ORLEANS COUNTY, NEW YORK

FIRE & EMERGENCY MEDICAL SERVICE COMPREHENSIVE ANALYSIS

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Prepared by:

Municipal Resources, Inc.
66 Main Street, Suite B
Plymouth, New Hampshire 03264
mrigov.com
Phone 603-279-0352


ORLEANS COUNTY
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EMERGENCY
MANAGEMENT

INTRODUCTION

*"Fire and EMS **are** in a crisis – right now. Simply put, EMS is woefully lacking in funding – and the number of volunteer firefighters has fallen dramatically over the decades."*

This statement appears in the opening lines of a 2018 report commissioned by the Pennsylvania State Legislature to examine the condition of fire and EMS service delivery across the Commonwealth. The report goes on to emphasize that the situation was "not new," noting that many of the same challenges had been identified repeatedly in studies conducted over the previous four decades or more. A similar crisis is unfolding quietly in New York State and, more specifically, in Orleans County.

These reports, along with numerous others completed across the United States, consistently underscore the urgent need for action. Yet meaningful progress, particularly the transition from well-intentioned ideas to practical implementation, has been slow. While thoughtful deliberation is an essential part of legislative and governmental decision-making, the continued erosion of emergency service systems persists, increasing the risk of broader systemic failure.

New York State has one of the nation's strongest and most respected traditions of volunteer firefighting. The intent of this study is to build on that deeply rooted, community-focused legacy by strengthening and supporting the volunteer fire companies that are critical to emergency service delivery in the County. It is important to emphasize that this study does not advocate replacing volunteer firefighters or volunteer fire companies with career departments, but rather for reinforcing and enhancing the volunteer system so it can remain viable and effective into the future.

Background for study

This report contains numerous recommendations for Orleans County that provide a path - or paths - for the fire and EMS services moving forward. However, it is the sincere hope of the MRI study team that this report is not a shelf document but instead a guided document to engage stakeholders with the goal of maintaining and improving the level of services to the County. While there are invariably going to be similarities to previous reports and repetition of recommendations, that is because the necessary action has not yet been taken. It is imperative that action be taken to implement the recommendations before there is a catastrophic breakdown of the systems in place.

With careful consideration and analysis of data, the MRI team is of the opinion that Orleans County is the most capable entity to guide implementation of the recommendations for the delivery of fire and EMS services across the county. Enacting a county wide model will allow for

shared resources, better allocation of resources, improved access to services, and a more fiscally sound model.

Many of the county level recommendations will require some form of legislative action, which can sometimes create additional challenges. The various stakeholders in the county will need to collectively lobby their legislative delegations with one voice to make the passage of enabling legislation a priority. Any necessary legislation should not mandate a one size fits all approach; it should just increase the number of potential options available for service delivery.

Any programs that are implemented should be approached using a menu of options that will allow the participants to select the options that best suit their specific needs. The entire process also needs to be a partnership between a cross-section of stakeholders, and that many, although not all, things will involve voluntary participation. All these options should be coordinated, managed, and even implemented at the county level.

The County and a growing number of its emergency service providers realize that volunteer fire departments need to provide a consistent level of services to the residents and visitors of Orleans County; being proactive rather than reactive, planning instead of relying on tradition, and being innovative rather than accepting the status quo. They need to improve public awareness and develop working relationships with local municipal officials.

Despite the challenges outlined in this report, residents of Orleans County can be assured that the fire and EMS organizations serving the community are capable and reliable emergency service providers. These agencies consistently deliver critical services with a high degree of professionalism and commitment, day in and day out. The dedication of their members continues to be evident and commendable. We also recognize and applaud the many stakeholders within the Orleans County fire and EMS system for their proactive, transparent, and constructive approach to confronting the complex challenges facing emergency services and for their willingness to work collaboratively toward meaningful solutions.

Table of Contents

INTRODUCTION 3

TABLE OF CONTENTS 5

CHAPTER I - PROJECT OVERVIEW, SCOPE, AND METHODOLOGY 8

PROJECT OVERVIEW 8
PROJECT PURPOSE 9
ABOUT MRI 9
ORGANIZATIONAL PHILOSOPHY 10
OUR OBJECTIVES 11
SCOPE OF WORK 11
PROJECT PHASING 14
METHODOLOGY 18
ACKNOWLEDGEMENTS 21

CHAPTER II - BACKGROUND, DEMOGRAPHICS, AND FIRE AND EMERGENCY MEDICAL SERVICE (EMS) OVERVIEW 22

POPULATION DENSITY 23
FIRE DEPARTMENTS OF ORLEANS COUNTY 24
ALBION JOINT FIRE DISTRICT 26
THE BARRE FIRE COMPANY 30
THE CARLTON FIRE DEPARTMENT 33
THE MEDINA FIRE DEPARTMENT 35
THE CLARENDON FIRE DEPARTMENT 37
THE KENDALL FIRE DEPARTMENT 40
THE LYNDONVILLE FIRE DEPARTMENT 42
MURRAY JOINT FIRE DISTRICT 45
THE EAST SHELBY FIRE DEPARTMENT 47
THE RIDGEWAY FIRE DEPARTMENT 48
THE SHELBY FIRE DEPARTMENT 50
ORLEANS COUNTY FIRE DEPARTMENT AGING WORKFORCE & QUALIFICATIONS 533
EMERGENCY MEDICAL SERVICES (EMS) OF ORLEANS COUNTY NEW YORK 62
MEDINA FIRE DEPARTMENT EMS 63
MERCY EMS 64
EMS Data Analysis 65

CHAPTER II RECOMMENDATIONS 78

CHAPTER III - EMERGING RISK PROFILE OF ORLEANS COUNTY FIRE AND EMS SERVICES 82

RISK ASSESSMENT 82
IMPACT ON VOLUNTEER AVAILABILITY, RESPONSE GAPS, AND EQUIPMENT CHALLENGES 84
THE VANISHING VOLUNTEER 84
THE SEVEN MOST SIGNIFICANT CHALLENGES FACING ORLEANS COUNTY FIRE AND EMS SERVICES 87
THE EIGHT MOST IMPORTANT RECOMMENDATIONS FOR ORLEANS COUNTY FIRE AND EMS SERVICES 88
IMPLICATIONS OF NOT TAKING ACTION 8989
APPROPRIATE SERVICE DELIVERY MODEL TO MAINTAIN SERVICES 90

CHAPTER IV – EVALUATION OF FIRE SERVICE OPTIONS 92

MAINTAIN EXISTING MODEL 92
CONSOLIDATION OF DEPARTMENTS: BATTALION APPROACH 95
APPARATUS & RESPONSE CAPABILITIES 97
COUNTY-WIDE APPROACH WITH 100% PAID STAFFING 100

Chapter IV Recommendations 101

CHAPTER V – EVALUATION OF AMBULANCE SERVICE OPTIONS 103

COUNTY ROLE IN EMS SERVICES 106
OPTION #1- ORLEANS COUNTY TO PROVIDE ALL EMS TO COMMUNITIES 107
OPTION #2- ORLEANS COUNTY TO RENEGOTIATE CONTRACT WITH MERCY FOR ENHANCED SERVICES 109
OPTION # 3 - COUNTY STAFF AND DEPLOYS ONE AMBULANCE AVAILABLE FOR BACKUP TO MERCY EMS AND MEDINA EMS 111
CHAPTER V RECOMMENDATIONS: 112

CHAPTER VI – EVALUATION OF COUNTY WIDE COMBINATION OF SERVICES 113

CHAPTER VI RECOMMENDATIONS 117

CHAPTER VII – RECOMMENDATION AND CONCLUSIONS 117

CHAPTER VII RECOMENDATIONS: 118

CHAPTER VIII – NEW YORK STATE REPORTS AND POSITION PAPERS 120

CHAPTER IX- VOLUNTEER RECRUITMENT AND RETENTION 124

GENERAL RECRUITMENT AND RETENTION PROGRAMMATIC TIPS: 125
Barriers to Effective Recruitment 127

RECRUITMENT AND RETENTION BEST PRACTICE CONCEPTS 128
TACTICAL ACTIONS TO BOLSTER RECRUITMENT: 129
RETENTION STRATEGIES: 131
BEST PRACTICE EXAMPLE – FIREVEST COLLEGE TUITION 132
BEST PRACTICE EXAMPLE – HELPFIGHTFIRE.COM 133

CHAPTER IX RECOMMENDATIONS 135

CHAPTER X – COMPREHENSIVE LISTING OF RECOMMENDATIONS 137137

CHAPTER XI – PROJECT TEAM PROFILES 1446

CHAPTER I - PROJECT OVERVIEW, SCOPE, AND METHODOLOGY

Project Overview

The goal of the Orleans County Fire & EMS Comprehensive Analysis project is to conduct a thorough, objective, and data-driven review of the County's Fire and EMS operations. The primary objective is to recommend a sustainable and cost-effective service delivery model that maintains the current standard of cover and expected level of service provided to residents, while prioritizing the retention of the essential volunteer force as long as possible. The study is designed to answer critical questions regarding current resources, future demands, appropriate staffing levels, and potential organizational restructures needed to fulfill the department's mission and vision amidst challenges such as the significant loss of volunteer firefighters, rising regional costs, and future housing developments.

Orleans County retained Municipal Resources Inc. (MRI) to conduct a comprehensive, objective evaluation of the County's fire and EMS system in response to increasing operational, staffing, and service delivery challenges. The County recognized the need for an independent, data-driven analysis to assess whether current resources, staffing levels, and organizational structures can sustain the existing standard of cover and level of service, particularly as volunteer firefighter and EMS membership continues to decline, and service demands increase.

MRI was selected to provide professional expertise in evaluating current and future fire and EMS needs using nationally recognized standards (including NFPA, ISO, and NIST), regional best practices, and detailed local data analysis. The study is intended to help the County understand realistic, cost-effective options for maintaining emergency services, with a primary objective of sustaining the volunteer model for as long as feasible, while also examining alternative service delivery models should volunteer capacity become insufficient. This study should be viewed as a planning tool for fire chiefs, EMS providers, municipal leaders, and elected officials.

Currently, in Orleans County, there is little standardization in the deployment and operation of fire and EMS service resources, and a declining number of personnel available to respond to emergencies. Response to a major catastrophic event, such as an act of terrorism, would require a standardized and coordinated effort to save lives. Additionally, both fire and EMS agencies struggle to maintain adequate staffing levels as both volunteer pools and revenue streams continue to decline – negatively impacting their ability to respond to both everyday and catastrophic emergencies. This project was developed to provide an external perspective and a series of strategic recommendations that would assist in addressing these emerging issues.

Project Purpose

To achieve the goals of this project, Municipal Resources Inc. (MRI) conducted a comprehensive analysis encompassing all services provided with regard to emergency medical response and fire suppression by evaluating existing resources, organizational structures, and managerial systems. The methodology is rooted in data analysis and national industry standards (e.g., NFPA, ISO, NIST), incorporating benchmarking with comparable communities and a review of five years of emergency service demand data. Being a critical component, the study will involve extensive stakeholder engagement through interviews with departmental leadership and community leadership to ensure a deep understanding of specific local circumstances and challenges. This analysis included, but was not limited to, standards of cover, response districts and deployment models, staffing levels and needs, volunteer recruitment and retention, apparatus, equipment, fire and EMS standardization, funding, training, fire prevention, integration of fire and EMS operations, regional planning, and automatic/mutual aid pertaining to the fire and EMS services throughout the county.

The final report provides both short-term and long-term recommendations for the County's fire and ambulance services. MRI considered the fiscal impacts to the tax base for various service options, including county-wide paid models, combination volunteer/paid staffing structures, and municipal ambulance services. The study is intended not just to prepare a theoretical report, but to inform the County of realistic, implementable recommendations to manage and operate departments efficiently and effectively, helping the County identify grant funding opportunities for the implementation phase.

About MRI

MRI was founded in 1989 by six former municipal and state government managers, with both public and private professional experience. MRI provides professional, technical, and management support services to municipalities, schools, and non-profit organizations throughout the Northeast. MRI provides technical knowledge and practical experience that others cannot offer because we hire the best in the municipal consulting industry. This is evidenced by a high level of implementation of MRI's recommendations by its clients. Our clients have come to expect MRI to provide whatever they need, and we fulfill their expectations.

Our dynamic management staff tailors services to specific client needs. Our clients realize that we have been in their shoes; we have the experience, sensitivity, and desire that it takes to develop and deliver services that specifically meet their needs. The depth of MRI's experience is

reflected not only in the experiences of its associates but in the scope of services it provides its clients, from professional recruitment to organizational and operational assessments of individual municipal departments and school districts, or ongoing contracted services for various municipal government and school business support activities. Municipal Resources has a particularly strong public safety group with nationally recognized expertise in fire and emergency medical services.

We are always focused on helping our clients solve problems and providing solutions for their future success. We simply work to gain an understanding of past events to build a framework for future success. We do not put forth idealistic, unachievable, or narrowly focused solutions.

Organizational Philosophy

Municipal Resources, Inc. is committed to providing innovative and creative solutions to the problems and issues facing local governments and the agencies that serve them.

The purpose of MRI's approach is to supplement the efforts of municipal employees and other personnel and enable them to do their jobs well. MRI is committed to supporting and enhancing positive, sustainable communities through better organization, operations, and communication. We achieve this by:

- Supporting towns/townships, cities, counties, school districts, and other community service agencies with management and technical services to facilitate constructive change within client organizations.

- Conducting studies and analyses designed to assist clients in achieving organizational improvement.

- Advocating and advancing cooperation, coordination, and collaboration between government organizations and related community support agencies.

- Maintaining a staff of highly qualified professionals, experienced and open-minded life-long learners to serve as consultants and advisors to our clients.

- Maintaining awareness and understanding of advances in "best practices" for delivery of all levels of core community services and related professional management.

- Developing and refining techniques for effective community engagement, information dissemination, and constructive change.

Our Objectives

- To help municipalities and agencies obtain maximum value for limited tax dollars.
- To identify and help communities manage the risks associated with public safety functions.
- To raise public awareness of the value and professionalism of their municipal resources.
- To help local leaders develop and execute plans that best meet their community's needs, given available resources.



Figure I-1: MRI Objectives

Scope of Work

The goal of this study is to review and analyze current resources and staffing, forecast future service demands, and make recommendations regarding future resource and staffing needs, as well as the organizational and rank structure required to fulfill the department's mission and vision. The consultant will conduct a comprehensive analysis of the operations of the Orleans County Fire and EMS Services, with an emphasis on maintaining the standard of cover and the level of service provided to the County.

The Primary objective would be to sustain the volunteer model as long as possible and review other service delivery models as outlined in the scope of service.

This study shall include a review of all services provided, including but not limited to: fire prevention/code enforcement, emergency medical, fire suppression, and other all-hazard response services; resources allocated to each service area, organizational structure, proper staffing levels, and the managerial structure of the organization. We will meet or exceed all of the items listed within the published RFP.

The comprehensive study will be utilized to inform the County of Orleans of realistic and cost-effective recommendations for managing and operating the fire departments efficiently and effectively, and shall concentrate on the following four questions related to staffing:

1. What is the appropriate model to maintain the expected level of service and standard of cover in the County.

2. Are additional firefighters needed because of the ongoing significant loss of volunteer firefighters, extreme regional housing and rental costs, firefighter health and wellness, and current and future housing, land use development, and community infrastructure projects in the County, taking into account future growth and demographic trends?

3. If additional firefighters are needed, what is the number of firefighters needed, the EMS certification level of each, and the minimum shift and administrative staffing structure required for the organization?

Most importantly, the study shall be an objective and unbiased assessment that is driven by data, national industry standards (e.g., NFPA, ISO, NIST, etc.), regional best practices related to staffing and automatic and mutual aid standards, and best practices of the organization as it is currently managed with an emphasis on the County's future vision.

Our project approach will be based on the needs identified and consistent with the following goals:

Fire Service

- Consideration for a county-wide approach that would include 100% paid staffing for fire service.
- Consideration for a county-wide approach that would include a combination of volunteer and paid staffing for fire service.
- Consideration for a battalion approach that would include 100% paid staffing for fire services.

- Consideration for a battalion approach that would include a combination of volunteer and paid staffing for fire service.
- Consideration for a battalion approach that would be 100% volunteer staffing.
- Consideration for a continued "independent" approach, but inclusion of more enhanced mutual aid policies, part-time paid staff, training, etc.

Ambulance Service

- Consideration for county-wide municipal ambulance service.
- Consideration for a combination of contracted services and municipal services.
- Consideration for municipal service to provide additional coverage to existing agencies.

Fire & Ambulance Service

- Consideration for 100% county or battalion paid fire and ambulance services.
- Consideration for a county-wide combination of volunteer fire services and paid municipal fire/ ambulance services.
- Consideration for a battalion combination of volunteer fire services with paid municipal fire/ambulance services.

Conduct appropriate studies, surveys, and associated data analysis of existing fire service membership, to include review of active rosters, participation levels, age, and training to meet minimum requirements such as EMT, Exterior Firefighter, and Interior Firefighter

Consideration for compensated volunteer staffing, including evaluation of various compensation methods.

Consideration of EMS system and provide recommendations for ambulance service options and recommended coverage levels.

Evaluation of the impacts on the tax base of the County for the options above.

Overview of the "needs" in the County. Define the scope of the problem and outline the short-term and long-term issues.

Overview of what the County fire and ambulance service will look like in 10, 20, and 30 years, if we continue to operate in the manner we are today.

Summary of data, including existing apparatus, call volumes, staffing, budgets, tax rates, capabilities of staffing (certifications, training, age), etc.

GIS-based mapping that will analyze and display department locations, call volumes, response time, structure fires, public water supplies, etc.

Identifying grant funding opportunities to help with the implementation costs.

Individual meetings with each Department in the County to help gain an understanding of their specific situations and hear directly from Department leadership.

Municipal Resources Inc. (MRI) notes that the goal of the County, Towns, Villages, and the Fire and EMS Services is to "implement" recommendations that will positively impact the emergency services in the County, not just to simply prepare a study.

Project Phasing

This project was divided into six phases as detailed below:

PHASE 1: ORIENTATION, DATA GATHERING AND IDENTIFICATION OF SIGNIFICANT ISSUES FACING ORLEANS COUNTY AND THE ORLEANS COUNTY FIRE DEPARTMENTS

As part of the initial phase of this study, the County uploaded a significant amount of data, which established the foundation for analysis of the County and helped derive the basis of the site visits. In November 2025, a kickoff meeting was held in which all stakeholders were invited to establish the intent of the upcoming site visits and to establish the expectations of what the report should review. Following this meeting, the team conducted two thirteen-hour meetings with stakeholders. All stakeholders were given the opportunity to meet with the team. Additionally, stakeholders were advised that additional meetings could be established if desired.

The team spent time with the key personnel in the County's fire and EMS services to gain an understanding of the organizational, operational, and management systems and approaches currently in place. These meetings included representatives from each fire department, private EMS provider, County Legislators, Town & Village Representatives, the County Sheriff, Dispatch Leadership, and Emergency Management Officials. The information gathered in these meetings established a foundation of information on historical perspectives, existing conditions, challenges, obstacles, and potential solutions to the challenges of fire and EMS service delivery in Orleans County.

The central contact for the MRI team on this project was the Director/ Fire Coordinator for Orleans County Emergency Management.

PHASE 2: INVENTORY AND ASSESSMENT OF THE EMERGENCY RISKS OF THE COUNTY AND RESPONSE EFFECTIVENESS OF FIRE AND EMERGENCY MEDICAL SERVICES

To assess both the demands placed on the county's fire and EMS service delivery systems and the current status and effective utilization of available resources, Municipal Resources identified the levels and magnitudes of risks managed by these services and inventoried the scope of services provided. Our team evaluated fire and EMS response and service delivery in relation to generally accepted firefighting, emergency medical response, and emergency management standards, as well as practices in similar sized counties. This included a comprehensive review of administrative and operational aspects of the Orleans County fire protection system, such as the organizational and management structures, operations, and practices of fire and EMS services, fire companies, and EMS providers; ordinances, policies, rules, and regulations, SOPs/SOGs. Funding for county fire protection, including operational and capital budgets at the fire district and fire company level, was analyzed along with staffing levels. Volunteer recruitment and retention programs, training programs, and the overall operational readiness of emergency response personnel were evaluated. Field assessments included tours of fire and EMS station locations, comprehensive inventories of apparatus and equipment, and evaluations of current and future needs, including potential gaps or duplications. Additional analyses covered target hazard identification, dispatch procedures, response districts and assignments, automatic and mutual aid agreements, incident history and volume, response times, and compliance with NFPA 1720, ISO ratings, and Orleans County standards of cover, with recommendations for improvement where appropriate. The overall assessment provided a detailed evaluation of the level of fire and EMS services currently available to residents, businesses, and visitors. This report presents descriptive and statistical analyses summarizing community risk characteristics and the preparedness of the current fire protection and EMS delivery system to meet both present and future demands and challenges.

PHASE 3: DEVELOP A COMPREHENSIVE AND DETAILED INVENTORY OF CURRENT FIRE SERVICE AND EMERGENCY MEDICAL OPERATIONS

Following the completion of the inventory and assessment activities described above, our team compiled a comprehensive overview of fire and EMS services in Orleans County, including organizational structures, management practices, and response data. This effort encompassed documentation of the overall county fire and EMS organizational plan, staffing, and operational structure; an analysis of firefighting and EMS response capabilities; and a review of day-to-day operations, practices, and services provided. Additionally, we evaluated the working relationships among fire and EMS agencies within the county and with neighboring jurisdictions, and inventoried station facilities, deployment points, apparatus, and equipment to assess

adequacy, appropriateness, and future needs. Fiscal resources, including operational and capital appropriations, were documented for individual agencies and county-wide services, along with training programs and strategies for personnel. We also analyzed emergency incident volumes over the past four years, staffing and response procedures, volunteer recruitment and retention programs, municipal ISO ratings, and compliance with standardized communication systems, policies, and SOPs/SOGs. Overall, this comprehensive inventory provides a detailed snapshot of current fire and EMS service levels and capabilities across Orleans County.

PHASE 4: EVALUATE THE COST-EFFECTIVENESS AND QUALITY OF FIRE AND EMERGENCY MEDICAL SERVICES WITHIN THE COUNTY

Using information from earlier phases, our team evaluated Orleans County fire and EMS services against industry best practices, peer communities, and national and statewide standards. The assessment covered staffing and response performance, compliance with ISO, NFPA 1720, and standards of cover, facility and equipment adequacy, organizational and management structures, financial and capital planning, and adherence to required inspections and testing. The results, including documented conditions, trends, and data, are summarized in a section of the final report detailing the evaluation methodology and applied standards.

PHASE 5: PREPARATION OF A FINAL PROJECT REPORT AND ACTION PLAN RECOMMENDATIONS

Upon completing all the tasks outlined above, our team prepared a working draft of this report, which was delivered to the Orleans County Emergency Services. The draft summarized existing conditions, evaluated the county's fire and rescue services, including emergency response capabilities, training, organization, management, and planning. The report also captured all other relevant data and observations and provided a comprehensive listing of strategic recommendations for potential improvements to the county's fire and EMS system, prioritized as appropriate. These recommendations serve as a foundation for developing an implementation action plan. In addition to supporting photos, diagrams, tables, charts, and other materials, MRI subcontracted to develop a set of GIS maps to illustrate study findings and recommendations for standards of cover, showing both current and recommended or ideal scenarios. The final report and recommendations include a summary of all steps taken, existing conditions of fire and EMS service operations, along with evaluations and comparisons for service delivery. The team also developed detailed recommendations regarding service levels, organizational structure, staffing, operations, procedures, and alternative service delivery approaches to meet the projected needs of Orleans County and its municipalities, including a more centralized and coordinated county-

wide approach. Additional recommendations address the potential future deployment of regional fire and EMS quick response forces, as well as current and anticipated apparatus and equipment needs. Overall, the report provides a comprehensive roadmap of resources designed for Orleans County's emergency services stakeholders to guide staffing decisions, major equipment acquisitions, and improvements to overall service delivery, ensuring an integrated, well-trained, reliable, and cost-effective all-hazards emergency response system.

PHASE 6: PRESENTATION OF A FINAL PROJECT REPORT AND ACTION PLAN RECOMMENDATIONS

The final report will be presented by the project team for up to three (3) days of meetings/workshops to satisfy the county's needs in communicating the content of this report to all interested internal and external stakeholders. Recommendations are focused on maintaining the volunteer workforce and augmenting their response and capabilities through enhancements which will improve service delivery in the county.



Figure I-2: Orleans County Project Phasing

Recommendations for improvement contained in this document are based on the applicable nationally recognized standards and best practices, such as ISO (Insurance Services Office), NFPA (National Fire Protection Association), CFAI (Commission on Fire Accreditation International), National Volunteer Fire Council (NVFC), state laws and administrative regulations, county/municipal codes and ordinances, and fire and EMS industry emerging service delivery trends and best practices. Recognizing that each community has distinct characteristics, challenges, and resource constraints, MRI's recommendations are tailored specifically to address both the immediate and long-term needs of Orleans County and the fire and EMS organizations that serve its residents and communities.

Methodology

To meet the objectives of this study, members of the study team began with an initial orientation meeting involving key internal stakeholders. Working collaboratively with these partners, the team collected and reviewed a substantial volume of statistical data and background information related to Orleans County, its municipalities, and the independent agencies responsible for providing fire, rescue, and EMS services throughout the County.

During the course of the study, the team conducted various site visits to Orleans County and undertook a broad range of activities essential to the development of this report. These efforts included several interviews with both internal and external stakeholders across the County. Given that fire and rescue services in Orleans County remain largely volunteer-based, the MRI study team structured its schedule to include evening availability in order to accommodate the operational realities and time constraints of volunteer personnel, as well as the needs of EMS providers and municipal stakeholders.

A considerable portion of the team's effort was dedicated to working directly with County Emergency Management and key staff stakeholders within fire and EMS organizations. This engagement allowed the team to gain a comprehensive understanding of the organizational, operational, and management systems currently in place. These systems and practices were then evaluated and compared against contemporary standards, accepted practices, and emerging trends in fire and EMS service delivery.

In addition, the study team engaged members of the county legislature, municipal managers and administrators, local elected officials, senior municipal staff, a broad cross-section of fire and EMS personnel, and other internal and external stakeholders. These discussions focused on identifying concerns, challenges, and areas requiring particular attention, as well as gathering input related to potential improvements, long-term needs, future goals, and strategic visions for fire and EMS services in Orleans County.

Collectively, these activities represent a substantial body of work that informed the analysis and the development of the associated planning "Tool Kit." Central to this effort were the interviews with key stakeholders and the analysis of the data provided to the MRI team. The scope of work included, but was not limited to, the following elements:

1. Reviewed and analyzed compiled data related to key operational aspects of fire, rescue, and EMS service delivery within Orleans County.

2. Reviewed and analyzed multiple categories of data supplied by all parties involved in the study.

3. Worked collaboratively with the Orleans County Legislature, municipal leadership, and the individual departments to help define desired levels of fire and EMS response capability.

4. Met with representatives from the Orleans County Legislators.

5. Identified major issues, concerns, and priorities expressed by internal and external stakeholders regarding current fire and EMS operations. This process included developing an understanding of the overall values, culture, and operational "personality" of Orleans County, as well as its individual communities, governing bodies, and service providers.

6. Conducted a county-wide tour to evaluate the physical environment, major fire and life safety risks, population and commercial concentrations, growth areas, and their relationship to existing facilities and response strategies.

7. Interviewed key Orleans County Emergency Management personnel.

8. Collaborated with Orleans County GIS staff to develop maps and data layers illustrating emergency response activity and resource deployment.

9. Interviewed representatives from EMS providers serving Orleans County.

10. Attended a meeting of the Medina Ambulance Group.

11. Conducted individual interviews with multiple fire and EMS chief officers.

12. Completed tours and observational assessments of the Orleans County public safety 9-1-1 dispatch center.

13. Visited fire company and EMS facilities throughout the County, reviewing apparatus and equipment where access was available.

14. Reviewed the locations of existing fire and EMS stations, with an emphasis on response time analysis and GIS-based evaluation of benchmark coverage areas.

15. Evaluated current fire and EMS staffing and deployment models in relation to service demand, responder safety, and service quality, and developed recommendations to support future service level sustainability.

16. Analyzed response districts, dispatch protocols, and overall deployment strategies for fire and EMS services.

17. Reviewed fire and EMS run cards, dispatch assignments, and performance metrics, and developed recommendations for improvement, revision, and standardization.

18. Assessed existing automatic aid and mutual aid agreements, practices, and capabilities.

19. Analyzed agency workloads, including a municipality-by-municipality review, and mapped three years of incident data using GIS to support future resource deployment decisions.

20. Evaluated fire apparatus and EMS unit configuration and distribution from a county-wide perspective.

21. Reviewed the organizational structure and governance of fire and EMS services to assess effectiveness, alignment, and shared vision.

22. Evaluated the level of standardization and interoperability of SOPs and SOGs among agencies.

23. Analyzed incident data and response time performance on a county-wide basis and by geographic region.

24. Reviewed applicable state laws, county policies, and municipal ordinances affecting fire and EMS operations.

25. Reviewed previous studies and evaluations related to fire and EMS services within Orleans County.

26. Evaluated opportunities for additional regional or shared services related to fire and EMS response.

27. Developed and conducted analysis of a summary comparative using nationally accepted norms and practices of other communities of similar type and size.

28. Developed a comprehensive assessment of the current conditions of the Orleans County Fire and EMS delivery system, along with recommendations for improvement.

29. Assessed the current funding levels and mechanisms for providing fire and EMS services throughout Orleans County. This included an evaluation of potential fiscal constraints, as well as opportunities relative to achieving strategic goals and objectives related to the delivery of comprehensive fire and EMS services throughout Orleans County.

30. Developed a *"Toolbox"* to address the Orleans County Fire and EMS delivery system needs, both now and in the future.

Our team investigated areas such as the organizational and command structures of the fire and EMS system and their various component organizations, both individually and collectively, active rosters, qualifications, budgeting, staffing, service demands, response districts, the deployment of EMS units, standards of cover, adequacy and reasonableness of facilities and equipment, and compliance with various state and federal regulations.

Following the on-site visits, the data and documentation collected, and observations made, were subjected to analysis by the project team, both individually and collectively. The information was then compared with contemporary fire service and public safety standards, recommendations, and best practices, to formulate the recommendations contained in this report.

This report represents the culmination of several months of observation, data collection, research, and analysis. The findings and observations contained herein are based on information provided by Orleans County and the individual fire and EMS agencies that serve the County, as well as the collective professional judgment of the MRI fire and EMS study team. While the study team believes the information and conclusions presented to be accurate and well-founded, it is important to note that the ability to fully evaluate response performance was constrained by limitations of the completeness of information obtained.

The resulting recommendations and accompanying "Toolbox" reflect the understanding that fire and EMS organizations are dynamic and continually evolving. To remain effective, these agencies must adapt to both current and anticipated conditions and realities. While honoring long-standing traditions, every fire and EMS organization must also be forward-thinking, proactive, and committed to continuous improvement. Modern fire and EMS services face growing public expectations and must respond to rapid advances in technology, emerging and evolving risks and hazards, and the changing characteristics of new generations entering this demanding and rewarding public service. Delivering high-quality fire and emergency medical services requires energetic, informed, progressive, and proactive leadership at every level of the system, with a daily commitment to growth, improvement, and forward momentum.

Acknowledgements

MRI would like to sincerely thank the wide range of stakeholders who were involved in this project, without whose assistance and support, the completion of this final study and report would not have been possible. Specifically, it has been a pleasure to work in partnership with the Orleans County Emergency Management, Orleans County Fire and EMS agencies, Orleans County First Responders, Orleans County Sheriff's & Sherriff's Department 9-1-1 Dispatch Center as well as the other stakeholders that participated in this process.

CHAPTER II - BACKGROUND, DEMOGRAPHICS, AND FIRE AND EMERGENCY MEDICAL SERVICE (EMS) OVERVIEW

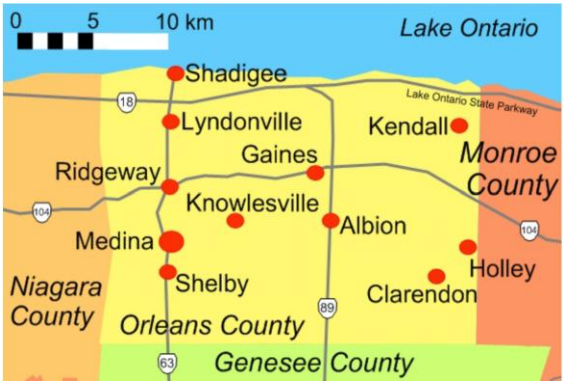
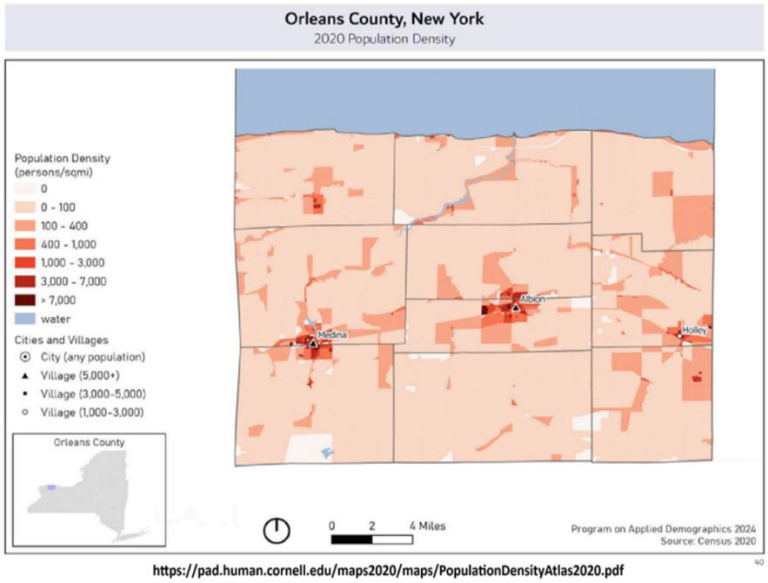


Figure II-1: Orleans County Communities

Orleans County, located in western New York between Buffalo and Rochester along the southern shore of Lake Ontario, is a largely rural region with deep agricultural roots and a modest population of around 39,686 in 2024. The county covers approximately 400 square miles, including significant water areas, and its economy is driven by agriculture, manufacturing, commerce, and tourism, with historical significance in quarrying and the Erie Canal. Governance is provided by a seven-member County Legislature supported by standing committees and administrative staff, while operational oversight is managed by a Chief Administrative Officer and 24 county departments, including law enforcement, public health, and social services. The county consists of ten towns and four villages, with Albion as the county seat and other key villages including Holley, Lyndonville, and Medina. Each town has its own unique history, population trends, and economic base, with agriculture predominating in most areas alongside residential and small commercial sectors. Orleans County's towns and villages maintain strong community identities, supported by local schools, historic sites, and recreational opportunities such as the Erie Canal, Lake Ontario shoreline, and state parks, providing a mix of rural charm and access to regional amenities.

Population Density



https://pad.human.cornell.edu/maps2020/maps/PopulationDensityAtlas2020.pdf

Figure II-2: Orleans County Population Density

Orleans County, New York, is a predominantly rural county with its population of residents spread across roughly 400 square miles of land. With a population of just under 40,000 people, it results in a population density of about 100 people per square mile, which is significantly lower than urban and suburban counties in Western New York. In Orleans County, New York, population density is concentrated primarily in the county's incorporated villages and the central transportation corridors, while the majority of the county remains sparsely populated and rural. The most densely populated area is the Village of Albion, which serves as the county seat and contains the greatest concentration of housing, commercial activity, public services, and multi-unit residences.

The Village of Medina represents the second major population center and is another area of relatively high density. Medina functions as a regional hub along the Route 31 corridor and includes a mix of residential neighborhoods, industrial areas, retail districts, and healthcare facilities. Together, Albion and Medina account for a substantial share of the county's total population within a very small geographic footprint, creating localized areas of urban-style density within an otherwise rural county.

Outside of these villages, population density drops sharply. The towns of Gaines, Shelby, Murray, Yates, Barre, and Ridgeway are characterized by agricultural land, scattered hamlets, and low-density residential development. In these areas, residents are spread across large distances with

fewer clustered neighborhoods. As a result, Orleans County exhibits a clear pattern of population concentration in a few village centers surrounded by extensive low-density rural territory, which has important implications for service delivery, infrastructure planning, and emergency response.

Low population density also places pressure on staffing and sustainability. Rural EMS and fire departments rely heavily on volunteers, who often face longer response distances, increased time commitments, and competing work and family responsibilities. Recruitment and retention are more difficult in these conditions, leading to fewer available responders and greater dependence on mutual aid from neighboring towns or counties.

