



# THE REVIEW

Central Arizona Fire and Medical - 8603 E. Eastridge Dr., Prescott Valley, AZ 86314 – **June 17, 2022**

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*"When we have the courage to walk into our story and own it, we get to write the ending. And when we don't own our stories of failure, setbacks, and hurt - they own us."*

Dr. Brene Brown



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## The Chief's Desk

I'll begin this week with a brief update regarding the things I shared with all of you last week. Regarding legislation, no update. Until they agree on a budget, not much is happening. Regarding the CAFMA Certificate of Necessity (CON) application, no update. We submitted updated response times last week. The State has asked us for an explanation of the newly proposed response times. Unfortunately, they asked after Chief Niemynski left for vacation so we are on hold until he returns. I'm still trying to find out who approved his vacation... I plan to institute a moratorium on Doug leaving the state, or taking vacation in state until our CON process is done 😊

We've completed our HR Manager interview process on Thursday of this week. It was an intensive two-day process that included a tour, reception, and four one-hour panel interviews. We have made an offer, however as the offer has not been officially accepted, I can not announce the persons name.

June is normally when we would take our updated Goals and Objectives (part of our Strategic Plan) to the Board. We will not have the document to the Board this year until the end of July. It was my responsibility to schedule the meetings and kick-start the process in April. That did not happen. To ensure I do not miss reviewing our Goals and Objectives monthly, and to ensure I remember to schedule the meetings in the future, I'm placing a reminder on my calendar. Pretty simple solution, and yet, I failed to figure it out earlier.

We're planning to begin the accreditation process this fall. I spoke with Chief Feddema on Tuesday this week after he had talked with Chief Jake Rhoades from Buckeye. Because Peoria FD, Buckeye FD, and CAFMA all need the training class to begin their accreditation journey; we've agreed to work together to fill a class in Peoria in September.

Chief Parra has agreed to be our accreditation manager. No, he was not voluntold 😊 He was offered a lucrative opportunity for both professional and personal growth...

The biggest lift with accreditation will be developing the Standard of Cover (SOC). That said, development of the SOC may actually be easier this go-round because we're developing a regional standard with Prescott. We have continued to follow best practices in line with accreditation since we dropped it five years ago. This means our policies, SOGs, strategic plan, records, and other like items should be ready for review by the on-site team once we get to that point.

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### Upcoming Events:

June 20: Coyote Crisis Collaborative Zoom, Pain Management  
June 21: Podcast, Work on Presentation for AFCA with Jonah  
June 22-23: Chief on Vacation

### Board Meetings:

June 27: Administration  
CVFD – 1600-1630  
CYFD – 1630-1700  
CAFMA – 1700-1830

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## **The Grenfell Tower fire tragedy: 5 years later**

By: Robert Rielage

June 14 marks the fifth anniversary of the Grenfell Tower fire, one of the most destructive fires in the past decade. Beyond the somber reflections on the tragedy, this anniversary is particularly disappointing because several of the official inquiries are not yet resolved.

### THE GRENPELL TOWER FIRE: A BRIEF REVIEW

Shortly after midnight on June 14, 2017, a small fire began in a London flat on the fourth floor of the 24-story Grenfell Tower.

Some quick facts about the Tower:

- The tower was built in 1970 and renovated in 2016 by its owner, the Kensington-Chelsea Council of Government, and managed by the Kensington-Chelsea Housing Authority.
- At the time of the fire, the tenants were primarily lower-income families, many of whom were immigrants or citizens of other member countries of the Commonwealth.
- It was reported that smoke detectors were present in each flat, but this high-rise building lacked both a fire sprinkler system and a central fire alarm.
- While the building had elevators, it also had a central, unprotected stairwell that ran from street level to the top floor.

The London Fire Brigade (LFB) responded within six minutes of the call and thought they had quickly extinguished the fire, which was believed to have been caused by refrigerator/freezer. However, unknown to firefighters at the time, the fire had extended to the exterior of the building, which included a polyethylene insulation core, sandwiched between the concrete walls and an aluminum exterior cladding used as a rain screen that had been installed during the 2016 renovation to help insulate the building. The polyethylene and aluminum exterior was a deadly combination.

[firerescue1.com](http://firerescue1.com)

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## **The driver and the officer: Teamwork in the front seat**

By: Jon Dorman

As the saying goes, "Teamwork makes the dream work." While firefighters are used to working in teams on the emergency scene, teamwork in the front seat of the apparatus is often overlooked. And that can have dire consequences.

There's a lot of magic that happens in the front of the cab. Response routes are chosen. Critical pre-arrival decisions are made. And the overall safety and wellbeing of the apparatus, its occupants and the

public we encounter between the firehouse and the scene are firmly in the hands of the two people sitting in the front. In the event of an apparatus mishap, neither the driver nor the officer has the luxury of giving the classic, noncommittal answer, "I was in a seated position, with my seatbelt fastened, facing the rear of the apparatus when the alleged incident took place."

Occupying the front seats of the rig comes with a lot of responsibility. That's why those positions are often achieved through promotions in the career fire service and elections on the volunteer side.

#### UPON ARRIVAL

The first five minutes of nearly every fire-related operation will often dictate what happens for the next five hours. Those critical first few minutes are frequently determined by the decisions and actions of the personnel occupying the front seats of the apparatus. This is where the officer/driver dynamic comes into play. An officer and driver who have formed a solid teamwork relationship can be worth their weight in gold.

