



**Georgetown Township Fire Department**  
Fire and Emergency Medical Services Proposal and  
Recommendations  
May 22, 2025

## **Forward**

The timely emergency response by first responders who provide medical interventions during emergencies like heart attacks, strokes, or trauma can significantly increase survival chances, improve recovery outcomes, and prevent long-term disabilities. Prompt treatment, especially in severe medical conditions like internal bleeding or severe allergic reactions, reduces long-term complications, improving long-term health outcomes. Similarly, a quick response to a structure fire limits the spread, reduces the risk of fatalities and injuries to firefighters and residents alike. Firefighters can rescue people trapped in buildings and mitigate life-threatening situations. The faster firefighters are able to suppress flames, the less damage occurs to property, infrastructure, and the environment. This helps with quicker restoration and avoids high repair costs. When fire and medical responders act quickly, recovery costs are often lower due to minimized damage and fewer severe health complications. Delayed responses lead to greater financial costs for both individuals and the community, including treatment costs, property damage, and lost productivity. The information provided in this report and concomitant recommendations are based on an analysis of historical response data, current trends, national best practices, and expert opinion.

## **Introduction**

The Georgetown Township Fire Department (GTFD) relies primarily on part-paid firefighters to provide a myriad of fire, emergency, and rescue services for a vibrant and growing community with 19,878 housing units and a taxable value of \$2,546,178,647 (2024). GTFD has taken on additional services beyond what citizens would expect: specialties such as Emergency Medical Services (EMS), technical rescue, hazardous materials response, carbon monoxide incident response, vehicle extrication, community risk reduction, and business inspections. When compared to 10 other West Michigan communities, the GTFD operating budget is the lowest per residential housing unit at \$28.91 and \$80.21 per capita (Appendix A). Additionally, the GTFD has the least amount of full-time employees when compared to West-Michigan communities with only a fraction of the population of Georgetown Township (GT). Below are three (3) other communities, to include their Full Time Employee (FTE) staffing levels, population and compensation for personnel at the rank of firefighter. It should be noted that Gaines Township plans to add six (6) additional FTE's and Byron Township plans to add 6-7 FTE's in the next 12-18 months.

<b>Department</b>	<b>Number of FTE's</b>	<b>Population</b>	<b>2025 Base Pay (FF)</b>
<b>Gaines Township</b>	14	28,886	\$81,542
<b>City of Grandville</b>	12	16,008	\$57,544-\$74,691
<b>Byron Township</b>	9	27,825	\$70,325-\$85,291
<b>Georgetown Township</b>	4	55,145	\$63,939.2

While the decisions relative to what level and type of staffing, types of services, resources, facilities, and equipment that will be needed to handle emergencies in a community are the responsibility of local elected officials, there is a real impact on the community if the services fall short. With the E-Unit program coming to an end, it marks several decades of a system that has not been evaluated based on empirical data to include response times, clinical outcomes, and patient satisfaction. Moreover, the inability to provide consistent staffing levels has resulted in a system that has become unreliable with untimely delivery of critical services. In 2020, the National Fire Protection Association (NFPA) reported approximately 676,900 volunteer fire fighters, a six percent decrease from the previous year and the lowest number ever recorded. Since 1984, the same data shows volunteers have decreased by 25 percent, while the U.S. population has grown by 40 percent. While the GTFD has increased part-paid staffing approximately 10% over the past 25 years, the ability to ensure an adequate response Monday-Friday from 7AM-5PM has been a significant challenge. GTFD responses during this time period were changed to dispatching two (2) of the three (3) stations just to make sure that there will be an apparatus responding to an emergency. This is not unique to the GTFD as community dynamics across the country have drastically changed over the past decades. More residents are no longer working in the community in which they live and there are many employers that have lean workforces which do not allow part-paid personnel to leave the workplace.

The men and women that make up the GTFD are truly remarkable, they are some of the most dedicated, humble, and professional public servants you will find. They routinely sacrifice time with their families, often missing out on sleep and family time to answer the call when someone may be experiencing the worst day of their life. The GTFD firefighters all come from different backgrounds, and they all bring much skill and enthusiasm during training, public relations events, and parades.

## **Recommendation**

Included in this report are five (5) staffing and resource deployment Options to consider when the E-Unit program no longer provides EMS for GT. Under the report section below titled “Staffing and Resource Deployment Options”, a description of the Options is provided along with the costing and the pros and cons of each Option. Regardless of the staffing Option considered, GTFD is committed to maintaining the strong part-paid system with any future departmental growth. However, it is unreasonable to think that the “do nothing approach” (staffing Option 1) is an Option to consider. The part-paid GTFD personnel could not take on the more than 2,000 additional calls for service associated with providing primary EMS response and then go to their “primary” or day job after being up overnight on a regular basis. This has been attempted at many other fire agencies and may work for a while but is destined to fail. Staffing Option 1 would also provide for extended response times for EMS calls for service which would negatively impact the residents and visitors of GT. The notion of contracting EMS services to a third party (also outlined below under Option 1) is not recommended as this model does nothing to provide additional staff for fire and rescue calls for service. Furthermore, Option 1 is considered a band-aid approach in addressing the emergency response needs of GT. If Option 1 is considered, GTFD will need to hire additional firefighters in the coming years to aid with fire and rescue response during daytime hours. Staffing Options 2 and 3 leave significant gaps in fire, EMS, and rescue coverage and staffing Option 5, which would provide for the most robust system design, is the costliest Option and may not be fiscally sustainable without an increase in the millage rate.