Orleans County's low population density contributes to longer response times, heavier reliance on mutual aid, and ongoing financial and staffing challenges for both EMS and fire services. While these issues are common in rural communities, they are particularly pronounced in counties like Orleans, where call volumes continue to rise while resources, tax base, and volunteer availability remain strained.

Fire Departments of Orleans County

The fire departments in Orleans County perform a wide range of essential public safety functions that support both the local communities and the county. Their primary mission is fire suppression, responding to structure, vehicle, brush, agricultural, and industrial fires throughout the largely rural region. They also provide emergency medical services, offering CPR and basic life support until transporting EMS units arrive. Rescue operations are another major responsibility, including vehicle extrication, water and ice rescues near the Erie Canal and Lake Ontario, and other technical rescue situations. Fire departments also manage initial hazardous materials response for fuel spills, chemical incidents, and transportation-related hazards, often coordinating with regional HazMat teams for larger events. In addition to emergency response, they conduct fire prevention activities such as school education programs, smoke detector initiatives, and community outreach. Departments play an important role in emergency incident management during storms, floods, and large-scale emergencies, working closely with law enforcement, EMS, and county emergency management. Finally, all fire departments participate in the county's mutual aid system, ensuring coordinated support and resource sharing across jurisdictions during major incidents.

In New York State, firefighters are classified as either Interior Firefighters or Exterior Firefighters based on their level of training and the types of tasks they are permitted to perform during emergency operations. This distinction ensures that firefighters operate within their certified capabilities, keeping both themselves and the public safe.

An Interior Firefighter is fully trained and certified to enter burning buildings and perform structural firefighting. To achieve this level, a firefighter must complete the Firefighter I program, which covers interior fire attack, search and rescue, fire behavior, survival techniques, SCBA use, and other advanced skills. Interior Firefighters are permitted to operate in immediately dangerous to life or health (IDLH) environments and must maintain annual medical clearance, SCBA fit testing, and ongoing training to remain compliant with OSHA and NFPA standards.

An Exterior Firefighter, on the other hand, is trained to handle essential firefighting tasks that occur outside of a burning structure. This role typically includes hose operations, pump operation, water supply, ladder setup, ventilation support, traffic control, and general scene assistance. Exterior Firefighters are not permitted to enter burning buildings or operate in IDLH conditions, as they do not complete the interior structural firefighting requirements or live-fire SCBA training. Their role is still vital, providing the support and logistics necessary for safe and effective fireground operations.

Together, these two classifications allow fire departments to build teams with diverse skill sets while ensuring each firefighter is assigned tasks that match their certified level of training. It is important to note that you need both interior and exterior firefighters in order to achieve all the tasks that a fire department is required to perform. If you do not have interior firefighters, you will not be able to perform search & rescue operations and interior fire suppression during structural fires. A lack of available interior firefighters creates an increased risk to the public.

A Fire Police officer, in New York State, is a specially designated member of a fire department responsible for maintaining safety and order at emergency scenes. While they do not typically engage in firefighting or EMS activities, Fire Police play a crucial role by directing and controlling traffic, securing the perimeter of incidents, managing crowds, and preventing unauthorized access. They also support firefighters and EMS personnel by assisting with scene logistics, moving equipment, and controlling pedestrian and vehicle movement, ensuring that emergency operations can proceed safely and efficiently.

The National Fire Protection Association (NFPA) 1720, the *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments*, provides guidance for ensuring adequate fire protection in communities served primarily by volunteer or combination fire departments. The standard emphasizes that staffing levels and response times should be based on community population density, risk, and geographic factors. For example, in suburban and rural areas, NFPA 1720 recommends minimum staffing levels to ensure that a sufficient number of trained personnel arrive on scene quickly enough to safely and effectively manage incidents. The standard also establishes response-time objectives, such as having the first-due unit arrive within a specified time (commonly 9 minutes for rural areas and shorter for suburban or urban settings)

and a minimum number of personnel on scene to initiate safe fire suppression or rescue operations. By linking staffing and deployment to risk and population characteristics, NFPA 1720 aims to optimize public safety while accounting for the realities of volunteer-based fire services, highlighting that inadequate staffing or delayed responses can compromise firefighter safety and operational effectiveness.

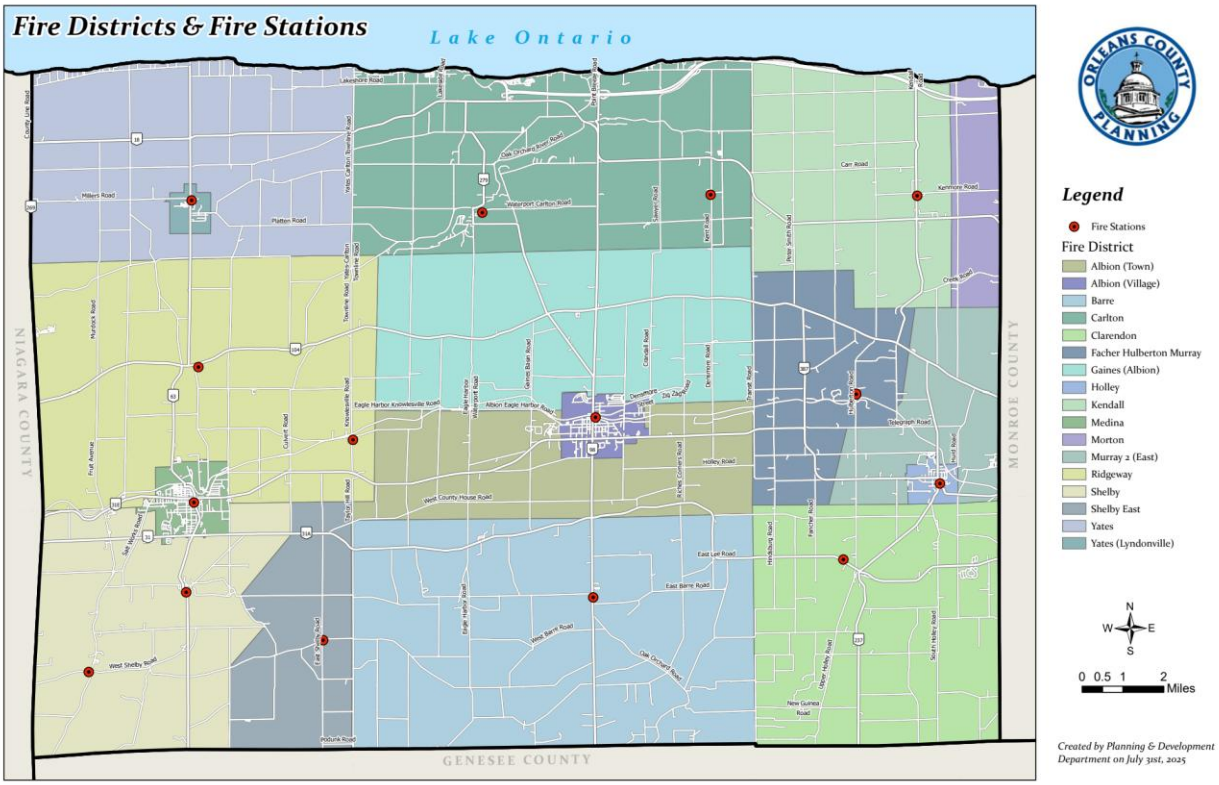


Figure II-3: Orleans County Fire Districts & Fire Stations

Albion Joint Fire District



The Albion Joint Fire District serves as the volunteer fire and emergency services provider for the Village of Albion and the Towns of Albion and Gaines in Orleans County, New York. Operating from its main station at 108 North Platt Street, the fully volunteer department includes roughly 57 volunteer/on-call firefighters with no full-time career staff. AFD provides fire suppression, rescue operations, and

emergency response services in coordination with local EMS agencies. Its coverage area spans about 60 square miles and includes an estimated population of 12,400 residents. The department maintains its own fire hall and apparatus—engines, an aerial truck, rescue units, and specialty vehicles—all housed at its central station.

Albion's fire service history dates back to 1831, evolving from several independent volunteer companies that eventually consolidated into the modern department in 1976. Like many volunteer departments, it faces challenges related to declining membership and staffing demands but continues to operate through strong community support, municipal funding, and the dedication of its volunteers.

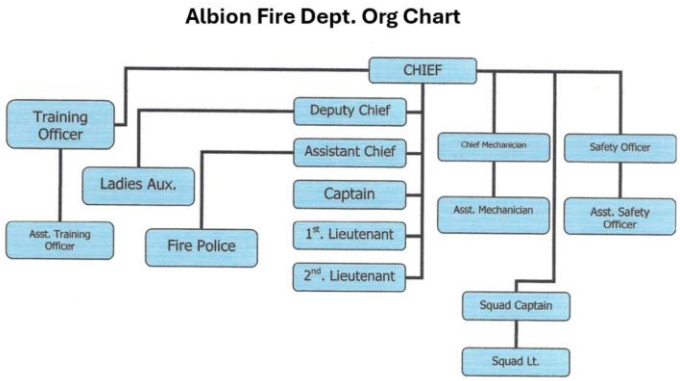


Figure II-4: Albion Fire Districts Org Chart

The Albion Fire Department operates out of the one main fire station which houses all of their fire suppression apparatus. The department operates three "pumper" style apparatus which is capable of delivering 2,750 gallons of water to the scene of an emergency.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Albion	Pumper	2016	750
Albion	Pumper-Tanker	2008	1000
Albion	Ladder Truck	1997	0
Albion	Rescue/Support	2011	0
Albion	Pumper	1992	1000

Figure II-5: Albion Fire Primary Apparatus

In addition to the primary fire suppression apparatus the department also has an SUV designated as the fire chief's vehicle, a utility trailer, a boat, and an Argo. The Argo is an off road UTV type vehicle which has rescue capabilities for off road incidents.

The Albion Joint District Fire Station is a seven-bay facility that reflects both the department's long history and its growing operational needs. The building's original three bays, located on the left side of the station, were constructed in 1934, and an expansion in 1984 added four additional bays to the right, providing space for modern apparatus and equipment. While the station remains functional and central to the department's daily operations, it faces several limitations that create challenges for a contemporary fire service. The facility has no bunk room to support overnight staffing or extended emergency responses, nor does it have an elevator to improve accessibility within the building. Its kitchen is not a full-service kitchen, making it difficult to support long-duration incidents or training events, and storage throughout the station is limited, restricting the ability to organize tools, supplies, and equipment efficiently.

In addition to these space constraints, the station lacks a dedicated lounge or firefighter wellness area, and all line and administrative officers must share a single office, reducing privacy and workspace efficiency. The absence of a Plymovent or similar exhaust extraction system means diesel fumes can linger in the apparatus bays, posing health and safety concerns. Gear locker space is also limited, making it difficult to accommodate turnout gear for all volunteers. Together, these shortcomings highlight the need for modernization to support the department's readiness, responder safety, and long-term sustainability.

The MRI team reviewed the data that was supplied detailing the responses of the Albion Joint Fire District from 2018 through 2024.

From 2020 through 2024, the Albion Joint Fire District experienced a steady increase in overall call volume across all major incident categories. EMS responses consistently represented the largest share of activity each year, rising from 165 calls in 2020 to 357 in 2024. Non-fire/EMS service calls followed a similar upward trend, increasing from 136 calls in 2020 to 185 in 2024, while Fire/CO/Smoke Alarm incidents grew from 80 to 117 over the same period. Fire-related responses fluctuated, with a noticeable rise in 2023 but lower totals again in 2024. Mutual aid activity also increased gradually, reflecting greater interagency support needs. Total incidents excluding mutual aid rose from 414 in 2020 to 690 in 2024, and the overall call totals including mutual aid grew from 430 to 733. These trends show a significant growth in service demand, particularly in EMS and general service calls, which now make up the majority of the district's operational workload.

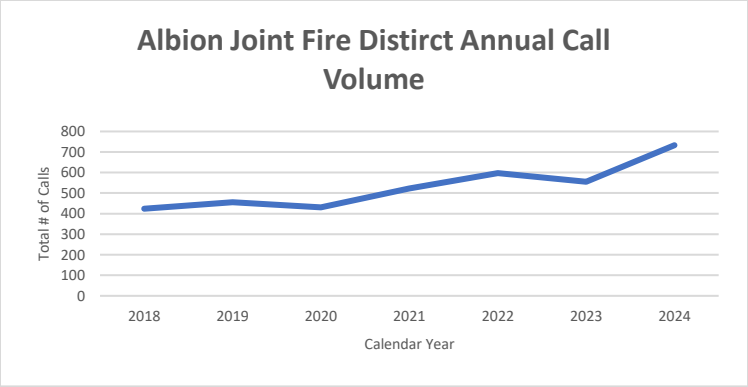


Figure II-6: Albion Fire Annual Call Volume

The average response times for Albion in its primary response area show meaningful month-to-month fluctuation, with performance generally ranging between 7 and 13 minutes throughout the year. The fastest average monthly response occurred in July at 7:16, followed closely by October at 7:43 and April at 8:29, indicating stronger operational efficiency during late spring, summer, and early fall. In contrast, the slowest months were in March at 13:24 and January at 12:08, suggesting that winter weather, road conditions, or call volume may contribute to delayed response times. The department's Best 90% response time of 8:14 demonstrates that, when excluding outliers, most responses fall within a more efficient time frame. However, the data also notes 47 instances of no response, along with 140 calls missing time data, both of which may significantly affect the accuracy of reporting and indicate opportunities for improvements in documentation, staffing coverage, or operational readiness. Overall, Albion shows periods of strong response performance but also reveals variability across the year and gaps in data completeness that should be addressed to better assess service reliability.

The Albion Joint Fire District's final budget for 2025 outlines detailed allocations for personnel, contractual obligations, operational expenses, equipment, building maintenance, administrative costs, lease payments, and reserve funds, totaling $872,222. Under personal services, the budget provides $47,647 for wages and related benefits for the Fire District Treasurer, Secretary, and Janitor, including payroll services. Contractual expenditures are budgeted at $17,000 for utilities, including electricity, natural gas, telephone, internet, trash, and water/sewer services, and $100,000 for insurance, covering liability, Volunteer Firefighters' Benefits Law (VFBL), workers' compensation/self-insurance, and cancer coverage. Operational expenses are allocated $38,950, including apparatus fuel, EMS supplies, fire prevention and fire police supplies, hazardous spill absorbent, training for fire and EMS personnel, and conferences. Apparatus maintenance is budgeted at $42,500, covering repairs and upkeep for multiple fire engines, the Argo, trailer, boat, and other equipment.

The equipment budget totals $104,715, funding PPE gear, SCBA units, other firefighting and EMS equipment, truck equipment, and equipment repairs. Building and grounds maintenance is allocated $61,000 for repairs, maintenance supplies, boiler and generator upkeep, pest control, roof repairs, and a contingency fund. Administrative expenses total $160,410, covering accounting, association dues, attorney fees, inspection dinners, recruitment and retention, medical exams, EMS and general contracts, IT services, office supplies, postage, public notices, election expenses, uniforms, and fire district formation expenses. Lease payments, including village bonds, are budgeted at $572,222. Finally, reserve funds for apparatus and building repair and replacement are set at $300,000, with no allocations for equipment repair or emergency repair reserves. Overall, the 2025 budget provides comprehensive funding for personnel, operations, maintenance, equipment, and long-term capital needs to support the fire district's continued operations and preparedness.

The Barre Fire Company



The Barre Fire Company in Orleans County is an all-volunteer fire service organization that has served the community since its establishment in 1961. Originating with members from the neighboring Albion Fire Department, it has operated for decades out of a small fire hall on Oak Orchard Road—part of which was originally a schoolhouse. Although an addition was built in 1960, the facility has long been considered undersized for modern fire operations, and several proposals to construct a new fire hall have been brought to public vote but ultimately rejected. Despite these challenges, the Barre Fire Company remains active in providing fire protection, emergency response, and mutual aid support to surrounding communities. The fire station lacks many of the modern amenities of a modern fire station, which include bunk rooms, exhaust removal systems, ADA access, washing machine, and administrative offices.

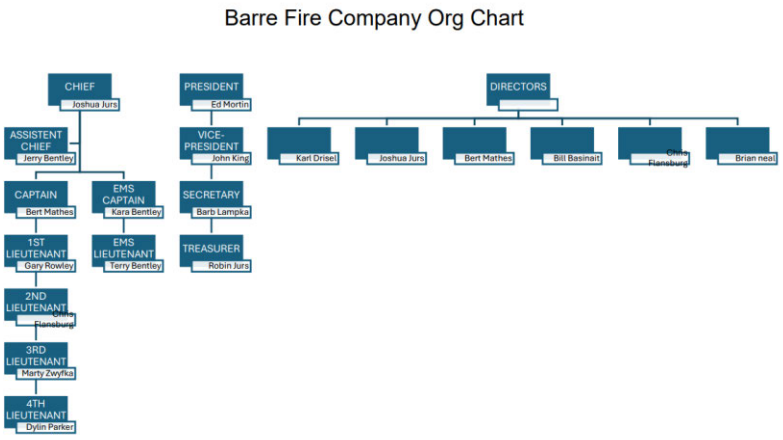


Figure II-7: Barre Fire Org Chart

The Barre Fire Company currently operates a fleet of highly customized fire apparatus. The fire apparatus is required to be customized due to the space limitations of the apparatus bay of the fire station.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Barre	Pumper	2019	1630
Barre	Pumper	2009	750
Barre	Tanker	2021	2200
Barre	Rescue	2024	0
Barre	Brush	2019	200

Figure II-8: Barre Fire Primary Apparatus

From 2020 through 2024, the Barre Fire Company experienced fluctuations in its annual call volume across different categories of emergency responses. EMS calls consistently made up the largest portion of their workload, starting at 90 calls in 2020 (54% of total calls) and peaking at 143 calls in 2022 (57%), before slightly decreasing to 109 calls in 2024 (56%). Non-fire/EMS service calls were the second largest category, ranging from 32 calls in 2020 (19%) to a peak of 56 calls in 2022 (22%), and settling at 44 calls in 2024 (23%). Fire/CO/Smoke Alarm incidents remained relatively low each year, fluctuating between 5 and 12 calls annually, while fire-related responses varied slightly from 9 calls in 2020 to 13 calls in 2023. Mutual aid responses were also a significant component of the department's activity, peaking at 35 in 2022 (14%) and accounting for 26 calls in 2024 (13%). Overall, total incidents excluding mutual aid rose from 137 in 2020 to 216 in 2022, then decreased to 169 by 2024, while total calls including mutual aid followed a

similar trend, starting at 167 in 2020, peaking at 251 in 2022, and ending at 195 in 2024. These data indicate that EMS and non-fire/EMS calls consistently form the majority of Barre Fire Company's operational workload, with mutual aid and fire responses supplementing their overall activity.

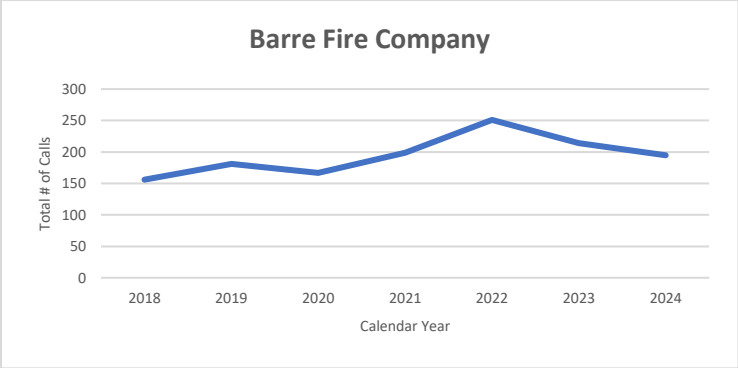


Figure II-9: Barre Fire Annual Call Volume

Barre's average monthly response times in its primary response area show generally strong performance, with most months falling between 6 and 8 minutes, indicating a consistent and reliable operational pace. The fastest average responses occurred in May at 5:55, followed by March at 6:53, July at 6:32, and September at 7:04, demonstrating solid coverage during spring and summer. The slowest months were February at 9:25 and December at 9:08, suggesting that winter conditions or resource constraints may slow response capability. Barre's Best 90% response time of 6:33 reflects that the majority of responses fall within an efficient time window, reinforcing overall strong performance. The dataset also notes 2 no-response incidents and 11 calls with missing time documentation, raising questions about crew availability, cancellations, or incomplete reporting. Additionally, October's calls show "in service" dispositions without on-scene times, further highlighting potential documentation issues that may obscure a complete evaluation of operational reliability. Overall, Barre demonstrates quick and stable response performance, though improvements in documentation accuracy and clarification around missing on-scene times would strengthen the assessment.

In the information provided to the MRI team, there was only a listing of a lump sum annual budget of $320,000 for the Barre Fire Company. Further analysis could not be completed due to being provided with insufficient information.



The Carlton Fire Department

The Carlton Fire Company, Inc., also known as the Carlton Volunteer Fire Company, is a volunteer-based fire service organization serving the Town of Carlton and surrounding areas in Orleans County, New York.

The fire company operates out of its main station at 14341 Waterport-Carlton Road in Albion, with a second station in the Kent area to provide broader coverage. Established as a nonprofit organization, Carlton Fire Company is responsible for providing fire suppression, rescue, emergency medical services, and mutual aid support when needed. Beyond emergency response, the company serves the community through volunteer engagement, fundraising, and hosting events such as recreation hall rentals, which help maintain community ties and support operations.

The Carlton community's primary fire suppression apparatus inventory consists of a mix of pumpers, tankers, and specialty units that together support both structural and rural fire operations. The fleet includes two front-line pumpers, manufactured in 1996 and 2004, each with a 1,000-gallon water capacity, providing the core capability for initial fire attack and sustained suppression. Water supply needs are further supported by two tankers: a newer 2013 unit with a 3,000-gallon capacity and an older 1985 tanker carrying 2,000 gallons, which are particularly critical in areas lacking hydrant infrastructure. In addition, the department operates a 2020 rescue apparatus that enhances emergency response and technical rescue capabilities, although it does not carry water, and a 2022 brush unit with a 200-gallon tank designed for grass, brush, and wildland interface fires.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Carlton	Pumper	1996	1000
Carlton	Pumper	2004	1000
Carlton	Tanker	2013	3000
Carlton	Tanker	1985	2000
Carlton	Rescue	2020	0
Carlton	Brush	2022	200

Figure II-10: Carlton Fire Primary Apparatus

The Carlton Fire Company responds to a steadily growing call volume each year, with incidents dominated by EMS responses. From 2020 through 2024, EMS calls consistently accounted for the

majority of their workload—ranging from 205 calls (67%) in 2020 to a peak of 244 calls (72%) in 2022—reflecting the department's critical role in medical emergencies. Non-fire/EMS service calls, such as lift assists, investigations, and public service incidents, made up the second largest category each year, typically representing 14–18% of total responses. Fire- and alarm-related incidents, including structure fires, CO alarms, and smoke detector activations, remained relatively low, generally between 6 and 8 calls per year. Actual fire responses ranged from 17 to 19 annually, making up about 5–6% of the total. Mutual aid responses, where the department assists neighboring agencies, accounted for 5–9% of yearly activity, reflecting the collaborative nature of fire service operations in rural areas. Overall, Carlton's annual call totals ranged from approximately 288 to 337 responses, with EMS and service calls forming the backbone of their operational demand.



Figure II-11: Carlton Fire Annual Call Volume

Carlton's average monthly response times reflect a generally slower and more variable performance compared to other districts, with monthly averages consistently ranging between 9 and 12 minutes, and only rare instances dipping below the 9-minute mark. The fastest months February at 9:17, April at 9:23, and September at 9:16 suggest periods of stronger staffing or more favorable conditions, but these are balanced by notably slower months such as June at 12:44, January at 11:16, May at 11:12, and December at 11:22. The especially high time in June is complicated by the fact that the calls show "in service" dispositions but no documented on-scene times, creating uncertainty about whether the delays reflect no-crew situations, cancellations, or incomplete reporting. Carlton's Best 90% response time of 9:36 indicates that most responses cluster near the higher end of the district's range, reinforcing the overall slower pattern. The presence of 12 no-response incidents and 40 calls with missing time data further limits the reliability of the dataset and suggests systemic issues with documentation, staffing

challenges, or operational gaps. Overall, Carlton's response performance appears less consistent and slower than desired, with significant data completeness issues that make it difficult to fully assess true operational capability.

The Medina Fire Department



The Medina Fire Department, located in the Village of Medina in Orleans County, New York, is a combination fire and EMS agency that provides all-hazards emergency response to the village and several surrounding towns. Operating from its station at 600 Main Street, the department is staffed by a mix of career firefighters, EMTs, paramedics, and part-time/volunteer personnel, all trained to handle fire suppression, rescue operations, and a high volume of EMS calls. Medina FD runs Advanced Life Support (ALS) ambulance services and responds not only within the village but also throughout the Towns of Ridgeway, Shelby, Yates, and the Village of Lyndonville.

The Medina Fire Department maintains a total roster of 17 members, including the full-time fire chief. All 17 active members are qualified as interior firefighters, with no personnel designated solely as exterior firefighters. In addition to fire suppression qualifications, several members hold EMS credentials that expand response capabilities. There are currently no members identified as certified CFR-only firefighters, exterior firefighter/paramedics, or fire police. The Medina staffing model has four career firefighters on duty and assigned to ambulance operations. When both ambulances are committed to calls, a callback procedure is used to staff the firehouse with a single firefighter. For incidents requiring additional manpower, either due to the nature of the emergency or increased call volume, off-duty personnel are notified through the I Am Responding system and respond from home to supplement on-duty staffing.

The department's fleet consists of several fire apparatus and utility vehicles that support both emergency response and daily operations. Fire suppression resources include a 1990 Pierce Engine 10, which has accumulated approximately 36,974 miles and 4,209.5 engine hours, with relatively low annual usage of about 350 miles and 70 hours, although it is currently not in service. The fleet also includes a ladder truck, which was recently purchased from the Murray Fire District. Primary engine response is supported by a 2006 Pierce Engine 11, which has logged roughly 41,226 miles and 4,050.3 hours, with significantly higher annual utilization at approximately 2,000 miles and 225 hours per year. In addition to front-line apparatus, the department operates several utility vehicles, including a 2010 Ford with about 60,290 miles and annual use of approximately 4,019 miles, a 2018 Chevrolet Equinox with 25,987 miles and annual use of about

1,584 miles, and a 2019 Chevrolet Suburban that has accumulated approximately 55,320 miles and is heavily utilized, averaging about 9,220 miles per year.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Medina	Pumper	1990	1250
Medina	Pumper	2006	1500
Medina	Ladder	2019	500

Figure II-12: Medina Primary Apparatus

From 2020 through 2024, the Medina Fire Department's call activity shows consistent trends across EMS, non-fire EMS incidents, fire-related alarms, and mutual-aid responses. In 2020, EMS incidents made up 5% of calls, while non-fire EMS responses represented the largest share at 47%. Fire/CO/smoke alarm activations accounted for 25%, actual fire responses for 13%, and mutual aid for 11%, resulting in 228 calls excluding mutual aid and 256 total. In 2021, EMS remained low at 6%, non-fire EMS decreased to 35%, and fire/CO alarms rose to 30%, with fire calls at 16% and mutual aid at 13%, for 216 calls excluding mutual aid and 249 total. 2022 saw EMS at 4%, non-fire EMS at 39%, fire/CO alarms at 31%, fire incidents at 15%, and mutual aid at 11%, generating 241 calls without mutual aid and 270 overall. In 2023, EMS comprised 6% of calls, non-fire EMS 28%, fire/CO alarms 34%, fires 13%, and mutual aid 19%, with 176 calls excluding mutual aid and a total of 216. By 2024, EMS made up 5%, non-fire EMS increased to 33%, fire/CO alarms rose to 36%, fire responses held at 13%, and mutual aid represented 13%, bringing the department to 234 calls excluding mutual aid and 269 total. Overall, across the five years, non-fire EMS and fire alarm activations consistently represented the bulk of call volume, while EMS medical calls and fire incidents remained smaller but steady portions of the department's workload.

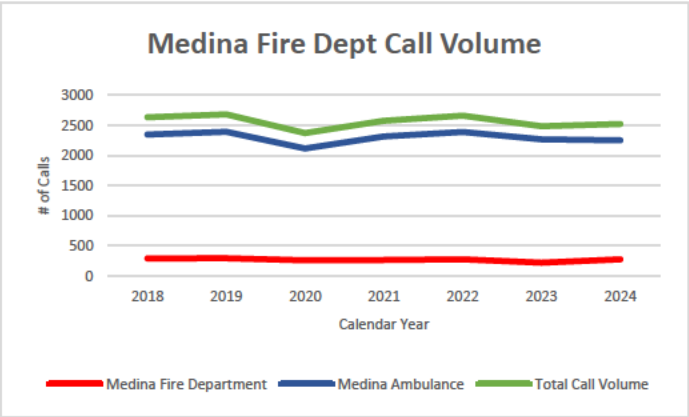


Figure II-13: Medina Fire Annual Call Volume

The Medina Fire Department demonstrates consistently fast response times in its primary response area, with monthly averages generally ranging between 2:52 and 4:36, indicating strong operational efficiency throughout the year. The fastest responses occurred in February at 2:52, November at 3:01, and October at 3:09, suggesting particularly quick performance during late winter and fall months. The slowest months were December at 4:36 and June and September at 4:23, which may reflect seasonal factors such as weather, call volume, or staffing constraints. The department's Best 90% response time of 3:16 shows that the vast majority of calls are handled within a very short window, emphasizing a high level of reliability. The dataset includes 1 no-response incident and 35 calls missing time data, representing a minor gap in documentation but not significantly affecting overall performance evaluation. Overall, Medina exhibits rapid and consistent response capabilities, reflecting efficient resource allocation and strong operational readiness in its primary service area.

The Clarendon Fire Department



The Clarendon Fire Department in Clarendon, New York, is a volunteer fire company that provides fire protection and emergency response services to the Town of Clarendon and surrounding areas in Orleans County. Known officially as the Clarendon Volunteer Fire Company, Inc., it operates out of a single fire station located at 16169 East Lee Road in Clarendon, NY 14429.

As a 100% volunteer organization, the Clarendon Fire Company is staffed by community members who train regularly to respond to fires, medical emergencies, and other urgent incidents. The department's mission focuses on protecting lives and property in its response district, and it maintains a strong tradition of local service—many members contribute hundreds of hours each year beyond their regular jobs and family commitments. The company also plays an active role in community life, hosting events and participating in local traditions. For example, Clarendon's annual holiday parade begins at the firehouse, highlighting its role as a neighborhood hub.

The Clarendon Fire Company is organized under a structured leadership and governance framework that supports both emergency operations and administrative functions. The organization is led by a Chief, supported by a Deputy Chief and an Assistant Chief, who oversee operational readiness and response. Company officers include a Fire Captain and multiple Fire Lieutenants responsible for supervision and coordination of firefighting personnel, as well as a Fire Police Captain who manages scene safety and traffic control. Administrative leadership consists of a President and Vice President, along with a Secretary and Treasurer who handle

organizational governance, records, and financial management. Oversight is further provided by a Board of Directors, led by a Chairperson and supported by several Directors, with one director position currently vacant.

The Clarendon Fire Company operates a diverse fleet of apparatus designed to support fire suppression, water supply, rescue, and specialized operations. The fleet includes a 1991 tanker equipped with a 2,000-gallon water tank and a 1,000-gpm front-mount pump to support rural water supply operations, as well as a 2009 Pierce 75-foot quint featuring a 1,500-gpm pump and a 500-gallon tank, providing both engine and aerial capabilities. Fire suppression and rescue operations are further supported by a 2019 Spartan rescue pumper with a seven-person cab, a 1,500-gpm pump, and a 1,000-gallon water tank. Specialized and off-road response capabilities include a 1999 four-wheel-drive Dodge Ram 2500 brush unit with a 175-gallon tank and a 2007 eight-wheel ARGO for difficult terrain. The department also maintains a 2019 Ford F-550 Squad with a 12-foot body and a 2007 enclosed 23-foot trailer, both outfitted with rope rescue equipment to support technical rescue operations.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Clarendon	Tanker	1991	2000
Clarendon	Quint	2009	500
Clarendon	Pumper/Rescue	2019	1000
Clarendon	Brush	1999	175
Clarendon	Rescue	2019	0

Figure II-14: Clarendon Fire Primary Apparatus

From 2020 through 2024, the Clarendon Fire Company's activity shows a consistently heavy EMS response, which makes up the majority of its annual calls. In 2020, EMS accounted for 70% of all incidents, followed by non-fire EMS at 15%, fire/CO/smoke alarms at 4%, fire responses at 4%, and mutual aid at 7%, totaling 315 calls excluding mutual aid and 338 overall. In 2021, EMS again represented the bulk of activity at 69%, with non-fire EMS at 18%, fire/CO alarms at 5%, fire incidents at 3%, and mutual aid at 5%, creating 403 calls without mutual aid and 426 in total. 2022 maintained a similar pattern, with EMS at 68%, non-fire EMS at 20%, alarms at 2%, fires at 4%, and mutual aid at 5%, leading to 376 calls excluding mutual aid and 395 overall. In 2023, EMS remained dominant at 70%, non-fire EMS stood at 18%, alarms at 2%, fires at 5%, and mutual aid at 4%, totaling 324 calls without mutual aid and 338 total. By 2024, EMS responses dipped slightly to 58% while non-fire EMS rose to 21%, alarms remained at 2%, fires held at 4%, and mutual aid increased significantly to 15%, resulting in 391 calls excluding mutual aid and 461 overall. Across

all five years, Clarendon's call volume is overwhelmingly EMS-driven, with fire and alarm incidents consistently representing a small portion of the workload, though mutual aid demands increased notably in 2024.

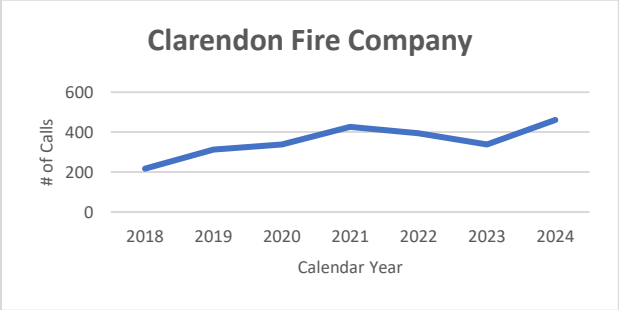


Figure II-15: Clarendon Fire Annual Call Volume

The Clarendon Fire Company's average response times in its primary response area show considerable variation throughout the year, ranging from a low of 6:28 in September to a high of 12:01 in October, indicating periods of both strong and slower operational performance. The fastest months—September at 6:28, December at 7:40, and May at 7:47—suggest times of improved staffing availability or favorable conditions, while the slowest months, particularly October at 12:01, June at 10:03, and July at 10:28, may reflect challenges such as higher call volume, staffing shortages, or environmental factors. The department's Best 90% response time of 7:41 demonstrates that most responses occur within a reasonable time frame, although extreme outliers extend the overall monthly averages. The dataset also notes 66 no-response incidents and 140 calls missing time documentation, which highlight significant gaps in reporting and may impact the accuracy of the response-time analysis. Overall, while Clarendon achieves timely responses for many calls, the variability and documentation gaps indicate areas for potential operational improvement and more consistent service delivery.

Financially, the fire company operates as a 501(c)(3) nonprofit, supporting its mission through town funding, fundraising efforts, and community support. The Town of Clarendon enters into a multi-year fire protection contract with the company, providing annual payments in exchange for emergency services throughout the Clarendon Fire Protection District. The Clarendon Fire Company's operational budget is projected to increase steadily over the four-year period shown. For 2025, the budget is set at $233,676.00 and is expected to rise to $238,286.28 in 2026, followed by $243,034.87 in 2027. By 2028, the operational budget is projected to reach $246,132.53, reflecting gradual and planned growth to support ongoing operations and service delivery. The MRI team was only given bottom line numbers and was not able to view line items specific to the budget.

The Kendall Fire Department



The Kendall Fire Department is a volunteer fire service organization serving the Town of Kendall and the surrounding areas in Orleans County, New York. The department provides fire suppression, emergency response, and on-scene medical assistance, playing a critical role in protecting life and property within the community. While it historically operated a volunteer ambulance service, patient transport responsibilities transitioned to mutual-aid ambulance providers in recent years, with department members continuing to deliver initial medical care until transport arrives. Staffed by trained volunteers and led by appointed officers, the Kendall Fire Department responds to a steady volume of emergency calls each year and remains actively engaged in community events, public outreach, and volunteer recruitment, reflecting its long-standing commitment to public safety and community service.

The Kendall Fire Department operates out of a firehouse constructed in 1982 that is designed to support both emergency response and community functions. The facility includes three truck bays for apparatus storage, a commercial kitchen, four restrooms, and a dedicated meeting and training room. With a total occupancy capacity of approximately 300 people, the firehouse also serves as a functional space for training, meetings, and community events in addition to housing department operations.

