

Winston-Salem Squad Car Program

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As found on [FireNews headlines](#), the Winston-Salem Fire Department has started a pilot program that sends a two-person "squad car" to answer "health calls." The program started two weeks ago, and has responded to 99 medical calls. [Read the entire story.](#)

Just another way to down-size.....ahhhh the beancounters!!! Glad Raleigh hasn't started something like this. With the new CPR protocols (that really test your cardio), we should be pushing for mandatory 4-man companies, not to mention 2 in/ 2 out and NFPA 1710.

Silver - 11/27/07 - 21:43

As an aside, the Bull City has had a squad program since 1999.

Silver - 11/27/07 - 21:45

Great Idea, been saying this for years. Maybe we can keep those \$400,000 dollar trucks in service longer!

NEff109 - 11/27/07 - 22:02

Are they taking people off of other equipment to staff these squads, or are they adding personnel to the roster?

Silver, don't you remember a year or two ago our admin. was going to do this same thing at sta.1? I don't know what ever happened to the idea. I too was glad it didn't work out.

firedriver - 11/27/07 - 22:27

Yeah, I remember. I think that idea was squashed (thankfully) but the unit was still purchased; hence the EMS coordinators ride?

Silver - 11/27/07 - 22:33

Don't know how they operate in Forsyth County, but I know how we operate around these parts. FD arrives and takes in two big bags. EMS arrives and takes in a big bag, an oxygen bag, and a defibrillator. The stretcher goes, too, in many cases.

Not to mention the full arrests, but carrying all of that back out, plus the patient?

OK...so we just send two people out on 'health calls' under that set up. I can see the next bit of logic- mini-pumpers staff with two. I mean after all, they could handle the majority of fire calls, couldn't they? Why send that \$400k apparatus to a dumpster, car, or brush fire?

You do it because you never know. I have been to my share of grass fires that were in fact building fires, and went to a vehicle fire one morning that was an 8,000 gallon gasoline tanker fire. Just like I have been to my fair share of 'sick calls' and 'falls' that turned out to be full arrests, traumas, and other incidents of badness.

No thanks. Hopefully they will not start that here any more than it is already in place in a few departments.

Just my \$0.02 worth.

DJ - 11/27/07 - 23:34

DJ, I agree with you 100%. I also her that we're getting ready to start sending 1 engine and 1 ladder to fire alarms. That too is asking for trouble IMO.

firedriver - 11/27/07 - 23:43

But at least it is an engine and a ladder. I know of a couple of places that send one engine, or one mini-pumper, or worse, one place (in another state) I know of sends the brush truck to "investigate". But then, there are quite a few chimneys standing in their area.

DJ (Email) - 11/27/07 - 23:48

We run a squad car or a brush truck with two or three in the "county" and are not complaining, I don't see the problem.

Neff109 - 11/28/07 - 00:28

You say there are not enough people for a cardiac arrest. Two or three coming on the squad truck, two (maybe three) on the ambulance, and one supervisor. Enough people to effectively work a cardiac arrest. Save resources, keeping engines and ladders in service, and less tiring on the crew that might be leaving for a working fire right after the cardiac arrest. Not sure if it has happened to you, but having worked and code and returning to service and then being sent to a working fire, that will really test your CARDIO!

BEdriver243 - 11/28/07 - 03:09

Are skill sets and thus patient care affected when an urban department moves from engine-based to squad-based responses? With fewer occasions for firefighters to utilize their emergency medical treatment skills? The Winston-Salem story does not provide details on call types, and if the squad responds to all medical calls or just "lower-priority" ones? (Or is "lower-priority first responder call" an oxymoron? If a First Responder is warranted, then the call must be higher-priority, no?) It would be interesting to see studies of long-term effects in urban departments that have been there and done that.

