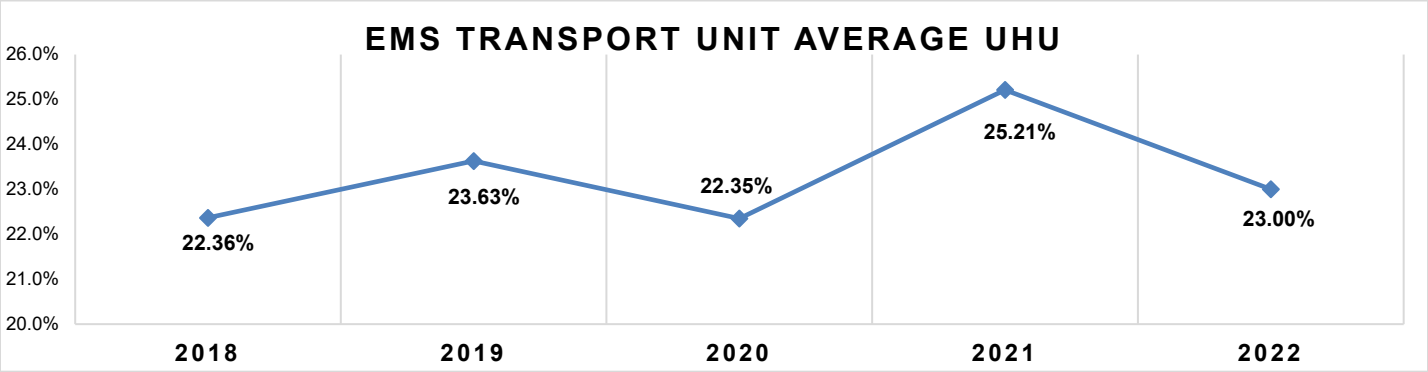
	Year	Engine 61		Engine 62		Engine 63	
Engine Company Responses w/ Percentage of Total by Unit Type	**2018**	1,757	33.5%	1,821	34.8%	1,660	31.7%
	2019	1,935	35.0%	1,853	33.5%	1,738	31.5%
	2020	1,782	33.6%	1,839	34.6%	1,688	31.8%
	2021	2,027	33.0%	2,137	34.8%	1,978	32.2%
	2022	2,124	34.2%	2,066	33.3%	2,015	32.5%

	Year	Med 1		Amb. 62		Med 63	
EMS Transport Unit Responses w/ Percentage of Total by Unit Type	**2018**	2,705	35.4%	2,657	34.8%	2,281	29.8%
	2019	2,902	37.8%	2,697	35.1%	2,087	27.2%
	2020	3,063	40.2%	2,481	32.6%	2,070	27.2%
	2021	3,549	39.8%	2,890	32.4%	2,471	27.7%
	2022	3,313	39.7%	2,798	33.5%	2,234	26.8%

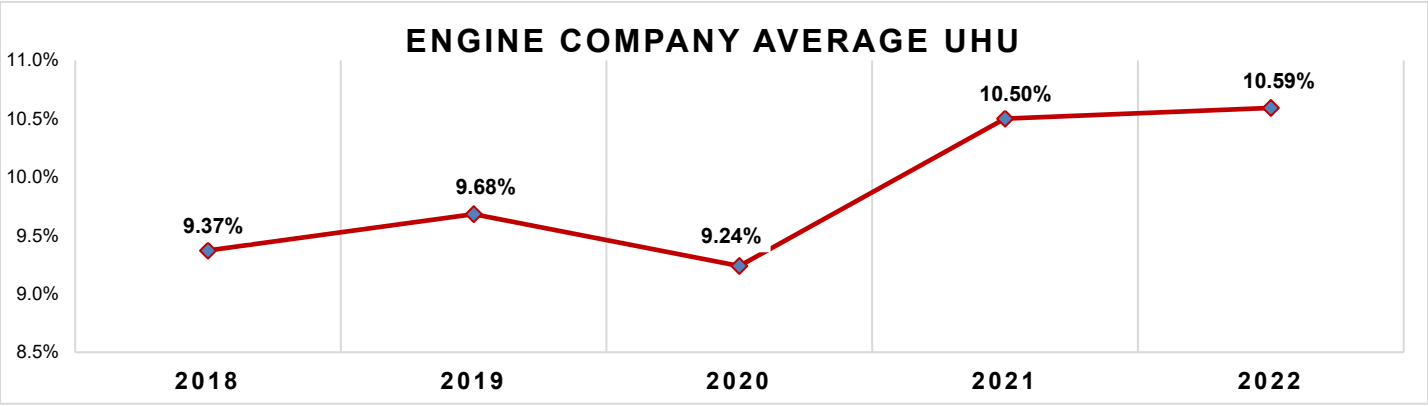
As the above tables illustrate, West Allis Fire Department engines are sharing a relatively equal division of workload. It is apparent, however, that a workload disparity between the EMS transport units, particularly between Med 1 and Med 63, is developing. First-due territories for ALS transport units will be reevaluated in early 2023 with the goal of more evenly distributing workload while maintaining an optimum level of service.

One important consideration when evaluating workload of fire department units is unit hour utilization (UHU). This may be defined as the percentage of time that a unit is committed to incident responses. It is important to note that unit hour utilization only accounts for the time that a response unit spends assigned to incident mitigation. It does not account for time spent in other necessary activities such as vehicle and equipment maintenance, supply inventory and restocking, training, recertification, relicensure, wellness/fitness activities, and rehabilitation. Thus, it is very important to note that much of the work that a response unit must do is not reflected in UHU. Although the American fire service has not developed a specific industry standard for healthy UHU, it is commonly accepted that a UHU of 25-30 percent is the upper threshold for units assigned to a 24-hour shift. Below are tables showing five-year trends in UHU for West Allis Fire Department response units by unit type.

Unit Hour Utilization for EMS Transport Units	Year	Med 1	Amb. 62	Med 63
	2018	23.26%	22.85%	20.98%
	2019	26.09%	25.09%	19.70%
	2020	26.42%	21.71%	18.91%
	2021	29.30%	24.63%	21.71%
	2022	27.46%	23.13%	18.42%



Unit Hour Utilization for Engine Companies	Year	Engine 61	Engine 62	Engine 63
	2018	9.12%	9.53%	9.47%
	2019	10.23%	9.25%	9.57%
	2020	9.37%	9.40%	8.95%
	2021	10.35%	10.75%	10.40%
	2022	10.99%	10.41%	10.38%