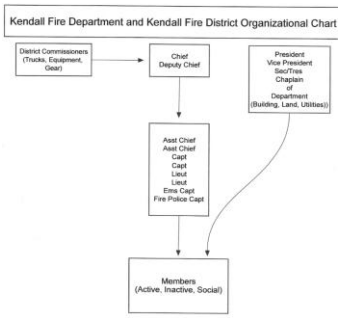


Figure II-16: Kendall Fire Org Chart

The Kendall Fire Department operates a fleet of apparatus designed to support fire suppression, rescue, EMS, and special operations. Kendall 12 is a 2019 Rosenbauer pumper equipped with a 1,250-gpm pump with high-pressure capability, a 900-gallon water tank, pump-and-roll functionality, four-wheel drive, and a five-person cab, along with Genesis hydraulic rescue tools, a 100-foot booster line, ground sweep nozzles, a spill and decontamination kit, and 1,000 feet of

4-inch large-diameter hose. Water supply operations are supported by Kendall 52, a 2001 KME tanker carrying 3,000 gallons of water with a 1,500-gpm pump, a two-person cab, rear and side mass water discharge capability, and 100 feet of 4-inch LDH. Fire suppression and rescue capabilities are further enhanced by Kendall 34, a 2008 E-One pumper/rescue with an eight-person cab, a 1,000-gallon water tank, 1,200 feet of 4-inch LDH, Hurst gas-powered rescue tools, Milwaukee power tools, and spill and decontamination kits. EMS response is supported by Kendall 69, a 2022 Chevrolet Tahoe BLS first response vehicle equipped with BLS EMS equipment, a mechanical chest compression device, and a folding backboard. Additional support is provided by Kendall 81, a 2014 Chevrolet Silverado utility vehicle outfitted with BLS EMS and Fire Police equipment and used to tow the department's marine response trailer. Marine and water rescue operations are supported by Kendall Marine 1, an enclosed trailer carrying an inflatable boat with motor, throw ropes, reach poles, and basic surface and ice water rescue equipment.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Kendall	Pumper	2019	900
Kendall	Tanker	2001	3000
Kendall	Rescue Pumper	2008	1000

Figure II-17: Kendall Fire Primary Apparatus

The Kendall Fire Department's call volume over the five-year period from 2020 through 2024 shows a clear increase in overall activity and a growing emphasis on EMS-related responses. In 2020, the department handled 92 total calls, with 73 occurring within the primary response area, and calls were relatively evenly distributed among EMS, fire incidents, alarms, and non-fire responses. Similar call volumes continued in 2021 and 2022, with total responses of 95 and 96, respectively, and non-fire/EMS and EMS calls accounting for a significant share of activity. A substantial increase occurred in 2023, when total calls rose sharply to 191, including 158 calls without mutual aid, driven primarily by a significant rise in EMS responses, which made up more than half of the total workload. Elevated activity levels continued into 2024, with 177 total calls and 152 calls excluding mutual aid, again dominated by EMS responses, followed by non-fire/EMS incidents, fire alarms, and a smaller proportion of working fire calls. Overall, the data reflect a growing demand for service, particularly in EMS and non-fire emergencies, consistent with broader trends facing volunteer fire departments.

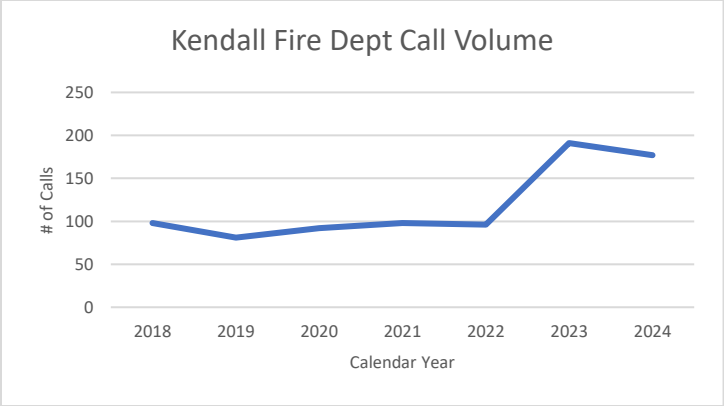


Figure II-18: Kendall Fire Annual Call Volume

The Fire District's 2025 budget is funded through real property taxes and supplemented by modest revenues and appropriated fund balance. The budget shows a notable increase from approximately $165,000 in 2023 to $252,411 in 2025. This rise is largely driven by contractual obligations, apparatus and equipment expenses, and insurance premiums, while the district remains compliant with statutory spending limits through allowable exclusions such as insurance, retirement contributions, and emergency vehicle operating costs.

Expenditures are distributed across multiple core areas, with administrative and facility costs remaining stable and modest, indicating controlled fixed costs and no major capital projects planned. Apparatus and equipment costs are rising, utilities, water, and infrastructure costs remain relatively steady, while insurance and risk management expenses continue to represent a substantial and consistent portion of the budget.

Revenue is derived from a combination of estimated revenues, fund balance, and real property taxes, with the tax levy fully aligned with statutory requirements. The budget demonstrates strong fiscal governance, maintaining a statutory spending margin after accounting for allowable exclusions. Overall, the plan reflects a responsible, forward-looking approach that balances increasing operational demands with financial stability, ensuring the district can continue providing reliable fire protection and emergency services while safeguarding taxpayer resources.

The Lyndonville Fire Department



The Lyndonville Fire Department, formally known as the Lyndonville Joint Fire District, is a volunteer fire department serving the Village of Lyndonville, the Town of Yates, and the surrounding areas in Orleans County.

Staffed entirely by volunteers, the department provides fire suppression, rescue, and emergency response services, and often responds to a high volume of non-fire emergencies typical of small rural communities. In addition to emergency operations, the department is active in public education and community outreach, including fire prevention programs. As of 2023, fire protection services are overseen by the Lyndonville Fire District, governed by elected commissioners responsible for budgeting, equipment planning, and long-term operational needs. The department operates out of its fire station on North Main Street and maintains a fleet of apparatus and equipment appropriate for structural fires, vehicle incidents, and general emergency response, supported in part through grants and community funding.



Figure II-19: Lyndonville Fire Org Chart

The Lyndonville, New York, Fire Department maintains a diverse fleet of apparatus designed to support a wide range of emergency response operations. The department operates a 2025 Spartan FC94 pumper with a 1,500 GPM pump and 750-gallon water tank, alongside a 2001 KME Renegade pumper equipped with a 1,250 GPM pump and 1,000-gallon water capacity, ensuring robust structural firefighting capabilities. For tanker operations, the department utilizes a New Lexington tanker featuring a 500 GPM pump and a 2,000-gallon water tank, providing essential support for areas lacking hydrant coverage. Rescue and support operations are facilitated by a 2017 Rosenbauer rescue unit and a 2021 Chevy XL pickup, while off-road response is supported by a 2022 Polaris RTV



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Lyndonville	Pumper	2025	750
Lyndonville	Pumper	2001	1000
Lyndonville	Tanker	2005	2000
Lyndonville	Rescue	2017	0

Figure II-20: Lyndonville Fire Primary Apparatus

Based on the call volume data provided for the Lyndonville Joint Fire District, the department responds to a variety of incident types, with EMS calls consistently representing the majority of activity. EMS calls range from 102 to 163 per period, generally comprising 54% to 70% of total calls, highlighting the district's significant role in providing medical emergency services. Non-Fire/EMS incidents account for a smaller portion, typically 12% to 27% of responses, while Fire/CO/Smoke Alarm and Fire incidents collectively make up roughly 10% to 16% of calls. Mutual aid calls fluctuate but remain a smaller percentage, ranging from 3% to 13%, indicating that while the district occasionally supports neighboring communities, the bulk of operations are local. Overall, total calls per period vary between approximately 186 and 262, reflecting consistent demand for both EMS and fire-related services and underscoring the district's dual role in medical and fire emergency response.



Figure II-21: Lyndonville Fire Annual Call Volume

The Lyndonville, New York, Fire Department has a budget of $214,000 for Fiscal Year 2024. No further information was provided on the budget, and there was nothing found during online searches.

Murray Joint Fire District



The Murray Joint Fire District is a local government fire protection district serving the Town of Murray in Orleans County, New York, providing firefighting, rescue, and emergency medical services to residents and visitors. As a political subdivision of the state, it is governed by a board of seven elected fire commissioners who serve staggered terms and oversee the district's budget, policies, and operations. The district responds to a wide range of emergencies, including fires, rescues, and medical calls, and operates from one strategically located station to ensure comprehensive coverage across the town. Formed through the consolidation of older local fire districts, including the Holley and Fancher-Hulberton-Murray districts—the joint district was established to unify services, improve efficiency, and create a single tax and governance structure. Overall, the Murray Joint Fire District functions as the primary public fire and emergency response organization for the Town of Murray, funded through local taxation and directed by an elected board to safeguard the community.

The Murray Joint Fire District maintains a diverse and modern fleet of apparatus to support its firefighting, rescue, and specialized operations. Murray 13 is a 2015 F550 Rosenbauer chassis with a 2023 Bulldog body, featuring a 1500 GPM pump, 300-gallon tank, Holmatro gas combi tool, and 500 feet of 5" LDH. Murray 32, a 2023 Spartan Rescue Pumper, carries a 1500 GPM pump, 1000-gallon tank, Holmatro rescue tools, Junkyard Dog rescue jacks, 1200 feet of 5" LDH, and firefighter decontamination equipment. Murray 40 is a 2019 Rosenbauer Quint equipped with a 100-foot aerial with pre-piped waterway, 1500 GPM pump, 500-gallon tank, Holmatro battery combi tool, 1000 feet of 5" LDH, a large array of rescue saws, and a full NFPA complement of ground ladders. Murray 65, a 2016 F550 Rosenbauer Rescue vehicle, functions as an EMS unit with a Defib tech CPR machine, full Holmatro rescue tool set, ResQ jack system, air tools and airbags, a light tower, and rope rescue equipment. The district also operates a Special Ops Trailer (2017 cargo trailer) stocked with rope and water rescue gear and command/rehab equipment, as well as Murray Marine 1, a 2024 14-foot Inmar RIB with both 8 hp gasoline and 3 hp battery-operated motors for water operations.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
MJFD	Pumper	2007	750
MJFD	Quint	2019	500
MJFD	Pumper	2023	1000
MJFD	Mini Pumper	2015	300
MJFD	Rescue	2016	0

Figure II-22: Murray Joint Fire District Primary Apparatus

From 2021 through 2024, the Murray Joint Fire District responded to a consistent mix of emergency calls, with EMS calls representing the majority of activity each year. In 2021, EMS accounted for 63% of responses (445 calls), followed by non-fire/EMS incidents at 15%, fire/CO/smoke alarms at 6%, fire calls at 5%, and mutual aid at 12%, totaling 707 calls. Similar trends continued in 2022, with EMS comprising 65% of 677 total responses, and in 2023, EMS calls were 59% of 598 responses. By 2024, EMS responses decreased to 51% of 637 total calls, while non-fire/EMS and mutual aid increased to 22% and 19%, respectively, reflecting a slight shift in call types. Overall, the district handles a broad range of emergency incidents annually, with EMS consistently representing the largest portion of its workload.

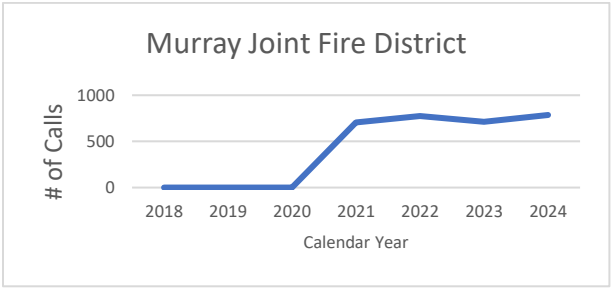


Figure II-23: MJFD Fire Annual Call Volume

The Murray Joint Fire District's budget for 2025 reflects an increase in both revenue and expenditures compared to previous years, driven largely by rising property tax assessments and capital equipment needs. Total projected income is $801,734, primarily from the fire district tax assessment of $798,234, with smaller contributions from interest income and asset sales. This represents a substantial increase from the 2024 budget of $526,915 and actual 2024 year-to-date receipts of $559,540.

On the expense side, the budgeted total for 2025 is $791,734, covering personal services, capital equipment, contractual expenses, maintenance, fuel, insurance, training, and other operational costs. Personal services are projected at $24,658, a slight decrease from prior years, while capital equipment expenditures rise sharply to $457,504, reflecting major investments in SCBA, turnout gear, and other apparatus. Contractual expenses are budgeted at $309,572, including EMS supplies, training, building maintenance, and professional services. Routine maintenance, fuel, insurance, and personnel-related costs are also accounted for to ensure operational readiness.

The district also plans to maintain a reserve of $10,000 in 2025, slightly higher than the prior year, reflecting a continued emphasis on financial stability while accommodating growing operational and equipment needs. Overall, the budget demonstrates a careful balance of maintaining core services, investing in essential equipment, and responding to increasing operational demands.

The East Shelby Fire Department



The East Shelby Volunteer Fire Company is a long-standing volunteer fire department serving the East Shelby area of Orleans County, New York. Operating from a single station on East Shelby Road in Medina, the department relies entirely on volunteer firefighters. It provides fire suppression and emergency response services to the local community and participates in mutual aid with neighboring departments. The company has a long history of community involvement, regularly recognizing the dedication of its volunteers through awards and annual events.

There was no information provided to the MRI team about the structure or membership of the department, which prohibited the analysis of these metrics. Additionally, there was no information provided on the apparatus that the department has.

An analysis of the call activity from 2020 through 2024 indicates that EMS responses consistently form the majority of incidents handled by the department, reflecting its primary role as an emergency medical service provider. Non-fire/EMS calls, including service and assistance calls, represent a smaller portion of activity, while fire-related calls such as structure fires, CO, and smoke alarm activations remain relatively limited in frequency. Mutual aid responses contribute additional workload, though the bulk of the department's operations focus on its own jurisdiction. Overall, this trend demonstrates that while the department maintains capabilities for fire suppression and mutual aid, the growing demand for EMS services drives most of its operational activity, highlighting the importance of maintaining trained medical personnel and resources alongside traditional firefighting capabilities.

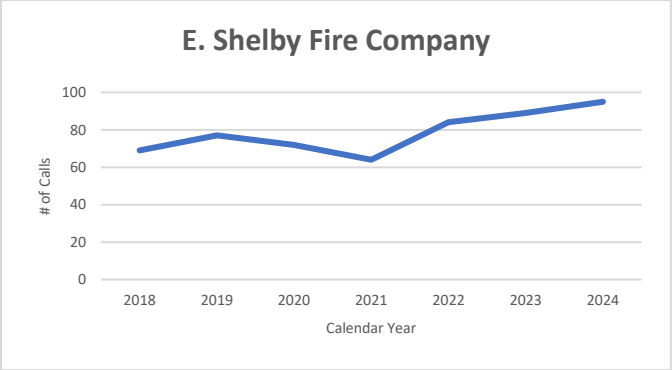


Figure II-24: E. Shelby Fire Annual Call Volume

Unfortunately, there was very little data provided to the MRI team; therefore, an analysis of the East Shelby Fire Department was limited.

The Ridgeway Fire Department



The Ridgeway Volunteer Fire Company in Orleans County, New York, is a volunteer-based department serving the rural Town of Ridgeway and surrounding areas from two stations. With a long tradition of community service, its members respond to fires, accidents, and emergencies while participating in mutual aid with neighboring departments. The department emphasizes training and recognizes the dedication of its volunteers through annual banquets and milestone celebrations, reflecting generations of local commitment to public safety.

The Ridgeway Volunteer Fire Company, Inc. is organized with a dual structure comprising an operational Fire/EMS side and an executive leadership side. The operational chain of command includes the Fire Chief, Deputy and Assistant Chiefs, a Captain, two Lieutenants, a Safety Officer, and a Fire Police Captain, overseeing day-to-day emergency response. The executive side manages administrative and organizational matters, led by a President, Vice President, Secretary, Treasurer, three Directors, and a Sergeant at Arms, ensuring governance, strategic planning, and community engagement.

The Ridgeway Volunteer Fire Company operates a diverse fleet of apparatus across its two stations to support firefighting, rescue, and emergency medical services. Station 1 houses a 1992 boat, a 2024 Pierce Impel Pumper (R12) with a 1,750 gpm pump, 980 gallons of water, 20 gallons

of foam, a light tower, and Hurst hydraulic rescue tools, a 2022 Chevy Utility EMS response vehicle (R69), a 1999 Ford F350 light rescue (R67), a 2020 Rosenbauer Tanker (R52) with a 1,250 gpm pump and 2,000 gallons of water, and a 2010 Pierce Saber Pumper (R32) with a 1,500 gpm pump, 1,000 gallons of water, and a 4,500 psi cascade system. Station 2 operates a 1990 Kodiak/Young Pumper (R31) equipped with a 1,250 gpm pump, 1,000 gallons of water, and Hurst hydraulic rescue tools, providing additional support for firefighting and technical rescue operations.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Ridgeway	Pumper	2024	980
Ridgeway	Tanker	2020	2000
Ridgeway	Pumper	2010	1000
Ridgeway	Pumper	1990	1000

Figure II-25: Ridgeway Fire Primary Apparatus

The Ridgeway Volunteer Fire Company's call activity from 2020 through 2024 shows a consistent pattern in the types of emergencies handled and the overall volume of responses. EMS calls consistently represent the majority of activity, ranging from 60% to 67% of total incidents each year, reflecting an increase in demand for medical emergencies in the community. Non-fire/EMS responses, such as service calls or public assistance, account for 17% to 23% of activity, indicating a steady demand for support beyond traditional firefighting. Responses to fire and CO/smoke alarms remain relatively low at 2% to 6%, while actual fire incidents are similarly limited, typically representing 5% to 6% of calls. Mutual aid requests contribute 5% to 8% of total activity, showing the department's role in regional support. Overall, total call volumes have remained fairly stable, ranging from 294 to 339 incidents per year, with EMS consistently forming the core of the department's operations, highlighting the dual role of the department in both emergency medical and fire response within a largely rural area.

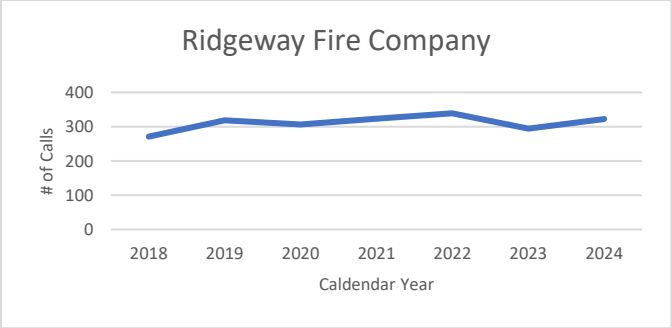


Figure II-26: Ridgeway Fire Annual Call Volume

The Ridgeway Volunteer Fire Company operates as a 501(c)(3) nonprofit, meaning its finances are managed independently from a standard municipal line-item budget. Based on the Ridgway Volunteer Fire Company, Inc. Budget vs. Actual (FYE 2024) report, the organization finished the fiscal year with overall revenues closely tracking projections, but with notable variances across individual income and expense categories. Several fundraising activities—such as beer and wine sales, raffles, vendor bender events, and hall rentals—performed at or above budget, helping offset underperformance or higher-than-expected costs in other areas. Grant income and town payments provided stable, predictable revenue, reinforcing the importance of these sources to the department's financial stability. On the expense side, operational costs such as utilities, repairs, insurance, uniforms/gear, and equipment exceeded initial budget estimates, reflecting rising costs and increased operational demands. The most significant financial driver was the large capital expenditure related to the truck purchase, which substantially increased total expenses and resulted in an overall deficit when viewed on an annualized basis. Excluding this one-time capital cost, day-to-day operations appear largely sustainable, though the report underscores the need for careful long-term planning, stronger expense controls in certain categories, and continued emphasis on diversified fundraising and grant support to manage future capital and operating needs effectively.

The Shelby Fire Department



The Shelby Volunteer Fire Company is the primary fire protection service in the Town of Shelby in Orleans County, New York, operating as a volunteer fire department that contracts with the town to provide fire protection and emergency response services. The department is 100% volunteer, and the company responds to a mix of emergency calls, which

are predominantly emergency medical services and fire alarms. The department is governed by elected officers and volunteers who also support fundraising, training, and equipment procurement to serve the local community effectively. Shelby Station One, built in 1971, features four bays but is limited in size, offering no room for expansion and only a single office. The bay depth is tight for modern fire apparatus, yet it accommodates a quint, an engine, an EMS vehicle, a pickup truck, and a rescue trailer.

The Shelby Volunteer Fire Company is organized into two main leadership structures: the Firematic Line and the Executive Board. The Firematic Line oversees operational and emergency response activities, with roles including Chief, Deputy Chief, Assistant Chief, Captain, Lieutenant, EMS Captain, and EMS Lieutenant, providing a clear chain of command for firefighting and EMS operations. The Executive Board manages administrative, financial, and organizational matters, with positions such as President, Vice President, Treasurer, Assistant Treasurer, Secretary, Sergeant at Arms, Steward, Trustees, and Chaplain, ensuring governance, oversight, and support for the department's overall mission. This dual structure separates operational command from administrative management, allowing the department to function efficiently in both emergency response and organizational operations.

The Shelby Volunteer Fire Company maintains a diverse and well-equipped fleet to support both fire suppression and emergency response operations. Its primary apparatus includes Engine 10, a 2010 Pierce Impel with a 1500 GPM pump, 900 gallons of water, foam capacity, and a generator-equipped light tower, carrying extensive rescue equipment and ice water rescue suits. Quint 40, a 2019 Pierce Enforcer with a 75-foot ladder, serves as the first-due truck for structure fires and participates in mutual aid for FAST responses, while Tanker 50, a 2024 Pierce on a Freightliner chassis, provides 2100 gallons of water with a 1000 GPM pump. EMS operations are supported by Squad 69, a 2025 Tahoe BLS-certified vehicle, and Shelby 81, a utility pickup used to tow foam and rescue trailers. The department also operates Off-Road 21, a 2015 Polaris Ranger XP 900HO adaptable for grass fires and EMS response, a rescue boat, a 2011 foam trailer with 660 gallons of universal foam, and a 2016 rescue trailer carrying cold water and rope rescue equipment. Collectively, this fleet allows the department to respond effectively to a wide range of fire, rescue, and emergency medical incidents.



Primary Fire Suppression Apparatus Inventory			
Community	Type of Apparatus	Year	Water Capacity
Shelby	Pumper	2010	900
Shelby	Quint	2019	500
Shelby	Tanker	2024	2100
Shelby	Foam Trailer	2011	660(Foam Conc)

Figure II-27: Shelby Fire Primary Apparatus

An analysis of the call activity for the Shelby Fire Company from 2020 through 2024 shows that EMS responses consistently represent the majority of the department's workload, ranging from 55% to 61% of total calls each year. Non-fire/EMS incidents, such as service calls or public assistance, account for roughly 14% to 24% of responses, showing a slight fluctuation over the five-year period. Fire-related calls, including fire suppression and CO/smoke alarm activations, remain a smaller portion of total activity, generally between 2% and 8%, while mutual aid responses contribute about 11% to 15% of the total call volume when included. Overall, the total number of calls demonstrates modest growth from 220 in 2020 to 242 in 2024, reflecting steady demand for emergency medical services alongside consistent, though smaller, fire and mutual aid activity. This trend underscores the department's primary role as an EMS provider, with fire suppression and mutual aid operations remaining secondary but essential components of its service profile.

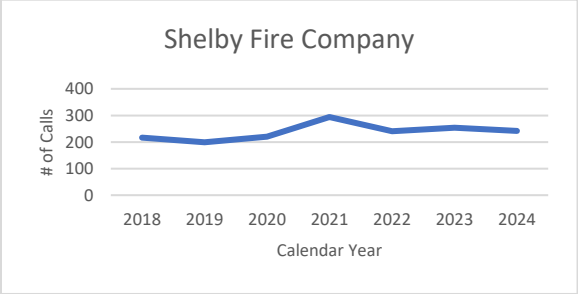


Figure II-28: Shelby Fire Annual Call Volume

The Shelby Volunteer Fire Company provides a detailed overview of the department's budget, operating income, expenses, and equity. For the current fiscal year, the department projects total operating income of approximately $338,445, primarily sourced from the town contract, fundraising activities, grants, pull tabs, and miscellaneous revenue. Operating expenses total around $230,500, covering essential areas such as fundraising costs, fire equipment, insurance, utilities, equipment, building repairs, medical exams, outside services, interest, and depreciation. This results in a net operating surplus of roughly $107,945. Overall, the budget report indicates that the Shelby Volunteer Fire Company maintains a stable financial position, with income exceeding expenses, enabling continued operations, maintenance of equipment, and readiness for emergency response, while also providing transparency for oversight by the governing body.

Orleans County Fire Department Aging Workforce & Qualifications

The MRI team worked with the Orleans County Emergency Management Office to collect data relative to the qualifications and age of the firefighters of Orleans County. The primary focus of the data collection was to highlight the two important qualifications: Interior & Exterior Firefighter, and the ages of those firefighters. Looking at the age distribution of firefighters in the county is critically important because it can be indicative of operational capability, safety, and long-term sustainability. In fire and EMS systems, especially volunteer, age can be a predictor of performance, availability, and future risk.

Firefighting is physically demanding on a person and requires a firefighter to be in good physical shape. Physically demanding tasks include interior structural firefighting, search and rescue, ladder operations, and ventilation, which require strength, endurance, and agility. A workforce concentrated in older age groups may still provide valuable experience and leadership, but over time, there is generally a sharp decline in the number of members capable of performing high-intensity interior operations. This will limit a department's ability to safely and effectively conduct fireground activities.

Age of a responder can also be tied to availability and response reliability. In many volunteer systems, younger and mid-career members (typically 20s–40s) are more likely to be actively responding and able to meet the physical and time demands of emergency calls. A department that lacks sufficient representation in these age groups may struggle to assemble adequate staffing, leading to longer response times and increased reliance on mutual aid. Looking at workforce sustainability, age distribution helps identify future staffing challenges. A department with a large proportion of members in the 50+ age range is likely facing a predictable wave of retirements or reduced participation within the next 5–10 years. Without a strong pipeline of younger members, this creates a gap that can result in declining membership, loss of institutional knowledge, and difficulty maintaining service levels.

Age also impacts training investment and succession planning. Younger members represent the future leadership and operational base of the organization. If they are underrepresented, the department may face challenges in developing the next generation of officers, instructors, and specialized personnel. Conversely, a balanced age distribution allows for knowledge transfer from experienced members to newer recruits, strengthening the organization over time.

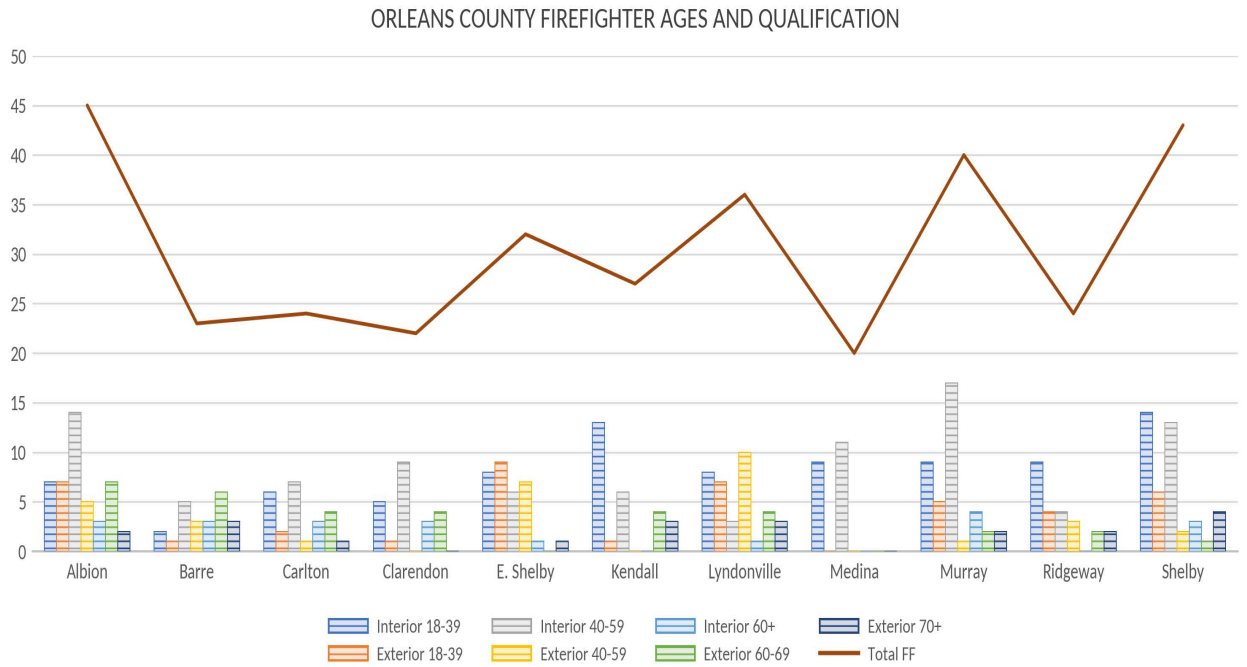


Figure II-29: Orleans County Firefighter Ages and Qualifications

An evaluation of the age distribution of personnel across the Orleans County fire departments indicates a workforce composition that is skewed toward mid-career and senior members, with comparatively limited representation among younger age groupings. This distribution has direct implications for operational capability, workforce sustainability, and long-term system performance. The data demonstrates that the 30–49 age grouping represents the largest proportion of personnel, forming the primary operational base of many of the departments. This grouping currently supports the majority of frontline emergency response activities as well as company-level supervision.

The 40–69 age grouping also comprises a substantial share of the workforce, who maintain a tremendous level of institutional knowledge but typically experience some of the greatest decline in participation. The most significant health threat to firefighters over the age of 45 is cardiovascular disease, including heart attack and stroke. Sudden cardiac events remain the leading cause of line-of-duty deaths in the fire service, underscoring the seriousness of this risk. The likelihood of such events increases with factors such as advancing age, high blood pressure, elevated cholesterol levels, obesity, and reduced overall physical fitness. In addition, the unique demands of firefighting—particularly extreme physical exertion, exposure to high-heat

environments, and acute adrenaline surges—can act as triggers that precipitate cardiac events. From an operational perspective, this risk is especially pronounced during activities such as interior firefighting, stair climbs, and other forms of heavy exertion in high-temperature conditions, where the physiological strain on the body is greatest.

Lastly, the 18 to 39 age cohort is underrepresented, signaling a limited inflow of new personnel into the system. This imbalance highlights deficiencies in recruitment, onboarding, and retention strategies for younger members and raises concerns about the long-term sustainability of the volunteer workforce. Without sufficient recruitment from younger age groups, the County is likely to experience a net decline in operational staffing capacity over time.

The age distribution, when considered alongside documented daytime staffing limitations, further suggests a potential misalignment between personnel availability, physical capability requirements, and incident demand patterns. This misalignment may lead to a reduced ability to assemble effective initial attack crews, increased reliance on mutual aid for both staffing and command functions, and a potential degradation of response times and overall service reliability. Additionally, sustaining compliance with industry standards such as NFPA 1720 for volunteer fire department deployment is directly influenced by the number of available and qualified responders and the ability to assemble minimum staffing levels within prescribed timeframes. The current age distribution presents a risk to long-term compliance, particularly if the pipeline of younger personnel is not strengthened.

These demographic trends underscore the need for proactive, county-level strategies. Such strategies should include targeted recruitment initiatives focused on younger populations, retention programs aimed at maintaining mid-career personnel, and structured succession planning for leadership and command roles. Furthermore, consideration should be given to supplemental staffing models, including per diem personnel, combination career/volunteer staffing, and regionalized approaches to service delivery. The age distribution of personnel across the participating departments reflects a system that is currently functional but demographically imbalanced.

GIS Mapping Analysis of Fire Department Responses

To further understand the current deployment of resources and the fire department responses of Orleans County, a GIS mapping analysis was conducted. The Orleans County Emergency Management office was excellent at providing the necessary data to make this analysis possible.

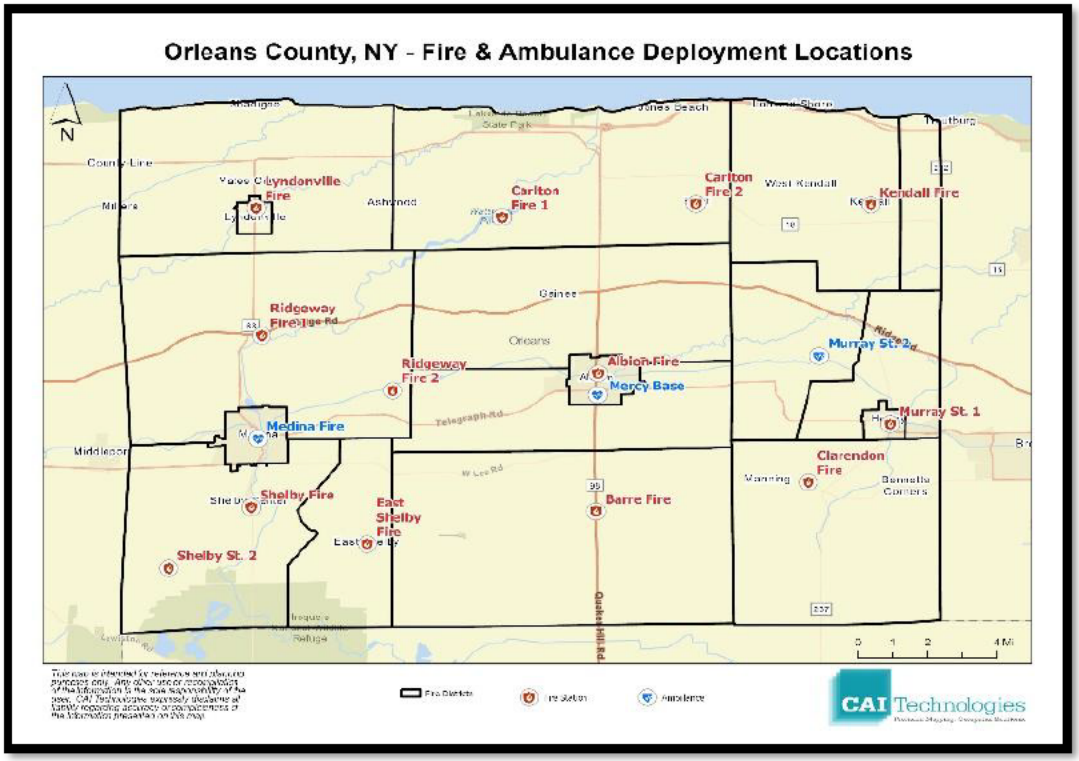


Figure II-30: Orleans County Fire & Ambulance Deployment Locations

Figure II-30 is the mapping of the current deployment locations for both the fire and EMS resources within the county. This map highlights the primary response districts for each of the departments, although the system relies heavily on mutual aid.

The team then mapped three years' worth of fire department responses to understand how the incidents mapped in comparison to the entire county and the relative location of resources. As seen below in Figure II-31, each fire incident was mapped for the county from calendar year 2023 through calendar year 2025. This map shows responses to individual addresses and does not account for the frequency of calls, which will be addressed later utilizing heat mapping. This map speaks to what would be typical of fire department responses. The more heavily populated areas will require more responses from the fire department versus the more rural areas of the community, which see less fire department activity.