It is recommended that GT consider Staffing and Resource Deployment Option 4 (below), which provides for robust EMS coverage (travel time <5 minutes for a significant portion of GT) while being fiscally responsible. Staffing Option 4 also reduces response times to fire and rescue calls by up to 50% as personnel would cross-staff vehicles, allowing for an engine to respond immediately. This eliminates the added response time associated with part-paid personnel responding from home to the station. Part-paid personnel would still respond, but the first-arriving engine would be on scene as the second engine is getting on the road. The estimated year 1 cost for staffing Option 4 is \$1,713,273.60, which provides two (2) personnel at each of the three (3) stations, 24 hours per day, 7 days per week. It is strongly recommended that GT consider applying for a Staffing for Adequate Fire and Emergency Response Grants (SAFER) Grant which is a grant program that was authorized in 2003 “to address staffing shortages in

career, volunteer, and combination across the nation,” according to the Congressional Fire Service Institute. The 2024 SAFER Grant is a three (3) year grant that covers wages and benefits for additional staffing. The application period is from May 23, 2025-July 3, 2025, and would cover up to 75% of the wages and benefits for additional staffing in years 1 and 2, and 35% of the wages and benefits in year 3. The GTFD would need approval to apply for the grant as soon as possible. If staffing Option 4 was selected and a SAFER Grant was awarded, the cost to GT would be significantly reduced. Below is a breakdown of the local and federal share amounts:

Year/Total	Local Share	Federal Share	Total
2026	\$406,286.40	\$1,218,859.20	\$1,625,145.60
2027	\$426,600.72	\$1,279,802.16	\$1,706,402.88
2028	\$1,164,619.97	\$627,103.06	\$1,791,723.02
Total	\$1,997,507.09	\$3,125,764.42	\$5,123,271.50

The SAFER Grant cycles have been extremely inconsistent as the release dates each year continue to be pushed back based on legislative action. The 2024 SAFER Grant should be strongly considered to offset costs associated with the staffing decisions for 2026. Supplanting local funds with federal funds is not allowed under the SAFER Grant.

### **Historical and Current Staffing and Resource Deployment**

The GTFD was formed on January 7, 1946 with the first fire station being erected on Church Street, which opened in April 1956. The Department has been a paid-on-call or commonly referred to as part-paid department whereby personnel are alerted that there is a call for service via a pager and then respond to their assigned station in a personal vehicle. These personnel receive no compensation unless there is a call for service or for authorized training and activities. This also means that there are no firefighters at the fire stations as they respond from home. Upon arrival at the station, personnel retrieve their personal protective equipment from their assigned locker, board a fire apparatus and respond to the call for service. For an Emergency Medical Services call, it is preferred to have a minimum of two (2) personnel and for a fire type call (building, vehicle, etc.) it is preferred to have at least three (3) personnel, optimally six (6). This creates an additional delay in response as personnel has to wait for others to arrive at that station. From 1998-2000, Chief Paauwe was able to get approval to replace the existing stations which are located at:

**Station 1-1415-44th Street-Staffed-Firefighter/Inspector**

**Station 2-7518 Church Court-Staffed-Firefighter/Maintenance**

**Station 3-7480-36th Avenue-Unstaffed**

Figure 1 below depicts the location of the facilities on a map for reference.