RESPONSE RELIABILITY

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

RESPONSE RELIABILITY

RESOURCE EXHAUSTION

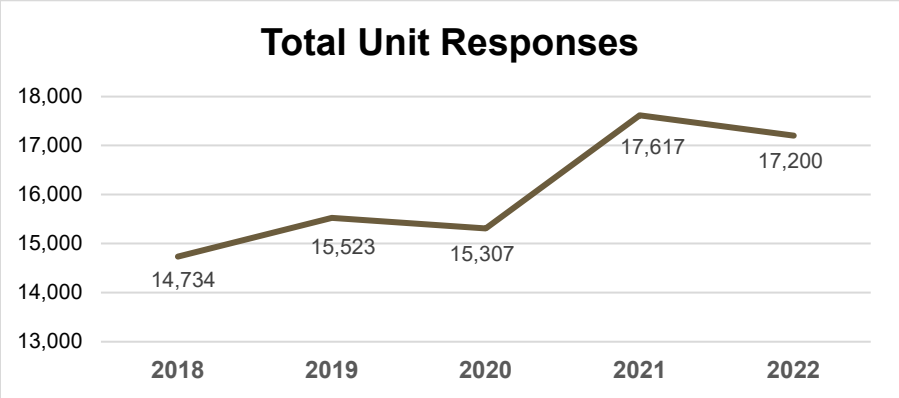
In 2022, the West Allis Fire Department responded to 11,640 calls for service which translated into an average of 31.9 incidents in each 24-hour period. This number, however, is slightly impacted by a contract with Wisconsin State Fair that was ratified in 2019, through which West Allis Fire Department units cover all EMS incidents that occur during the annual event. Since EMS units in Wisconsin State Fair Park are funded entirely through this contract and are not a component of typical West Allis Fire Department staffing, including these incidents in the calculation could be misleading. When these State Fair EMS (SFEMS) incidents are removed from the calculation, annual call volume averages 31.0 calls for service per day.

As illustrated in the chart below, **the average number of incidents per day has increased by 19% over the past five years**. This is true even when adjusted to exclude SFEMS.

Year	Annual Calls for Service	Average Calls per Day	Excluding SFEMS	Adjusted Average per Day
2018	9,773	26.8	9,773	26.8
2019	10,143	27.8	9,812	26.9
2020	9,661	26.5	9,661	26.5*
2021	11,501	31.5	11,211	30.7
2022	11,640	31.9	11,313	31.0

**The Wisconsin State Fair was not held in 2020*

Over the past five years, the volume of automatic aid given and received between fire departments in Milwaukee County has been steadily increasing as operational consolidation has been realized. Operational consolidation of fire departments in Milwaukee County has produced a constant stream of automatic aid into and out of the City of West Allis. There are times when West Allis Fire Department resources are assigned to handle an incident in a neighboring jurisdiction with little or no assistance from the host agency. Conversely, units from neighboring jurisdictions are routinely assigned to handle incidents in West Allis with little or no assistance from the West Allis Fire Department. As a result, incident volume is no longer a reliable indicator of departmental activity. Instead, individual unit response trends must be considered when evaluating the department's activity level. Below is a chart illustrating total West Allis Fire Department unit responses over the past five years. **Overall, there has been a 16.7% increase in unit activity over this period**.



RELIABLITY AND COMPLIANCE

Reliability, which is directly impacted by resource exhaustion, involves evaluating a specific fire company's ability to arrive on scene in its assigned response area within the parameters of a response time benchmark. Reliability is adversely impacted by the drawdown of resources, instances when first-due units are unavailable for concurrent responses in their assigned territories. As the tables below demonstrate, response times increase significantly whenever a given resource type is already committed to an incident and a simultaneous incident requires response of a similar resource type outside of its first-due response territory.

2022 Dispatch to Arrival	Station 61		Station 62		Station 63	
	Emergent Responses	90% Performance	Emergent Responses	90% Performance	Emergent Responses	90% Performance
Engine 61	1,333	5:06	89	5:43	50	7:47
Engine 62	193	6:02	1,237	5:46	91	8:38
Engine 63	22	6:54	17	7:19	1,183	6:01

2022 Dispatch to Arrival	Station 61		Station 62		Station 63	
	Emergent Responses	90% Performance	Emergent Responses	90% Performance	Emergent Responses	90% Performance
Med 1	1,396	5:01	933	6:14	131	8:13
Med 63	203	7:41	162	8:25	1,294	5:41

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2018-2022 CONCURRENT INCIDENTS

Two or More Simultaneous Incidents								
Hour of Day	**Mon.**	**Tues.**	**Wed.**	**Thur.**	**Fri.**	**Sat.**	**Sun.**	**Total**
00:00-00:59	103	63	75	80	74	104	104	**603**
01:00-01:59	62	74	74	63	57	71	92	**493**
02:00-02:59	82	77	71	61	63	109	86	**549**
03:00-03:59	55	58	45	50	44	53	68	**373**
04:00-04:59	59	36	44	42	40	47	51	**319**
05:00-05:59	48	60	48	47	52	62	48	**365**
06:00-06:59	79	99	78	72	70	57	53	**508**
07:00-07:59	122	138	108	115	91	101	86	**761**
08:00-08:59	173	186	187	161	168	175	169	**1,219**
09:00-09:59	233	217	228	234	226	216	161	**1,515**
10:00-10:59	288	278	254	270	293	206	191	**1,780**
11:00-11:59	265	268	279	282	274	275	212	**1,855**
12:00-12:59	323	289	293	269	287	254	210	**1,925**
13:00-13:59	316	299	299	342	314	282	226	**2,078**
14:00-14:59	283	290	286	297	326	282	233	**1,997**
15:00-15:59	289	275	327	313	306	274	249	**2,033**
16:00-16:59	303	346	304	336	332	287	272	**2,180**
17:00-17:59	270	288	353	286	288	269	281	**2,035**
18:00-18:59	261	249	247	294	272	268	264	**1,855**
19:00-19:59	221	234	236	242	269	272	230	**1,704**
20:00-20:59	204	199	206	202	226	241	189	**1,467**
21:00-21:59	173	165	152	185	211	201	182	**1,269**
22:00-22:59	139	128	140	162	125	170	164	**1,028**
23:00-23:59	81	109	85	112	129	143	108	**767**
Total	**4,432**	**4,425**	**4,419**	**4,517**	**4,537**	**4,419**	**3,929**	**30,678**

Three or More Simultaneous Incidents								
Hour of Day	**Mon.**	**Tues.**	**Wed.**	**Thur.**	**Fri.**	**Sat.**	**Sun.**	**Total**
00:00-00:59	37	14	17	21	16	28	29	**162**
01:00-01:59	18	13	22	11	13	18	26	**121**
02:00-02:59	26	20	16	15	12	32	21	**142**
03:00-03:59	13	12	12	13	8	11	12	**81**
04:00-04:59	11	3	5	11	8	11	9	**58**
05:00-05:59	7	17	6	7	7	9	10	**63**
06:00-06:59	22	36	15	11	18	17	7	**126**
07:00-07:59	33	38	25	22	21	30	18	**187**
08:00-08:59	63	63	57	49	56	62	57	**407**
09:00-09:59	97	92	91	94	97	96	56	**623**
10:00-10:59	116	135	105	133	141	94	83	**807**
11:00-11:59	128	99	128	119	119	129	78	**800**
12:00-12:59	141	114	137	103	129	122	82	**828**
13:00-13:59	146	133	144	158	148	137	101	**967**
14:00-14:59	130	127	122	156	165	142	107	**949**
15:00-15:59	128	128	155	144	152	140	111	**958**
16:00-16:59	157	159	156	177	176	147	127	**1,099**
17:00-17:59	118	146	175	131	147	136	124	**977**
18:00-18:59	113	111	118	137	131	134	134	**878**
19:00-19:59	91	115	90	105	130	129	105	**765**
20:00-20:59	87	87	91	83	76	111	74	**609**
21:00-21:59	57	63	41	66	95	86	63	**471**
22:00-22:59	41	40	46	50	46	67	57	**347**
23:00-23:59	22	36	22	39	39	45	37	**240**
Total	**1,802**	**1,801**	**1,796**	**1,855**	**1,950**	**1,933**	**1,528**	**12,665**