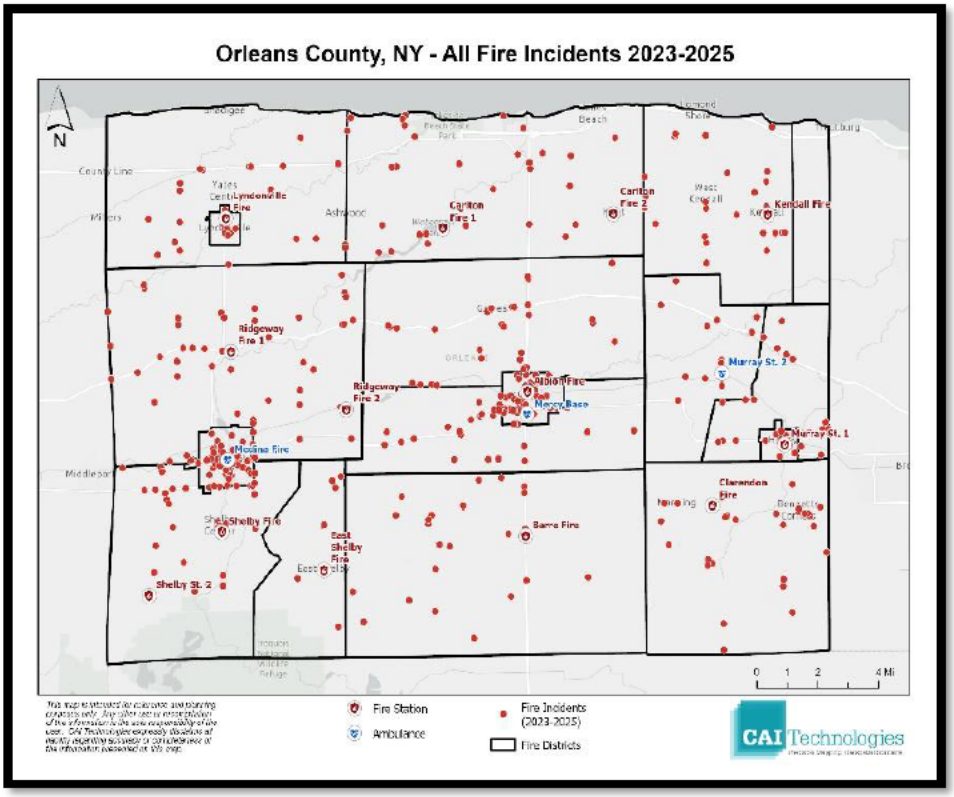


Figure II-31: Orleans County Fire Incidents CY2023 through CY2025

Heat mapping provides a clear visual representation of where emergency incidents are concentrated within the county, allowing fire service leaders to quickly identify patterns of demand without relying on raw data or spreadsheets. This helps departments understand not only how many calls occur, but where they are happening. By highlighting high-call-density areas, heat mapping supports more effective deployment of stations, apparatus, and personnel, ensuring resources are aligned with actual risk and improving overall response times.

Beyond deployment, heat mapping enhances risk identification and operational decision-making. Clusters of incidents often reflect underlying factors such as population density, building conditions, or commercial activity, enabling targeted prevention efforts and code enforcement. When combined with travel time data, heat maps also help evaluate performance and identify service gaps. Additionally, they provide a strong, data-driven foundation for planning, policy decisions, and communication with stakeholders, while supporting long-term strategic planning by revealing trends and emerging service demands.

Figure II-32 illustrates the geographic distribution and intensity(frequency) of fire incidents across Orleans County from 2023 to 2025, with warmer colors such as yellow and red indicating

the highest concentrations of calls and cooler blue tones representing lower activity levels. The most significant clusters of incidents are centered around the Village of Medina in the southwestern portion of the county and the Village of Albion in the central area. These locations represent the primary drivers of fire-related call volume and are consistent with areas of higher population density, more developed infrastructure, and increased commercial activity. Additionally, smaller clusters are visible in the northeastern and central-eastern portions of the county, suggesting localized areas of elevated demand that may be associated with smaller population centers or specific occupancies.

In contrast, much of the county is characterized by low-density, dispersed incident activity, which is typical of a rural environment. While these areas generate fewer calls, they present unique operational challenges due to longer travel distances and potential delays in response. From a deployment and planning perspective, the map supports prioritizing resources in the high-demand areas of Medina and Albion while maintaining sufficient coverage to serve outlying districts. It also highlights the importance of mutual aid and regional coordination to ensure an effective response across the entire county. The concentration of incidents in specific areas provides an opportunity to focus fire prevention, inspection, and public education efforts where they can have the greatest impact. Overall, the map reflects a dual-risk environment that requires balancing concentrated demand in population centers with the geographic challenges of a large, rural response area.

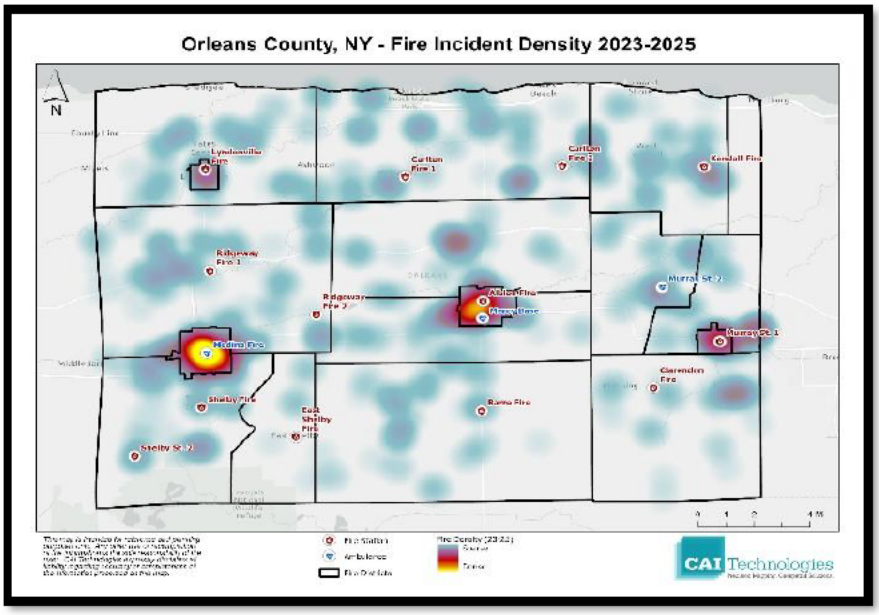


Figure II-32: Orleans County Fire Incident Heat Map

The MRI team then looked at the response times across the county, and the GIS Team mapped this data to producea response heat map(Figure II-32). One of the challenges in creating this map is the way data is reported. In a volunteer system where firefighters may respond directly to the scene, it does not fully account for when the actual fire truck may arrive on scene. NFPA 1720 speaks to the importance of assembling the proper resources within a certain period to initiate fire suppression activities. Keeping this in mind, the actual response times may not fully account for arrival of the fire apparatus. When the data is plotted, the resulting map suggests that response times across the county are highly variable and strongly influenced by geography, station location, and the linear nature of incident distribution.

The Orleans County fire response time map shows that the fastest responses (0–4 minutes) are concentrated around fire stations, particularly in Albion, Medina, and Murray, indicating strong coverage in population centers. The 4-to-12-minute responses extend to areas surrounding these stations and smaller towns such as Lyndonville, Ridgeway, and Shelby, reflecting adequate coverage in moderately populated regions. In contrast, 12–20-minute responses appear in more rural or geographically dispersed areas, especially in the northern and southern parts of the county, where distance from stations and road limitations contribute to longer times. Responses exceeding 20 minutes, including those over 30 minutes, occur mainly in the county's remote edges—north of Carlton Fire 1, east of Kendall, and south of Shelby. representing the highest-risk areas for delayed emergency service. The map highlights that Orleans County's fire response system is generally efficient in central, population-dense areas but underscores that rural zones may face delayed response.

Additionally, there is a system vulnerability: if multiple incidents occur simultaneously within the same stretch, resources can become committed quickly, forcing units to respond from greater distances. This can result in extended response times and reduced coverage reliability for other parts of the county. This is not accounted for in the mapping.

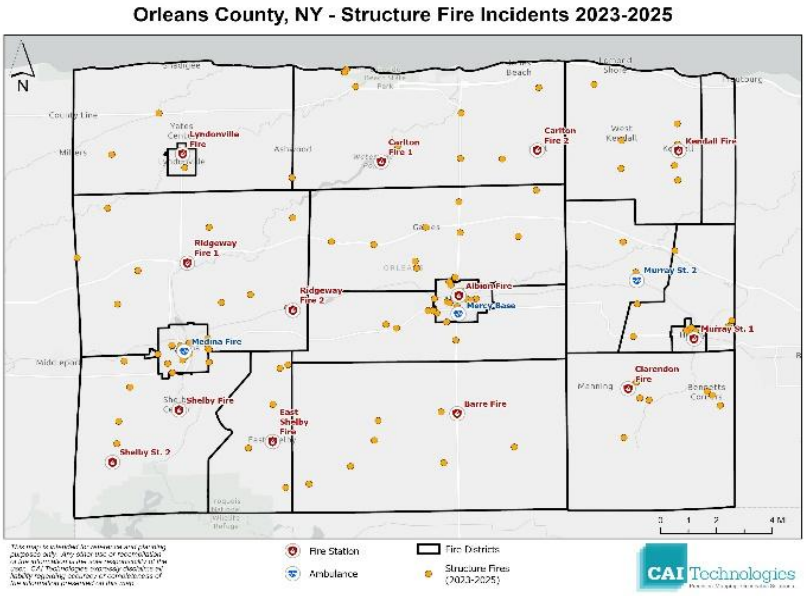


Figure II-33: Orleans County Structure Fire Map

Figure II-33 shows structure fire incidents for the calendar years 2023 through 2025, and shows the distribution of fires across the county's fire districts. Overall, fires are scattered throughout the county, but certain areas exhibit clear clusters indicating higher frequency. The densest concentrations are in the Albion and Medina areas, suggesting these towns, as the primary population centers, experience multiple structure fires per year and should be prioritized for resource allocation and emergency response planning. Moderate clusters are observed around Shelby and East Shelby, particularly near the Shelby substation, as well as around Ridgeway Fire 1 and 2 in the northwest-central portion of the county. Smaller but notable clusters appear near Kendall, Carlton, and Murray, reflecting occasional incidents in these more rural or lightly populated areas. Conversely, large portions of the county, particularly in central and southern districts outside these towns, display sporadic incidents, indicating lower fire frequency.

Orleans County Interior vs. Exterior Firefighter Capacity Analysis

It is important to note that the volunteer fire departments of Orleans County have rosters and memberships that extend beyond the scope of this report. In looking at the key components, there were two categories of membership that the MRI analyzed to help inform this report. The qualifications of the interior firefighter and exterior firefighter were the two critical positions that

are discussed in this report. While all members play a role in the success of the departments, these two roles are the critical ones for emergency operations.

An analysis of the Orleans County staffing data indicates a notable distinction between the number of personnel qualified for interior structural firefighting operations and those classified as exterior (support-only) firefighters. This distinction is critical to analyze, as interior-qualified personnel are required to perform essential fireground functions such as fire attack, search and rescue, and ventilation, while exterior personnel are generally limited to support roles outside of immediately hazardous environments.

In reviewing the current data from the fire departments, the total number of personnel includes a large proportion of interior-qualified firefighters, suggesting that, on paper, the system maintains an adequate level of operational capability to conduct interior firefighting operations. However, this capability is significantly impacted when viewed through the lens of actual response availability, particularly during daytime hours. The number of interior-qualified firefighters available during peak weekday periods can be considerably reduced (from looking at the age distributions), resulting in a much smaller effective interior response force.

In comparison, the number of exterior firefighters represents a smaller portion of the available workforce. These personnel contribute to critical support functions such as scene safety, water supply operations, apparatus support, and accountability. However, they cannot substitute for interior-qualified firefighters when it comes to initiating offensive fire operations. As a result, a system with a higher proportion of exterior-only personnel relative to interior-qualified personnel may experience limitations in its ability to safely and effectively conduct aggressive fire suppression activities.

From an operational standpoint, the data suggests that while the ratio of interior to exterior firefighters may appear balanced in total membership, it becomes less favorable when considering who is actually available to respond. The reduced number of interior-qualified personnel during key response periods creates potential challenges in assembling the minimum staffing required for interior operations in accordance with recognized safety standards (e.g., two-in/two-out requirements and NFPA guidance).

This imbalance has several important implications. First, it may delay or prevent the initiation of interior fire attack, resulting in a greater likelihood of defensive operations and increased property loss. Second, it increases reliance on mutual aid to supplement interior staffing, which can extend response times and complicate incident command and coordination. Third, it places

additional operational strain on the limited number of available interior-qualified personnel, potentially increasing fatigue and safety risks.

Emergency Medical Services (EMS) of Orleans County, New York

Emergency Medical Services (EMS) in Orleans County, New York, are primarily provided through a combination of volunteer fire departments, private EMS companies, and municipal EMS agencies that serve the county's rural and village communities. EMS responders handle a wide range of medical emergencies, including trauma, cardiac events, and illness, often acting as the first point of contact before patients are transported to nearby hospitals. Many of the county's fire departments, such as those in Shelby, Lyndonville, and Ridgeway, maintain certified EMTs on staff, integrating EMS response with firefighting operations. Since the county has a largely rural geography, EMS agencies rely on coordination, mutual aid agreements, and strategically located stations to ensure timely response across the approximately 400-square-mile area. Overall, EMS in Orleans County is a contracted service that is supported by the volunteer fire departments.

The low population density of Orleans County has a direct impact on EMS response. Fewer people per square mile generally means fewer ambulance stations, crews, and on-duty resources available at any given time. As a result, EMS units often must travel longer distances to reach patients, contributing to increased response and transport times, especially during poor weather or when multiple calls occur simultaneously. These challenges are compounded when a single provider or a limited number of ambulances must cover large geographic areas.

Despite the relatively small and stable population, EMS call volume in Orleans County has increased significantly over time. This suggests a higher per-capita use of emergency medical services, driven in part by an aging population, chronic medical conditions, and limited access to primary or urgent care in rural settings. When call demand rises without a corresponding increase in staffing or funding, response reliability is strained, particularly during peak periods.

With regards to EMS providers on ambulances, there are two primary levels: Paramedic and EMT. A Paramedic is the highest level of state-certified care in the EMS System and provides Advanced Life Support (ALS) level of care. The Paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of a broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings. The Paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.

Emergency Medical Technician (EMT) is the middle-level state-certified care in the EMS system and provides Basic Life Support (BLS) level of care. The primary focus is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. EMT's conduct basic, non-invasive interventions to help save lives and reduce harm at emergency sites and may provide out-of-hospital care.

EMS services in the county are currently divided into two distinct regions and are covered by two different services. The Western side of the county is covered by the Medina Fire Department, which is contracted by the surrounding communities to provide EMS response. The Central and Eastern parts of the county (7 communities) are contracted with Mercy EMS for response in those communities. For the purposes of data analysis, the EMS data will be reviewed based on the Eastern & Central Battalion and the Western Battalion. Mercy EMS recently took over the contract for EMS response, therefore data for the Eastern & Central Battalion will be the data provided by the county based on the previous providers.

Medina Fire Department EMS

The Medina Fire Department in New York maintains a fleet of four ambulances within its Emergency Medical Services division, delivering Advanced Life Support (ALS) coverage to the Village of Medina, the Village of Lyndonville, and the nearby towns of Shelby, Ridgeway, and Yates in western Orleans County. These ambulances are staffed by both career firefighters who are on shift 24 hours a day. While the department collects fees for treatment and transport through a cost-recovery system to recover some of the operating expenses. Additionally, the department provides interfacility transfers from the Medina Hospital to other facilities within and outside of the county. All of the EMS units are stationed in the Medina Fire Station.

From 2018 through 2024, the Medina EMS system handled a consistently high volume of service requests, averaging roughly 2,200 to 2,400 total requests per year, with approximately 1,500 to 1,700 qualifying as emergency/911 calls and the remaining being transfers from the hospital. Dropped calls remained very low throughout the period, with less than 0.4 percent occurring within the primary response area each year. This indicates strong call handling reliability. Mutual aid requests fluctuated annually over the course of the analysis, reflecting system stress and regional demand variability. Transfers represented a significant portion of overall activity each year. Average response times generally ranged between 6:30 and 7:20 minutes, showing relatively stable performance despite call volume changes. Overall, the data reflect a busy EMS

system that maintained consistent response performance and low dropped-call rates while adapting to shifting demand and mutual aid needs across the region.

Mercy EMS

Mercy EMS of Orleans County, New York, is a regional emergency medical service provider that delivers prehospital emergency care and ambulance transport to communities throughout the county. Mercy EMS was awarded the Orleans County ambulance service contract through a formal competitive bidding process. After the previous provider, Central Orleans Volunteer Ambulance (COVA), ceased operations in 2022, Monroe Ambulance took over providing EMS coverage in the Center and East of the County. In 2025, Mercy Flight was awarded the RFP to provide EMS coverage to this portion of the county, which included two ambulances and an ALS fly car. The resources are stationed in a private facility located in Albion, with additional support coming out of the Mercy Base Operations in Batavia, New York (Genesee County). The changes in the contracts and the level of service over the years make it challenging to interpret the long-range impacts of the improvements.

Since the Mercy contract started in early 2025, it is hard to analyze the data and give any reasonable view of the challenges of the current proposed deployment. This analysis will look back at the last several years to identify the trends and challenges.

The data, looking back to 2018, shows significant variation in EMS system performance across both agencies and years. This is reflected in differences in call volume, system capacity, and operational strain. COVA consistently handled the highest call volumes from 2018 through early 2023, with annual total requests generally ranging from about 1,800 to over 2,200 calls. During this period, dropped calls within the primary response area remained relatively low, typically between 2.6% and 6.1%, and average response times gradually increased from under seven minutes to more than eight minutes by 2022. The growing response time is suggestive of increased strain on the system. Kendall, by contrast, experienced much smaller call volumes but markedly higher dropped-call percentages, rising sharply from 14.2% in 2018 to over 60% by 2022, alongside increasing response times exceeding 12 minutes, indicating significant capacity challenges of this system. Monroe's data reflects a moderate-to-high volume system with steady growth through 2024, where dropped-call rates generally remained under 5% in recent years, but average response times increased into the 13–17 minute range, pointing to demand outpacing available resources. Clarendon's limited 2018 data shows a very small system with an unusually high dropped-call percentage, likely influenced by low volume and reliance on external resources. Overall, the data provided to the MRI team highlights how higher-volume systems with stronger infrastructure tend to maintain lower dropped-call rates, while smaller or resource-

constrained agencies experience greater service reliability challenges, longer response times, and heavier dependence on mutual aid.

EMS DATA Analysis

To better understand the current EMS system in Orleans County the MRI Team conducted GIS mapping analysis for all EMS calls in Orleans County. Shortly before this study began, the county switched EMS providers for a majority of the county which created a limited data set. For this analysis the MRI Team utilized all EMS call data that was available for the county for calendar year 2025. Like the fire department GIS mapping analysis, the EMS GIS mapping looked at all EMS calls in the county, first responder use for EMS calls in the county, response times, and heat mapping. Using the heat mapping in conjunction with the response plotting, the data clearly paints the picture of how EMS resources should be deployed across the county. Additionally, the response times also demonstrate the importance of strategically deploying assets across the county.

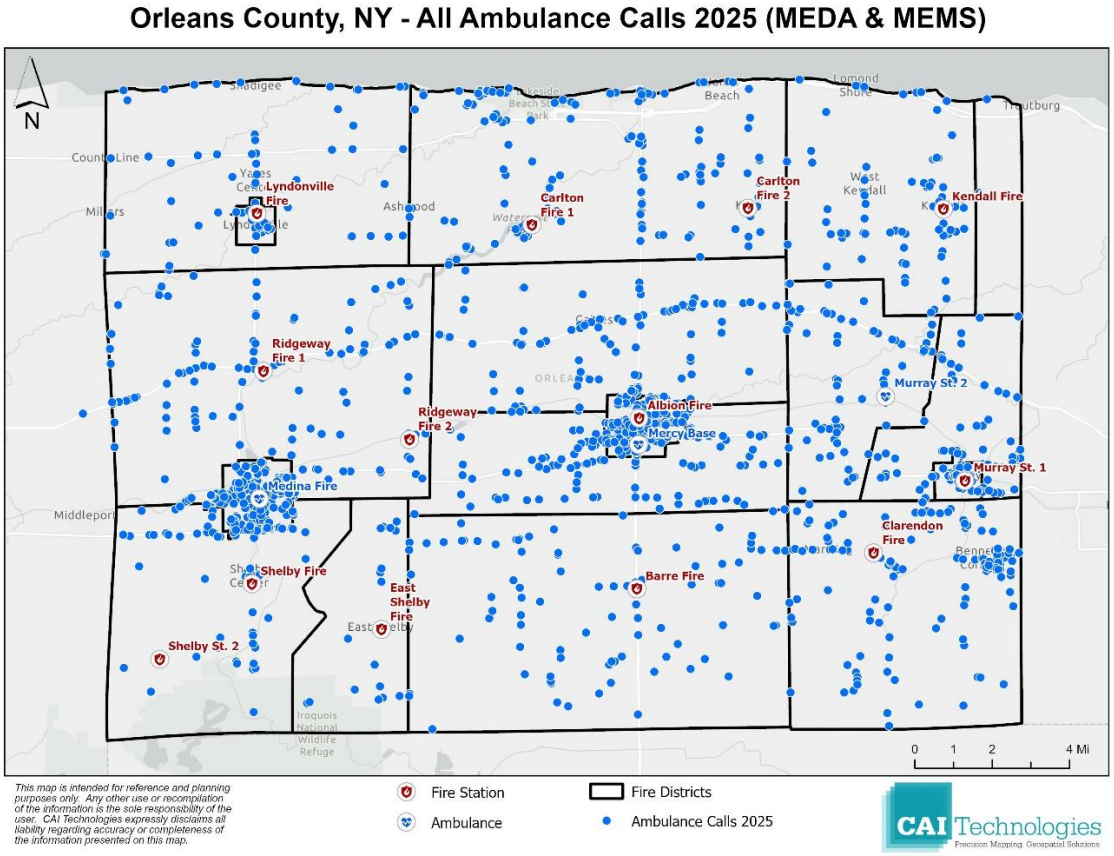


Figure II-34: 2025 All EMS Calls for Orleans County

Figure II-34 is a GIS map of all of the Emergency Medical Services (EMS) calls in Orleans County for calendar year 2025. Several clear patterns emerge from the data that help illustrate EMS demand across Orleans County. Call volume is mostly concentrated in population centers, particularly around the villages of Albion and Medina, where higher population density contributes to increased service demand. In addition, there are noticeable linear patterns of incidents along major east-west and north-south roadways, indicating that transportation corridors play a significant role in generating EMS calls, including motor vehicle accidents and roadside medical emergencies. While rural areas exhibit lower call density, incidents remain widely dispersed throughout the county, underscoring the challenge of delivering consistent coverage across large geographic areas with limited resources and longer travel distances. There is also clear variation between fire districts, with some experiencing higher call volumes than others, likely influenced by differences in population distribution, land use, and proximity to commercial occupancies.

From a system performance standpoint, this map provides valuable insight into how EMS demand aligns with existing station locations and fire district boundaries. It serves as an important tool for evaluating whether resources are optimally positioned, identifying potential coverage gaps, and informing decisions related to staffing, mutual aid, and overall system design. In the broader context of statewide challenges, the data reinforces a critical issue: even in a predominantly rural county, EMS demand is both substantial and geographically dispersed, placing continued strain on volunteer-based systems to maintain timely and reliable emergency response.

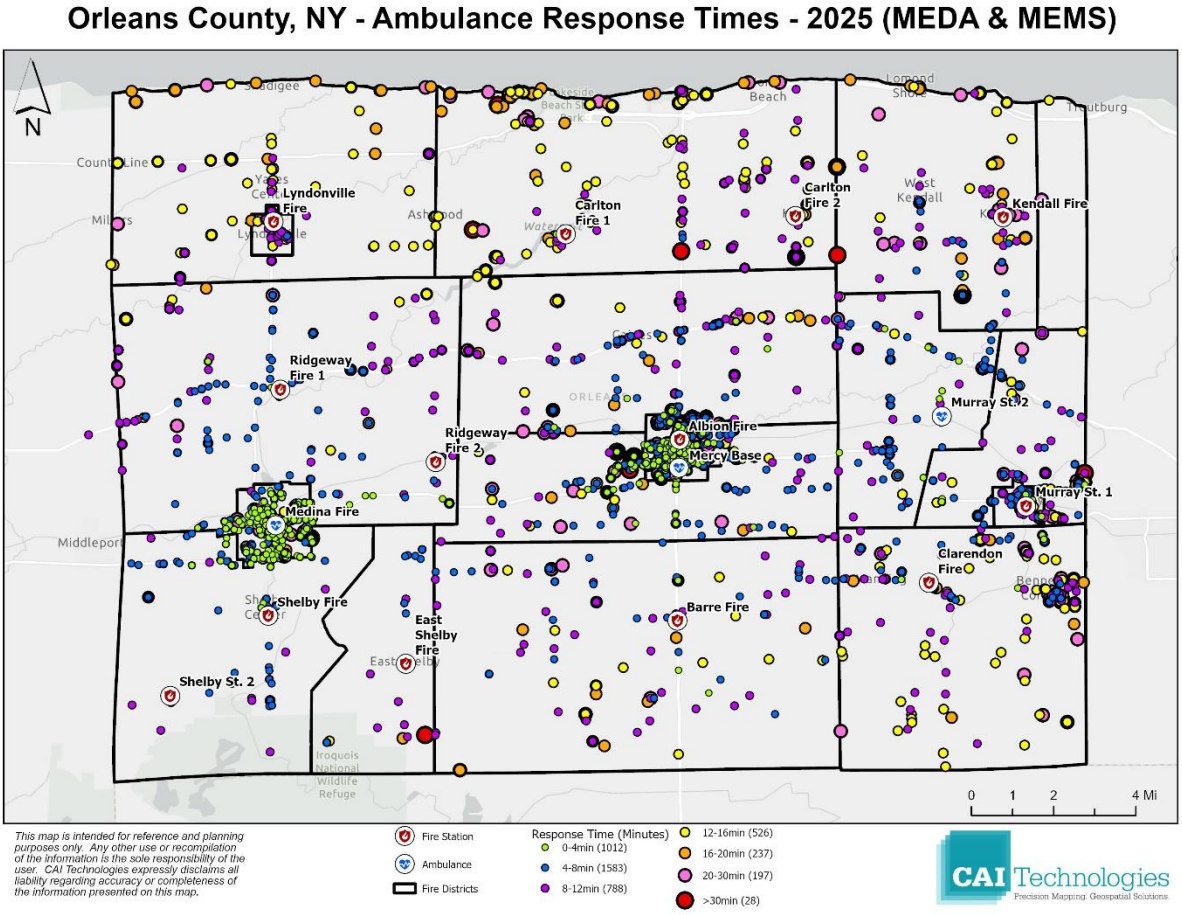


Figure II-35: 2025 Ambulance Response Times

Figure II-35 provides a detailed analysis of ambulance response times across Orleans County in 2025 for both Medina and Mercy EMS, offering important insight into both system performance and geographic challenges. At a high level, the map shows that faster response times are

concentrated around population centers and station locations, while longer response times increase with distance into more rural areas. The most efficient responses, generally in the 0–8 minute range, are heavily clustered around the villages of Albion and Medina, as well as in areas immediately surrounding the established stations. This indicates that where resources are centrally located, and call volume is highest, the system is performing relatively well and can meet commonly accepted response benchmarks.

As you move away from these hubs, a clear transition occurs. Moderate response times (8–16 minutes) become more common across much of the county, particularly in semi-rural areas. This suggests that while coverage exists, travel distance, turnout time, and potentially staffing availability begin to impact overall response performance. These areas likely represent the "middle ground" where the system is functional but increasingly strained.

In the more rural and geographically isolated portions of the county, particularly in the southern and some eastern sections, there is a noticeable increase in longer response times (16–30 minutes and greater). These extended responses are more dispersed but consistent enough to indicate systemic challenges rather than isolated anomalies. Factors contributing to this are likely to include greater travel distances, fewer available units, and overlapping incidents. Overlapping incidents can significantly strain resources and lead to increased reliance on mutual aid.

Another important observation is the relationship between call density and response efficiency. Areas such as Medina and Albion not only have higher call volumes but also generally show better response times, which reflects the advantage of having resources positioned near demand. In contrast, lower-density areas experience the opposite effect, with lower calls but longer response intervals, highlighting the inherent inefficiency of covering large rural areas with limited resources.

From a system-wide perspective, this map reinforces several key conclusions about EMS in Orleans County. First, the system is highly dependent on station proximity and population centers to achieve acceptable response times. Second, rural coverage remains a significant challenge, with longer and less predictable response intervals. Third, there is evidence of inconsistent performance across the county, suggesting opportunities for improved coordination, resource deployment, or system design.

In the broader context of statewide EMS challenges, this map clearly illustrates the fundamental tension in rural EMS delivery: demand is widespread, but resources are limited and unevenly distributed. Maintaining acceptable response times across such a landscape requires not only sufficient staffing and equipment but also strategic planning, regional cooperation, and potentially system-level changes such as dynamic deployment, enhanced mutual aid, or expanded county-level coordination.

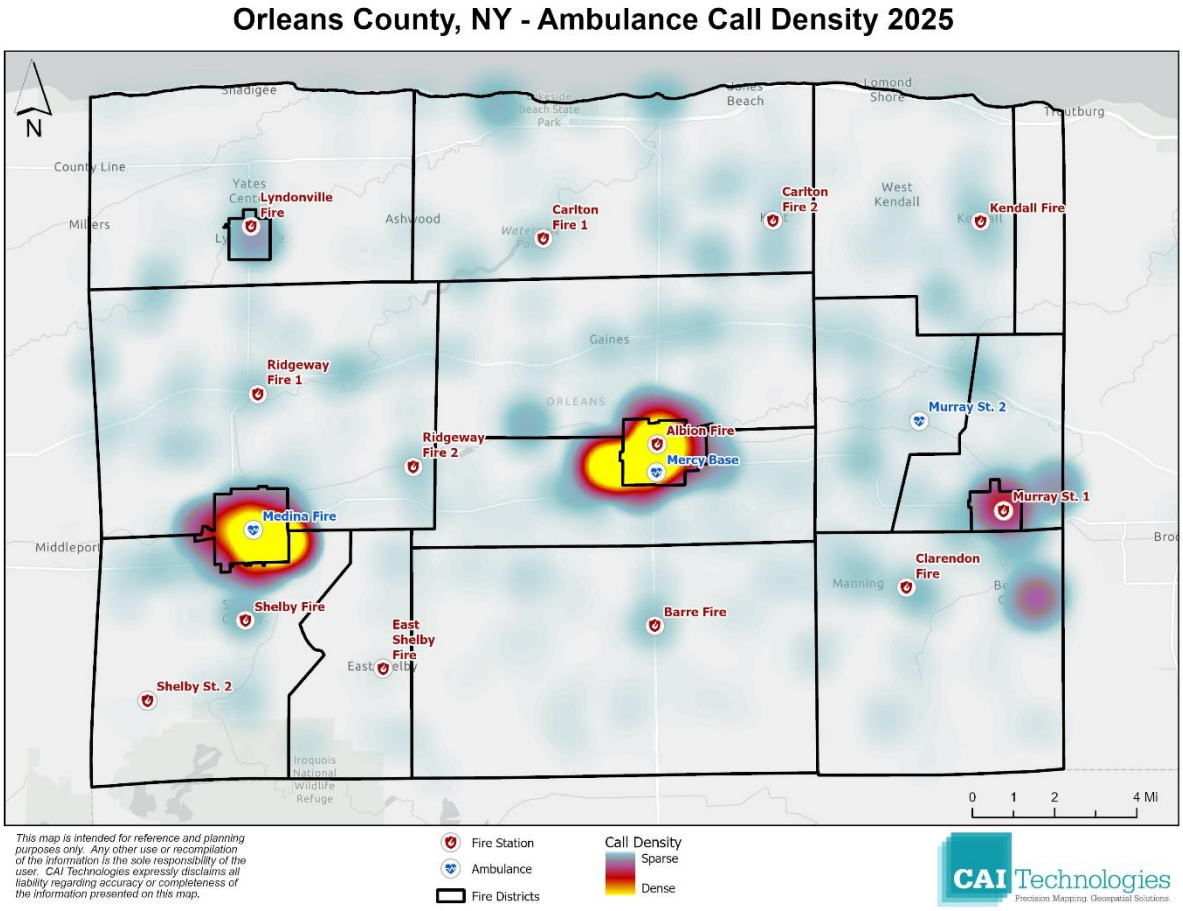


Figure II-36: Orleans County Ambulance Heat Maps

Figure II-36 is displayed as a heat map and shows the most intense "hot spots" of activity centered around the villages of Albion and Medina, where the highest concentration of EMS calls and the fastest response times overlap. These areas appear as the brightest and most saturated zones, reflecting both high demand and strong system performance due to proximity to stations and available resources. Secondary bands of moderate intensity follow the major roadway corridors running east–west and north–south, illustrating how transportation routes contribute to a steady flow of incidents across the county. In contrast, the outer and more rural portions of Orleans County appear as cooler, less intense areas, indicating lower call volumes but more dispersed incidents. However, these same areas would also correspond with longer response times, revealing a mismatch between geographic coverage and resource availability.

Overall, the heat map highlights a clear pattern: EMS demand in Orleans County is concentrated but not confined to population centers, with significant activity extending along travel corridors and into rural areas. It underscores that while high-demand areas benefit from faster, more reliable responses, the system faces increasing challenges as the distance from those centers grows. This reinforces the broader conclusion that EMS calls in Orleans County are both clustered and widely distributed, requiring a system that can effectively balance concentrated demand with the realities of rural service delivery.

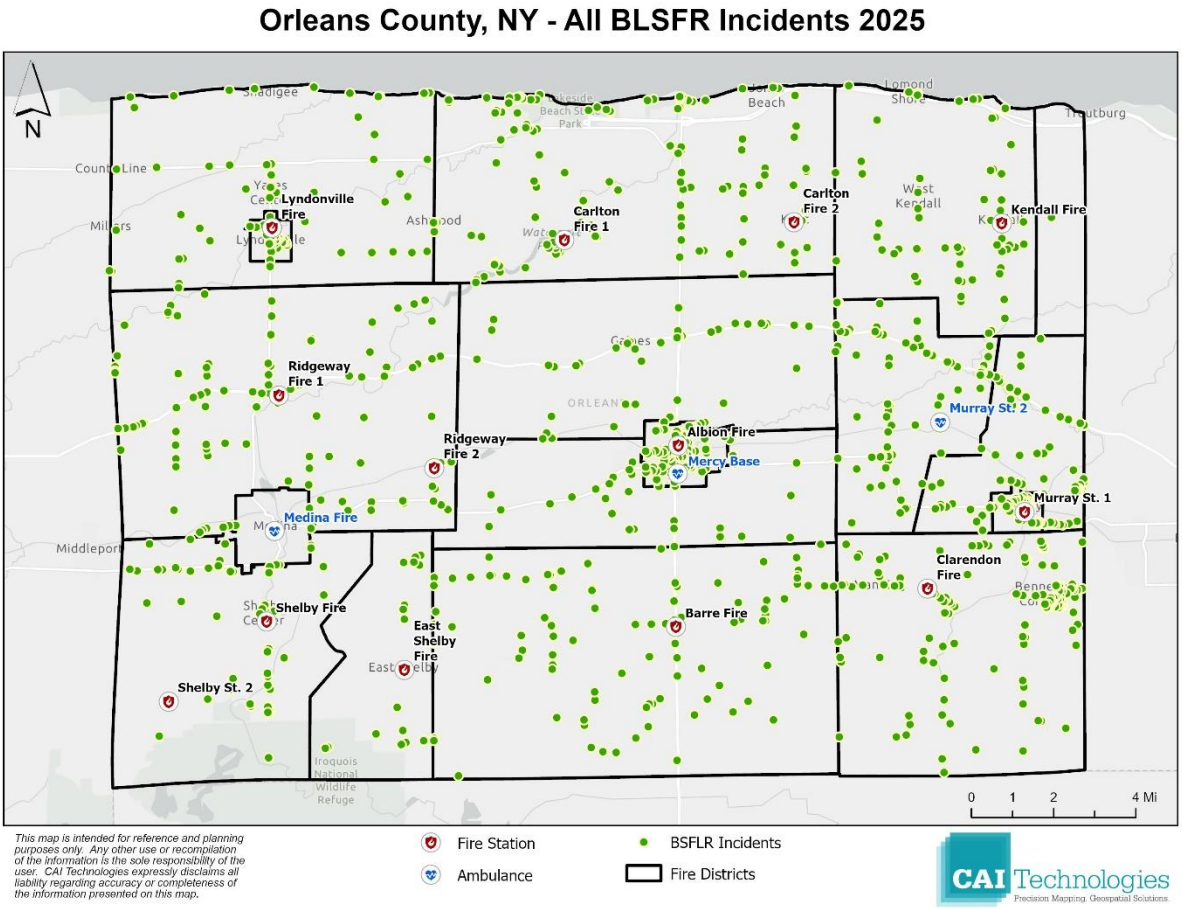


Figure II-37: All BLSFR Incidents for 2025

In the more rural areas of the county, there is a significant reliance on the fire departments for providing first responder services. In rural areas, fire departments providing first responder (EMS) services is often the difference between timely care and dangerous delays. Since ambulances

may be located far away or already committed to other calls, the volunteer fire departments are frequently the closest available resource. Their ability to arrive first allows for immediate lifesaving interventions such as CPR, defibrillation, airway management, bleeding control, and basic stabilization, all of which are highly time-sensitive and can significantly improve patient outcomes.

