



# FIRE QA/POLICY REVIEW COMMITTEE

## Meeting Minutes

**September 8, 2015**

**Present:** Jay Alley, Sherry Bensema, Greg Dyke, Jay Hannon, Gordy Jensen, Dan Mullen Mark Shelton, Scott Shepherd

METCOM: Louise Funk, Wendy Patterson, John Thompson

**Next meeting:** Tuesday, November 10, 2015 – Woodburn Fire Department

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Meeting called to order at 9:05.

### I. COMMITTEE DISCUSSION

#### **RE-TONE:**

The committee reviewed SOP's 30.6 and 30.7 regarding re-toning for fire and medical calls.

- Do not re-tone if a duty officer is enroute unless requested.
- Louise will research if it is possible to have re-tone times agency specific through the CAD.
- Will continue with the current SOP's with re-tone times at 6 minutes for fire and 4 minute for medical.

#### **RADIO REPORT FORM:**

Everyone present has received the Radio Report Form. This form is to be completed by an agency, submitted to Brad Johnson and copied to John and Louise at METCOM to report any issues with the radio. If agencies have not received the form, contact John or Louise at METCOM.

#### **SOP 30.9 / RECALL UNITS:**

It was confirmed with the committee that the proper procedure for recalling units is to announce the recall over the working channel and then send a page with the recall information.

#### **PRE ALERTS:**

METCOM recently received information that some dispatchers were performing "pre-alerts" prior to dispatching a call for service. It is not the policy/procedure of METCOM to perform pre-alerts. METCOM will notify dispatchers that pre-alerts should not be continued.

#### **PAI REVIEW:**

- Headache/migraine: Headaches and migraines should not be coded as a CVA.
- Burns: John and Louise will review the PAI card for burns. The committee recommended that the supplemental information on the current burn card be removed.
- Altered Mental Status: Agencies are still receiving several Altered Mental Status calls. Louise advised that METCOM is implementing an internal QA process that will hopefully address this issue.

**PARROTING:** There is still an issue with some dispatchers not parroting radio traffic. Louise advised that METCOM will be utilizing leads to perform one-on-one training with the dispatchers. During this training each dispatcher will review the SOP's and any SOP updates. Through this process METCOM hopes to achieve a more effective method of training the dispatchers and ensuring dispatchers are reviewing and understanding SOP's and updates.

**WATER RESCUE:** Louise will email the current Water Rescue SOP to the committee for review. Louise would like feedback from the committee members on how the current SOP could be revised to provide a more efficient and simplified process.

**RADIO CHECKS:** Louise asked if it would be possible to have radio checks performed at a time other than 1900 due to shift change at METCOM. Committee feedback was that radio checks could be performed at any time during drill. Often radio checks are at 1900 due to drill time and when/how apparatus are checked. Agencies will continue to perform radio checks status quo with no changes.

**FIRE / MEDICAL EVALS:** The committee provided clarification on the difference between a Fire Eval and a Medical Eval:

- Fire Eval – Most likely not to result in a patient transport.
- Medical Eval – May result in a patient transport.
- The type of Eval often depends on how law enforcement request the evaluation.
- Patient Transfers – Should only be used for transfer from a hospital. Regular patient information is requested.

**CPR TIMER:** CPR times were pervaded by METCOM in the past. If an emergency responder wants a CPR timer on scene, make the request to dispatch to start a timer/clock. The first timer/mark for a CPR timer is set at 5 minutes. Timers/clock for an active fire situation is 10 minutes.

**INTERNAL QA:** METCOM is implementing an internal QA process. This process will be performed primarily by the lead dispatchers. This process will:

- Review dispatcher medical calls on a quarterly basis to ensure dispatchers are following the PAI cards.
- Assist in setting written call standards
- Assist in ensuring correct call types are being used.
- Provide an avenue that "routine" calls are being reviewed.

## **II. Calls Reviewed**

The following calls were reviewed by the committee.

CFS: 149  
Call Type: COLLAPSE  
Agency: AAF  
See attached QA review form.  
Discussion:

- When the call was first toned, it appeared that the City Hall had collapsed, not a stage across the street. This information was unclear.
- The call taker asked the same questions several times.
- When a second medic was requested, the dispatcher selected a full second alarm rather than just selecting a second medic.

CFS: 5112  
 Call Type: AIR CRASH  
 Agency: MOF  
 See attached QA review form.

Discussion:

- Good call taking. Received all necessary information.
- No comments on dispatching.

CFS: 8443  
 Call Type: CHOKING  
 Agency: AAF  
 See attached QA review form.

Discussion:

- Good call taking.
- No comments on dispatching.

**General Comments:** There has been several instances where the dispatcher is talking over the tones. This causes some of the call information to be "unreadable." by responding units.

Calls not reviewed:

CFS 4851	MVA HEAVY
CFS 603	BIRTH
CFS 4358	DROWNING
CFS 9215	FALL