Four or More Simultaneous Incidents								
Hour of Day	**Mon.**	**Tues.**	**Wed.**	**Thur.**	**Fri.**	**Sat.**	**Sun.**	**Total**
00:00-00:59	5	2	2	3	4	9	10	**35**
01:00-01:59	1	3	6	1	3	2	3	**19**
02:00-02:59	2	4	3	4	2	4	0	**19**
03:00-03:59	4	0	3	2	0	1	2	**12**
04:00-04:59	2	0	0	2	0	1	0	**5**
05:00-05:59	1	2	1	0	0	0	0	**4**
06:00-06:59	5	10	0	0	4	3	0	**22**
07:00-07:59	11	5	4	1	6	11	2	**40**
08:00-08:59	16	21	11	8	14	19	12	**101**
09:00-09:59	24	23	24	28	26	24	12	**161**
10:00-10:59	33	40	25	45	47	27	34	**251**
11:00-11:59	45	30	34	34	31	46	21	**241**
12:00-12:59	44	35	46	36	46	46	25	**278**
13:00-13:59	53	39	60	51	56	51	37	**347**
14:00-14:59	31	39	44	65	71	56	48	**354**
15:00-15:59	43	40	43	61	67	75	47	**376**
16:00-16:59	68	57	67	69	72	56	51	**440**
17:00-17:59	34	48	74	38	54	47	53	**348**
18:00-18:59	37	36	39	54	49	66	60	**341**
19:00-19:59	29	58	20	36	44	57	40	**284**
20:00-20:59	21	43	34	23	21	42	19	**203**
21:00-21:59	9	24	16	15	26	35	11	**136**
22:00-22:59	7	11	11	10	16	16	12	**83**
23:00-23:59	4	11	5	10	7	12	9	**58**
Total	**529**	**581**	**572**	**596**	**666**	**706**	**508**	**4,158**

Five or More Simultaneous Incidents								
Hour of Day	**Mon.**	**Tues.**	**Wed.**	**Thur.**	**Fri.**	**Sat.**	**Sun.**	**Total**
00:00-00:59	1	1	0	0	1	3	5	**11**
01:00-01:59	0	0	2	1	1	0	0	**4**
02:00-02:59	0	0	1	0	0	1	0	**2**
03:00-03:59	0	0	0	1	0	0	0	**1**
04:00-04:59	0	0	0	1	0	0	0	**1**
05:00-05:59	0	0	0	0	0	0	0	**0**
06:00-06:59	0	1	0	0	0	0	0	**1**
07:00-07:59	4	0	0	0	2	5	0	**11**
08:00-08:59	3	4	1	1	3	2	3	**17**
09:00-09:59	8	5	4	5	5	6	4	**37**
10:00-10:59	10	5	4	11	11	9	11	**61**
11:00-11:59	27	6	3	4	4	12	5	**61**
12:00-12:59	10	10	11	7	14	11	5	**68**
13:00-13:59	17	8	21	15	20	20	8	**109**
14:00-14:59	6	11	16	24	32	20	25	**134**
15:00-15:59	12	11	13	15	26	45	25	**147**
16:00-16:59	21	19	21	30	20	27	23	**161**
17:00-17:59	8	17	29	10	19	20	24	**127**
18:00-18:59	12	13	13	24	10	29	25	**126**
19:00-19:59	8	31	5	13	11	26	10	**104**
20:00-20:59	4	29	12	9	5	17	5	**81**
21:00-21:59	1	4	7	2	9	13	2	**38**
22:00-22:59	1	6	5	1	4	7	0	**24**
23:00-23:59	0	2	2	0	1	3	4	**12**
Total	**153**	**183**	**170**	**174**	**198**	**276**	**184**	**1,338**

Six or More Simultaneous Incidents								
Hour of Day	**Mon.**	**Tues.**	**Wed.**	**Thur.**	**Fri.**	**Sat.**	**Sun.**	**Total**
00:00-00:59	0	0	0	0	0	0	1	**1**
01:00-01:59	0	0	1	0	0	0	0	**1**
02:00-02:59	0	0	0	0	0	0	0	**0**
03:00-03:59	0	0	0	0	0	0	0	**0**
04:00-04:59	0	0	0	1	0	0	0	**1**
05:00-05:59	0	0	0	0	0	0	0	**0**
06:00-06:59	0	0	0	0	0	0	0	**0**
07:00-07:59	2	0	0	0	0	2	0	**4**
08:00-08:59	1	0	0	0	0	0	0	**1**
09:00-09:59	2	0	0	0	1	0	1	**4**
10:00-10:59	0	0	1	3	2	1	2	**9**
11:00-11:59	17	1	0	0	0	3	0	**21**
12:00-12:59	0	1	4	2	5	3	0	**15**
13:00-13:59	8	1	9	7	7	7	3	**42**
14:00-14:59	1	1	5	9	10	3	15	**44**
15:00-15:59	7	2	2	2	11	25	5	**54**
16:00-16:59	5	4	6	15	2	14	8	**54**
17:00-17:59	1	5	14	3	5	8	9	**45**
18:00-18:59	2	5	5	11	3	11	11	**48**
19:00-19:59	0	27	1	8	2	12	2	**52**
20:00-20:59	0	18	5	3	1	7	3	**37**
21:00-21:59	0	1	0	1	2	4	0	**8**
22:00-22:59	0	2	0	0	2	6	0	**10**
23:00-23:59	0	0	1	0	0	0	1	**2**
Total	**46**	**68**	**54**	**65**	**53**	**106**	**61**	**453**

DRAWDOWN

The West Allis Fire Department fully participates in the Milwaukee County Shared Services Initiative and the Mutual Aid Box Alarm System (MABAS) Division 107. Automatic and mutual aid resources are readily available from neighboring municipalities, and West Allis Fire Department resources may be dispatched into neighboring jurisdictions as necessary.

Enhanced use of automatic aid has been made throughout Milwaukee County over the past five years as virtual consolidation of fire departments has been realized. Overall volume of automatic aid has increased dramatically during this time. The table below shows volume of mutual aid given and received by number of incidents and incident disposition.

2018 - 2022 Aid Comparison						
Year		Fire	EMS	Other*	Total	Rec'd Ratio
2018	Rec'd	43	191	63	**297**	**80%**
	Given	42	115	212	**369**	
2019	Rec'd	39	291	72	**402**	**113%**
	Given	41	169	145	**355**	
2020	Rec'd	48	457	64	**569**	**59%**
	Given	53	492	421	**966**	
2021	Rec'd	48	539	76	**663**	**52%**
	Given	64	723	488	**1,275**	
2022	Rec'd	52	802	175	**1,029**	**77%**
	Given	54	733	553	**1,340**	
Total	Rec'd	230	2,280	450	**2,960**	**69%**
	Given	254	2,232	1,819	**4,305**	

Although measuring automatic aid and mutual aid ratios by incident volume is helpful, it is important to understand that different incidents involve very different resource complements. Based on this factor, analysis of unit responses by unit type is more informative than a simple analysis of incident volume. The West Allis Fire Department began to carefully track individual unit response data for automatic aid resources in 2022. The table below displays automatic aid unit responses by type for 2022. This table will continue to be developed in coming years so that unit response trends may be carefully analyzed.