This role is especially critical given the realities of rural geography. Longer travel distances, limited staffing, and dispersed populations make it difficult for standalone EMS systems to consistently meet ideal response time benchmarks. Orleans County Fire departments help bridge that gap, effectively extending the reach of the EMS system and ensuring that some level of care begins quickly, even if transport is delayed. They serve as a force multiplier, supporting ambulances during high call volume, providing additional personnel on critical incidents, and assisting with patient care, lifting, and scene management.

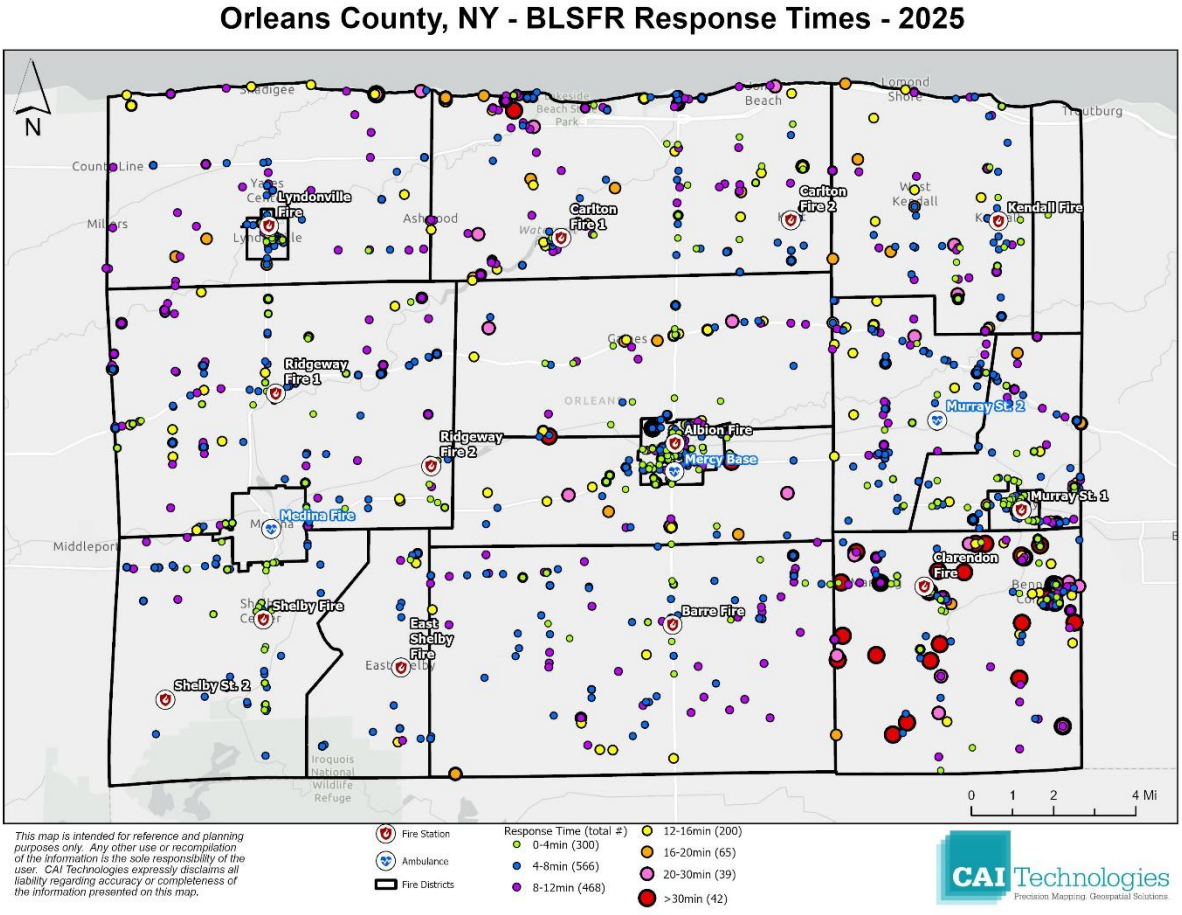


Figure II-38: Orleans County BLSFR Response Times

This response time map adds an important layer of context to the incident density map by showing not just where calls occur, but how quickly BLSFR units are reaching them, and the picture is mixed. A large portion of the county shows response times in the 4–12-minute range (blue and purple dots), which indicates that BLSFR is generally functioning at a moderate level of effectiveness across much of Orleans County. These times are fairly typical for rural and combination systems, but they fall short of more aggressive performance benchmarks such as those outlined in NFPA 1720, particularly for time-critical medical events. The fact that these response times are so widely distributed suggests that, while coverage exists, it is not consistently rapid.

Encouragingly, there are clusters of very fast responses (0–4 minutes, green dots) around the more populated areas—especially near Albion, Medina, and Lyndonville. This reflects the benefit of having fire stations and personnel located close to higher call volumes. In these areas, BLSFR is clearly providing strong value, often arriving quickly enough to make a meaningful difference in patient outcomes.

The most significant concern highlighted by the map is the presence of longer response times (16–30 minutes and >30 minutes, orange and red dots), particularly in the southeastern portion of the county around Clarendon and Murray, as well as in some scattered rural pockets. These extended response times are problematic for any emergency response system, especially for medical calls where early intervention is critical. The clustering of these delayed responses in the same areas that also show higher call density (Figure II-38) indicates a mismatch between demand and available/ready resources.

This pattern points to several underlying challenges, which include:

- Volunteer availability, particularly during daytime hours, may be limiting rapid turnout in certain districts.
- Geographic distance and station spacing are contributing to inherently longer travel times in rural areas.
- Resource distribution may not be optimized, especially in the eastern part of the county, where both call volume and delayed responses are elevated.
- There may be inconsistencies in dispatching the closest available unit, or delays in unit activation.

From a system performance standpoint, the map suggests that BLSFR in Orleans County is reliable but inconsistent. It performs well in and near population centers but struggles to deliver a timely response in more rural or high-demand edge areas.

Key conclusions and implications include:

- BLSFR is clearly adding value where it is consistently available, particularly in central and western parts of the county.
- There is a critical need to improve response times in the southeastern corridor, potentially through enhanced staffing, duty crews, or additional resources.
- The system would benefit from strategic deployment models, such as daytime staffing, cross-district automatic aid, or the use of quick response vehicles (QRVs).
- Without improvements, there will continue to be gaps in time-to-patient contact, which can negatively impact outcomes for cardiac arrest, respiratory emergencies, trauma, and other time-sensitive conditions.

In short, the map shows that while BLSFR is an essential component of the EMS system in Orleans County, its effectiveness is uneven. Strengthening consistency, particularly in known slower-response areas, should be a primary focus for system improvement.

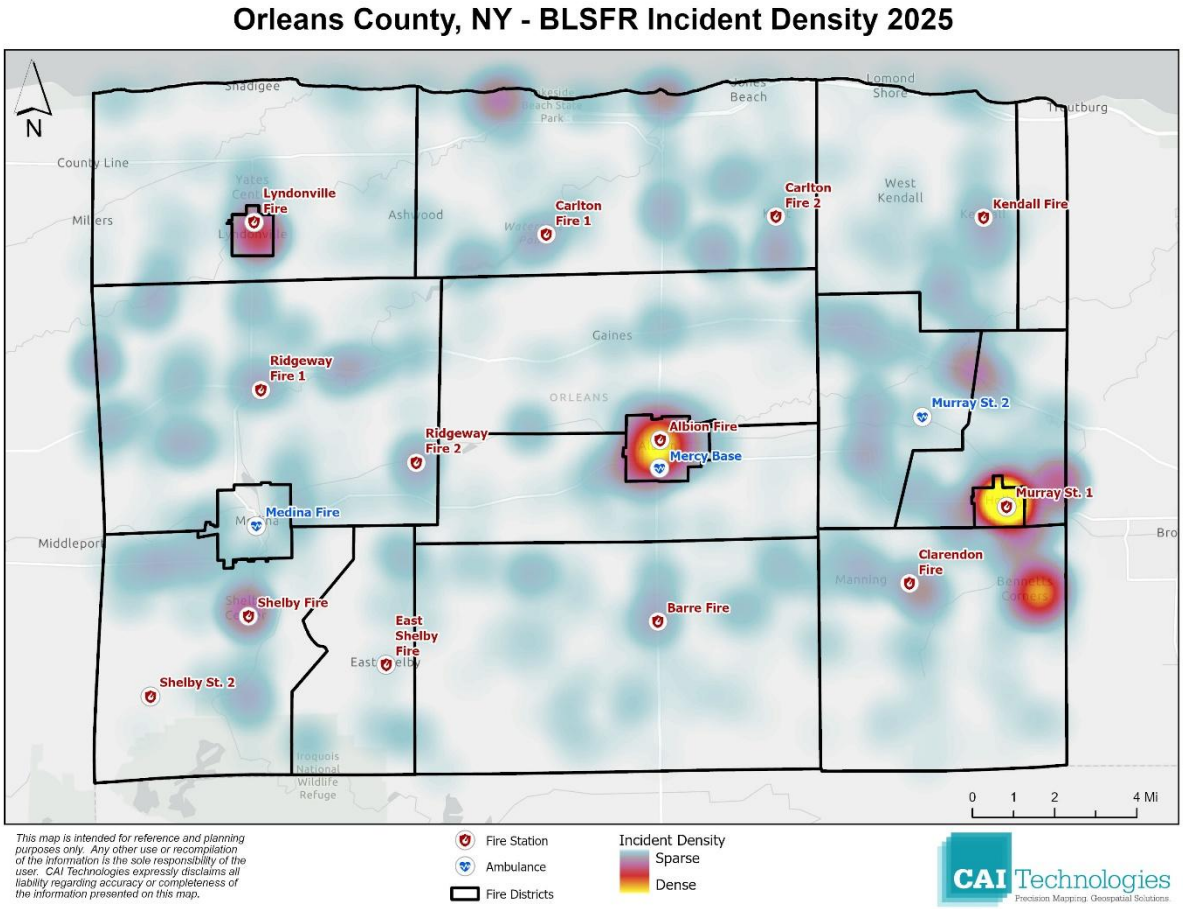


Figure II-39: Orleans County BLSFR Heat Map

This incident density map for Orleans County highlights several important patterns that can directly inform how Basic Life Support First Response (BLSFR) should be deployed and utilized. The most prominent observation is that call density is heavily concentrated in and around population centers, particularly the Village of Albion (near the Mercy Base), Medina, and the eastern portion of the county around Murray and Clarendon. These areas show the highest intensity (yellow/red), indicating frequent EMS-related incidents. For BLSFR, this reinforces the need for consistent, rapid first responder availability in these zones, as demand is both predictable and sustained. Fire departments in these areas are well-positioned to provide immediate BLSFR interventions that can significantly reduce time to patient contact, especially during periods when transporting ambulances are delayed or unavailable.

A second key takeaway is the presence of moderate but widespread call activity across rural and semi-rural areas, shown by the dispersed blue and light green shading. While these areas do not experience the same call volume as Albion or Murray, they still generate a steady demand for service. The geographic spread, combined with longer travel distances, makes these regions particularly reliant on BLSFR to bridge response time gaps. Volunteer fire departments in places like Ridgeway, Shelby, and Carlton play a critical role here, as they can often arrive well ahead of an ambulance and initiate care.

The eastern cluster around Murray stands out as a high-demand area, somewhat separated from the other high demand in the central Albion hub. Even with an ambulance being staged in Murray Station 2, this suggests a potential strain on ambulance resources in that part of the county and highlights the importance of strong BLSFR coverage there. If ambulances are responding from centralized locations, BLSFR units in Murray and Clarendon become essential for maintaining acceptable response times and patient outcomes.

Another important implication is system resiliency. The concentration of calls in a few key areas means that when ambulances are tied up, particularly in Albion, coverage gaps can quickly emerge. BLSFR units act as a force multiplier in these situations, ensuring that some level of care is initiated even when transport units are delayed or unavailable. This is especially relevant under a system where EMS resources like Mercy EMS and Medina EMS may already be stretched.

From a planning perspective, the map supports several strategic considerations:

- Prioritizing daytime staffing of BLSFR units in high-density areas where volunteer availability may be lower.
- Ensuring that fire departments in outlying areas are equipped and trained to a high BLSFR standard, given their critical role in early intervention.
- Evaluating whether additional quick response vehicles (QRVs) or strategically placed EMS resources are needed in the eastern part of the county.
- Reinforcing automatic mutual aid and dispatch protocols so the closest appropriate BLSFR unit is always sent, regardless of jurisdictional boundaries.

Overall, the map demonstrates that BLSFR is not just supplemental in Orleans County; it is a foundational component of the emergency response system. It helps offset geographic challenges, supports overextended ambulance services, and ensures that patients receive timely initial care across both high-density and rural areas.

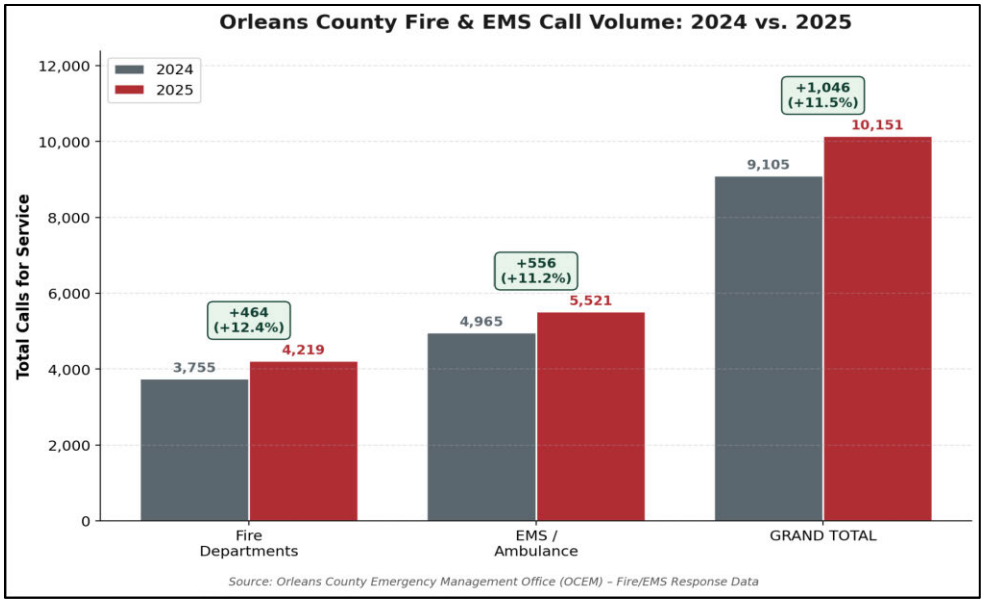


Figure II-40: Orleans Emergency Management Call Volume Analysis 2024 vs 2025

Figure II-40, prepared by Orleans County Emergency Management, highlights a significant and continuing increase in emergency service demand throughout Orleans County. Total fire and EMS call volume increased by more than 11% from 2024 to 2025, reaching the highest annual call volume recorded in the county over the past eight years. Important to the study, it identifies that this growth is not tied to a single major incident or temporary anomaly, but rather reflects a broader structural trend driven by sustained EMS demand, increasing interagency support requirements, and rising operational activity across many departments.

One of the most notable findings is the substantial increase in mutual-aid responses provided by county fire departments. Several agencies, including Clarendon, Kendall, Shelby, and Murray, are increasingly functioning as regional response resources, frequently leaving their home districts to support neighboring communities. This trend demonstrates the growing interdependence of the countywide emergency response system, while also raising important operational considerations regarding staffing, responder workload, and simultaneous coverage protection within primary response districts.

The data also reinforces the evolving role of fire departments in Orleans County, where EMS-related responses now make up a large share of overall activity for most agencies. In many departments, EMS and service-related incidents account for well over half of total call volume, illustrating how modern fire service responsibilities continue to expand beyond traditional fire suppression activities.

Additionally, it provides valuable context regarding the transition from Monroe Ambulance to Mercy EMS as a primary ambulance provider within the county. Despite this system transition, EMS demand continued to rise, further emphasizing the ongoing pressure placed on both EMS agencies and fire departments.

Overall, the data analytics completed by Orleans County Emergency Management provides important insight into the changing operational environment facing fire and EMS agencies across Orleans County. Their analysis effectively identifies emerging regional trends, quantifies increasing service demands, and highlights the importance of long-term planning, interagency coordination, and resource evaluation as emergency response needs continue to grow.

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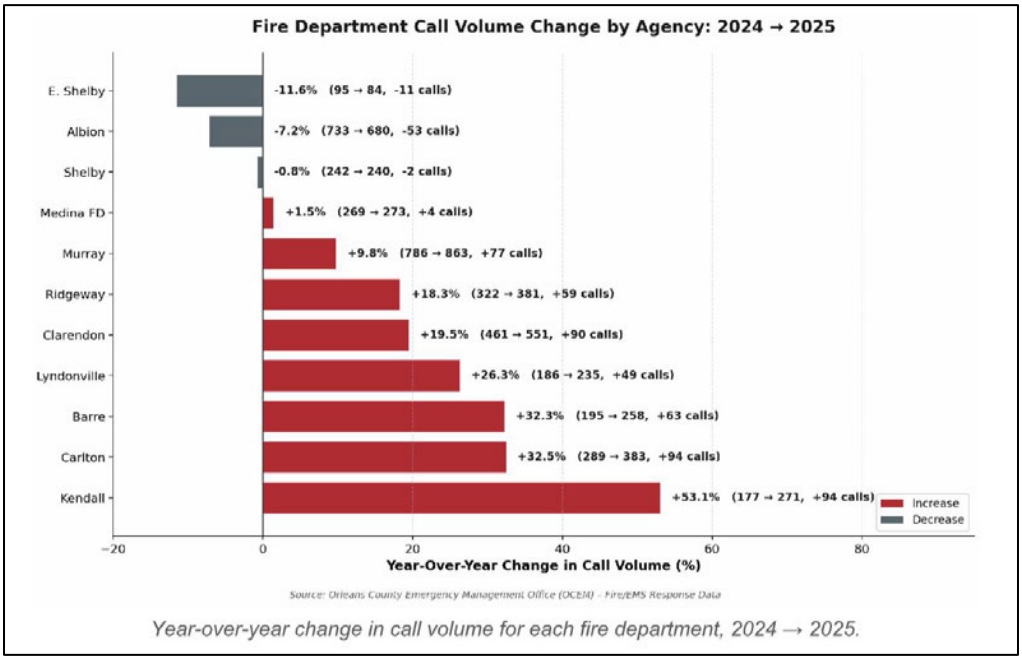


Figure II-41: Orleans Emergency Management Call Change by Department 2024 vs 2025

Chapter II Recommendations

Recommendation II-1: The fire departments of Orleans County should work to ensure complete and accurate accounting for emergency response, where response and times are accurately tracked.

Recommendation II-2: The fire departments in Orleans County need to improve standard operating procedures and policies. Incomplete and outdated policies increase liability and disrupt operations. Given the amount of reliance on mutual aid, policies and procedures should be developed on a county wide basis.

Recommendation II-3: Working collaboratively with local and county government, the fire departments in Orleans County should work to develop one standard budget format that will account for all operating expenses and provide transparency to the taxpayers.

Recommendation II-4: Orleans County fire departments should work to establish standardized run cards for mutual aid and automatic aid response. This will include clear definitions for when each response will be initiated. This should be standard across the entire county.

Recommendation II-5: Orleans County fire departments should work with the departments/communities listed on each of their "run cards" to ensure the number and qualification of staffing that will be sent on the assignments. In order to be able to meet a safe level of on-scene staffing, it will be important to know not only what the department will be receiving and how long it will take, but also to outline what each town will be sending and ensure that they are qualified.

Recommendation II-6: Working collaboratively as a regional or county-wide endeavor, the Orleans County Fire and EMS agencies should consider applying for an Assistance to Firefighters Grant (AFG) to attempt to obtain funding to assist with the installation of direct capture vehicle exhaust extraction systems in all fire and EMS stations.

Recommendation II-7: Working collaboratively as a regional or county-wide endeavor, the Orleans County Fire and EMS agencies should consider applying for an Assistance to Firefighters Grant (AFG) to attempt to obtain funding to assist with the installation of automatic fire alarm and carbon monoxide detection systems in all fire and EMS stations. These systems should not only be equipped with both audible and visible warning devices, but they should also automatically transmit an alarm to an approved central monitoring station.

Recommendation II-8: Inspections of all fire and EMS stations and facilities should be conducted on a regular basis. These inspections can be used to identify potential maintenance, as well as safety issues, and allow them to be addressed before they become problematic.

Recommendation II-9: Working collaboratively as a regional or county-wide endeavor, agencies in the County can better address the service and maintenance of the large emergency vehicle fleet. This can include the development of standard preventative maintenance and repair protocols.

Recommendation II-10: As required by various NFPA and ISO standards, annual testing of the following apparatus components and equipment should continue to be a high maintenance priority, including for fire companies who do not currently have these tests performed.

Recommendation II-11: Working collaboratively as a regional or county-wide endeavor, Orleans County Fire Departments should consider developing several vendor contracts for county-wide inspection and testing services for all the fire companies and EMS agencies for the apparatus components and equipment listed in Recommendation II-5, above.

Recommendation II-12: Working collaboratively as a regional or county-wide endeavor, the Orleans County Fire & EMS departments should attempt to develop a standardized set of specifications for apparatus such as engines, rescue engines, engine tankers, brush trucks, command vehicles, and traffic units. The apparatus should have similar compartmentation and equipment (even if different manufacturers are selected), which will improve efficiency in emergency operations.

Recommendation II-13: Working collaboratively with local and county government, Orleans County Fire & EMS departments should explore the feasibility of advertising a County-wide bid specification periodically, for units such as engines, rescue engines, and command vehicles, where the economy often provided by purchasing multiple very similar units can result in significant cost savings for the companies making the purchases.

Recommendation II-14: Working collaboratively, Orleans County fire departments should explore the feasibility of standardizing many of the tools and equipment utilized by the county's fire departments to allow for cost savings generated by group purchasing arrangements.

Recommendation II-15: Working collaboratively, the Orleans County fire departments should work to streamline deployment of apparatus across the county to guide future capital purchases. This should be an opportunity to more strategically locate apparatus.

Recommendation II-16: Orleans County municipalities and/or fire departments should develop a regional strategic planning working group to build out a shared services vision. The goal would be to provide a forum for those interested parties to begin development of a shared mission, values, goals, and implementation strategies with timelines.

Recommendation II-17: Orleans County fire departments should update their membership rolls to remove inactive members. The continued existence of large membership rolls dilutes the message that a department is in need.

Recommendation II-18: Establish Countywide Performance Benchmarks and Compliance Tracking. The County should develop standardized response performance targets for both fire and BLSFR operations, aligned with NFPA 1720 and established EMS benchmarks. Key metrics should include turnout time, travel time, total response time, and time to first patient contact. Without clear benchmarks, it is difficult to evaluate improvement or identify systemic weaknesses over time.

Recommendation II-19: Implement a Closest-Unit, Boundary-Free Dispatch Model The current system shows variability in response times and heavy reliance on mutual aid, indicating inefficiencies tied to jurisdictional boundaries. A closest-unit dispatch model would ensure that the nearest available BLSFR resource is automatically assigned regardless of agency or district lines. This approach improves equity of response across rural and urban areas and reduces unnecessary delays caused by administrative boundaries.

Recommendation II-20: Target Deployment Enhancements in the Eastern Corridor (Murray/Clarendon Area) The eastern portion of the county stands out as a consistently high-demand and slower-response area with geographic isolation from primary response centers. Addressing this gap may require targeted investments such as a dedicated daytime BLSFR unit, a satellite EMS post, or a quick response vehicle stationed in the corridor.

Recommendation II-21: Formalize Daytime Staffing Solutions. Response delays are strongly correlated with reduced daytime availability of personnel. Formal staffing strategies such as duty crews, incentive-based volunteer participation, cross-staffing with municipal employees, or hybrid staffing models should be implemented. These approaches would help stabilize coverage during weekday hours when volunteer availability is typically lowest.

Recommendation II-22: Strengthen EMS–Fire Integration Systemwide. While EMS and fire services currently function in a loosely integrated manner; formal structural integration is lacking. Establishing shared protocols, standardized BLSFR expectations, and joint quality assurance programs would improve consistency across agencies. This integration would strengthen BLSFR as a reliable system-wide support function rather than a variable local capability.

Recommendation II-23: Enhance Data Quality and Standardization. Current limitations in data consistency, reduce the accuracy of performance analysis. Standardizing CAD inputs, unit status reporting, and operational definitions (such as “on scene” or “arrival”) will improve the reliability of system evaluation. High-quality data is essential for compliance tracking, funding justification, and continuous improvement.

CHAPTER III - EMERGING RISK PROFILE OF ORLEANS COUNTY FIRE AND EMS SERVICES

Risk Assessment

Orleans County presents a complex and evolving risk environment driven by its rural geography, dispersed population, aging housing stock, and increasing demand for emergency medical services. The county covers approximately 400 square miles with significant agricultural land, small villages, and limited hydrant coverage outside population centers, increasing reliance on tanker operations and mutual aid for water supply. Primary risks include residential structure fires (often in older, wood-frame homes), agricultural and machinery-related incidents, vehicle crashes on rural roadways, and seasonal weather emergencies such as winter storms and flooding. Proximity to Lake Ontario, the Erie Canal, and multiple waterways also creates ongoing water and ice rescue risks. While large-scale industrial hazards are limited, transportation corridors, fuel deliveries, and farm chemicals introduce intermittent hazardous materials concerns. Overall, Orleans County presents a predominantly rural risk profile characterized by dispersed population centers, limited public water infrastructure outside incorporated villages, agricultural occupancies, light industrial facilities, senior residential concentrations, and seasonal population fluctuations. These geographic and demographic factors significantly influence emergency response capability and deployment performance.

The communities within Orleans County increasingly rely on their fire departments for EMS and non-fire emergency services, which now represent the majority of call volume across nearly every department. Aging populations, limited access to healthcare facilities, and longer ambulance transport times heighten the importance of rapid first response and medical intervention. Residents also expect timely fire suppression, rescue, and hazard mitigation despite living in low-density, rural settings. Community needs include dependable mutual aid, well-maintained apparatus capable of rural operations, and trained personnel available during daytime hours when volunteer availability is historically lowest. Beyond emergency response, departments are expected to support public education, disaster response, and community resilience.

A formal Standards of Cover model separates emergency response into four measurable components: call processing time, turnout time, travel time, and total response time. Each component contributes to overall system effectiveness and must be evaluated independently to identify performance constraints.

For rural and suburban classifications, generally accepted deployment goals include initial unit arrival within approximately 9 to 14 minutes total response time, 90 percent of the time.

Additionally, assembly of the Effective Response Force (ERF) within approximately 14 to 20 minutes in rural areas is considered an operational benchmark.

Current Orleans County performance data indicates variability in turnout times, particularly during weekday daytime hours when volunteer availability is reduced. Travel times are largely driven by geography and road networks and cannot be materially improved without additional station placement or strategic staffing changes. As a result, the most significant variable influencing performance in Orleans County is crew assembly time rather than apparatus travel speed. Addressing staffing reliability, therefore, represents the most meaningful opportunity to improve overall system performance.

NFPA 1720 establishes minimum staffing and response benchmarks for volunteer fire departments based on population density. For rural areas, the standard recommends the arrival of six firefighters within 14 minutes, while suburban areas require 10 firefighters within 10 minutes for a high percentage of incidents. Countywide data indicate that many departments experience response times ranging from 7 to over 12 minutes, with staffing levels often insufficient to meet NFPA 1720 benchmarks consistently, particularly during daytime hours and winter months. While some departments approach compliance during favorable conditions, inconsistent staffing, delayed turnout, and no-response incidents indicate systemic gaps relative to the standard. Although NFPA 1720 is not legally mandated, it is widely recognized as the professional benchmark for safe and effective operations, and current conditions place portions of the county below recommended service levels, increasing both operational and liability risks. In short, NFPA 1720 matters because it defines what “reasonable and safe” emergency response looks like, helps communities understand where they stand, and provides a professional foundation for improving service delivery while protecting both the public and the firefighters who serve them.

The primary gaps identified through this study relate to workforce sustainability and staffing reliability rather than apparatus or facility deficiencies. Daytime volunteer availability continues to decline, and the overall membership demographic is aging. Increasing EMS workload further diverts available suppression personnel, placing additional strain on volunteer response capacity. Station distribution, while historically practical, does not always align with current call density patterns. Most critically, the system lacks the ability to guarantee minimum staffing levels at all times. The largest systemic vulnerability facing Orleans County Fire and EMS services is workforce stability. Without structural staffing augmentation or operational restructuring, Effective Response Force reliability will continue to degrade over the next decade. This trend presents a foreseeable risk to service consistency, firefighter safety, and community expectations.

While rural jurisdictions may not always achieve strict compliance with all national response time benchmarks, system performance should be evaluated relative to best practices established by

recognized organizations, including the National Fire Protection Association, the Insurance Services Office, and the National Institute of Standards and Technology.

Current deployment in Orleans County demonstrates operational competency, strong mutual aid cooperation, and professional service delivery. However, the system does not provide guaranteed compliance with staffing and response benchmarks during all operational periods. In particular, reliance on volunteer turnout variability limits the ability to ensure consistent ERF assembly within benchmark timeframes.

Impact on Volunteer Availability, Response Gaps, and Equipment Challenges

Volunteer availability across Orleans County is declining or strained, particularly among interior-qualified firefighters and EMS-certified personnel. Many departments report significant portions of their rosters as inactive, untrained, or unavailable during working hours, leading to longer response times, reliance on mutual aid, and occasional no-response incidents. These staffing gaps directly affect the ability to perform critical tasks such as interior fire attack, search and rescue, and rapid EMS intervention. Equipment challenges compound these issues, as several departments operate aging apparatus, customized vehicles constrained by outdated facilities, and limited reserve capacity. Capital replacement costs continue to rise, placing pressure on local budgets and fundraising efforts. Without intervention, these combined factors threaten service continuity, firefighter safety, and public confidence. Addressing staffing sustainability, training pipelines, and coordinated equipment planning is essential to closing response gaps and maintaining acceptable levels of service.

The Vanishing Volunteer

According to the Pennsylvania Fire and Emergency Services Institute, the number of volunteer firefighters in Pennsylvania has declined from around 300,000 in the 1970s to about 60,000 in the early 2000s and 38,000 in 2018. This is a trend that is being experienced in every state. Yet, New York and its communities (including Orleans County) continue to rely in large measure on volunteers to perform this critical emergency response and public safety service.

Orleans County stakeholders have expressed a desire to retain a strong volunteer firefighting force. MRI concurs and believes that the goal is realistic and achievable for the near future, albeit with changes in traditional operational procedures, and the introduction of some new response strategies to supplement the volunteers. However, achieving this goal will require the implementation of program(s) to recruit and then, perhaps more importantly, retain personnel; strong commitments from the County, municipalities, and fire companies; and strong leadership in the fire companies.

In March 2004, the International Association of Fire Chiefs (IAFC) issued a report by the Volunteer and Combination Officers Section, entitled "*A Call for Action: Preserving and Improving the Future of the Volunteer Fire Service"* (contained within the toolbox assembled for this report). Among other things, the report highlighted the fact that the ranks of volunteer/call firefighters nationwide are declining due, at least in part, to increasing demand for services. Various other factors are prevalent, and contribute to the reduction in the number of volunteer firefighters in communities such as Orleans County. Among them is the fact that the demographics of many communities today do not support a sufficient number of the type of person who is attracted to the fire service in the 21st century; someone with time to dedicate to public service, or a young person who wants to make a career of it.

MRI has found that, on average, for every five volunteer firefighters recruited, two or three will remain active after a period of about 48 months has elapsed. This fact alone can frustrate recruitment efforts, which in and of themselves are a time-intensive endeavor. The task of recruitment and retention is further complicated if the fire company and/or the municipalities it serves lack a true commitment (whether real or perceived) to the volunteer firefighters.

Making the challenge even greater, in 2025, the average citizen does not want to spend a great deal of personal time dedicated to the fire and emergency services, especially when family commitments take priority. Other reasons for difficulty recruiting and retaining members include:

1. An overall reduction in leisure time.
2. Employment obligations and the common need to maintain more than one job.
3. The virtual elimination of employers' understanding and flexibility relating to this form of community service.
4. Increased family demands.
5. Generational differences.
6. Increasing training requirements.
7. The cost of housing in many affluent communities.
8. Organizational culture.
9. Internal respect.
10. Recognition of personnel.
11. Internal communication.
12. Department leadership styles and commitments.
13. Severe lack of funding.
14. Outdated service delivery models.
15. Internal agency politics.
16. Lack of diversity.

In November 2005, the IAFC Volunteer and Combination Officers' Section released a second report, called "*Lighting the Path of Evolution: Leading the Transition in Volunteer and*

Combination Fire Departments" (contained within the toolbox assembled for this report). This report further expanded on issues and strategies for maintaining high service levels to the community and safety for emergency response personnel while simultaneously keeping costs down.

One prominent question asked in the report was, *"How can fire departments ensure the delivery of services is reliable?"* The answer was the development of a list of "indicators for change", where fire department managers and local government leaders need to be cognizant of warning signs pointing to potential problems and "prepare for change before it is forced on them by external circumstances". These "indicators" of change include:

- **Community Growth:** Generally speaking, the larger the community, the greater the call volume and the higher the level of service people expect.

- **Community Aging:** Maintaining an appropriate level of service depends on the fire department's ability to recruit new and younger members. This appears to be a major issue in Orleans County, as many long-time senior members are nearing retirement or are faced with health problems (even before COVID-19) that have limited their availability.

- **Missed Calls**: A critical issue because it is a failure that is highly visible to the public, and there is an over-reliance on mutual aid for coverage.

- **Extended response times:** A reliability problem, as the public is not receiving the appropriate service.

- **Reduced staffing**: A serious problem as it puts citizen and first responder safety at a greater risk.

Most of these issues appear to have growing applicability to Orleans County and its fire service delivery system. These warning indicators are not necessarily an indictment of anything wrong in Orleans County; the same problems are facing volunteer fire companies and departments across the state and the entire country. The challenge is to find ways to preserve and improve the volunteer fire service in Orleans County for the near future. This would include a combination of identifying and implementing efficient systems, legislative initiatives, and financial incentives with the overarching goals to:

- Sustain a volunteer system where pride and community service build community value and pride.
- Provide necessary services for the protection and well-being of the community.
- Reserve financial assets for other critical services that cannot be provided by volunteers.

Ultimately, under the long term, traditional (and current) emergency services delivery model, the reality is that each community is currently left to determine:

- "What is needed to protect the community?"
- "How much will it cost?"
- "What are the funding sources?"
- "How do the services get delivered?"

Based upon the interviews and discussions with fire and EMS organizations and municipal governments in Orleans County, it seems these questions are being discussed on a limited basis, but certainly not to the level that they should, or which will provide realistic answers. Every emergency incident begins locally, and every local fire and EMS agency must be prepared to know what they are dealing with and when to call for assistance. Without approval and implementation of much of the recommended action, the bigger and more pertinent question will be, “How long will the current service providers be able to hang on?”

The Seven Most Significant Challenges Facing Orleans County Fire and EMS Services

Based upon the findings and analysis of the collective MRI study team, the most significant challenges facing the fire and EMS services in Orleans County are:

1. **Declining and Inconsistent Volunteer Availability:** Volunteer staffing levels are insufficient and unreliable, particularly during weekday daytime hours. Many departments show large inactive rosters, aging membership, and a high percentage of members without interior or EMS certifications. This directly impacts response times, interior firefighting capability, and EMS scene staffing.

2. **EMS-Dominated Call Volume Overwhelming the Fire Service:** Across nearly every jurisdiction, EMS and non-fire service calls now make up the majority of responses. Fire departments are increasingly functioning as first responders to medical emergencies without staffing models, funding structures, or training pipelines designed for sustained EMS demand.

3. **Inability to Consistently Meet NFPA 1720 Benchmarks:** Most volunteer departments struggle to reliably meet NFPA 1720 staffing and response-time objectives, particularly

for interior structural firefighting. Delayed arrival of adequate personnel increases risk to civilians and firefighters and limits operational effectiveness.

4. **Daytime Response Gaps and No-Response Incidents:** The data documents no-response incidents, extended turnout times, and heavy reliance on mutual aid, especially during weekday hours. These gaps expose service reliability risks and create uneven coverage across the county.

5. **Aging Facilities and Apparatus Constraints:** Several fire stations are outdated, undersized, or lack basic health and safety features such as exhaust removal systems, bunk rooms, adequate gear storage, and ADA accessibility. Apparatus replacement costs are increasing while some fleets remain constrained by building limitations.

6. **EMS System Capacity and Coverage Strain:** EMS coverage has experienced dropped calls, increasing response times, and system stress in lower-volume or volunteer-based systems. While regional EMS contracts stabilize coverage, fire departments remain heavily burdened as first responders without corresponding resource support.