Legeros - 11/28/07 - 08:27

Johnny and Roy did it for years with lots of success. Whenever they couldnt handle it they would always call good old E 51 with Captain Stanley and wheeled of course by Engineer Stoker. EEEEEEEEEEEEEEEEEEE, UUUUUUUUUUUUUUUUUUUUUUU

LA Co Fire - 11/28/07 - 10:59

I believe that one of the reasons that in Wake County, we have one of the highest valid cardiac arrest save rates in the United States is because MOST of our fire departments send full companies on medical calls. Particularly since the new CPR standards (continuous, hard and fast) came in to place, rotating "compressors" is required. So that, from my view, is the value of the four person company.

Now, when you've seen a code run in the hospital, how many people are involved? 8-10 or more? With one compressing? Why would you ever need less in the uncontrolled, often poorly lit environment where codes are found outside the hospital. (And oh yes – there are distraught families and bystanders to deal with also!). Ergo, full companies AND more medics for the very best patient outcomes.

To our fire service colleagues – we really do appreciate and value the contribution that you make on these calls.

Last, welcome to our new county-wide EMS numbering scheme. Pretty good first-morning transition.

Skip

CHIEF100 ([Email](#)) - 11/28/07 - 11:00

Thank you, 100. On every full arrest that I have run lately, at least 3 different people are rotating as compressors every 2-3 minutes. You have to rotate that often because I have not seen too many people that can keep it up 'properly' (maintain rate and depth) for much longer than that. Then you have someone running a BVM (and if the patient is not intubated you have to have two people to do that properly). Someone is pushing drugs. Someone is the 'code commander'. Sometimes at least one person is just holding IV bags. Then you have the family to deal with (or staff of the facility). Then if you get ROSC, now you have to prepare to move it all from the scene to the ED. At least 4 are required in the back- airway, other ALS, and two just in case you have to start compressions again. Plus a driver.

Of course, that is just the full arrest. I remember a call not long ago with a patient in a second floor bedroom, as close to being a full arrest as you can be and still have a pulse, and the call was a 26C1 sick call. This was a true time intensive call, a true "let's go now" kind of call. It took all six of us (2 on EMS and 4 on FD) to get the patient, and all of the stuff (he was hooked up to the monitor for pacing, and O2 for BVM), to the unit. I really would not have liked to have waited for more reinforcements to show up.

One of the things I really, really like about our system is the FD response in most areas of the county. I have worked in areas with a 3000 annual call volume per truck and no FD response. I have worked those full arrests with no help, and I have worked those near full arrests with no help. Can it be done? Sure it can. Can it be done right? Nope. It should be noted that the save rate in that system was zero- notta, zilch, DRT.

We have a world class system, and we provide world class care. It works only because EMS and FD work so well together and we have the resources to send.

Why not send the resources? If you don't need them, turn them around (anyone who has run with me knows I will cancel in a heartbeat if I don't think FD is needed). Besides, most every patient (and their families) I have come in contact with is pure tickled that so many people

come out to take care of them.

Why mess with that? It is something that you cannot put a pricetag on.

DJ ([Email](#)) - 11/28/07 - 13:02

Glad most of us agree. The proof is in the numbers, our county system is one of the best in the nation for cardiac saves. Not state, not region, NATION. Forsyth, go for it and good luck. In Wake County, we'll leave it as it is, we have the numbers to back it up. If the truck's break, we'll buy more.

Silver - 11/28/07 - 14:00

Not sure you realize it, mainly because your unit is fully staffed, but in some smaller departments we run two (maybe) three to a call with no problem. It would be nice to have another person, but we will handle it; and we don't roll a \$350K truck either.

BEdriver243 - 11/28/07 - 14:52

There are still some calls (without naming names) that get a one-person fire service response, too. I'm not sure that "two (maybe) three to a call with no problem" is entirely accurate; it's probably a matter of opinion. On the calls like DJ describes, would we get the job done? Of course. Would it be done the best way possible? Probably not. If it's me or one of my loved one, I'd feel much better with 8 pairs of hands than with 4.

Skip

CHIEF100 ([Email](#)) - 11/28/07 - 16:25

Who would be opposed to sending four people on the "squad car" for medical calls?