2022 Automatic Aid Comparison					
Year	Chief	Engine	Truck	EMS Transport	Total
2022 Aid Given	200	220	296	827	**1,543**
2022 Aid Received	122	281	166	783	**1,352**
Rec'd Ratio	61%	128%	56%	95%	**88%**

EVALUATION OF CURRENT DEPLOYMENT AND PERFORMANCE

WEST ALLIS FIRE DEPARTMENT
STANDARDS OF COVER

EVALUATION OF CURRENT DEPLOYMENT AND PERFORMANCE

2018-2022 OVERVIEW OF RESPONSE DATA

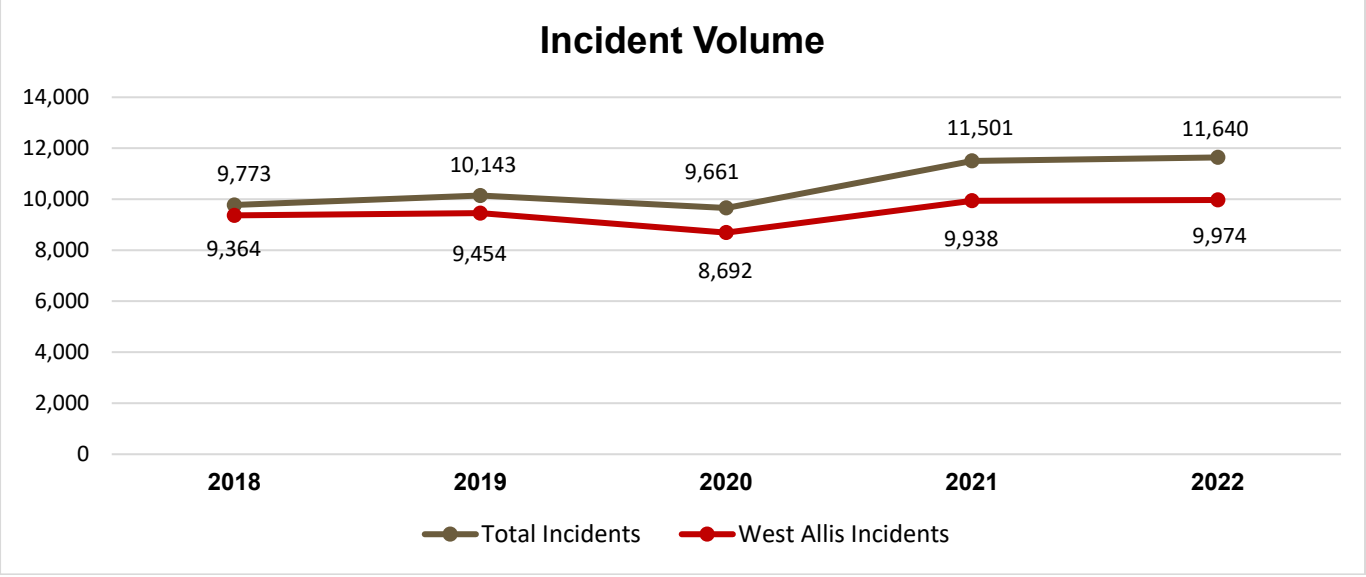
Data has been collected over the past five-year period and broken down to allow for a comprehensive review of West Allis Fire Department response activity. Incident counts, incident types, and incident distribution from 2018-2022 have been analyzed to establish trends and community expectations.

ANNUAL INCIDENT TOTALS ALL INCIDENTS

Year	Incidents
2018	9,773
2019	10,143
2020	9,661
2021	11,501
2022	11,640

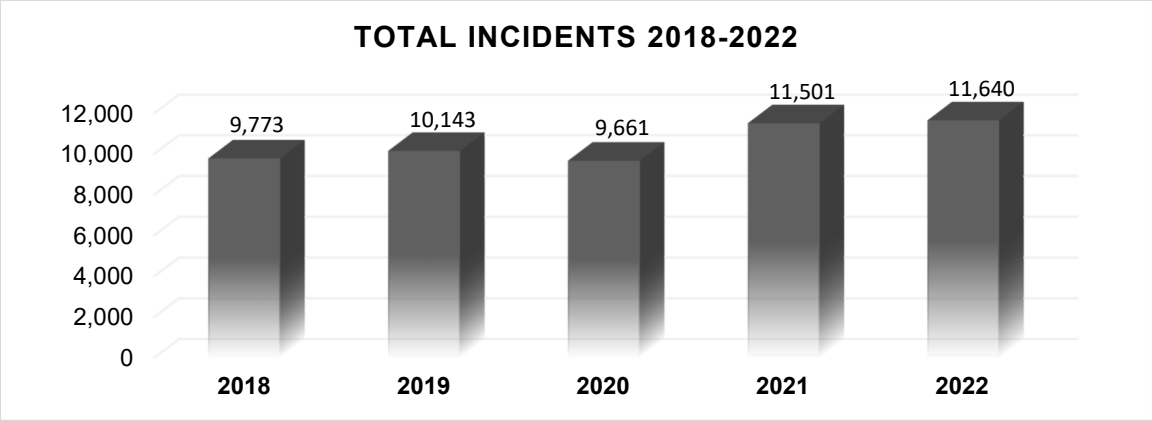
ANNUAL INCIDENT TOTALS WEST ALLIS INCIDENTS

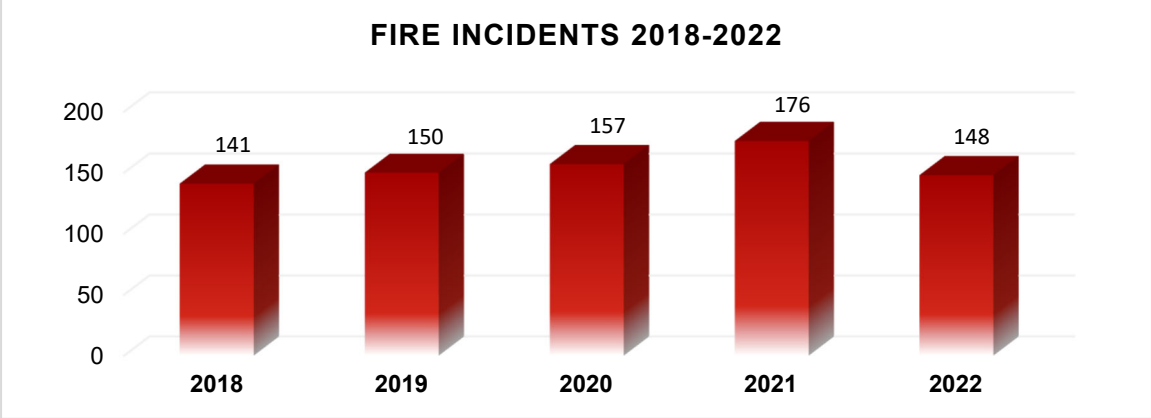
Year	Incidents
2018	9,364
2019	9,454
2020	8,692
2021	9,938
2022	9,974