7. **Fragmented Governance and Service Delivery:** Fire and EMS services are organized by town, village, fire district, and nonprofit company boundaries, resulting in duplicated costs, uneven service levels, inconsistent data reporting, and limited regional coordination. This fragmentation limits the county's ability to adapt to modern service demands.

The Eight Most Important Recommendations for Orleans County Fire and EMS Services

Based upon the findings and analysis of the collective MRI study team, and consistent with the most significant challenges identified, this section includes what is believed to be the most important recommendations regarding the fire and EMS delivery system in Orleans County. The recommendations below are broad-based and will be developed further, with specific suggestions for how to implement or accomplish them, in subsequent chapters of this report. There is also one caveat, however; MRI did not include any recommendations in this section that require legislative approval due to the uncertainty over getting them approved and implemented.

1. **Transition Toward a Combination or Regional Staffing Model:** The county should support a move away from reliance on 100% volunteer response by implementing daytime duty

crews, shared career staff, or regional staffing resources to ensure baseline coverage and improve reliability.

2. **Align Service Planning with NFPA 1720:** Departments should formally adopt NFPA 1720 as a planning benchmark and use it to evaluate staffing, response times, and deployment gaps. This creates an objective, defensible framework for decision-making and funding.

3. **Strengthen Regional Fire and EMS Coordination:** Expand regionalized approaches for training, special operations, EMS response, and administrative support. Shared services reduce duplication, improve interoperability, and increase sustainability without eliminating local identity.

4. **Stabilize and Integrate EMS First Response:** Recognize fire departments as essential EMS first responders and fund them accordingly. This includes EMS training support, equipment funding, and clear integration with contracted ambulance providers to reduce response delays and system strain.

5. **Prioritize Recruitment, Retention, and Training Pipelines:** Develop countywide recruitment campaigns, incentives, and structured training pipelines to grow interior firefighters and EMS-certified members. Reducing the number of untrained roster members must be a priority.

6. **Address Daytime Coverage Gaps:** Target weekday and daytime staffing through paid coverage, incentives for volunteers, employer partnerships, or regional staffing models to reduce no-response incidents and reliance on mutual aid.

7. **Implement Long-Term Facilities and Apparatus Planning:** Develop a coordinated, multi-year capital plan for stations and apparatus that accounts for modern apparatus size, firefighter safety, and long-term operational needs rather than incremental or reactionary upgrades.

8. **Improve Data Collection and Performance Measurement:** Standardize response-time reporting, staffing documentation, and incident data countywide. Reliable data is essential for assessing performance, identifying risk, and justifying investments to elected officials and taxpayers.

Implications of Not Taking Action

The challenges that are facing the fire and EMS services in Orleans County are very real; there is a crisis that is slowly building, and has been for a considerable period. The reason that many

stakeholders, municipal leaders, and the general public do not see “evidence” is the long tradition in both the fire and EMS services of “getting the job done”.

Looking ahead, the implications of not taking action will be quite simple: service levels will continue to diminish, some companies and EMS agencies may fold under financial pressures or because they are just not viable responders any longer, and fewer and fewer, most likely aging volunteer members will be trying to respond to an increasing number of requests for service.

The MRI study team wants to thank the municipal officials who were extremely interested and engaged in this study from the beginning. Their input and perspective were both valuable and appreciated. The engagement and support that was received at the County level was also commendable. Although it should be a collaborative effort with the fire and EMS providers that protect them, it is ultimately the responsibility of these municipal officials to determine the acceptable level of risk for their communities and the level of protection they want and can afford. It is also, ultimately, their responsibility to provide adequate funding. Any failure to engage could exacerbate the growing crises.

In the end, **ALL** the various stakeholders need to engage in open, frank, and honest dialogues regarding the fire and EMS delivery systems. There will need to be increased funding allocated, or funding can be re-appropriated. Priority should be given to innovative solutions to the recruitment and retention of volunteer personnel, which will have costs associated with it, but it will be money wisely invested. Even with success, the reality is that the fire and EMS services in the County are going to evolve into more of a combination system with the need for a small contingent of career personnel to supplement the volunteers. This, too, will come with increased costs. However, this cost will be reasonable and will be money well invested to help support what remains a quality fire and EMS delivery system. The Pennsylvania legislative report notes, ***“If we lose our volunteer fire and EMS companies and volunteers, the taxpayers will face a very steep price tag.”*** That could eventually be the ultimate implication of not taking action. The choice is up to the stakeholders of Orleans County.

Appropriate Service Delivery Model to Maintain Services

Given current trends, the most appropriate model for Orleans County is a regionalized, combination service delivery approach that strengthens volunteer departments while supplementing them with targeted career or duty-crew staffing where risk and call volume justify it. This may include daytime paid staffing, shared ALS/BLS resources, regional special operations teams, and consolidated training, recruitment, and administrative functions. Continued reliance on a purely volunteer response model, particularly for EMS-heavy workloads, is increasingly

unsustainable due to demographic changes, employment patterns, and training demands. A hybrid model allows the county to preserve volunteer engagement and community identity while ensuring baseline staffing, consistent response capability, and compliance with national standards. Strategic investments should focus on staffing reliability, interoperability, and shared resources rather than duplicating costly apparatus and infrastructure in every jurisdiction.

Taken together, Orleans County's fire and EMS system is mission-critical but under increasing strain. The risks faced by the county, coupled with rising EMS demand and declining volunteer availability, require a proactive shift toward more resilient staffing and service delivery models. Aligning operations more closely with NFPA 1720, investing in regional solutions, and supporting volunteers with structural staffing and equipment strategies will be key to maintaining effective emergency services for the county's residents into the future.

CHAPTER IV – EVALUATION OF FIRE SERVICE OPTIONS

This report and the data supplied to the MRI Team strongly support the need to make changes to the deployment of fire resources in Orleans County. Several options can be explored, with the primary ones being identified as:

- Maintain existing deployment model
- Consolidation of Departments – Battalion Model
- County-wide approach – 100% Paid Staffing

There is no one quick fix that can be implemented to ensure the fire and EMS needs of Orleans County, but the one thing that is clear is that it requires all stakeholders to work together to ensure the needs of the citizens of the county. Collaboration and consolidation of resources are essential to long-term success. All models explored involve & recommend improved documentation, improved policies and procedures, and improved interagency agreements. Based on the information analyzed, the supplied data, and stakeholder engagement, the MRI team strongly believes that some level of continued implementation of the battalion approach is essential, regardless of the path chosen.

Maintain Existing Model

All the fire departments in Orleans County have similar struggles and challenges. They are faced with increased demands for services, declining membership, increased training requirements, increased operational costs, and aging membership.

A common theme of the fire departments is the increasing age of the volunteer staff and a decrease in youth to maintain the services into the future.There have been several cardiac-related events in the county, and this risk can expect to continue as the age of the volunteers increases. This further underlines the importance of recruiting and retaining a younger core membership. The current departments should work to enhance their current recruitment and retention of volunteers. Volunteer organizations are facing declining numbers of available volunteers due to busy work schedules, family commitments, and lifestyle changes. The younger generations are often less inclined to join volunteer organizations.

Attracting and retaining younger volunteers is one of the biggest challenges facing volunteer fire departments in Orleans County, but there are several targeted strategies that can help build a younger volunteer base. Youth outreach and engagement programs such as Junior Firefighter programs, Fire Explorer or Cadet programs, and school partnerships can provide high school students with hands-on experience, certifications, and exposure to firefighting and EMS careers

through demonstrations, career days, and after-school activities. Education and career incentives including scholarships, college credit partnerships, and clear career pathways can make volunteering more appealing by linking service to professional and educational opportunities.

Technology and social media engagement is another key tool; campaigns on platforms like Instagram, TikTok, and YouTube can showcase volunteer activities and attract recruits. Mentorship and peer support programs, along with early leadership opportunities, help build confidence and skill among young volunteers. Strengthening community and social integration through team-building activities, public recognition, and an inclusive, welcoming environment fosters camaraderie and a sense of belonging. Supporting career advancement and certifications; including cross-training in EMS, technical rescue, and fire prevention, enhances competence and provides valuable professional experience. Finally, incentives and recognition, such as stipends, tax credits, achievement awards, and tuition support, reduce participation barriers and reward commitment.

Successfully recruiting younger volunteers requires a combination of education, engagement, flexibility, mentorship, and incentives. Programs that integrate youth into training, leadership, and community activities while highlighting personal and professional benefits are most effective. Early engagement through schools, social media, and junior programs can establish a sustainable pipeline of committed capable volunteers.

The fire departments of Orleans County should work maintaining the required certifications (Interior FF, Exterior FF, EMS) which can be time-consuming and costly. To improve success, scheduling training around volunteers' personal and professional obligations should be considered. Ensuring consistent competency among a fluctuating volunteer roster is challenging.

The current volunteer organizations of the county rely on private donations, fundraising events, and public funding in order to provide services to the county. This creates many challenges for the departments and the communities in being able to adequately fund departments. Fundraising events are time consuming and difficult given the amount of time that must be invested for small amounts of revenue. When you couple this with the increasing costs for maintenance, protective gear, capital expenditure creates a large strain on volunteer organizations.

In Orleans County, fire departments should enhance capital planning which is critically important for volunteer fire departments because it provides a structured approach to managing major assets, ensuring long-term operational readiness, financial stability, and community safety. Unlike daily operating expenses, capital expenditure involves large investments in equipment, apparatus, facilities, and infrastructure that are essential for effective fire and emergency response. Capital planning also allows departments to forecast major expenditures over multiple

years, allocate resources efficiently, and avoid sudden financial burdens, which is particularly important given their reliance on municipal funding, grants, and community donations.

In addition, capital planning supports the long-term sustainability of volunteer fire departments by ensuring that infrastructure and equipment remain reliable even as demographics, call volume, and local funding levels change. A strategic plan demonstrates responsibility, accountability, and preparedness to local officials, residents, and potential donors, enhancing community confidence and support. It also facilitates informed decision-making, helping departments prioritize investments such as new fire engines, facility renovations, or advanced communication systems based on operational needs rather than immediate pressures. In practice, capital planning involves inventorying and assessing assets, prioritizing needs, estimating costs, developing funding strategies, implementing multi-year procurement schedules, and regularly reviewing and updating the plan to reflect changes in technology, regulations, and community demands.

Overall, capital planning is essential for fire departments to maintain readiness, ensure fiscal responsibility, and provide consistent, reliable emergency services. By anticipating future needs and organizing resources strategically, these departments can sustain operations, protect their volunteers, and maintain the trust of the communities they serve.

Today more than ever, fire departments are required to utilize more mutual aid to meet the needs of their communities. Strengthening mutual aid response provides for a high level of service across many communities who may not otherwise be able to afford to. This is especially important when trying to make sure compliance with nationally accepted standards such as NFPA 1720 and Occupational Safety and Health Administration (OSHA). Failure to provide or meet the requirements of OSHA and standards opens communities up to additional liability. Across Orleans County, the fire departments should work to formalize and standardize all mutual aid agreements. Formal documentation and standardization will improve efficiency and effectiveness, while also limiting new potential liability.

Policies and procedures are critically important because they provide a structured framework for operations, safety, accountability, and consistency. Unlike career departments with full-time staff and extensive administrative oversight, volunteer departments rely on members who often have other jobs, variable schedules, and diverse experience levels. Clear policies and procedures help ensure that everyone understands their roles, responsibilities, and expectations, which is essential for safe and effective emergency response.

Policies and procedures establish consistent operational standards, guiding volunteers on how to respond to emergencies, use apparatus, maintain equipment, and follow safety protocols. This reduces confusion, errors, and liability, especially during high-stress incidents where split-second decisions are critical. They also ensure compliance with regulatory requirements, including OSHA

standards, state laws, and local ordinances, which protects both the department and its members.

Additionally, policies provide a basis for training, accountability, and evaluation. New volunteers can be oriented quickly, and performance can be assessed against established standards. They also promote fairness and transparency, setting clear expectations for discipline, promotions, and recognition. For the community, well-documented procedures enhance trust and credibility, demonstrating that the department operates professionally, safely, and reliably.

Creation and development of policies and procedures can be time consuming and challenging for a volunteer group. The MRI team recommends strong policies and procedures be implemented. In order to make this a more surmountable task, the departments should work to use a standard template across all departments. Given the risk assessment of the county, operations should and can be streamlined across all departments to strengthen the overall fire protection of the county.

The volunteer fire departments in Orleans County are the backbone of fire protection of the community. They do a great job at protecting the people in their communities and all of the forementioned recommendations and comments are not to be critical of their work, but instead should be viewed as opportunities to strengthen their ability to provide these services well into the future. Failure to recognize the need for change could eventually lead to a failure to be able to respond in the future. This applies to both the fire departments themselves, but also to the elected bodies and citizens. The world continues to evolve with complex challenges which require doing things differently than we may have normally done them. While our past is an important part of how we got to where we are, if we do not evolve with the times, we may find ourselves in a larger predicament. Volunteer fire departments face challenges in staffing, training, funding, and community support, but strategic approaches in recruitment, retention, training, funding, outreach, operational coordination, and wellness can help sustain and strengthen these essential services.

Consolidation of Departments: Battalion Approach

Orleans county is set up rather well for the deployment of a battalion model and is already deploying this model to a lesser extent. Building upon the battalion model will most likely lead to decreased operating & capital costs, increased purchasing power, unified response and resource deployment, and assist with staffing shortages.

The county lends itself well to being divided into three distinct battalions: East, Center, and West Battalions. There has already been movement towards this model which bolsters evidence that this will enhance the delivery of fire protections (and EMS) within Orleans County.

The East Battalion would include all communities on the eastern side of the county. These communities are Kendall, Murray, Village of Holley, and Claredon. This battalion touches Lake Ontario and borders Monroe County to the East and Genesse along the Southern Boarder forming a cohesive eastern response area.

The Center Battalion would consist of the communities in the central portion of the County. These include Carlton, Gaines, Albion, Village of Albion, and Barre. With this Battalion being centrally located in the County, they would be a critical component of the mutual aide system within the entire county.

The West Battalion would include all communities located on the western side of the county. These communities are Yates, Ridgeway, Shelby, Village of Lyndonville, and the Village of Medina. This battalion represents the western portion of the county, bordering Niagara County and Lake Ontario, and Genessee County to the South.

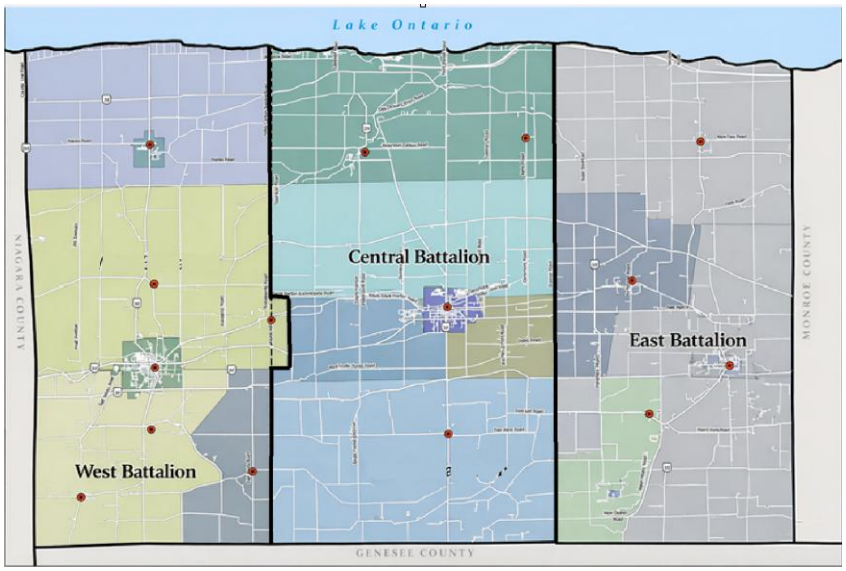


Figure IV-1: Orleans County Battalion Map

Since the departments are already pseudo divided into battalions, there are a few different paths that can be explored. Regardless of the path that is chosen, the constants should remain to maintain or improve existing levels of services, standardize costs, enhance resource deployment & utilization, and stabilize fire protection in the community for the foreseeable future. The two

paths analyzed have very different high levels of structural organization, the essential tasks should be standardized across all communities.

One of the first paths would be to continue with each community maintaining their individual department identities while working under the battalion model. This would mean all of the existing departments would remain intact with their individual structures and governance.

Another path which is an option for fire protection in Orleans County is to consolidate the fire departments into three battalions which would become fire districts. This would consolidate the fire department governance down from the many fire departments across the county to just three districts. Even though there would be three separate districts they should all work together to ensure identical operations and cross battalion operations. The battalion approach, regardless of path, should focus on creating one standardized operation across all of the communities of Orleans County. Expanding upon this a little further, the goal would be to strengthen the response capabilities of the departments through shared resources, people, and responsibilities.

Apparatus & Response Capabilities

Using some form of the battalion model, the county would be better able to address apparatus needs and purchases. Through more strategic deployment, the county could realistically reduce the need for ladder trucks by more strategically viewing the response plans. In conducting the research of apparatus of the county, there is the question of whether there is a need for 5 ladder trucks across the county. The question that could be addressed by the battalion model is “would the deployment of three ladder trucks strategically located better serve the communities”. The data suggests that with a strengthened battalion model, that three across the entire county may be more suitable deployment. With the rising capital costs for replacement and annual certification, this could result in net savings. Depending on the path chosen for battalion deployment, it would also split the capital cost up over a larger taxpayer base.

Additionally, in looking at apparatus purchases across the battalions, more attention can be put on ensuring there is enough capability in the form of tankers. Based on the provided apparatus inventory, each community maintains varying levels of mobile water supply depending on its mix of pumpers and tankers. Albion has approximately 2,750 gallons of water available on the road through two pumpers and one pumper-tanker, with about 1,000 gallons attributable to tanker-type apparatus. Barre operates two pumpers and one tanker, providing roughly 4,780 gallons in total, including 2,200 gallons carried by its tanker. Carlton has one of the largest capacities, with two pumpers and two tankers supplying about 7,200 gallons total, of which 5,000 gallons are carried in tankers. Medina relies entirely on two pumpers for a total of approximately 2,750

gallons and has no tanker capacity. Kendall operates one pumper and one tanker with about 3,900 gallons available, including 3,000 gallons in its tanker. Lyndonville fields two pumpers and one tanker for a total of roughly 3,750 gallons, with 2,000 gallons in the tanker. Clarendon operates two pumper-type units and one tanker, providing about 3,675 gallons total, including 2,000 gallons of tanker capacity. MJFD relies on four pumper-type units with no tankers, resulting in approximately 2,550 gallons on the road. Ridgeway operates three pumpers and one tanker with about 4,980 gallons total, including 2,000 gallons in tanker capacity. Shelby operates two pumpers, one tanker, and a foam trailer, providing approximately 4,160 gallons total, including 2,100 gallons carried by the tanker. Overall, the entire county includes nine tankers and twenty-one pumper-type units, with a combined tanker water capacity of approximately 19,300 gallons available for fire suppression operations.

Under either of the battalion paths, operating budget and capital planning would be critical components. While the fire district model has distinct financial advantages, both models involve looking holistically at the entire battalion which would have net positives on the operating and capital budgets. The more aligned the battalions were with utilizing the same budgeting format and capital planning the more efficient the operations would be across all areas of the county. Under the fire district model the costs are more evenly divided across all taxpayers than they would be under the individual departments. This is a strong consideration when looking to make capital purchases.

Most fire departments across the country rely heavily on mutual aid when it comes to larger incidents. Automatic aid and mutual aid agreements are critically important to volunteer fire departments because they strengthen overall emergency response capability, improve firefighter safety, and ensure consistent service delivery despite limited local resources. Like all volunteer fire departments, the departments of Orleans County are facing staffing challenges, large response area, and specialized equipment. By formally adopting a standardized approach to mutual aid and automatic aid, the departments of Orleans County can address their challenges in a structured and predictable way.

Automatic aid agreements allow predetermined resources from neighboring departments to be dispatched immediately when certain types of incidents occur, without waiting for confirmation of an actual incident. This type of aid aims to reduce response times, ensure that adequate staffing and apparatus arrive early in the incident, and supports safer operations by helping departments meet minimum staffing and incident management requirements as required by OSHA and NFPA standards. In volunteer departments, automatic aid is especially valuable during working hours or for incidents such as structure fires, motor vehicle accidents with entrapment, or hazardous conditions which are high risk incidents.

Mutual aid agreements differ from automatic aid because they are typically requested after the initial response, provide access to additional personnel, apparatus, and specialized capabilities when incidents escalate beyond local capacity. This is usually a delayed request for help while an incident has yet to be stabilized. These agreements can also ensure that help is available during extended operations, multiple simultaneous calls, or large-scale emergencies.

Both automatic and mutual aid agreements enhance firefighter safety by ensuring adequate resources are available to comply with standards related to staffing, accountability, rapid intervention, and incident command. They also improve service reliability for the public by reducing variability in response capability and ensuring that no single department is overwhelmed. These types of agreements support planning, training, and interoperability. Fire departments that operate under aid agreements typically train together, use compatible equipment, and follow common operational procedures, leading to smoother and more effective incident operations. These types of agreements also are viewed favorable from ISO and insurance providers which results in additional benefits to the communities.

During the MRI teams visits with key stakeholders and a review of the data supplied to the team, the type of incidents was consistent across the entire county. While there are slight differences between the population and structure density of the county, overall, the battalion approach creates three very similar battalions. Additionally, while reviewing the operating policies and procedures for the existing departments there were server opportunities for improvement and alignment of operations. The battalion models would enhance and strengthening mutual & auto aid agreements would create a natural path to align policies and procedures. Streamlined and aligned policies and procedures are critical for a volunteer fire department because they directly impact safety, efficiency, and overall effectiveness. Clear, standardized procedures help ensure that all members know the correct actions to take during emergencies, reducing the risk of errors and protecting both firefighters and the public. They also promote operational efficiency, allowing tasks such as fire suppression, medical response, and scene management to be executed smoothly without delays or confusion. Consistent procedures support more effective training, ensuring that all volunteers, regardless of experience or background, understand expectations and can perform their roles confidently. Additionally, aligned policies improve accountability and compliance with legal & safety standards. They also enhance coordination and teamwork, particularly when working with mutual aid partners or other emergency services. Overall, having streamlined and aligned procedures ensures that a volunteer fire department operates safely, cohesively, and efficiently.

County-wide approach with 100% Paid Staffing

Moving from a volunteer fire department to a fully paid fire department is a major organizational, financial, and cultural shift. This is by far the most challenging approach to delivering fire protection in Orleans County and is not currently what the MRI team is recommending. It requires far more than simply hiring firefighters; it involves redesigning governance, funding, staffing, and service delivery. At a high level, the transition typically unfolds across several key areas over many years.

Service demand and risk must justify full-time staffing. Communities will usually make the transition when call volume, response time expectations, EMS demand, or the risk profile exceed what a volunteer model can reliably support.

Once the shift has been deemed necessary, a sustainable funding mechanism must be established. A full-time paid department will require recurring revenue to cover salaries, benefits, overtime, training, workers' compensation, pensions, health insurance, and administrative costs. This usually involves increased fire district taxes or municipal appropriations, creation or expansion of fire protection districts, or voter-approved levy increases. An essential element of this model would be long-term financial modeling to map out the costs not just in year one, but over decades.

Another important component would be a staffing model and labor structure which must be defined. The county would need to determine the number of career firefighters needed per shift, station coverage (24/7 vs. peak-hour staffing). Collective bargaining obligations and compliance with state labor laws must be addressed early in the process.

A paid department requires professional management, including a full-time chief or fire administrator, payroll and HR systems, formal budgeting processes, and expanded recordkeeping. Policies and procedures must be updated to reflect employment law, discipline, scheduling, and performance management.

The training, certification, and compliance obligations increase with a 100% career force. Career firefighters must meet and maintain state certification standards, OSHA requirements, NFPA guidelines, and ongoing continuing education. The department must also provide duty-related protections, safety programs, and compliance oversight that typically go beyond what is typical for volunteer organizations.

Another enormous expense with career departments would be facilities and infrastructure that may need upgrades.Career staffing often requires station renovations for 24-hour accommodations, including bunk rooms, showers, kitchens, fitness space, and secure living

quarters. Based on the evaluation of the current facilities in Orleans County there is only one station (Medina) which has these accommodations.

Transitioning to a paid department can and will likely affect long-standing volunteer traditions and community identity. Successful transitions often include pathways for volunteers to become career firefighters, retain volunteer roles in support or paid-on-call capacities, and involve extensive public engagement to explain costs, benefits, and service improvements. The implementation would most likely be phased rather than immediately. Many communities start with daytime staffing, peak-hour coverage, or a small cadre of career firefighters supplementing volunteers, then gradually expand to full-time coverage as funding and demand grow. Using a phased approach reduces financial shock, allows system adjustments, and builds public trust.

Moving to a career fire department requires demonstrated service need, citizen and political support, stable long-term funding, expanded administrative capacity, compliance with labor and safety regulations, and careful management. When done thoughtfully, the transition can improve reliability and response capability, but it represents permanent and significant commitment by the community with little ability to revert to the volunteer model.

Chapter IV Recommendations

Recommendation IV-1: Recruitment Strategies: The Fire Departments should develop targeted outreach programs for high school students, college students, and young adults. Offer incentives such as scholarships, tax credits, or stipends for service.

Recommendation IV -2: Retention and Engagement: The fire departments should create mentorship programs pairing new recruits with experienced members. They should recognize and reward volunteer contributions through awards, ceremonies, and public acknowledgment. Encourage social engagement and team-building activities to strengthen community and commitment.

Recommendation IV-3: Training and Professional Development: Fire Departments should work with Orleans County Emergency Management to provide accessible, scheduled, and on-demand training options. Departments should encourage cross-training in firefighting, EMS, and technical rescue to improve versatility. Develop partnerships across the county to share resources.

Recommendation IV-4: Funding and Resource Management: The fire departments should explore grant opportunities, state and federal funding, and community fundraising initiatives. Form partnerships with local businesses and civic organizations for

sponsorships or donations. Maintain a transparent budget and communicate financial needs to the community.

Recommendation IV-5: Standardization of Mutual Aid: Departments should work to standardize and formalize mutual aid agreements across departments.

Recommendation IV-6: Standardize and Strengthen Policies and Procedures: The departments should work together to create a common template and standardization of standard operating procedures across all departments.

Recommendation IV-7: Deployment and Types of Apparatus: Under the battalion model the county should look for ways to streamline the type and deployment of apparatus. This plan would help in the purchase of future equipment in ensuring it accurately reflects the needs of the battalion and county as a whole.

Recommendation IV-8: Automatic & Mutual Aid Agreements: The fire departments of Orleans County should work together to form a standard level of response through formalized automatic aid agreements. Additionally, the departments should formalize their mutual aid agreements in writing.

Recommendation IV-9: Policies and Procedures: The fire departments of Orleans County should work to create one formalized, written set of operating procedures. This should be used as the basis for training and ensure that all departments are operating in the same manner. This will enhance operations and safety for all involved.

Recommendation IV-10: Working collaboratively the Orleans County Fire department's should continue to explore ways to reduce all aspects of response time.

Recommendation IV-11: Fire Departments should work with Orleans County Emergency Management to provide accessible, scheduled, and on-demand training options. Departments should encourage cross-training in firefighting, EMS, and technical rescue to improve versatility. Develop partnerships across the county to share resources.

CHAPTER V – EVALUATION OF AMBULANCE SERVICE OPTIONS

Several counties in New York State are currently operating or directly managing EMS services, reflecting a growing trend toward county involvement due to staffing shortages, rising call volumes, and gaps in traditional volunteer-based systems. According to the New York State Office of the State Comptroller (OSC), at least 22 counties statewide provide EMS services in some form, with 14 counties directly employing staff and operating ambulances, and others contracting for or supplementing ambulance coverage. Close proximity examples include Erie County, which launched a county-run ambulance service to address service gaps and improve system reliability, and Montgomery County, which established a county-operated ambulance service through the sheriff's office to support rural coverage and relieve pressure on local volunteer agencies. Madison County similarly assumed ambulance operations after the collapse of a non-profit provider demonstrating how counties can step in to preserve and even improve EMS access to its citizens. Other counties, such as Ulster County, have obtained municipal ambulance operating authority to coordinate EMS services countywide and ensure coverage where local systems are strained. All across New York State there is a growing trend toward county-based EMS models, with additional counties actively considering expanded roles to stabilize response times, improve accountability, and ensure consistent emergency medical care across large geographic areas.

In 2022, the Orleans County EMS Task Force gave a presentation that provides a comprehensive overview of EMS coverage needs and operational demands in Central and Eastern Orleans County, while highlighting several systemic issues and potential solutions. The presentation outlines a service area experiencing approximately 3,300 calls annually, averaging 9–10 calls per day, with roughly 80 percent resulting in transports. Extended transport distances to regional hospitals, particularly Rochester-area facilities, significantly increase unit time on task, therefore reducing availability for subsequent calls. Call density mapping and historical demand analysis demonstrated predictable peak periods and geographic concentrations that strain existing resources. The Task Force identified key challenges including insufficient ambulance capacity to meet simultaneous calls, vulnerability during peak demand, long out-of-county transport times, and the lack of redundancy needed to maintain response time reliability. All of these factors increase the risk of delayed responses and dropped coverage, particularly for high-priority ALS calls. Put very plainly, in 2022, the EMS Task Force identified a need to improve transport capability within the Eastern and Central Battalion of Orleans County.

To address these issues, the Orleans County EMS Task Force proposed solutions including implementing a service model with two 24/7 transporting ambulances supplemented by a third peak-hour unit, establishing centralized and secondary posting locations to improve coverage efficiency, and treating Orleans County as a single EMS district to enhance coordination and oversight. Additional recommended improvements include standardized performance

monitoring, enhanced system status management, integrated communications and dispatch infrastructure, and routine accountability reporting to ensure compliance with response standards. Collectively, the presentation emphasizes that aligning resources with documented call volume and geographic demand is essential to improving reliability, response times, and overall EMS system performance in the county

In 2025, EMS operations in the county faced several significant challenges. Many of the stakeholders believe the EMS system is under-resourced, most specifically in the East and Central Battalions, with only two BLS ambulances and a single-fly car staffed by one medic. Response times have improved slightly, but there are still dropped calls and multiple instances where multiple simultaneous emergency calls and there are not enough ambulances available.

The participating municipalities in the Mercy Ambulance contract include the Towns of Albion, Barre, Carlton, Clarendon, Gaines, Kendall, and Murray. For 2025, the individual municipal contributions were $93,000 for Albion, $11,000 for Barre, $18,500 for Carlton, $28,000 for Clarendon, $38,500 for Gaines, $12,750 for Kendall, and $48,250 for Murray, resulting in a total contract value of approximately $250,000. The agreement includes scheduled increases, with the total contract amount rising to $275,000 in 2026 and $300,000 in 2027. Each municipality's annual contribution is calculated based on its percentage of total ambulance call volume from the previous year, ensuring that costs are distributed proportionally according to service demand.

The Western Battalion is covered by Medina Fire who continues to deal with increasing transfers out of Medina Hospital, and limited access to paramedic education due to a statewide shortage of programs. Recruitment efforts face many obstacles; although school and vocational outreach programs have been initiated, insurance issues and other constraints have limited their success.

Increased wait times for transporting ambulances has also put a strain on volunteer fire departments who respond at the first responder level to provide care until the EMS units arrive. This has led to a sharp increase in the call volume and strain on the firefighters with the increased number of responses.

Orleans County has identified that there are challenges with the current deployment of fire and EMS resources in the county which is the impetus of this study and in anticipation of pending legislative changes. In the time that this study originally started there was a piece of legislature which passed New York State legislation, signed by the governor, which impacts the role of the county in the EMS System. New York State legislation S7501A / A8086A directs counties to develop and maintain comprehensive county emergency medical services (EMS) system plans in response to growing concerns about EMS reliability, workforce shortages, and fragmented service delivery. The legislation amends state law to require counties, working in coordination with municipalities and regional EMS councils, to formally assess how emergency medical and

ambulance services are provided across their entire jurisdiction and to plan for how those services will be sustained and improved over time. Rather than prescribing a single model of EMS delivery, the law establishes a structured planning framework that allows counties to evaluate current conditions and identify locally appropriate solutions.

The legislation aims to ensure that all residents, regardless of location within a county, have access to reliable and coordinated emergency medical services (EMS). By requiring counties to take a comprehensive view of EMS coverage, the law shifts decision-making from reactive, crisis-driven approaches to proactive, data-informed planning. It also encourages improved coordination among cities, towns, villages, ambulance providers, fire departments, and regional EMS councils, recognizing that EMS systems often span multiple municipalities and cannot be effectively managed in isolation. Ultimately, the law provides state and local leaders with a clearer picture of EMS capacity, service gaps, and long-term sustainability challenges.

Under the law, counties must convene a planning process in partnership with their regional EMS council and local governments. Each county EMS plan must assess current EMS and ambulance coverage, identify service gaps or unmet needs, and describe the organizational structures providing services across the county. This can include municipal EMS, fire-based EMS, special districts, intermunicipal agreements, nonprofit or for-profit providers, and contracted services. Counties are also required to develop cost estimates for addressing deficiencies, promoting transparency around the financial resources needed to ensure reliable EMS coverage.

The legislation establishes oversight and accountability by requiring completed county EMS plans to be submitted to the New York State Department of Health and the State Emergency Medical Services Council for review and comment. This ensures alignment with statewide EMS goals while preserving county flexibility in organizing and funding services. Specified timeframes reinforce the urgency of completing these plans and addressing EMS system challenges. The Statewide EMS Goals in New York are identified as:

1. **Improve Patient Care and Outcomes:** Focus on enhancing emergency medical care quality, reducing death and disability, and improving health outcomes for patients in prehospital settings. This includes ensuring EMS care is timely, appropriate, and effective across all regions of the state.

2. **Strengthening System Oversight and Coordination**: system assessment and evaluation of EMS services. This involves collecting accurate data, monitoring system performance, and using that information to guide improvements in coverage, care quality, and system coordination.

3. **Continuous Quality Improvement (CQI)**: promote ongoing quality improvement in EMS organizations, encouraging measurable enhancements and systematic review of performance. EMS agencies are required to participate in structured quality improvement programs that identify care gaps and implement evidence-based changes.

4. **Standardization and Best Practices**: aim to standardize clinical care practices and encourage agencies to adopt best practices that improve patient experience and outcomes statewide.

5. **Data-Driven Decision Making**: support performance measurement, planning, and resource allocation, which are key to countywide planning and identifying service gaps.

6. **Integration with Broader Health and Public Safety Systems**: integrating EMS into the wider healthcare continuum (e.g., trauma systems) and emergency response networks, strengthening its role as a critical link between 911 emergency care and the broader health system.

The benefits of legislature are substantial for both local governments and the public. By mandating comprehensive EMS planning, counties can identify service gaps, understand their causes, and explore solutions. The law promotes better coordination among providers and municipalities, reduces inefficiencies, and supports more consistent service levels. Requiring cost estimates enhances fiscal transparency and equips elected officials with the information needed for informed policy and funding decisions. Over time, the legislation fosters stable, resilient EMS systems that are better aligned with community needs, workforce realities, and public safety expectations.

The legislature sets a statewide expectation that counties take a proactive leadership role in EMS planning. Through assessment, coordination, and formalized planning, the law provides a practical framework to address longstanding EMS challenges and ensure that emergency medical services remain reliable, sustainable, and responsive to New York communities.

County Role in EMS Services

Orleans County has already taken great strides to assess the current deployment of EMS in the county. The new legislation requires an even more active and the county is now responsible for

leading the development of a comprehensive EMS plan that aligns with statewide goals while reflecting local needs and conditions. Orleans County's Role in Implementation include:

1. **Leadership and Coordination:** Orleans County serves as the primary coordinator for EMS planning within its jurisdiction, bringing together municipalities, fire departments, ambulance providers, and the regional EMS council. The county acts as the central point for decision-making, planning, and communication, ensuring that EMS services are evaluated and improved across the entire county.
2. **Assessment of Current EMS System:** The county is responsible for analyzing the current deployment of EMS and ambulance resources, identifying strengths, weaknesses, coverage gaps, and unmet needs. This includes evaluating municipal EMS, fire-based EMS, special districts, intermunicipal agreements, and contracted services.
3. **Planning for Sustainability:** Orleans County must develop strategies to sustain and enhance EMS services over time. This includes creating data-informed plans to address workforce shortages, reliability issues, and fragmented service delivery, while also estimating the costs associated with improvements.
4. **Reporting and Accountability:** Completed EMS plans must be submitted to the New York State Department of Health and the State EMS Council for review and comment. Orleans County is responsible for ensuring that the plan meets state expectations while maintaining flexibility in service organization and funding.

The County is now required by state law to have a great hand in the deployment and operations of an EMS system inside of the county. In looking at this there are multiple options for EMS deployment in Orleans County.

Based on the observations of the MRI team and the data investigated, the following 3 options are considered the most viable options for EMS in Orleans County.