BEdriver243 - 11/28/07 - 16:45

You run 2 or 3 people because that's what you do. I still don't understand how you feel you're providing the best treatment on a "code", seeing that you should switch out every 2 minutes on chest compressions to ensure effective compressions. I'm not sure what county you're in or what department you work for, but, keep up the good work with doing more with less.

Eventually you'll see minimum staffing of 4 on everything in the RFD, it'll just take time. Admin. is now playing catch up for the past 10 years. Unfortunately, it's not going to happen in 10 minutes. And, I'm confident that all 4 will go on an EMS run, which is the way WE do things. I've yet to hear a medic say "geez, there are too many people on this medical call".

Everyone does things different, some try to re-invent the wheel. Some just want to be able to turn in money at the end of the year, which kills you in the long run. The big thing here is numbers, look at the numbers. There's your proof. It makes me proud to me a medical provider in this county, and I think it's great that EMS and fire (in Raleigh anyway) have such a great working relationship. The stat for being in a county system that has the 2nd most cardiac saves in the nation is huge bragging rights in my eyes....

Silver - 11/28/07 - 17:00

I know Fairview during the day responds a engine to "health calls". At night the station that is staffed responds a engine along with a squad or car. And that seems to be working good.

4447 - 11/28/07 - 17:46

In a perfect world, it sounds like working codes would result in an EMS second alarm of sorts. Two or four more bodies on top of the engine, ambo, and super already sent. (Does that happen already on the EMS side?)

Legeros - 11/28/07 - 17:52

Your department must only respond to cardiac arrest calls. Are you saying you need four on a injured person/breathing difficulty/etc.?

BEdriver243 - 11/28/07 - 18:11

Some people just don't get it. "Let's keep running all of our medical calls in these squad cars and mini-pumpers and save the 'big' trucks for the 'big' fires" "We don't want to put extra wear and tear on \$400K apparatus" IT'S NOT YOUR MONEY, the money comes from TAXES and the people EXPECT a certain level of service for their taxes. Besides what do you think that the other 98% of the country runs on medical calls? It is one thing to do like some of your bigger and busier depts do and HIRE ADDITIONAL PERSONNEL to run these things, NOT split crews. If you're talking about adding personnel, I'm all for it because that can also give us more manpower on fires too. But if they are planning to split crews (like many here in this county)to run these "Squads" then it is a BAD MOVE, PERIOD!!!!

Wayne - 11/28/07 - 19:22

No its not

carter - 11/28/07 - 19:42

Climbing onto soap box.

From the paramedic on the street. My view, no one else's.

As I stated above, I have had the opportunity to work in different systems in different states. And I think that, after the few weeks that I have been taking care of people, I have a pretty good feel for what works and what doesn't.

In the perfect world, we could send an ambulance to a "sick call" or "respiratory distress" with just the ambulance and it's crew. I guess in the perfect world there would be three people on that ambulance instead of two. And larger people would all live on the ground level, and families would place their loved ones in the front room rather than the very back one. And people would take care of themselves. And they would not get sick in hard to reach places. And they would not do stupid stuff.

And also, in that perfect world, our 9-1-1 center would be provided with totally accurate information to provide to us so we could accurately predict what level of manpower and even equipment we are going to need. And I guess in that perfect world someone would have designed a monitor/defibrillator that weighs half of what ours does (we would have one of those gizmos that Dr McKoy used on "Star Trek"). And our bags would not be as heavy and big. And the stretcher would not weigh as much. And...

Second alarm for EMS? I don't know...any day that I check CAD there seems to be a lot of ambulances on a lot of calls. Yes, some people check in with other units- nothing wrong with that. But the routine commitment of already limited resources? Even though we already have appropriate resources to send? I don't think that would work, at least not for long.

I see two issues with the Winston-Salem idea. First, they are splitting up their fire crews. I cannot count the times I have released an engine crew to leave a sick call to go to a fire alarm or other fire call. That apparatus arrived on scene with an intact crew. Now, how much good would they have done if they had arrived with one or two people? I'll go ahead and say it- not much. If they are adding additional resources (i.e. manpower) to staff these 'squads', then it is a moot point. But this is a 'cost saving measure, so I doubt that anything other than a pick-up or SUV is being added. If the manpower is being added, why not just spend an extra \$50k or so, over what would already be invested, to staff an additional ambulance? No, this is a cost saving measure, which means do more with less.