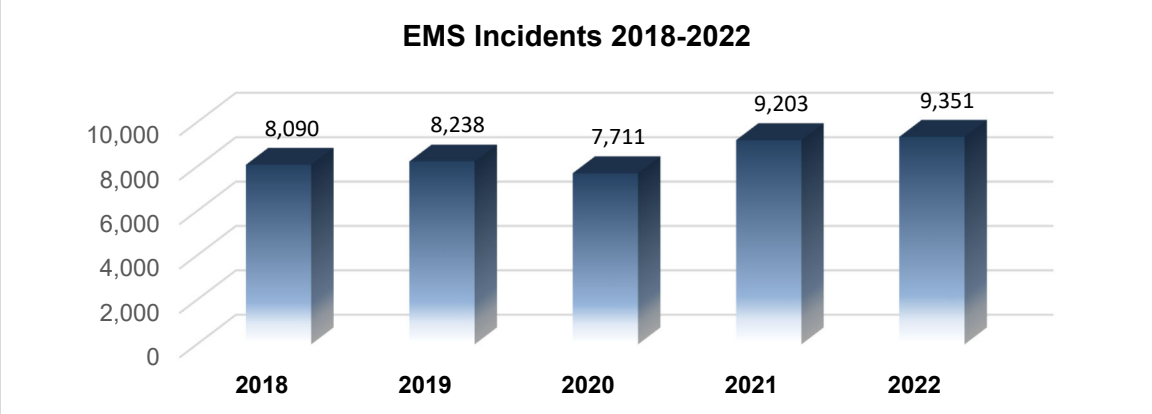


INCIDENT TYPE BY YEAR 2018-2022

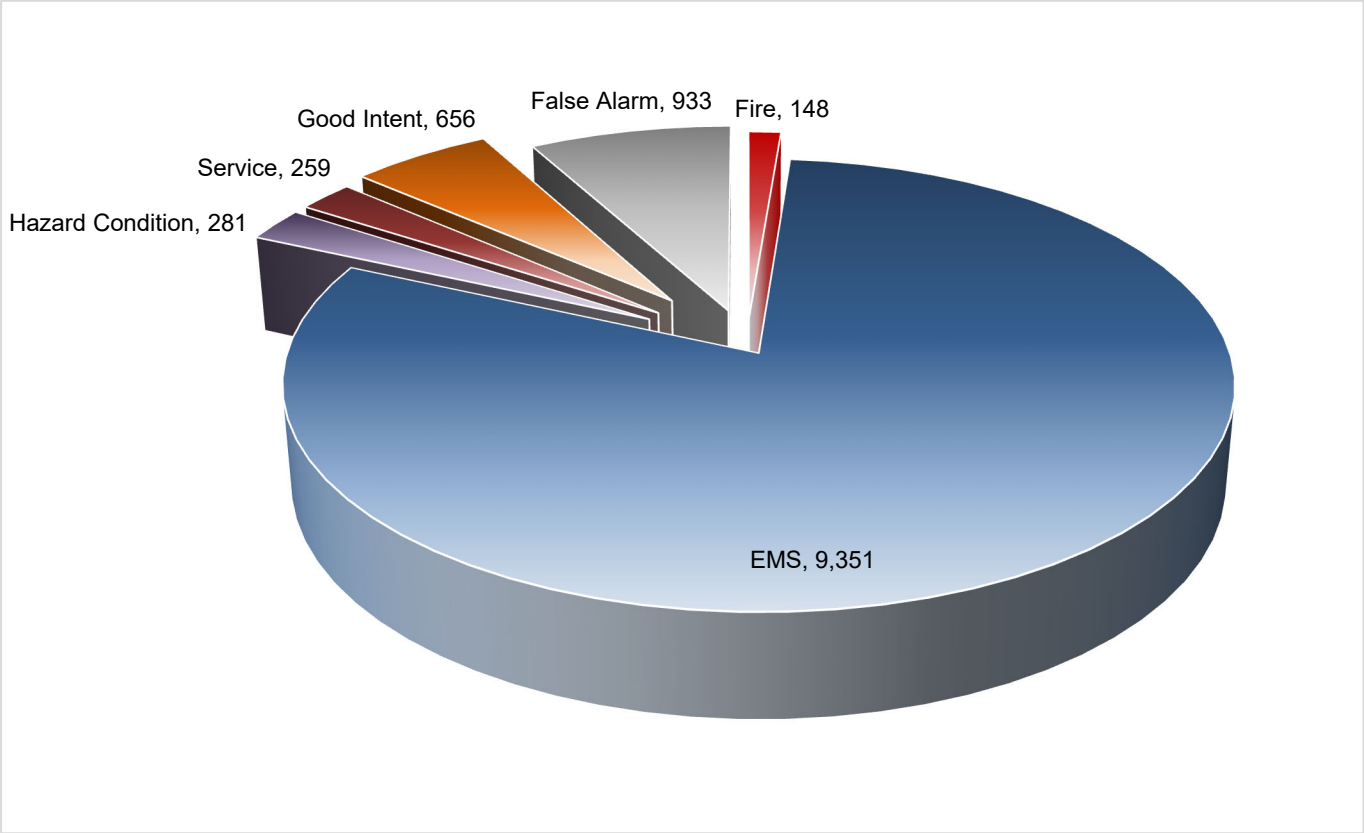
	2018	2019	2020	2021	2022
Fire	141	150	157	176	148
Rupture/Explosion	8	8	3	12	8
EMS	8,090	8,238	7,711	9,203	9,351
Hazard Condition	203	232	191	281	281
Service	185	276	218	290	259
Good Intent	367	378	556	684	656
False Alarm	775	857	818	830	933
Severe Weather	1	1	0	25	4
Other	3	3	7	0	0
Total	**9,773**	**10,143**	**9,661**	**11,501**	**11,640**