Option #1- Orleans County to provide all EMS to communities

This option represents a full consolidation of EMS delivery under Orleans County government, transitioning from a mixed system of municipal and private ambulance providers into a single, county-operated EMS authority responsible for all emergency response and transport. In this model, the County would become the sole EMS provider, managing ambulances, personnel, and medical oversight under one unified system. The primary goal of this structure is to ensure

consistent response times, standardized clinical care, uniform staffing levels, and system-wide reliability across all communities, regardless of geographic location or local volunteer capacity.

Operationally, the County would establish a centralized EMS agency built around four strategically located stations or deployment hubs selected through call volume analysis, geographic coverage, and response time modeling aligned with benchmarks such as NFPA 1720 and regional EMS standards. Each station would operate 24/7 with staffed ambulances, utilizing a mix of Advanced Life Support (ALS) and Basic Life Support (BLS) units depending on local demand. The system would require a full-time career workforce consisting of paramedics, EMTs, field supervisors, and administrative support staff, typically organized into 12-hour or 24-hour shift schedules with built-in redundancy to maintain coverage during peak demand and staffing shortages. A tiered command structure, including shift supervisors, operations leadership, and a medical director, would be necessary to ensure clinical oversight, operational coordination, and regulatory compliance.

Fleet and infrastructure requirements would include approximately 6–10 ambulances to provide adequate coverage and reserve capacity, along with supervisor and logistics vehicles. Each station would need to be fully equipped for 24-hour operations, including living quarters, decontamination areas, training space, and secure storage for medical supplies. A centralized maintenance and logistics system would also be required to manage vehicle upkeep, medication inventory, and equipment readiness.

A major challenge in implementing this model is workforce availability, as rural EMS systems across New York, including Orleans County, continue to experience significant staffing shortages of EMTs and paramedics.

From a governance standpoint, Orleans County would likely need to establish either a formal County EMS Department within existing government structure or an independent County EMS Authority as a semi-autonomous operating entity. This structure would centralize budgeting and funding allocation, labor agreements (including collective bargaining if applicable), clinical protocols under a County EMS Medical Director.

While New York State does not currently mandate countywide EMS systems, several recent policy and legislative trends have made this model more feasible than in the past. EMS has increasingly been recognized as an essential public service, as it should be, particularly following workforce shortages highlighted during the COVID-19 pandemic, strengthening the argument for greater county-level coordination and potential state support. In addition, expanded EMS workforce recruitment and retention grants provide funding opportunities that align directly with a county-run training academy model.

State-level efforts to encourage regionalization and shared services, supported by agencies such as the Department of State and the Division of Homeland Security and Emergency Services (DHSES), also reinforce the feasibility of consolidated EMS systems at the county level. Furthermore, expanded scope-of-practice regulations and the growth of mobile integrated health and community paramedicine programs provide additional opportunities for counties to diversify EMS delivery and potentially develop alternative funding streams through hospital partnerships and value-based care initiatives. Ongoing EMS sustainability discussions at the state level continue to highlight the financial instability of volunteer and private EMS systems, further supporting exploration of consolidated models in rural regions.

Implementation of this model would likely occur in phased steps beginning with a comprehensive system assessment and design phase that includes call volume analysis, facility siting, financial modeling, and workforce evaluation. This would be followed by a hybrid transition phase in which county EMS units supplement existing services while pilot stations are established and the training academy is launched. The next phase would involve gradual consolidation of transport responsibilities and integration of dispatch functions, followed by full system implementation with unified operations, standardized protocols, and potential expansion into community paramedicine and preventative care programs.

Overall, this model transforms EMS delivery from a fragmented system into a single, coordinated public safety utility at the county level. While significant barriers exist, including capital investment, workforce development, and political alignment with existing providers, the current New York State policy environment, combined with ongoing EMS staffing shortages and rural service pressures, makes this approach increasingly viable as a long-term sustainability strategy.

Option #2- Orleans County to Renegotiate contract with Mercy for enhanced services

Under this option, Orleans County would retain a contracted service delivery model but significantly enhance and restructure how EMS is deployed and integrated across the county by renegotiating its agreement with Mercy EMS (or another qualified regional provider). Instead of the current hybrid system, where EMS coverage is often a combination of contracted transport services supplemented by volunteer fire departments providing first responder services, the County would move toward a more formally integrated, system-wide EMS deployment model with clearly defined performance expectations, expanded unit placement, and stronger county-level oversight.

In practical terms, this model would likely build upon the existing Mercy EMS infrastructure while requiring the provider to deploy additional ambulances strategically across Orleans County based on response time analysis, call density, and geographic barriers. Rather than relying primarily on centralized stations or limited posts, the contract would specify the placement of staffed EMS

units in multiple sub-regions of the county, aligning with existing population centers and fire district coverage areas. These deployment points would be designed to reduce response times in rural gaps where volunteer fire companies are currently the primary or initial source of patient care.

Operationally, this would shift the system and require the county to provide more oversite and be more performance-based, county-directed EMS system. The County would define service level expectations such as maximum response time thresholds, required 24/7-unit coverage in designated zones, and minimum staffing standards (ALS vs. BLS availability). The provider would then be contractually obligated to meet those standards through dedicated unit placement, dynamic deployment strategies (posting units based on demand), and possibly the addition of peak-hour or supervisor-level response resources. This is a significant evolution from traditional EMS contracting, where providers may have more flexibility in internal deployment decisions.

Within the current Orleans County EMS environment, this approach would still likely rely heavily on volunteer fire departments as first responders, particularly in outlying rural areas where they remain the closest available resource. The contracted EMS provider would be expected to achieve faster arrival times through improved unit placement, potentially reducing overreliance on fire-based EMS response for time-critical calls.

A key operational enhancement under this model would be the introduction of additional stationed or semi-stationed EMS units throughout the county. Rather than operating solely from traditional ambulance bases, units could be positioned in satellite posts, shared municipal facilities, or even co-located with fire stations under formal agreements. This “post-and-deploy” strategy would allow ambulances to be positioned closer to high-demand corridors, particularly during peak hours, improving compliance with response time expectations without requiring full county ownership of assets or personnel.

From a system management perspective, the County would need to take a more active oversight role than in a traditional EMS contract. This would likely include stricter reporting requirements, real-time performance monitoring, financial transparency provisions, and clearly defined penalties or corrective action triggers if response benchmarks are not met. The County may also require integrated dispatch coordination to ensure that EMS units are deployed in a manner consistent with countywide priorities rather than solely provider-driven logistics. Compared to a full county-operated EMS system, this model is more incremental and less disruptive, as it preserves the private provider structure while attempting to improve performance through contract design and expanded resource allocation. In many cases, the success of this model hinges on whether the financial terms of the contract are sufficient to support the level of coverage being required by the County.

In summary, under current Orleans County conditions, Option #2 would not fundamentally replace the existing EMS structure but would enhance it by requiring a more robust, geographically distributed deployment of contracted EMS resources, tighter performance standards, and a more formal integration of volunteer fire-based first response into a coordinated countywide EMS system.

Option # 3 - County staff and deploys one ambulance available for backup to Mercy EMS and Medina EMS

Option #3 can be effectively implemented if it is designed as a targeted "gap-filler" resource rather than a replacement for existing EMS coverage. Under this model, Orleans County would staff and deploy a single county-operated ambulance that supplements the existing system operated by Mercy EMS and Medina Fire. These agencies would remain the primary transport providers under current contractual arrangements, while the County unit would function in a flexible support role. Specifically, it would provide primary ALS coverage in the county if Mercy is not available and serve as a backup transport unit during periods of high demand or simultaneous calls.

To be effective, the unit should be strategically deployed from a fixed location rather than operating dynamically, ensuring predictable coverage in underserved areas. Placement in the Emergency Management Base provide strong central geographic positioning for Orleans County. The unit would ideally operate during peak daytime hours, approximately 0600 to 1800, when call volume is higher with the option to expand coverage based on demand and available resources.

Staffing is a critical component of this model, and the ambulance should operate at the Advanced Life Support (ALS) level to maximize its impact. A practical and cost-effective configuration would include one paramedic and one EMT, though a dual-paramedic model could be considered if staffing allows. Operational success depends heavily on clear integration with the existing Mercy contract and dispatch protocols. The County unit should be dispatched for calls where a mutual aid ambulance is coming from outside the county, simultaneous incidents, or when contracted units are unavailable. It could also serve as an intercept unit when BLS resources arrive first and ALS care is required. Importantly, the unit should be structured as a system reliability resource rather than a competitor to contracted providers, with clearly defined triggers for deployment to ensure alignment with existing agreements.

From a scheduling standpoint, a 12-hour peak coverage model, potentially focused on weekdays, would provide the greatest return on investment, with the option to expand based on call data. Oversight requirements would be relatively limited but should include a county EMS coordinator, medical direction, and alignment of training and quality assurance processes with existing providers to maintain consistency in care.

Overall, this model offers a cost-effective and minimally disruptive way to strengthen EMS coverage in Orleans County by addressing known service gaps, particularly in rural areas and during peak daytime hours. While a single unit will not transform system-wide performance, it can significantly improve reliability and response capacity when used strategically, serving as a practical and scalable step toward broader system enhancements if needed.

Chapter V Recommendations:

Recommendation V-1: Working collaboratively, Orleans County EMS departments and Orleans Emergency Management should develop a Standard of Response Cover for ALS level response, based upon the established EMS demand zones and response/travel time recommendations contained in NFPA 1710 and/or the CAAS standards, with adjustments as appropriate for Orleans County's unique needs. The SOC adopted should attempt to have benchmark achievement rates of 80% for rural and remote areas.

Recommendation V-2: Working collaboratively, Orleans County EMS departments and Orleans Emergency Management should develop a Standard of Response Cover for BLS level response, based upon the established EMS demand zones and response/travel time recommendations contained in NFPA 1710 and/or the CAAS standards, with adjustments as appropriate for Orleans County's unique needs. The SOC adopted should attempt to have benchmark achievement rates of 80% for rural and remote areas.

Recommendation V-3: The fire companies and EMS agencies of Orleans County should, with their member municipalities, explore the feasibility of developing and implementing more equitable funding formulas to better balance overall funding between municipalities. One possible formula could use assessed value, population, and call volume, or a per capita cost, to determine funding.

Recommendation V-4: Orleans County Emergency Management should work to staff an ambulance based on peak call volume for the region. Typically, this unit can staffed Monday-Friday from 0800-1600 or 1800 hours during peak hours. It should be staffed at a minimum to allow transport at the BLS level.

Recommendation V-5: Orleans County should seriously consider issuing an RFP for the provision of EMS services throughout the entire county (Option #1). The RFP should include expected levels of performance and establish benchmarks for the delivery of services. This information can be utilized to help guide future decisions.

Recommendation V-6: Orleans County should request quarterly reports from each of the County's EMS transport agencies. The quarterly reports should include call volume,

incident type, and location breakdowns, response times including 80th and 90th percentile achievement of response criterion, number of patients transported, patient outcomes, and number of units were unavailable.

Recommendation V-7: Orleans County should work with the State regulatory agencies to establish a certificate of need for ambulance operations.

Recommendation V-8: Orleans County should establish a fund for collection of revenue for any response to emergency medical services. These funds for service should be available to be put towards future operations of a county supplemented (or funded) EMS system, including assisting the volunteer EMS providers offset their expenses including for personnel, and not back into the general fund of the county.

CHAPTER VI – EVALUATION OF COUNTY WIDE COMBINATION OF SERVICES

During the time that the MRI was on the ground in Orleans County, there was much discussion around the Medina Model and how duplicating that across the county could be successful. Taking that information and those discussions into consideration, the Team evaluated what that could potentially look like, some of the challenges, costs, and benefits to the County.

As discussed earlier in the report, a 100% paid department across the county would not be practical at this time. The volunteer fire departments continue to provide a valuable and cost-effective service to the community. Steps should be taken to enhance those services while also accounting for the increased service demands.

In reviewing the Medina Model and the impact that it has on the Western end of the county, application of this model across the entire county is a possibility which would have a net positive on the delivery of services across the county. The primary aspect of the Medina Model is the delivery of EMS services with the capability to also provide fire suppression services. Through this delivery model they can staff at least two primary ambulances to handle the emergency medical calls for service and facilitate transfers out of the hospital. There is new legislature in the State which requires the county to have a more active role in the delivery of Emergency Medical Services. There is not currently a direct path for the county to be involved in the delivery of fire suppression services. This could be remedied by closely working with local, county, and state legislators to adopt special language to allow for the deployment of a county wide fire & EMS model.

Applying to the Medina Model across the entire county requires many different components. Besides the needed legislature, Orleans County would need to establish itself as a county wide

fire and EMS department. Where the County is currently utilizing the battalion model at the fire and EMS level the recommendation would be to continue this practice. The entire county would be the fire department but it would continue to be broken up into the three battalions. The Medina Fire Department would be absorbed by the County. This process would require negotiating the absorption of people, equipment, and facilities. The county could then establish the main hub in each of the other two battalions. In the central battalion, Albion would be a good location due to the fairly central location and being the more densely populated part of this battalion. Then in the eastern battalion, the county could establish the hub to be in village of Holley. The remaining departments in the county would remain as is.

The command structure of the department would model a traditional fire department which would have one fire chief in charge of the department, an assistant fire chief, and then one captain per battalion, and three lieutenants assigned to each station. The primary goal should be to hire paramedic providers in order to be able to staff each ambulance at the paramedic level. The goal would be to staff 2 ambulances in each battalion to accommodate the call volume. When not handling EMS related calls, the crews would be able to supplement the fire suppression services in the volunteer departments across the battalion. This would strengthen the response capabilities across each battalion and the county.

Using the FY25–26 budget figures, Medina's current operating model can be treated as a single-battalion equivalent for purposes of scaling. Under this structure, total personnel costs across fire, ambulance, and facilities amount to approximately $1.62 million annually. This includes $324,644 in Fire Department personal services, $967,930 in Ambulance Service personal services, and a $322,644 buildings allocation representing 20 percent of total payroll. Together, these figures reflect the full staffing cost of Medina's fire and EMS operations and align with the total payroll referenced in the budget documentation.

Non-capital equipment costs in the Medina model are minimal, totaling approximately $15,000 annually. These costs are limited to routine fire equipment replacement, with no ambulance or building equipment expenditures budgeted in FY25–26. Capital expenditures within the Medina model total approximately $45,050 and are similarly targeted rather than expansive. These costs consist primarily of a $25,000 City Hall roof repair within the buildings budget and a $20,050 EMS defibrillator lease program. There are no fire capital projects included in this fiscal year.

If this same operational structure were deployed countywide across three battalions—assuming identical staffing ratios, the same payroll allocation methodology (60 percent EMS, 20 percent fire, and 20 percent facilities), comparable station infrastructure, and proportionally replicated capital needs—costs would scale in a predictable manner. This is an assumption. Personnel expenses would increase to approximately $4.85 million annually, reflecting the labor-intensive nature of fire and EMS services and remaining consistent with industry norms where payroll accounts for 80 to 85 percent of total operating costs.

Equipment costs under a three-battalion deployment would increase modestly to approximately $45,000 annually, assuming shared purchasing standards, staggered replacement schedules, and no concurrent apparatus replacement cycles. Capital costs would scale to approximately $135,000 annually, reflecting distributed facility maintenance and continued use of lifecycle-based replacement programs rather than large, one-time capital outlays.

In total, a countywide, three-battalion deployment modeled directly on Medina's current fire and EMS structure would result in an estimated annual operating budget of approximately $5.03 million. The overwhelming majority of this cost would be personnel-related, while equipment and capital expenditures would remain comparatively modest. Strategically, this analysis demonstrates that Medina's model scales linearly, with no hidden cost multipliers, and that a countywide system built on the same principles would be predictable, controllable, and driven by staffing requirements rather than discretionary or expansionary spending.
There would be some sizable investment from the county to get this model off the ground. The county would need to invest in personnel, equipment, and facilities to successfully deploy this model. There are many different sources of income that can be utilized to help offset these expenses. The SAFER grant and AFG grants are great opportunities to help defray some of the costs. The SAFER grant is the Staffing for Adequate and Emergency Response grant through FEMA which has traditionally allowed for initial costs of full-time staffing. The AFG grant is the Assistance to Firefighter Grant which provided mechanisms for procuring necessary equipment that firefighters need. While the notice of funding opportunity varies from year to year, many of the items that the county would need have typically been high priority items. Grants like these also tend to favor applications which are submitted on a regional basis or would have a more regional impact.

Personnel

The County would need to acquire the existing employees in Medina and hire additional staff for the other two battalions. This should be aligned with the roll out plan for this model and consideration should be given to utilizing grants and grants cycles to maximize their benefits.

Equipment

For this deployment model to work, the county would need to acquire both ambulances and fire suppression equipment. In looking first at the ambulances, the county would need to order a fleet of ambulances and consider having mechanical spares to ensure consistent delivery of services. This will have a significant financial impact as the cost per ambulance is around $400,000 to $500,000 depending on type and equipment that is specified. There is also a lengthy lead time for delivery of the equipment which could impact the timeline for implementation.

With regards to fire suppression equipment there are some options that could be considered. The county could work out a deal with the host departments to provide these resources.

Facilities

As part of the transition to full-time staffing in the three parts of the county identified above in the report there would have to be an investment in the facilities that are in these communities. Projects like creating living quarters, exhaust removal systems, locker rooms, and proper de-con facilities would have to be implemented. There are grant opportunities through the federal government which could offset some of these expenses.

EMS reimbursement is a multi-payer system made up of Medicaid, Medicare, private insurance, and limited local subsidy support. Historically, this system has been heavily transport-based, meaning EMS agencies were primarily paid only when a patient was transported to a hospital emergency department. While recent reforms have improved flexibility, reimbursement still varies significantly by payer and service type.

Private health insurance reimbursement in New York is governed by state insurance law and contractual arrangements. When EMS agencies are in-network with an insurer, payment is made according to negotiated rates. For out-of-network emergency ambulance services, insurers are still required to reimburse for medically necessary care. Recent “direct pay” legislation in New York now requires most insurers to pay ambulance providers directly rather than reimbursing patients, which had previously resulted in delayed or lost payments for EMS agencies. Despite this improvement, private insurance reimbursement levels and timelines can vary widely, adding administrative complexity for providers.

Reimbursement often does not fully cover the cost of readiness, staffing, equipment, and uncompensated care, local government support and tax-based funding remain critical components of EMS financing in New York. Many municipal, fire-based, and volunteer EMS agencies rely on town, village, or county funding to offset low reimbursement rates, non-transport calls, and uninsured patients. This is especially true in rural areas, where call volume is lower, but response expectations remain high.

This model is very much a viable option for the county and one that should be given serious consideration. The deployment of this model would help to stabilize the delivery of EMS services in the county, supplement and assist the volunteer departments, and provide an increased level of service to the county. This model will be complex to roll out and would require a multi-year plan to fully deploy this model. Careful consideration and planning with implementation phases will lead to the greatest success. Success of this model requires coordination at many levels and partnerships with both the private sector, local, county, and state government.

Chapter VI Recommendations

Recommendation VI-1: Working with legislators, Orleans County should explore the feasibility of establishing either a county-wide joint fire district, or a regional fire authority. In the interim, local municipalities are urged to consider the formation of joint fire districts between several towns that could eventually provide the foundation for a larger endeavor.

Recommendation VI-2: If future legislation allows, Orleans County should explore the feasibility of enacting a fire and EMS tax to provide centralized support for County wide fire and EMS operations.

Recommendation VI-3: The county should develop a long-term plan with implementation stages that involve equipment acquisition, personnel hiring plan, and facility upgrades.

CHAPTER VII – RECOMMENDATION AND CONCLUSIONS

A shared vision is essential for any organization to ensure that both the organization and its members are working cohesively toward common objectives. It is not enough for personnel to simply recognize that they are part of the same organization; they must also be aligned in purpose and direction. When a common vision is absent, the effects are often evident not only in the quality and quantity of work produced, but also in the overall morale, commitment, and enthusiasm with which that work is carried out.

The perceptions held by organizational members and stakeholders—both internal and external—play a critical role in either strengthening or undermining a shared vision. Regardless of their accuracy, these perceptions often shape reality for those who hold them. When distrust or a lack of mutual respect exists among members, or between stakeholders such as fire and EMS leadership and local governing bodies, establishing and sustaining a unified vision becomes extremely challenging, if not impossible.

The development of a shared vision for the delivery of fire and EMS services in Orleans County should not originate from a single organization, individual, or mandate. Instead, it must be collaboratively shaped and embraced by all stakeholders and levels of government. The central focus of this vision should always remain the best interests of the 9-1-1 caller and the community served.

By examining and understanding past practices and experiences, stakeholders can develop a forward-looking vision that encourages meaningful participation and clearly defined roles. This

approach is particularly important in Orleans County, where future changes to emergency service delivery may be driven by financial constraints, recruitment and retention challenges, and increasing public expectations for timely and effective emergency response.

Throughout the study, the MRI team conducted numerous stakeholder meetings across Orleans County. These discussions revealed varying perspectives on concepts such as regionalization, consolidation, group purchasing, and equipment standardization to achieve economies of scale. However, there was notable consistency among stakeholders regarding local-level challenges, including standards of cover, fundraising, financial support from municipalities, recruitment and retention, automatic and mutual aid, as well as facilities, apparatus, and equipment needs.
The findings from these interviews and the accompanying data analysis offer cautious optimism regarding the future direction of fire and EMS service delivery in Orleans County. While the concept of a more regional or county-level approach remains underdeveloped and has not yet gained widespread acceptance—understandably so, given that such changes would likely require enabling legislation—it represents a potential pathway worthy of continued discussion.

MRI strongly believes that active engagement by local fire and EMS agencies in shaping the future vision of their services is critical to addressing countywide service delivery challenges. These discussions should begin immediately and must incorporate the local concerns expressed by stakeholders. MRI does not advocate for a single, uniform delivery model or suggest that there is one definitive solution. Any approach adopted must retain sufficient flexibility to address the unique organizational structures and needs of individual fire and EMS agencies. As with any successful initiative, a regional or countywide system would be expected to begin incrementally and evolve over time as its effectiveness and value in enhancing emergency services are demonstrated.

Chapter VII Recomendations:

Recommendation VII-1: The Chief of every fire and EMS agency in Orleans County should provide regular briefings and reports to the Mayor/Administrator and/or governing body of every municipality they serve concerning the operations of their organization or fire department. The Chief should communicate regularly with the Mayor/Administrator and/or governing body to receive feedback on the performance of the department.

Recommendation VII-2: The Mayor/Administrator and/or governing body of each municipality should take an active role in setting appropriate goals and a vision for the fire and EMS providers that serve them. Municipal officials should include residents and the emergency services in an open and honest discussion within the goal-setting process.

Recommendation VII-3: Every fire and EMS agency should consider offering building tours and ride-a-longs to the members of their local governing bodies and other municipal

officials to further familiarize them with fire and EMS operations. Officials could also be encouraged to participate in or observe training activities.

Recommendation VII-4: Fire and EMS agency leadership and the municipal governing bodies should publicly recognize the achievements of their emergency services organizations and their members in reaching the various established goals as they are accomplished.

Recommendation VII-5: Based upon the recommendations contained in this report, the Orleans County Legislature, the governing bodies of the County's municipalities, Orleans Emergency Management, Fire & EMS departments, and interested stakeholders should begin discussions ASAP on the direction that the County's fire and EMS delivery system will take moving to the future. It will be imperative that all stakeholders speak with a unified voice when lobbying local legislators to introduce or support enabling legislation that will be necessary for several recommendations to be implemented.

Recommendation VII-6: Any discussions regarding opportunities to regionalize or share services by the fire and EMS services MUST involve fire company and EMS stakeholders in every aspect of the process and must get their buy-in for there to be any realistic chance of success.

Recommendation VII-7: Any potential formation of any regional fire and/or EMS delivery system in Orleans County, even eventually a possible County-wide configuration, should allow the individual fire companies and/or EMS agencies to maintain their own unique identities as part of the overall system.

Recommendation VII-8: Any potential consolidation of multiple fire and EMS entities into new regional fire and EMS organizations should be handled as a merger of equals rather than an acquisition.

Recommendation VIII-9: Each fire and EMS organization in Orleans County should consider the development of a strategic plan to guide their organization for the next three to five years and assist them with planning for future needs and meeting the challenges they may confront. The development of these plans should include input from a wide range of both internal and external stakeholders. Plans should begin the development of a longer-range strategic plan that provides for the County to assume a greater role in the provision of fire and emergency medical services.

CHAPTER VIII – NEW YORK STATE REPORTS AND POSITION PAPERS

There is a tremendous amount of information and reports being released regarding volunteer fire and EMS services in the State of New York. Many of these documents highlight statewide issues which a prevalent in Orleans County.

The New York State Rural Ambulance Services Task Force report concludes that rural EMS systems are in crisis, driven by staffing shortages, declining volunteerism, inadequate funding, and increasing service demands. The system is highly fragmented and inconsistent, with varying response times, unreliable coverage, and limited data to measure performance. Financial challenges, particularly outdated reimbursement models and lack of funding for readiness, have made it difficult for agencies to remain operational, leading to closures and longer response times.

The New York State Rural Ambulance Services Task Force report includes several implementable recommendations that focus on stabilizing rural EMS systems through funding reform, structural change, workforce development, regulatory updates, and improved system accountability. First, the report emphasizes funding reforms as a primary lever for immediate impact. It recommends exempting EMS costs from the state property tax cap to allow local governments greater flexibility in supporting ambulance services, increasing Medicaid reimbursement rates to better reflect the true cost of providing care and transport, and expanding state grant programs to assist agencies with equipment purchases, ambulance replacement, and operational expenses.

Second, the report highlights the need for system consolidation and improved governance structures. It recommends encouraging or enabling countywide EMS systems to reduce fragmentation across small municipal providers and improve efficiency in staffing and deployment. It also supports stronger regional coordination through formal mutual aid agreements so that neighboring agencies can share resources during peak demand or coverage shortfalls. In some cases, the report suggests the development of regional EMS authorities or service districts to provide a more stable, coordinated operational framework across larger geographic areas.

Third, workforce and staffing challenges are addressed through recommendations aimed at recruitment, retention, and long-term sustainability. These include expanding loan repayment and tuition assistance programs for EMTs and paramedics to incentivize entry into the field, developing stronger workforce pipelines through partnerships with schools and training programs, and exploring compensation models that better reflect the demands of EMS work.

Collectively, these strategies acknowledge that traditional volunteer-based staffing models are increasingly insufficient in many rural areas.

Fourth, the report recommends regulatory and administrative modernization to improve operational efficiency. This includes updating EMS regulations under the Department of Health to streamline certification and staffing requirements, as well as reducing administrative burdens associated with service integration, billing, and compliance. The intent is to make EMS agencies more adaptable and better aligned with modern healthcare delivery systems.

Finally, the report calls for improved data collection, planning, and accountability across the state EMS system. It recommends establishing annual statewide reporting on EMS performance, staffing levels, and system viability, along with standardized mapping of coverage gaps and high-risk response areas. This data-driven approach is intended to support better decision-making at both the state and local levels and ensure that resources are directed toward areas with the greatest need.

The Firefighters Association of New York has released a position paper on their recommendations to help with the volunteer fire service. This FASNY position letter outlines a comprehensive framework for providing "nominal compensation" to volunteer firefighters and EMS personnel in New York State in response to discussions with the Department of Homeland Security and Emergency Services. The document emphasizes that while direct cash payments for volunteer service may appear straightforward, they could create inequities between well-resourced and under-resourced departments, disadvantage smaller rural agencies, and ultimately be reduced in value through taxation. Instead, FASNY proposes a system of uniform, statewide incentives designed to strengthen recruitment and retention while preserving the volunteer fire and EMS model.

The recommendations focus heavily on expanding tax-based incentives and financial relief. This includes increasing the existing volunteer firefighter and EMS tax credit, adding a graduated credit tied to duty shifts and training participation, and introducing a childcare and family support tax credit for active volunteers. The proposal also calls for removing restrictions that prevent volunteers from receiving both property tax exemptions and income tax credits, as well as expanding property tax relief options up to full exemption at the local level. In addition, the document recommends eliminating state mortgage recording taxes for volunteers and allowing local governments to waive related fees to improve housing affordability for first responders.

Another major area of focus is direct financial support and reimbursement mechanisms. FASNY proposes allowing fire and EMS agencies to reimburse reasonable out-of-pocket expenses such as fuel or operational costs, with protections ensuring these reimbursements are not treated as

taxable income. The document also suggests creating a state-supported reimbursement mechanism for smaller departments that lack the fiscal capacity to implement incentive programs independently. These measures are intended to reduce the personal financial burden associated with volunteering.

The recommendations also address workforce protections and employment-related incentives. FASNY calls for stronger legal protections ensuring that volunteers cannot be penalized in the workplace for responding to emergencies, along with employer incentives to hire volunteer firefighters and EMS personnel. The proposal further recommends aligning volunteer firefighter and ambulance worker benefit laws more closely with standard workers' compensation protections to ensure equitable injury coverage. It also suggests expanding access to public service loan forgiveness and state tuition assistance programs, with eligibility verified by local authorities.

Finally, the document includes governance, training, and service credit reforms. It proposes allowing both fire companies and "authorities having jurisdiction" to administer training stipends, modifying the LOSAP system to award service points based on duty shifts, and prohibiting contractual or labor restrictions that limit an individual's ability to serve as a volunteer in their own community. Collectively, these recommendations are intended to modernize the volunteer system through a coordinated package of tax incentives, financial supports, legal protections, and administrative reforms designed to improve recruitment, retention, and long-term sustainability of volunteer emergency services across New York State

The Fire Service Organizations of New York have created a combined position document which they have called the 2026 United Issues of Concern. These proposals collectively focus on strengthening and modernizing New York's volunteer fire and EMS systems through improved benefits, funding, and workforce support.

Their combined ideas include expanding VFBL coverage to better match workers' compensation (including higher benefits and mental health protections), formally designating EMS as an essential service to ensure stable funding and statewide coverage, and creating peer support programs to address first responder mental health and burnout. Additional measures aim to enhance tax incentives for volunteers, allow limited compensation to help with recruitment and retention, and expand county authority to support struggling local fire and EMS agencies.

The comments also include allowing billing for mutual aid EMS responses to improve cost recovery and extending retirement service credit to volunteers as recognition for long-term

service. Overall, the initiatives are intended to improve recruitment, retention, financial sustainability, and mental health support across volunteer fire and EMS systems, with particular emphasis on rural and resource-limited communities.

The FASNY report *"Tax Savings Generated by New York's Volunteer Fire Service (Includes an Analysis of Response Times)"* examines the financial value and operational importance of the state's volunteer fire service outside of New York City. A central issue highlighted in the report is the significant fiscal burden that would result if volunteer firefighters were replaced with a fully career workforce. The analysis estimates that such a transition would require tens of thousands of additional paid firefighters, extensive new station construction, and billions of dollars in ongoing personnel and infrastructure costs, which would ultimately lead to substantial increases in local property taxes. The report emphasizes that the current volunteer system generates billions of dollars in annual taxpayer savings by eliminating salaries, benefits, and pension obligations associated with a fully paid fire service.

In addition to the economic analysis, the report discusses operational and response time implications of the volunteer system. It notes that while service delivery varies across regions due to differences in volunteer availability and community resources, many areas maintain stable response times where volunteer recruitment and retention remain strong. Conversely, staffing shortages in some communities create challenges that can negatively affect response performance. The report also recognizes that programs supporting volunteer recruitment, such as federal assistance initiatives, can help stabilize or improve response times by sustaining staffing levels.

Overall, the report concludes that New York's volunteer fire service provides substantial financial savings to taxpayers while remaining a critical component of statewide emergency response coverage. However, it also warns that the system's effectiveness depends heavily on maintaining a strong volunteer workforce, and that declining membership in some areas presents risks to long-term service delivery and response time reliability.

Taken together, these reports and position papers present a consistent statewide message: New York's volunteer fire and EMS systems are under increasing strain, driven by declining volunteer participation, rising service demand, structural funding and regulatory challenges. While each document approaches the issue from a different angle—ranging from EMS system reform and workforce development to tax policy, compensation models, and service delivery structure—they all point to the same core concern of long-term sustainability, particularly in rural and

volunteer-dependent communities such as Orleans County. At the same time, the documents consistently recognize that volunteer fire and EMS services remain a critical and cost-effective component of public safety, generating significant taxpayer savings and maintaining essential coverage across much of the state. As New York looks to the future, the combined recommendations emphasize a need for coordinated reform that strengthens recruitment and retention, modernizes funding and reimbursement systems, enhances mental health and workforce protections, and improves regional collaboration and accountability to ensure reliable emergency response into the future.

CHAPTER IX - VOLUNTEER RECRUITMENT AND RETENTION

A tangible and emerging risk within Orleans County is the ongoing reduction in the number of active and trained volunteer firefighters. Although this is not unique to Orleans County as this shift in volunteerism is a nationwide trend, diminished staffing often frustrates local efforts to provide a consistent response and standard of cover.

A review of current literature and documentation indicates that demographic shifts away from volunteerism have impacted almost every volunteer fire and EMS organization within the United States. The 2018 National Fire Protection Association (NFPA) Fire Department Profile found that the number of volunteer firefighters has declined from a high of 8.05 per 1,000 in 1987 to a low of 5.8 per 1,000 people protected in 2017. As depicted in Figure IX-2, this reduction of human resources represents a 27.5% decrease over 30 years, or a loss of approximately 1% of America's volunteer firefighters per year.

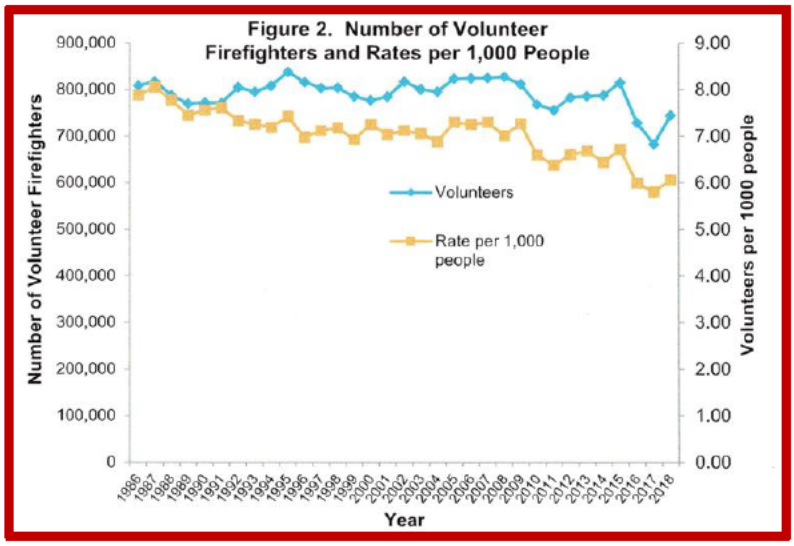


Figure IX-1: Trend Analysis of the Decrease of Volunteer Firefighters *per 1,000 People Protected 1987-2017*
Source: NFPA U.S. Fire Department Profile – 2018

New York has one of the strongest and proudest traditions of volunteer firefighters in the United States. It is the goal of this study to build upon that community-centered pride and long-standing tradition by supporting and augmenting the volunteer fire companies that are essential to the level of emergency services provided to the County. We want to be clear that this study does not recommend replacing any volunteer firefighters or volunteer fire companies with career forces.

While our team recognizes proactive actions that have been taken, we believe that there needs to be a singular county-based recruitment and retention program that delivers a consistent message and serves as an advocate to help an interested individual become settled in a Genesee County Fire or EMS agency.

General Recruitment and Retention Programmatic Tips:

A review of several successful recruitment and retention programs resulted in the development of the following fifteen tips on how to create a successful and sustained recruitment program.

1. Enhance the level of honest communication with the community served.
2. Create partnerships with school districts, colleges and other fire departments.
3. Consider generational differences and develop marketing for millennials and IGen candidates.

4. Be aware and advertise program benefits developed through SAFER Grants or other local resources. The FireVest program is an example best practice that would need to be properly marketed to produce an effective response. This program is detailed later in this chapter.
5. Make joining the fire department a user friendly and quick process – one department reduced the application to a single page and granted temporary memberships after a brief police background check.
6. Host a citizens' fire academy.
7. Use selective paging (duty crews) to avoid unnecessary runs.
8. Administer periodic surveys on department culture.
9. Create a rewards system for years of service, hours of training, response participation.
10. Offer online training resources.
11. Encourage leadership professional development.
12. Reduce bureaucracy as much as possible.
13. Assign a mentor to every new member.
14. Recognize that firehouse politics and internal factions are often listed as the prime reason volunteers resign.
15. Recognize that onerous fund-raising requirements serve to discourage prospective volunteer firefighters.