The second issue that I, as a paramedic and a taxpayer, would have is that this is a lowering of the level of care provided. I don't run that many full arrests in our county, but I have run plenty of non-arrest calls that needed the extra hands AND were time critical, meaning that my patient did not have a lot of time for us to di** around waiting for resources that should have already been there. I don't put someone on a pacer and try to ventilate them via BVM for the heck of it. Aside from that aspect of it, take our response to trauma patients in the city. Many, many times, all I have to do is stop and load my already-packaged-and-immobilized patient and go. Total scene time- 3-4 minutes. You cannot do that with two people on a squad. And a lot of those injuries are time critical.

As to areas that run with one, two, or three people on first responder calls, I'll offer this (again, my opinion on my opinion only)- we make it work, but it does not work as good as you think it does, from what I see. We're all doing our best, putting forth 110%, but too many times that extra one or two people that is presented by having a full crew would have made things so much easier, and everything would have gone so much better, and the patient would have received just that much better care. And it is all about the care delivered to the patient at that moment- nothing else.

Personally, I am glad I don't work there with a system going in like that. I hope it is something that is limited to just a few places, like another one of those cost-cutting measures- Public Safety Officers. Anyone remember that abortion?

I have seen a lot of these 'cost cutting measures' come and go since 1978. Among the biggest calamities were PSOs and mini-pumpers. I even had the opportunity to work for a fire department that had a mini-pumper (Chevy/Pierce 450 gpm pump with 250 gal tank) that was first out on everything. We burned a lot of stuff up, and called for additional alarms, because we did not have the initial resources on scene to keep a small incident from becoming a bigger incident.

And every time that someone came up with one of those "great ideas", things have quietly and subtly returned back to the way it was when we

WSFireBuff-

First, thanks for providing us with a little more info on WSFR and its concept. Many of us here are just voicing our concerns over how this may effect us here in Wake Co. as many fire chiefs already believe in splitting up crews to handle EMS calls with "squads or cars" and as many here have said, to us that is playing with fire, so to speak. My wish and I'm sure it is the wish of most of us on here is that Winston-Salem won't use this as a way to keep from adding personnel. I have some friends that work out for Forsyth Co EMS and they say the same things as you said. Anyway, thanks again for the info.

Stay safe out there guys

Wayne - 11/30/07 - 23:25

Ok folks – a couple of issues. Unless there is a squad in every station, the closest available medically trained personnel are not responding. I would be upset if an engine with an AED and a full crew, who was 4-5 blocks from me, did not respond to my family member having a medical emergency when a squad car was coming from a further distance. If these squad cars are having to bypass a closer station, then the patient's best interest is not in mind.

Also keep in mind that we're trying to not only save lives, but improve their quality of life. A cardiac arrest call where there is a full team (4 person engine and at least 2 paramedic level providers) is much more likely to revive someone and render them a quality of life close to what they had than a 2 person engine and an ambulance with an EMT and one Paramedic who may do half-way good CPR and half-way good airway management, paying half-way attention to the patient because they're fatigued or having to multi-task. Doing it the right way is not only bringing our save rate up, it is improving the quality of life for those that we do save. We're bringing back less vegetables and more functional people.

Jason ([Email](#)) - 12/01/07 - 01:39

And we (Wake County) have the numbers to show that we are doing just that. I wonder, though, if we were resonding 'full crews' county-wide (full EMS and FD response), would our numbers be better? I think we have the response time numbers.

Just a thought.

DJ ([Email](#)) - 12/01/07 - 08:21

Update for anyone who may happen across this. (like I did) The squad concept here in WS has been abandoned to our knowledge. Have not heard rumor of an attempt to implement it and the administattion that ordered the trial program have all since retired.

NCTruckie - 11/29/12 - 14:08

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What are the FIRST TWO LETTERS of the word 'fire'?

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