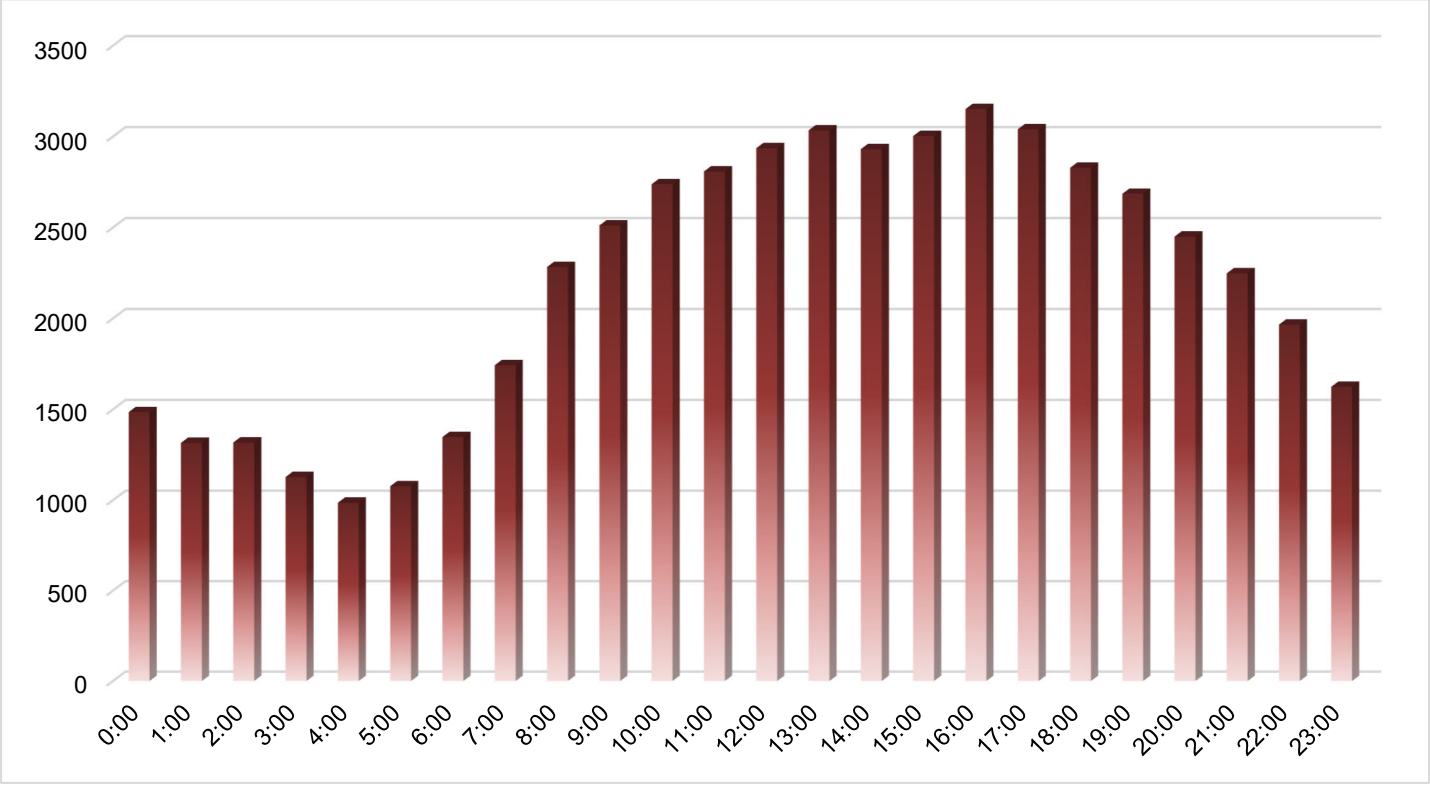




Incident Probability 2018-2022



Incident Count by Hour of Day 2018-2022



2018 - 2022 INCIDENTS BY HOUR BY INCIDENT TYPE

2018					2019					2020					2021					2022				
Hour	Total	Fire	EMS	Other	Hour	Total	Fire	EMS	Other	Hour	Total	Fire	EMS	Other	Hour	Total	Fire	EMS	Other	Hour	Total	Fire	EMS	Other
0:00	277	5	230	42	0:00	299	6	242	51	0:00	281	4	232	45	0:00	318	5	253	60	0:00	309	3	256	50
1:00	240	0	208	32	1:00	256	4	222	30	1:00	248	5	203	40	1:00	275	11	215	49	1:00	296	6	255	35
2:00	245	7	213	25	2:00	247	6	209	32	2:00	265	3	214	48	2:00	293	6	235	52	2:00	268	4	226	38
3:00	213	4	185	24	3:00	224	6	185	33	3:00	207	4	170	33	3:00	239	5	193	41	3:00	247	0	205	42
4:00	158	1	141	16	4:00	195	4	167	24	4:00	193	4	158	31	4:00	218	3	190	25	4:00	221	5	191	25
5:00	207	4	176	27	5:00	187	1	158	28	5:00	207	4	167	36	5:00	223	4	182	37	5:00	254	1	215	38
6:00	258	7	211	40	6:00	276	3	230	43	6:00	260	7	214	39	6:00	283	4	224	55	6:00	270	3	220	47
7:00	330	3	275	52	7:00	322	3	265	54	7:00	309	6	254	49	7:00	386	1	316	69	7:00	397	6	324	67
8:00	388	5	331	52	8:00	457	1	369	87	8:00	444	0	369	75	8:00	495	5	399	91	8:00	498	3	405	90
9:00	483	8	401	74	9:00	505	6	416	83	9:00	466	0	389	77	9:00	526	8	434	84	9:00	532	3	429	100
10:00	524	8	451	65	10:00	542	9	449	84	10:00	499	6	420	73	10:00	590	10	481	99	10:00	579	6	467	106
11:00	533	7	424	102	11:00	535	8	435	92	11:00	490	9	395	86	11:00	622	8	496	118	11:00	630	6	513	111
12:00	600	7	492	101	12:00	558	10	459	89	12:00	532	11	409	112	12:00	634	5	509	120	12:00	612	6	504	102
13:00	621	9	509	103	13:00	592	8	473	111	13:00	537	13	418	106	13:00	642	12	532	98	13:00	641	8	521	112
14:00	540	6	440	94	14:00	534	7	424	103	14:00	518	12	398	108	14:00	631	9	516	106	14:00	710	8	576	126
15:00	565	8	465	92	15:00	573	2	461	110	15:00	512	13	394	105	15:00	697	12	548	137	15:00	653	9	512	132
16:00	593	9	480	104	16:00	602	9	485	108	16:00	561	6	441	114	16:00	689	13	539	137	16:00	709	16	526	167
17:00	542	7	436	99	17:00	588	12	450	126	17:00	512	8	405	99	17:00	703	8	557	138	17:00	693	9	533	151
18:00	502	9	393	100	18:00	537	8	415	114	18:00	528	7	410	111	18:00	592	11	456	125	18:00	671	7	519	145
19:00	473	9	385	79	19:00	483	11	392	80	19:00	501	9	380	112	19:00	617	8	476	133	19:00	608	7	482	119
20:00	445	11	357	77	20:00	432	5	359	68	20:00	461	6	362	93	20:00	566	9	441	116	20:00	549	11	441	97
21:00	410	3	349	58	21:00	415	13	327	75	21:00	429	7	334	88	21:00	503	5	401	97	21:00	492	7	386	99
22:00	340	2	295	43	22:00	382	3	308	71	22:00	384	8	307	69	22:00	433	9	339	85	22:00	427	7	339	81
23:00	276	2	233	41	23:00	336	3	287	46	23:00	313	5	267	41	23:00	326	5	273	48	23:00	373	7	307	59
	9,763	141	8,080	1,542		10,077	148	8,187	1,742		9,657	157	7,710	1,790		11,501	176	9,205	2,120		11,640	148	9,352	2,140

2018-2022 RESPONSE COMPONENT PERFORMANCE

FIRE INCIDENT CALL PROCESSING
2022 - 1:00 BENCHMARK = 79.8%

	90%	80%	70%	60%	50%
2022	1:21	1:02	0:53	0:47	0:39
2021	1:13	0:59	0:52	0:46	0:39
2020	1:31	1:10	0:53	0:45	0:38
2019	1:45	1:19	1:02	1:00	0:47
2018	1:51	1:26	1:09	1:01	0:51

EMS INCIDENT CALL PROCESSING*
2022 – 2:00 BENCHMARK = 94.6%

	90%	80%	70%	60%	50%
2022	1:38	1:23	1:18	1:13	1:08
2021	1:54	1:36	1:26	1:20	1:11
2020	1:55	1:37	1:27	1:19	1:14
2019	2:01	1:43	1:28	1:18	1:11
2018	2:13	1:49	1:39	1:26	1:16