It is essential that recruitment and retention programs continue as an ongoing effort to communicate to the public the need and opportunity to become a local hero. Many of the issues identified in the March 2004 report issued by the Volunteer and Combination Officers Section of the International Association of Fire Chiefs (IAFC) titled *"A Call for Action: Preserving and Improving the Future of the Volunteer Fire Service"* (Contained within the toolbox assembled for this report) and the subsequent November 2005 report, *"Lighting the Path of Evolution: Leading the Transition in Volunteer and Combination Fire Departments"*. As previously mentioned, these warning indicators are not necessarily an indictment of anything wrong in Orleans County; the same problems are facing volunteer fire departments across the country.



Figure IX-2: Example Recruitment Poster

Over the next three to five years, a significant effort will need to be put forth to recruit new members, perhaps more importantly retain existing personnel, and, enhance the participation of those who become inactive, and ensure that those who remain on the roll call sheets are truly active and not just filling a space. To attain success will require the development of new strategies and monetary investment to maintain the long-term viability of the primarily volunteer fire and EMS delivery system in Orleans County.

Barriers to Effective Recruitment:

Recruitment itself is a labor-intensive and often relationship-based process that has several challenges. In general, it is the experience of the project team that several barriers to effective recruitment exist. These include:

- Prospective members sometimes have difficulty connecting with volunteer fire companies to join due to stations not being staffed and not having connections.

- Internal division including the development of vocal factions and cliques result in internal conflict that deteriorates the experience of membership.

- Websites often do not market properly. A random sampling of fire company and municipal websites by the MRI study team found that almost none have the need for volunteer firefighters and EMS personnel displayed prominently in a pinned or scrolling heading on the home page of their websites. Many have a tab, but they are often in with the website's other tabs.

- Recruitment itself is a very involved, time-consuming, and labor-intensive endeavor. It needs to be conducted almost continuously and to be successful it must have follow through and a true commitment to put in the effort.

- The increasing cost of fuel and transportation may deter some people from volunteering.

It was also noted that the fire chiefs need to be the number one advocate for their companies and be active participants in recruiting efforts. The chiefs must also quickly respond to and answer inquiries from prospective members.

In short, there is no easy solution or universal solution to identifying and recruiting new members of fire companies. It is essential that recruitment be a sustained effort that set reasonable expectations and celebrates small wins. One fire chief that we talked to indicated that although his program did produce a few new firefighters the major benefit of the program was centered

on the stronger connection and higher level of communication that was created with the community. The study team has found that a recruitment effort needs to be custom fit to determine what programs will work in each fire company.

Recruitment and Retention Best Practice Concepts

Recruitment and retention efforts need to be customized to motivate potential first responders. Often what is effective in one company is found to be ineffective, prohibited or resisted in another company or community.

High School outreach and creation of an internal challenge – One fire company found success in reaching out to a local technical high school and developing a class project to challenge students to develop an advertising campaign to convince their classmates to join their local, fire station as junior volunteer firefighters.

College tuition payments – provide financial support for education through regional programs or as a portion of a SAFER Grant.

Student loan assistance – This concept is gaining traction as a viable strategy. Utilizing this concept, the host organization would pay a tiered amount of an outstanding student loan based on the level of training and response participation.

Low-interest mortgages – Provide active personnel with a low-interest loan based on long-term participation at or above established minimum standards.

Free gym memberships or outdoor activity passes – This incentive strategy provides first responders with recognition and a tangible reward for their service to community.

Property tax reduction/credit program – although often controversial, this program reduces the property tax burden on a first responder by a set amount. Several programs have settled on a $2,500 property tax credit as an incentive for active service.

Participation awards – One program suggestion was to create a rewards system that provides high demand and generationally appropriate items such as an X-Box as a reward for exceptional service and participation.

Providing access to health insurance group rates – This program matches participation to health insurance access and incentives and is listed as an example later in this chapter.

Expense Reimbursement – Volunteer firefighters often purchase additional equipment and pay for their own transportation for both response and training. A formal program that provides a tiered equipment allowance tied to the level of participation should be considered. In addition, based on the dramatic economic shifts within our society, it has become more essential that firefighters are reimbursed for the use of their private vehicles.

Student live-in programs – Partnering with a college, these programs reduce student living expenses and provide a structured method of enhancing response and operational coverage.

Even if the recruitment obstacles can be overcome, hurdles remain before a new member is a productive member of the fire company. Once an individual becomes interested in becoming a volunteer firefighter, they must achieve a level of ever-increasing specialized skill that is time-consuming. Often exit interviews reveal that the training commitment alone is daunting and one of the primary reasons that volunteer personnel resign. It is also costly to the fire company. To become a certified firefighter takes several hundred hours. Once certified, there are dozens of hours of training annually, maintaining firefighter and possibly EMT or paramedic skills and certifications. Younger volunteer firefighters frequently use their training and opportunities as a steppingstone to seek employment as full-time firefighters, which often results in their loss to the community.

It is easy to believe that increasing the number of volunteer firefighters can be a cure-all to eliminate all staffing, and thus response problems. Unfortunately, in 2022, this is an increasingly difficult problem to overcome. A big question is, to what level is there still a sense of community in Orleans County. This is a key attribute that may increase the likelihood of success for any volunteer firefighter recruitment and retention program. The MRI study team strongly believes there are undiscovered members of communities throughout Orleans County who would be excellent candidates to be members of a fire company. The challenge for the fire companies, however, is not always so much recruiting personnel as much as it is retaining them as active, participating members of the company.

Tactical Actions to Bolster Recruitment:

As most suburban, and even many rural communities across the United States are dealing with the reduction of volunteer staff, trying to reverse this trend has become a common issue in many places. When compared to the ever-increasing costs of employing additional full-time career

personnel, many communities have concluded that investing in volunteer personnel is the best and more cost-effective practice and, to that end, they have pursued some of the following strategies:

1. Placing a prominent banner or link on the home page of each fire company and municipal website and along with on all social media platforms. This should be done as a priority that can be accomplished for little to no cost.

2. Conducting a recruitment mailing to all residential properties in each municipality with information about the fire company and recruiting new members.

3. Placement of temporary signboards at various locations throughout the county in addition to purchasing space on billboards.

4. Placement of a recruitment message on the signboard at the various municipal buildings and fire stations.

5. Working with local businesses in an attempt to form partnerships that would allow employees to leave work to respond to emergency incidents when needed.

6. Hire a volunteer firefighter "Recruitment and Retention Coordinator" to develop, implement, and coordinate these activities. This should be undertaken as a county endeavor.

7. Provide a reduction in property taxes, or a tax abatement incentive, for volunteer service.

8. Provide volunteer firefighters with community-based benefits such as free dump stickers, etc.

9. Provide community-based awards and recognitions such as implementing an incentive for members that attain a level of more than 25% response. An example would be to provide gift certificates for local restaurants, concerts, or other entertainment as a reward for attaining a high level of response.

10. Distribute posters to convenience stores, gas stations, restaurants, and other high-traffic locations seeking to recruit new members.

11. Hold well-advertised recruitment events at local fire stations.

12. Hold community events such as *Have Pizza with a Firefighter* or *We Deliver for You* where firefighters deliver pizza or other take-home foods.

Retention Strategies:

One of the ongoing challenges facing many volunteer fire organizations is the difference in motivation and expectations between newer members and long-serving personnel. Newer volunteers are often more motivated when their contributions are recognized through tangible forms of appreciation, whereas veteran members may place greater value on tradition and service history. The MRI study team frequently hears related concerns regarding internal communication within fire companies—not in terms of formal alerting or dispatch systems, but rather the quality of interpersonal communication at the station and company levels. These issues commonly arise when long-established organizational cultures and viewpoints held by senior members conflict with the perspectives and expectations of younger recruits. Tensions can be further amplified when senior members who no longer actively respond to calls are perceived as exerting disproportionate influence over company operations.

At the same time, there is often a counter-perception that younger members lack seriousness or fail to show appropriate respect for the organization and the experience of senior personnel. Navigating these dynamics requires careful leadership and balance in order to fully engage all active firefighters, who represent the organization's most valuable resource. Establishing and promoting a unified, respectful, and welcoming culture is a critical element of any effective recruitment and retention strategy.

Fire companies serving communities with nearby residential colleges have increasingly found live-in firefighter programs to be an effective means of enhancing staffing levels. When properly structured and managed, these programs provide reliable on-site personnel to support emergency response, particularly when live-in members spend significant time at the station. Such programs are well suited for college students interested in emergency services who are seeking affordable housing alternatives. In exchange for residency, participants agree to defined standards and expectations. Departments with attractive station environments—offering a positive culture, reasonable privacy, and adequate living quarters—often find that live-in members naturally spend much of their day at the firehouse. Live-in firefighter programs have been successfully utilized for decades in regions such as the National Capital Area.

Several additional recruitment and retention initiatives implemented in other states may also warrant consideration in Orleans County.

- Connecticut offers volunteer emergency responders a property tax abatement of up to $1,000 annually. Illinois has proposed legislation to provide a $500 income tax credit to volunteers after completing at least nine months of service.

- Wisconsin's "Start College Now" program partners fire departments, high schools, and a college to provide firefighter training, certifications, and college credit to students, creating an early pathway into volunteer service.

- Illinois has also enacted legislation granting hiring preference in career fire service positions to applicants who complete certified fire suppression apprenticeships, with eligibility list scoring incentives.

- North Carolina provides free hunting licenses to volunteer firefighters, a benefit likely to resonate in rural areas such as New York.

- Ocean City, Maryland Fire Department gives strong hiring preference for municipal public works positions to members of its volunteer fire department.

In today's climate of fiscal restraint, tax sensitivity, and skepticism toward expanding benefits, providing incentives to volunteer personnel can be controversial. However, it is important to emphasize that volunteer fire protection, particularly at a high level of service, is not without cost. Significant operational expenses must still be funded to ensure organizational readiness and effectiveness. This reality extends to recruitment and retention initiatives, which require meaningful investments of both financial resources and time. Given the critical role volunteers play in emergency service delivery, these efforts should be recognized as essential and prioritized accordingly.

Best Practice Example – FireVest College Tuition

In Allegheny County, Pennsylvania, volunteer firefighters provide fire protection services to more than 910,000 residents and generate an estimated annual savings of approximately $60 million for the county. With 203 volunteer fire companies operating across the region, maintaining adequate staffing levels, ensuring consistent training, and sustaining operational readiness remain ongoing challenges shared by nearly every department.

Recognizing the critical role volunteer fire companies play in maintaining safe and resilient communities, Allegheny County Executive Rich Fitzgerald partnered with the Allegheny County Fire Academy and the Community College of Allegheny County (CCAC) to establish the Allegheny County Fire Volunteer Education, Service & Training Scholarship Program, known as FireVEST. This program offers full scholarships for eligible participants to pursue an associate degree or certificate program at CCAC, in combination with comprehensive training through the Allegheny County Fire Academy.

Each year, up to 200 FireVEST scholarships are awarded. Of these, 150 are designated for new volunteer firefighter recruits who commit to five years of service with an Allegheny County volunteer fire department. The remaining 50 scholarships are available to current volunteers in exchange for a commitment of five additional years of service, thereby supporting both recruitment and long-term retention.

Program Eligibility and Requirements

Applicants must be residents of Allegheny County and either active members of, or newly enrolled in, a volunteer fire department within the county. In addition, applicants are required to apply to and be accepted by CCAC, complete all federal and state financial aid applications, and fulfill the financial aid process in full and within required deadlines.

Scholarship recipients must comply with several ongoing obligations to maintain eligibility. These include completing a five-year service commitment as a volunteer firefighter in Allegheny County; maintaining an acceptable level of participation as verified by their fire department; successfully completing required coursework at the Allegheny County Fire Academy as outlined in the FireVEST application; and sustaining a minimum cumulative grade point average of 2.00 throughout their academic program. Failure to meet service or academic requirements may result in the obligation to repay a portion of the scholarship funds.

Best Practice Example – Helpfightfire.com

One example of a recruitment marketing initiative that has demonstrated measurable success can be found in Genesee County, Pennsylvania. There, an active county-level recruitment and retention committee developed a coordinated advertising and outreach campaign known as *Help Fight Fire* (Figure IX-3). The initiative is supported by a dedicated website that serves as a central information and recruitment portal for prospective volunteers.

The *Help Fight Fire* program also employs a comprehensive, multi-platform marketing strategy designed to reach a broad audience. This approach includes the use of printed brochures and direct mailers, advertising in local movie theaters, placement of highway billboards, and participation in community events. In addition, the campaign leverages social media platforms and conducts targeted recruitment efforts within local schools, creating multiple entry points for community members to learn about and engage in volunteer fire service opportunities.



Figure IX-3: Help Fight Fire Website Header

The Help Fight Fire initiative has also developed a multi-media campaign that includes things such as:

- Brochures/mailers
- Movie theater advertising
- Highway billboards
- Attendance at community events
- Social media
- Recruitment at schools

Best Practice – Health Insurance Participation

One example of an unconventional and innovative best practice that may work in at least some municipalities in Orleans County is to provide a health insurance package for self-employed year-round residents, provided they complete and participate in all required training, obtain certifications, and provide the fire company with a high level of immediate response. Typically, this type of program attracts electricians, plumbers, painters, and other trades as well as self-employed professionals that would be beneficial to the organizations.

An example of this best practice has worked successfully in the Town of Holliston, Massachusetts, for several years. Viewed as costly and unconventional, this program has retained a high level of active personnel that provides an immediate response on a 24/7 basis. This strategy to invest in the on-call force avoided the need for career personnel, and compared to a smaller neighboring community, produced an overall cost (including health insurance) of 50% of what the neighboring community pays for fire protection. MRI believes a program of this nature could be a good fit for at least some communities in Orleans County and should be considered.

Obviously, health insurance is expensive, and costs seem to escalate on an annual basis. However, landscapers, tradespeople, stay-at-home parents, and self-employed professionals that work from home are also confronted with this cost. The ability to join a municipality's insurance in itself may reduce their cost. Furthermore, the municipality could develop a sliding scale that would pay a percentage of the health insurance cost equal to the level of response and training provided by the responding firefighter.

The National Volunteer Fire Council (NVFC) offers a wide range of well-established resources focused on the recruitment of volunteer firefighters, including its "Make Me a Firefighter: Six Steps to Recruitment Success" initiative. Similarly, the International Association of Fire Chiefs (IAFC) provides guidance and best practices for volunteer firefighter recruitment and retention through its nationally recognized publications. Together, these resources offer valuable frameworks that departments can adapt to meet local needs.

A critical component of successful recruitment is maintaining consistent engagement with prospective members throughout the entire recruitment process. This includes regular follow-up through emails and phone calls, clearly communicating expectations, and identifying a dedicated point of contact to address questions, concerns, or requests for additional information. Prospective members should also be invited to participate in department activities—such as meetings, training sessions, work details, community events, or ride-alongs where permitted by department policy and insurance requirements—to help foster early connections and sustained interest.

Chapter IX Recommendations

Recommendation IX-1: Orleans County's fire and EMS providers should consider the implementation of a reward, recognition, or incentive program for members that attain a level of more than 25% response. An example would be to provide gift certificates for local restaurants, concerts, or other entertainment as a reward for attaining a high level of response.

Recommendation IX-2: Orleans County's fire and EMS providers should attempt to enter into partnerships with local businesses to allow their personnel to respond, when needed, to emergency incidents during working hours, without any financial penalty.

Recommendation XI-3: Orleans County's fire and EMS providers, in cooperation with their municipalities, should explore the feasibility of utilizing, and in fact encouraging, municipal employees to perform "dual roles" by serving not only in their full-time positions but also serving the fire company as volunteer firefighters.

Recommendation XI-4: *Orleans* County's fire and EMS providers, in cooperation with their participating municipalities, should encourage giving priority attention for hiring to selected municipal positions, such as public works, to personnel who are currently serving as active volunteer firefighters.

Recommendation XI-5: Orleans County's fire and EMS providers, in cooperation with their participating municipalities, should consider the development of a program that would provide active responders with the opportunity to obtain health insurance. The municipality should pay a graduated percentage of this program based upon response and training participation levels**.**

CHAPTER X – Comprehensive Listing of Recommendations

Chapter II Recommendations

Recommendation II-1: The fire departments of Orleans County should work to ensure complete and accurate accounting for emergency response, where response and times are accurately tracked.

Recommendation II-2: The fire departments in Orleans County need to improve standard operating procedures and policies. Incomplete and outdated policies increase liability and disrupt operations. Given the amount of reliance on mutual aid, policies and procedures should be developed on a county wide basis.

Recommendation II-3: Working collaboratively with local and county government, the fire departments in Orleans County should work to develop one standard budget format that will account for all operating expenses and provide transparency to the taxpayers.

Recommendation II-4: Orleans County fire departments should work to establish standardized run cards for mutual aid and automatic aid response. This will include clear definitions for when each response will be initiated. This should be standard across the entire county.

Recommendation II-5: Orleans County fire departments should work with the departments/communities listed on each of their "run cards" to ensure the number and qualification of staffing that will be sent on the assignments. In order to be able to meet a safe level of on-scene staffing, it will be important to know not only what the department will be receiving and how long it will take, but also to outline what each town will be sending and ensure that they are qualified.

Recommendation II-6: Working collaboratively as a regional or county-wide endeavor, the Orleans County Fire and EMS agencies should consider applying for an Assistance to Firefighters Grant (AFG) to attempt to obtain funding to assist with the installation of direct capture vehicle exhaust extraction systems in all fire and EMS stations.

Recommendation II-7: Working collaboratively as a regional or county-wide endeavor, the Orleans County Fire and EMS agencies should consider applying for an Assistance to Firefighters Grant (AFG) to attempt to obtain funding to assist with the installation of automatic fire alarm and carbon monoxide detection systems in all fire and EMS stations. These systems should not only be equipped with both audible and visible warning devices,

but they should also automatically transmit an alarm to an approved central monitoring station.

Recommendation II-8: Inspections of all fire and EMS stations and facilities should be conducted on a regular basis. These inspections can be used to identify potential maintenance, as well as safety issues, and allow them to be addressed before they become problematic.

Recommendation II-9: Working collaboratively as a regional or county-wide endeavor, agencies in the County can better address the service and maintenance of the large emergency vehicle fleet. This can include the development of standard preventative maintenance and repair protocols.

Recommendation II-10: As required by various NFPA and ISO standards, annual testing of the following apparatus components and equipment should continue to be a high maintenance priority, including for fire companies who do not currently have these tests performed.

Recommendation II-11: Working collaboratively as a regional or county-wide endeavor, Orleans County Fire Departments should consider developing several vendor contracts for county-wide inspection and testing services for all the fire companies and EMS agencies for the apparatus components and equipment listed in Recommendation II-5, above.

Recommendation II-12: Working collaboratively as a regional or county-wide endeavor, the Orleans County Fire & EMS departments should attempt to develop a standardized set of specifications for apparatus such as engines, rescue engines, engine tankers, brush trucks, command vehicles, and traffic units. The apparatus should have similar compartmentation and equipment (even if different manufacturers are selected), which will improve efficiency in emergency operations.

Recommendation II-13: Working collaboratively with local and county government, Orleans County Fire & EMS departments should explore the feasibility of advertising a County-wide bid specification periodically, for units such as engines, rescue engines, and command vehicles, where the economy often provided by purchasing multiple very similar units can result in significant cost savings for the companies making the purchases.

Recommendation II-14: Working collaboratively, Orleans County fire departments should explore the feasibility of standardizing many of the tools and equipment

utilized by the county's fire departments to allow for cost savings generated by group purchasing arrangements.

Recommendation II-15: Working collaboratively, the Orleans County fire departments should work to streamline deployment of apparatus across the county to guide future capital purchases. This should be an opportunity to more strategically locate apparatus.

Recommendation II-16: Orleans County municipalities and/or fire departments should develop a regional strategic planning working group to build out a shared services vision. The goal would be to provide a forum for those interested parties to begin development of a shared mission, values, goals, and implementation strategies with timelines.

Recommendation II-17: Orleans County fire departments should update their membership rolls to remove inactive members. The continued existence of large membership rolls dilutes the message that a department is in need.

Recommendation II-18: Establish Countywide Performance Benchmarks and Compliance Tracking. The County should develop standardized response performance targets for both fire and BLSFR operations, aligned with NFPA 1720 and established EMS benchmarks. Key metrics should include turnout time, travel time, total response time, and time to first patient contact. Without clear benchmarks, it is difficult to evaluate improvement or identify systemic weaknesses over time.

Recommendation II-19: Implement a Closest-Unit, Boundary-Free Dispatch Model The current system shows variability in response times and heavy reliance on mutual aid, indicating inefficiencies tied to jurisdictional boundaries. A closest-unit dispatch model would ensure that the nearest available BLSFR resource is automatically assigned regardless of agency or district lines. This approach improves equity of response across rural and urban areas and reduces unnecessary delays caused by administrative boundaries.

Recommendation II-20: Target Deployment Enhancements in the Eastern Corridor (Murray/Clarendon Area) The eastern portion of the county stands out as a consistently high-demand and slower-response area with geographic isolation from primary response centers. Addressing this gap may require targeted investments such as a dedicated daytime BLSFR unit, a satellite EMS post, or a quick response vehicle stationed in the corridor.

Recommendation II-21: Formalize Daytime Staffing Solutions. Response delays are strongly correlated with reduced daytime availability of personnel. Formal staffing

strategies such as duty crews, incentive-based volunteer participation, cross-staffing with municipal employees, or hybrid staffing models should be implemented. These approaches would help stabilize coverage during weekday hours when volunteer availability is typically lowest.

Recommendation II-22: Strengthen EMS–Fire Integration Systemwide. While EMS and fire services currently function in a loosely integrated manner; formal structural integration is lacking. Establishing shared protocols, standardized BLSFR expectations, and joint quality assurance programs would improve consistency across agencies. This integration would strengthen BLSFR as a reliable system-wide support function rather than a variable local capability.

Recommendation II-23: Enhance Data Quality and Standardization. Current limitations in data consistency, reduce the accuracy of performance analysis. Standardizing CAD inputs, unit status reporting, and operational definitions (such as “on scene” or “arrival”) will improve the reliability of system evaluation. High-quality data is essential for compliance tracking, funding justification, and continuous improvement.

Chapter IV Recommendations

Recommendation IV-1: Recruitment Strategies: The Fire Departments should develop targeted outreach programs for high school students, college students, and young adults. Offer incentives such as scholarships, tax credits, or stipends for service.

Recommendation IV -2: Retention and Engagement: The fire departments should create mentorship programs pairing new recruits with experienced members. They should recognize and reward volunteer contributions through awards, ceremonies, and public acknowledgment. Encourage social engagement and team-building activities to strengthen community and commitment.

Recommendation IV-3: Training and Professional Development: Fire Departments should work with Orleans County Emergency Management to provide accessible, scheduled, and on-demand training options. Departments should encourage cross-training in firefighting, EMS, and technical rescue to improve versatility. Develop partnerships across the county to share resources.

Recommendation IV-4: Funding and Resource Management: The fire departments should explore grant opportunities, state and federal funding, and community fundraising initiatives. Form partnerships with local businesses and civic organizations for

sponsorships or donations. Maintain a transparent budget and communicate financial needs to the community.

Recommendation IV-5: Standardization of Mutual Aid: Departments should work to standardize and formalize mutual aid agreements across departments.

Recommendation IV-6: Standardize and Strengthen Policies and Procedures: The departments should work together to create a common template and standardization of standard operating procedures across all departments.

Recommendation IV-7: Deployment and Types of Apparatus: Under the battalion model the county should look for ways to streamline the type and deployment of apparatus. This plan would help in the purchase of future equipment in ensuring it accurately reflects the needs of the battalion and county as a whole.

Recommendation IV-8: Automatic & Mutual Aid Agreements: The fire departments of Orleans County should work together to form a standard level of response through formalized automatic aid agreements. Additionally, the departments should formalize their mutual aid agreements in writing.

Recommendation IV-9: Policies and Procedures: The fire departments of Orleans County should work to create one formalized, written set of operating procedures. This should be used as the basis for training and ensure that all departments are operating in the same manner. This will enhance operations and safety for all involved.

Recommendation IV-10: Working collaboratively the Orleans County Fire department's should continue to explore ways to reduce all aspects of response time.

Recommendation IV-11: Fire Departments should work with Orleans County Emergency Management to provide accessible, scheduled, and on-demand training options. Departments should encourage cross-training in firefighting, EMS, and technical rescue to improve versatility. Develop partnerships across the county to share resources.

Chapter V Recommendations:

Recommendation V-1: Working collaboratively, Orleans County EMS departments and Orleans Emergency Management should develop a Standard of Response Cover for ALS level response, based upon the established EMS demand zones and response/travel time recommendations contained in NFPA 1710 and/or the CAAS standards, with adjustments

as appropriate for Orleans County's unique needs. The SOC adopted should attempt to have benchmark achievement rates of 80% for rural and remote areas.

Recommendation V-2: Working collaboratively, Orleans County EMS departments and Orleans Emergency Management should develop a Standard of Response Cover for BLS level response, based upon the established EMS demand zones and response/travel time recommendations contained in NFPA 1710 and/or the CAAS standards, with adjustments as appropriate for Orleans County's unique needs. The SOC adopted should attempt to have benchmark achievement rates of 80% for rural and remote areas.

Recommendation V-3: The fire companies and EMS agencies of Orleans County should, with their member municipalities, explore the feasibility of developing and implementing more equitable funding formulas to better balance overall funding between municipalities. One possible formula could use assessed value, population, and call volume, or a per capita cost, to determine funding.

Recommendation V-4: Orleans County Emergency Management should work to staff an ambulance based on peak call volume for the region. Typically, this unit can staffed Monday-Friday from 0800-1600 or 1800 hours during peak hours. It should be staffed at a minimum to allow transport at the BLS level.

Recommendation V-5: Orleans County should seriously consider issuing an RFP for the provision of EMS services throughout the entire county (Option #1). The RFP should include expected levels of performance and establish benchmarks for the delivery of services. This information can be utilized to help guide future decisions.

Recommendation V-6: Orleans County should request quarterly reports from each of the County's EMS transport agencies. The quarterly reports should include call volume, incident type, and location breakdowns, response times including 80th and 90th percentile achievement of response criterion, number of patients transported, patient outcomes, and number of units were unavailable.

Recommendation V-7: Orleans County should work with the State regulatory agencies to establish a certificate of need for ambulance operations.

Recommendation V-8: Orleans County should establish a fund for collection of revenue for any response to emergency medical services. These funds for service should be available to be put towards future operations of a county supplemented (or funded) EMS system, including assisting the volunteer EMS providers offset their expenses including for personnel, and not back into the general fund of the county.

Chapter VI Recommendations

Recommendation VI-1: Working with legislators, Orleans County should explore the feasibility of establishing either a county-wide joint fire district, or a regional fire authority. In the interim, local municipalities are urged to consider the formation of joint fire districts between several towns that could eventually provide the foundation for a larger endeavor.

Recommendation VI-2: If future legislation allows, Orleans County should explore the feasibility of enacting a fire and EMS tax to provide centralized support for County wide fire and EMS operations.

Recommendation VI-3: The county should develop a long-term plan with implementation stages that involve equipment acquisition, personnel hiring plan, and facility upgrades.

Chapter VII Recomendations:

Recommendation VII-1: The Chief of every fire and EMS agency in Orleans County should provide regular briefings and reports to the Mayor/Administrator and/or governing body of every municipality they serve concerning the operations of their organization or fire department. The Chief should communicate regularly with the Mayor/Administrator and/or governing body to receive feedback on the performance of the department.

Recommendation VII-2: The Mayor/Administrator and/or governing body of each municipality should take an active role in setting appropriate goals and a vision for the fire and EMS providers that serve them. Municipal officials should include residents and the emergency services in an open and honest discussion within the goal-setting process.

Recommendation VII-3: Every fire and EMS agency should consider offering building tours and ride-a-longs to the members of their local governing bodies and other municipal officials to further familiarize them with fire and EMS operations. Officials could also be encouraged to participate in or observe training activities.

Recommendation VII-4: Fire and EMS agency leadership and the municipal governing bodies should publicly recognize the achievements of their emergency services organizations and their members in reaching the various established goals as they are accomplished.

Recommendation VII-5: Based upon the recommendations contained in this report, the Orleans County Legislature, the governing bodies of the County's municipalities, Orleans Emergency Management, Fire & EMS departments, and interested stakeholders should

begin discussions ASAP on the direction that the County's fire and EMS delivery system will take moving to the future. It will be imperative that all stakeholders speak with a unified voice when lobbying local legislators to introduce or support enabling legislation that will be necessary for several recommendations to be implemented.

Recommendation VII-6: Any discussions regarding opportunities to regionalize or share services by the fire and EMS services MUST involve fire company and EMS stakeholders in every aspect of the process and must get their buy-in for there to be any realistic chance of success.

Recommendation VII-7: Any potential formation of any regional fire and/or EMS delivery system in Orleans County, even eventually a possible County-wide configuration, should allow the individual fire companies and/or EMS agencies to maintain their own unique identities as part of the overall system.

Recommendation VII-8: Any potential consolidation of multiple fire and EMS entities into new regional fire and EMS organizations should be handled as a merger of equals rather than an acquisition.

Recommendation VII-9: Each fire and EMS organization in Orleans County should consider the development of a strategic plan to guide their organization for the next three to five years and assist them with planning for future needs and meeting the challenges they may confront. The development of these plans should include input from a wide range of both internal and external stakeholders. Plans should begin the development of a longer-range strategic plan that provides for the County to assume a greater role in the provision of fire and emergency medical services.

Chapter IX Recommendations

Recommendation XI-1: Orleans County's fire and EMS providers should consider the implementation of a reward, recognition, or incentive program for members that attain a level of more than 25% response. An example would be to provide gift certificates for local restaurants, concerts, or other entertainment as a reward for attaining a high level of response.

Recommendation IX-2: Orleans County's fire and EMS providers should attempt to enter into partnerships with local businesses to allow their personnel to respond, when needed, to emergency incidents during working hours, without any financial penalty.

Recommendation IX-3: Orleans County's fire and EMS providers, in cooperation with their municipalities, should explore the feasibility of utilizing, and in fact encouraging, municipal employees to perform "dual roles" by serving not only in their full-time positions but also serving the fire company as volunteer firefighters.

Recommendation IX-4: *Orleans* County's fire and EMS providers, in cooperation with their participating municipalities, should encourage giving priority attention for hiring to selected municipal positions, such as public works, to personnel who are currently serving as active volunteer firefighters.

Recommendation IX-5: Orleans County's fire and EMS providers, in cooperation with their participating municipalities, should consider the development of a program that would provide active responders with the opportunity to obtain health insurance. The municipality should pay a graduated percentage of this program based upon response and training participation levels**.**

CHAPTER XI – Project Team Profiles

Project Manager

Brian P. Duggan, Director Fire Services Group, retired from the Fire Department in Northampton, Massachusetts, where he instituted substantial changes to modernize and restructure the entire department including equipment, facilities, personnel, and training. In conjunction with his staff, Brian integrated Emergency Medical Services (EMS) into the organization and created a regional Advanced Life Support (ALS) Program that currently serves 18 communities within the Northampton Area. He formerly commanded the Northborough, Massachusetts, Fire Department, and has significant experience with the Massachusetts Department of Fire Services where over three decades, he held several key positions. Following his retirement, Brian has continued his active fire service involvement by serving as both a volunteer chief fire officer and through continuing to develop training and certification programs as a program Coordinator for the Massachusetts Department of Fire Services.

Mr. Duggan developed and directed the Graduate and Undergraduate Fire Science Programs at Anna Maria College in Paxton Massachusetts from 1995 - 2003. Mr. Duggan has a Business Management/Fire Science degree from Providence College and a Master's Degree of Business Administration (MBA) from Nichols College in Dudley, Massachusetts. He is also a graduate of the National Fire Academy Executive Fire Officer Program and the Senior Executive Program for State and Local Leaders at Harvard University. In December 2012, Mr. Duggan received a Master's Degree in Homeland Security through the Naval Post Graduate School based in Monterey, California, where his thesis entitled "*Enhancing Decision-making during the First Operational Period of Surge Events"* was selected as an outstanding thesis. He was one of the first fire service professionals to be designated as a Chief Fire Officer by the Commission on Fire Accreditation International.

Brian led the Massachusetts fire service through his affiliation as Chairman of the Fire Chief Association of Massachusetts Technology Committee and as a Regional Director on the Massachusetts State Fire Mobilization Committee. Mr. Duggan has authored several publications, inclusive of writing Section 7, Chapter 3, Fire Department Information Systems, in the Nineteenth and Twentieth Editions of the National Fire Protection Association's Fire Protection Handbook. Chief Duggan has been affiliated with MRI as a subject matter advisor since 2002 and he has served as Director of Fire Services since 2015. Currently, Mr. Duggan is regarded as an expert specific to fire service response to photovoltaic and battery energy storage system (BESS) emergencies. He has developed several nationwide training programs providing first responders with new insight on these emerging challenges.

Team Leader

Jason P. Ferschke, is a seasoned fire service executive currently serving as Fire Chief of the Natick Fire Department in Natick, Massachusetts. Appointed in 2022, he leads a team of 87 firefighters, officers, and EMS personnel, overseeing approximately 6,500 emergency calls annually. Chief Ferschke has established a strong record of operational and fiscal leadership, producing and sustaining a balanced municipal budget while significantly increasing ambulance service revenue. He has successfully secured substantial state and federal grant funding and implemented innovative systems to enhance department-wide scheduling, reporting, training, and asset management. His leadership extends beyond local operations through active roles on statewide boards and committees, including the Fire Chiefs Association of Massachusetts and the State of Massachusetts State Building Board of Regulations and Standards.

Prior to his current role, Chief Ferschke served for 17 years with the Westborough Fire Department, culminating as Deputy Fire Chief and Deputy Director of Emergency Management. Over the course of his career there, he rose through every rank, demonstrating a deep commitment to professional development and organizational excellence. He managed fire prevention efforts during a period of significant commercial growth, oversaw millions of square feet of inspections and permitting, and helped elevate the department's Insurance Services Office (ISO) rating, resulting in measurable savings for the community.

In addition to his municipal leadership, Chief Ferschke is a recognized leader in hazardous materials response and emergency management. He serves as a Team Coordinator for the Massachusetts Hazardous Materials Response Team, leading a 40-member regional unit, and contributes to national policy and training initiatives through his work with the International Association of Fire Chiefs Hazardous Materials Committee. His background also includes experience as a paramedic with Worcester Emergency Medical Services and earlier service as a firefighter/paramedic in the Town of Auburn, MA, where he helped expand advanced life support capabilities and department staffing. He continues to support the fire service as a public safety consultant, specializing in organizational assessments, strategic planning, and risk analysis.

Chief Ferschke holds a Master of Public Administration from Anna Maria College and a Bachelor of Science in Civil Engineering from Worcester Polytechnic Institute, blending technical expertise with executive leadership training. He maintains numerous professional certifications, including Chief Fire Officer, Fire Officer, and Hazardous Materials Technician. Outside of his professional responsibilities, he is actively engaged in the saltwater fishing community as an avid recreational fisherman.

Team Members

David Houghton is a devoted fire and emergency management professional who has recently retired from the Wayland Massachusetts Fire Department after a distinctive 38-year career from being a call firefighter and rising through the ranks to Fire Chief. Along with dedicating his service to the Town of Wayland, he continues to work for the Massachusetts Department of Fire Services as both an instructor and in the Special Operations Division doing special projects. In 1999 he was given the challenge by the State Fire Marshal to develop and implement what today is known as Special Operations. This development included designing, building and implementing specialized equipment and staffing to respond to Emergency and planned incidents throughout the Commonwealth. This program was a shared vision between David and the Fire Marshal and today has been shared in whole or in part in other areas of the Country. David has a B.S. degree in Fire Science, an A.S. Degree in Fire Science and Technology, and has completed a Local Government and Management program with Suffolk University and the Massachusetts Municipal Association. David has a diverse background Firefighting, EMS (ALS and BLS), Dispatch, Fire Prevention, Emergency Management and operations. He is a nationally certified Firefighter, Fire instructor, Fire Inspector, Fire Officer. He is a certified Emergency Medical Technician both at the National Level and in the Commonwealth of Massachusetts. David has most recently continued his fire service career by being appointed as a call firefighter with the Town of Moultonborough Fire Rescue and is a certified New Hampshire Emergency Medical Technician. He continues to be active with the Commonwealth of Massachusetts Fire and Ambulance Mobilization team in the continuous updating and redevelopment of the program. Prior to his retirement as Fire Chief, David was an active member in the Massachusetts Fire District 14 where he was a driving force behind the creation of the District Operational budget, a operations manual and the formalizing of the various specialized teams within the district. David was also selected as the Chief overseeing the Fire District communications team and equipment as well as serving on several other progressive programs within the district. He is a member of the Fire Chiefs Association of Massachusetts, and the International Association of Fire Chiefs.