Does the officer want to see three sides of the scene while pulling up, if at all possible? Does the officer want to hit a hydrant on the way in? Are attack lines set up with different lengths and different nozzles? The driver needs to know when the answer to any of these questions is "yes"—and preferably in advance. The only way for that to happen is by building a team relationship.

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## Chief's Desk Continued

We're actively working to evaluate our current response model, as well as response data and standards. There are several factors that are leading to increased response times and decreased reliability ratings. The first is obvious, our call volume is rising faster than we can add additional resources. Second, our turn out times are not where they should be today. Chief Feddema has been working with Tech Services to add turn out timers in the stations. We'll be better able to track the times with the new system, and you will be more aware of the times because they will be visible to you on the timers.

Finally, the ambulance transport situation is creating significant delays and additional challenges. When AMR arrives with a BLS only unit to a call that requires advanced care, our turn around time goes from 40 minutes on a call to two or two and a half hours. We are doing everything we can to find some resolution, but are continually blocked by the State as well as AMR. Remember, AMR contends that no issues exist and that they are meeting all state requirements. We have a different opinion based on the data we've collected, and the reality on the street. Obviously, the court disagrees as well, because the Administrative Law Judge recommended Priority Ambulance be granted a CON after their hearing. The Director of DHS agreed with the findings on April 4, however the state has yet to issue their CON.

I spoke with the Bureau of EMS last week regarding Priority's CON, or lack thereof, as the case may be. Please allow me to correct some factually inaccurate information that has been provided to some lawmakers, and potentially spread by another company.

**Statement:** Priority delayed the issuance of their CON by filing an appeal.

**Fact:** Priority did file an appeal. Please allow me to explain why. The Priority CON included what was known as the Guardian 'carve out': AMR's CON 62 overlaps a portion of the Guardian Ambulance CON. Priority's initial application overlaid CON 62 exactly, which meant it overlaid Guardian as well. After some dialogue between Priority and Guardian, Priority carved the Guardian area out of their CON. All parties involved understood the Guardian carve out. Not only was it covered extensively during the Bureau's review of the CON application, it was covered in depth during the hearing. Everything that came out of the hearing from the Administrative Law Judge (ALJ) was accurate. All court documents are online and available for you to review.

However, after the ALJ issued the recommendation, the Bureau became confused about the carve out. They communicated something to Priority's expert, who was confused by the question and provided an incorrect answer. This was an administrative mistake that both the Bureau and Priority had a hand in making; however, the Bureau refused to fix the issue administratively and forced Priority to file an appeal.

So, yes, they filed an appeal, but only to fix a mistake that the Bureau ultimately initiated. And, it could have, and should have been fixed administratively, in my opinion, but the Bureau refused.

**Statement:** Priority submitted their CON using Urbanicity Standards. The Bureau does not understand how the standards work, so the CON is delayed – but only because Priority submitted something new.

**Note:** Urbanicity standards divide response areas by population density, or census blocks, i.e. urban, suburban, rural, and frontier.

**Fact:** Dividing response areas by Urbanicity has been a requirement of the CON statute for over a decade; however, when I asked the former Bureau Chief why they did not follow the standard as outlined in law, he said it was just too hard.

So, the fact that Priority filed their CON following the statute and current rule is not why they are delayed. They are delayed because the Bureau refused to follow the law for over a decade because they felt it was too hard. The specific standards they are trying to figure out today should have already been established. This delay lies solely with the Bureau of EMS and AZDHS and, in my opinion, should not delay the issuance of the CON.

**Rumor:** Priority does not have ambulances to operate even if they were awarded the CON. This statement has come from multiple sources, including from inside another company.

**Fact:** Priority has inventory enough as a company to move assets as needed to provide the needed units. They do not have the new fleet they need to order because they have yet to be issued the actual paper CON, but they do have units enough to provide promised services. Additionally, CAFMA has offered to lease them our four units at market value should they find themselves short units. It would be better and more effective for them to use them as ambulances than us using them as Rescues. Finally, Priority submitted a 60-day implementation plan to the Bureau as part of their packet. This plan included units to provide coverage in the area.

I point this information out because some try to use these statements in an attempt to shift responsibility for the significant delays in issuing the final CON from the Bureau and DHS to Priority. The fact of the matter is that the fault for failure to issue the CON lies with the Bureau and DHS. I cannot say whether it is the result of incompetence or willful inaction. Either way, their failures are simply

perpetuating the health crisis that they have allowed to exist in our community. Yet, the Bureau and DHS continue their pattern of inaction by deflecting blame and denying that ambulance transport issues exist in our area.

We now face delays caused by the appeal and injunction filed in Superior Court against DHS for approving the Priority's CON by AMR. The appeal and injunction have been filed by a company that has required us to provide the paramedic in order to treat patients over 900 times since last July. They are also the same company for which we have to cover with Rescues or other alternate transportation means to ensure our constituents are transported to the hospital. I hope that we get called into Superior Court regarding this matter so we can play the radio traffic and provide the data.

I can assure you that if AMR takes us to hearing for our CON, we will absolutely hold nothing back to show how they have failed our area.

Please know, we will continue to push, we will continue to daylight the issues within the Bureau and DHS, and we will continue to daylight AMR's failures. We will continue doing these things until we get resolution – we will not stop and we will be relentless in our pursuit. Those who need to be held accountable will be held accountable in the end.

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