***Only Echo Level EMS Incidents Being Analyzed**

Call processing for fire incidents and for echo level EMS calls have been reduced by approximately 30 seconds over the past five years. This consistent performance improvement may be attributed to the following factors:

- The dispatch center's supervisory and managerial staff were incrementally civilianized in 2018. Sworn police sergeants were phased out of the dispatch center and replaced with civilian dispatch supervisors. A civilian dispatch center manager was appointed in late 2018 to replace the police lieutenant that had occupied that position. Unlike the law enforcement officers who formerly filled these supervisory roles, the new civilian supervisors have a background in dispatch service and are thus better prepared to train, mentor, and develop the skills of subordinate personnel.
- An automatic station alerting system was installed in 2018. Installation of this system has been noted to have a significant impact on call processing performance.
- Fire department command staff in the Operations Division have established a consistent and meaningful line of communication with the dispatch center's Communications Supervisor. Monthly call processing performance reports are shared with the Communications Supervisor and performance is reviewed with dispatchers for all incidents that are not benchmark compliant.
- A technological consolidation of all Milwaukee County dispatch centers was implemented in the first quarter of 2022. This technological consolidation has automated the process of requesting automatic aid units from neighboring municipalities, freeing dispatchers to focus on CAD data entry and pre-arrival instructions rather than on radio communication with adjacent centers and their responding units.

It is believed that the trend of improvement will continue in coming years. Although the impact of the station alerting system has been fully felt, the impact of civilian dispatch supervisory staff is still evolving.

FIRE INCIDENT TURNOUT*

2022 - 1:45 BENCHMARK = 84.1%

	90%	80%	70%	60%	50%
2022	1:52	1:44	1:37	1:34	1:29
2021	1:59	1:47	1:35	1:30	1:25
2020	2:03	1:42	1:33	1:27	1:22
2019	2:02	1:44	1:35	1:27	1:22
2018	2:09	1:51	1:37	1:23	1:11

**Only local incidents being analyzed*

EMS INCIDENT TURNOUT*

2022 - 1:25 BENCHMARK = 72.3%

	90%	80%	70%	60%	50%
2022	1:58	1:44	1:32	1:20	1:12
2021	1:52	1:34	1:22	1:14	1:07
2020	1:57	1:38	1:26	1:15	1:07
2019	1:58	1:39	1:24	1:14	1:06
2018	1:57	1:36	1:22	1:12	1:04

**Only Advanced Life Support Incidents Being Analyzed*

In late 2018 the department changed its time stamping methodology to capture en route time more accurately. Mobile data terminals were upgraded in all response vehicles and an automatic station notification system was installed in 2018. The initial impact of these changes was a slight elongation of turnout times as call processing became more efficient and was more accurately captured. For fire incidents, turnout times appear to have stabilized in 2021 and dropped slightly in 2022. Turnout time performance has remained relatively stable for EMS responses over the past five years.

Although it would be preferred that turnout times meet the standard set by the National Fire Protection Agency (NFPA), a review of station layout and a sampling of real-time turnout performance from bunkrooms and fitness facilities has demonstrated that a 60-second benchmark is not realistic. A more realistic goal, though admittedly ambitious, is 1:25 for EMS responses and 1:45 for fire responses. Though there remains work to be done, it is anticipated that turnout times will continue to improve slightly over the next several years.

FIRE INCIDENT TRAVEL

2022 - 4:00 BENCHMARK = 89.8% (EXCLUDES AID GIVEN)

	90%	80%	70%	60%	50%
2022	4:17	3:35	3:15	2:49	2:28
2021	4:33	3:37	3:10	2:56	2:42
2020	4:07	3:25	3:02	2:37	2:26
2019	4:56	4:05	3:25	3:00	2:46
2018	4:26	3:59	3:23	3:10	2:42

EMS INCIDENT TRAVEL*

2022 - 4:00 BENCHMARK = 88.4% (EXCLUDES AID GIVEN)

	90%	80%	70%	60%	50%
2022	4:06	3:33	3:10	2:53	2:37
2021	4:06	3:34	3:13	2:57	2:40
2020	4:08	3:40	3:21	3:05	2:49
2019	4:25	3:51	3:27	3:08	2:51
2018	4:19	3:49	3:27	3:11	2:53

***Only Advanced Life Support Incidents Being Analyzed**

The City of West Allis is relatively small from a geographic standpoint, and the population is highly concentrated. The result of this concentration has been very reliable travel times for both fire suppression and emergency medical responses.

Travel times increased steadily from 2016-2019. This was apparently due to increasing call volume which reduced availability of first-due units and to major road construction projects in the city. In 2020, however, we saw travel time performance return to 2016's level. This seems to be the result of road construction projects reaching completion, reduced traffic volume during the COVID-19 pandemic, and a lower than usual call volume. In 2021, travel times for fire incidents again grew longer as record call volume produced resource depletion, requiring first-due units to respond more often outside of their primary coverage areas. Travel time for EMS incidents remained stable in 2021.

In early 2022, the department began to make more aggressive use of automatic aid agreements, ensuring that second-due fire suppression units were dispatched appropriately regardless of jurisdictional identity. This change produced a stabilization in travel time for fire incidents.

FIRE INCIDENT DISPATCH TO FIRST ARRIVAL

2022 - 5:45 BENCHMARK = 89.9% (EXCLUDES AID GIVEN)

	90%	80%	70%	60%	50%
2022	5:59	5:07	4:50	4:13	3:52
2021	5:41	5:06	4:39	4:23	4:06
2020	5:22	4:49	4:20	4:00	3:53
2019	6:43	5:31	4:46	4:20	4:07
2018	5:52	5:31	4:57	4:23	4:04

EMS INCIDENT DISPATCH TO ARRIVAL*

2022 - 5:25 BENCHMARK = 89.0% (EXCLUDES AID GIVEN)

	90%	80%	70%	60%	50%
2022	5:29	4:56	4:33	4:13	3:52
2021	5:22	4:49	4:27	4:07	3:49
2020	5:28	4:56	4:33	4:15	3:55
2019	5:44	5:06	4:44	4:22	4:03
2018	5:37	5:00	4:39	4:21	4:03

Only Advanced Life Support Incidents Being Analyzed

Dispatch to first arrival performance gradually declined from 2018-2019. It is believed that this was due to increasing call volume which reduced availability of first-due units and to major road construction projects in the city. In 2020 we saw travel time performance improve significantly, and along with it an improvement in dispatch to arrival performance. This seems to have been the result of road construction projects reaching completion, reduced traffic volume during the COVID-19 pandemic, and a lower than usual call volume. In 2021 and 2022, however, travel times again grew longer as record call volume produced resource depletion, requiring first-due units to respond more often outside of their primary coverage areas.

In 2019, work began to implement a county-wide software solution that would provide technological consolidation of public safety answering points (PSAPs). Progress toward complete implementation of this solution progressed slowly until it was fully implemented in mid-2022. Via this technological consolidation, automatic aid agreements are now being leveraged to an even greater degree, improving reaction time of external resources and allowing for enhanced accessibility to performance data among participating agencies.

Benefits of this technological consolidation have been limited, however, by two factors. First, the Milwaukee Fire Department's current CAD provider cannot support the CAD2CAD system. The Milwaukee Fire Department's inability to make full use of CAD2CAD integration has blunted the positive impact of this project. Second, the Pro Phoenix CAD system which is used by all suburban Milwaukee County fire departments has not interfaced reliably with the CAD2CAD solution. Although Pro Phoenix technical support readily identified bugs in their system that are interfering with CAD2CAD reliability, they have not fixed them in a timely manner. It is anticipated that the Milwaukee Fire Department will be switching to a modern CAD system in early 2024, which will allow for full integration between that agency and the CAD2CAD solution. The department is exploring options to switch from Pro Phoenix CAD to another CAD vendor due to consistently poor technical support and project management that have had detrimental public safety impacts over many years.

FIRE INCIDENT CALL TO FIRST ARRIVAL

2022 - 6:45 BENCHMARK = 88.0% (EXCLUDES AID GIVEN)

	90%	80%	70%	60%	50%
2022	6:52	5:54	5:34	5:02	4:34
2021	6:50	5:50	5:33	5:04	4:46
2020	6:26	5:32	5:03	4:43	4:23
2019	8:06	6:22	5:57	5:36	4:59
2018	6:45	6:17	5:55	5:26	4:59

EMS INCIDENT CALL TO ARRIVAL*

2022 - 7:25 BENCHMARK = 90.7% (EXCLUDES AID GIVEN)

	90%	80%	70%	60%	50%
2022	7:21	6:41	6:13	5:52	5:31
2021	7:13	6:33	6:04	5:42	5:25
2020	7:28	6:44	6:18	5:55	5:34
2019	7:36	6:58	6:26	6:01	5:39
2018	7:40	6:55	6:26	6:05	5:45

***Only Advanced Life Support Incidents Being Analyzed**

Call to first arrival performance gradually worsened from 2018-2019. This trend was reversed in 2020 as lower than normal call volume limited resource depletion and road conditions were improved. Though travel time increased from 2020-2022, call to arrival performance remained relatively steady as improved call processing and turnout performance helped offset travel time elongation.

Although it is not realistic to think that call processing and turnout performance improvement will continue to offset the negative impact of resource depletion, it is hoped that enhanced use of automatic aid agreements may be leveraged to counteract growing call volume in coming years. Positive impact of the CAD2CAD solution is currently being limited by two factors outlined on the previous page. The Operations Division will be working to address both of those limiting factors in coming years.

2018-2022 EFFECTIVE RESPONSE FORCE PERFORMANCE

Call to Effective Response Force – Fire Suppression					
	2018	2019	2020	2021	2022
Structure Fires - Total	72	77	82	90	80
All Structure Fires in West Allis	34	38	39	34	37
Working Structure Fires Analyzed	20	15	21	12	19
ERF Arrival <10:20	18	13	19	12	18
	90.0%	86.6%	90.0%	100%	95%

Average Property Loss per Residential Structure Fire

2018	2019	2020	2021	2022
$18,740	$15,162	$15,973	$10,703	$19,971

Structure Fires Confined to Room of Origin

2018	2019	2020	2021	2022
84%	89%	80%	84%	78%

Structure Fires Controlled Within 10 Minutes of Arrival

2018	2019	2020	2021	2022
78%	80%	76%	79%	72%

The department responds to approximately 80 structure fires per year, of which approximately 40 occur in the City of West Allis. Of these 40 structure fires, approximately 20 per year require scene arrival of the entire effective response force (ERF). The number of structure fires being analyzed for ERF compliance, however, is approximately 15 per year. This difference between the number of structure fires, the number of working structure fires, and the number of fires being analyzed may be attributed to two factors.

First, smoke investigation and appliance fire assignments are sent to reports of smoke conditions or minor fires that do not appear to warrant a full structure fire assignment. There have been a significant number of minor structure fires that have been handled by these partial assignments without upgrading the incident to a full assignment. So, even though fire suppression operations are conducted on a limited scale, the ERF is never actually dispatched.

Second, limited assignment packages (automatic fire alarm assignments, smoke investigation assignments, appliance fire assignments, etc.) are commonly dispatched to what initially present as a minor fire or an activated fire alarm system. In some cases, additional information is received in the dispatch center or by first arriving units that prompt an upgrade to a full assignment, thus bringing a full ERF to the scene. When this happens, however, such incidents must be excluded from the analysis since dispatching of ERF segments was delayed.

Despite an increasing call volume over the past five years, the department continues to draw an effective response force that is benchmark compliant. This may be attributed to enhanced use of automatic aid agreements to provide timely response of external resources when local resources are otherwise committed at the time of the alarm. As can be seen above, the West Allis Fire Department has done an excellent job of bringing structure fires under control within 10 minutes of the first suppression unit's arrival and confining

structure fires to the room of origin over the past five years. Property loss per residential structure fire has averaged $16,109 during that same period.

While decreased reliability of local units is a growing concern, automatic aid agreements will continue to be refined and technological consolidation of dispatch centers will be further improved to compensate for decreasing reliability.

Call to Effective Response Force – Critical EMS					
	2018	**2019**	**2020**	**2021**	**2022**
Local Critical EMS Incidents	2,168	2,175	2,098	2,276	2,309
Incidents Analyzed	1,999	1,983	1,910	2,146	2,224
ERF Arrival	1,801	1,777	1,750	1,929	1,972
<9:00	90%	90%	92%	90%	89%
Medical Cardiac Arrests	67	71	85	77	101
Field Resuscitations	28	33	31	35	44
	42%	47%	37%	46%	44%

Limit Scene Time to Less Than 15 Minutes for CVA Patients

2018	2019	2020	2021	2022
N/A*	72%	77%	91%	89%

**Performance was not tracked prior to 2019*

Limit Scene Time to Less Than 15 Minutes for STEMI Patients

2018	2019	2020	2021	2022
N/A*	43%	59%	68%	61%

**Performance was not tracked prior to 2019*

Critical medical incidents are defined as EMS responses that are assigned an Emergency Medical Dispatching (EMD) priority level of delta or echo. The department responds to approximately 2,200 critical medical incidents per year in the City of West Allis. Of these critical medical incidents, an average of 80 incidents per year are dispatched as cardiac arrests with a medical etiology.

Call to arrival performance of the effective response force for critical medical incidents has been consistent over the past five years, hovering at 90%. This is remarkable, given the fact that increasing call volume has caused resource drawdown and forced units to respond more often outside of their primary coverage areas. Although travel times have lengthened and automatic aid units are being requested with increasing frequency, improvements in dispatching efficiency have managed to compensate for resource depletion. As a result, the West Allis Fire Department's field resuscitation rate for medical cardiac arrests has consistently exceeded 40%, approximately 10 percentage points higher than the national average. Scene time for stroke (CVA) and heart attack (STEMI) patients has improved significantly since 2019, leading to more positive outcomes for these patient populations.

Over the past three years, all fire suppression apparatus in the West Allis Fire Department have been staffed with paramedics and equipped with a full complement of advanced life support (ALS) equipment and

medications. As reliability of local units becomes a growing concern and over-reliance on automatic aid stretches the Milwaukee County EMS system thin, it has been demonstrated that properly staffed and equipped ALS suppression units can stabilize and aggressively treat the most seriously ill/injured patients while awaiting the arrival of an ALS transport unit. Automatic aid agreements will continue to be refined and technological consolidation of dispatch centers will be improved to compensate for decreasing reliability of local units.