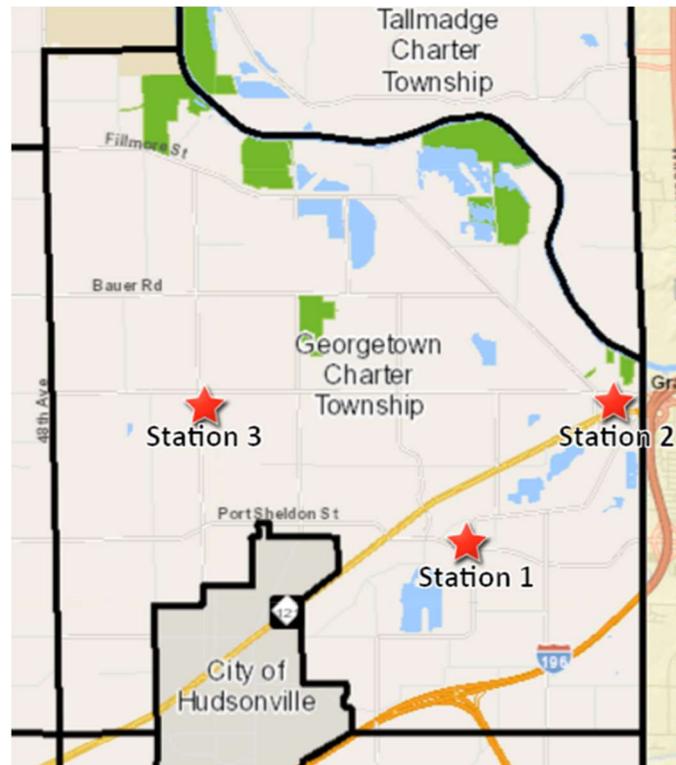


Figure 1

The GTFD has historically been authorized for 17 part-paid firefighters per station, or 51 personnel plus the Fire Chief and Deputy Fire Chief. Prior to 1999, the only full-time employee was the Fire Chief. In 1999, Chief Paauwe was able to get approval to add two (2) full-time firefighters that would work from 8AM to 5PM Monday through Friday. One (1) of the firefighters was tasked with performing fire inspections of the commercial buildings along with fire investigations and response to calls for service. The other full-time firefighter was tasked with performing maintenance on all of the equipment, apparatus, and facilities and responding to calls for service. In addition to the full-time staff, the administrative assistant for the fire department was a firefighter, which provided an additional firefighter during business hours. Following her resignation, the position was not filled. Over the past few years, four DPW employees with firefighting backgrounds regularly supported the Georgetown Fire Department during daytime hours. As of 2025, only one DPW member remains available to assist during the day. From 1999-2025, there were no additional full-time personnel added to the department even

though the population increased from 41,658 in 2000 to 55,145 in 2023 (figure 2). This represents a population increase of 24.5%. Additionally, the number of businesses in Georgetown increased from 600 in 1999 to 919 in 2024, representing an increase of 34.7%

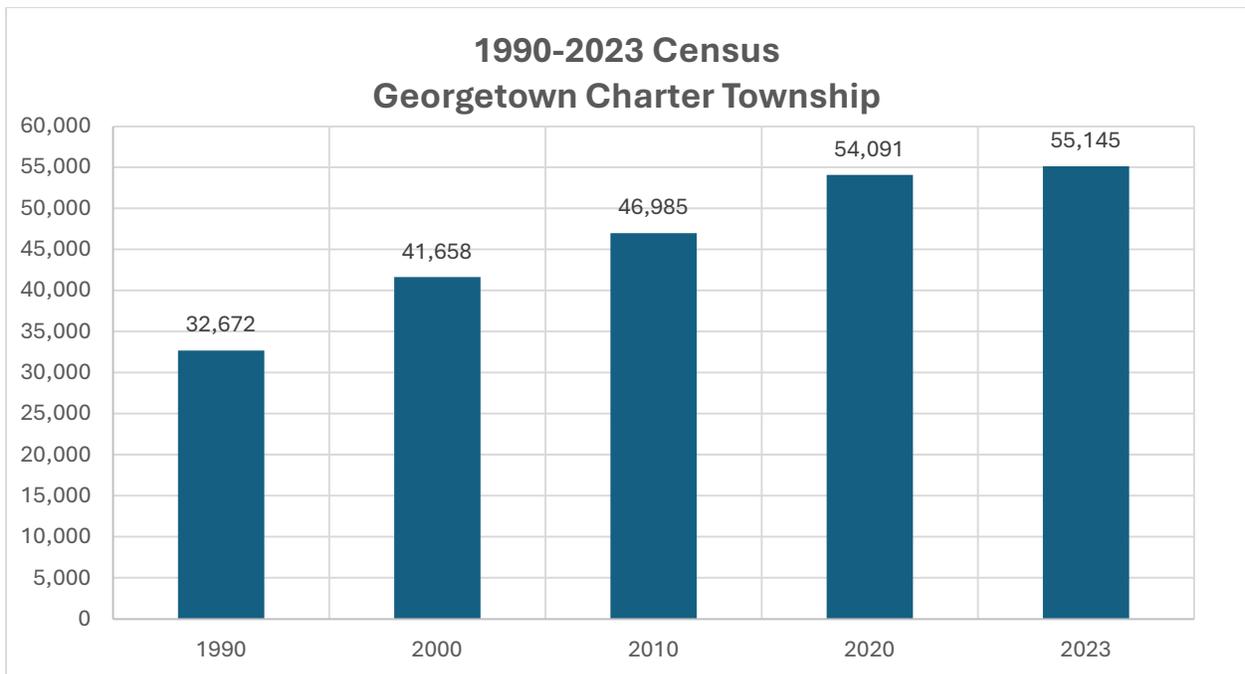


Figure 2

In 1999 when the first two (2) full-time firefighters were added, the GTFD responded to 478 calls for service, in 2024, the GTFD responded to 1,024 calls for service (figure 3). This represents a 114% increase in calls for service. In March of 2025, the first additional full-time firefighter was hired in 26 years despite the growth in the Township and the increase in calls for service. In 2025, there are 58 part-paid firefighters plus the fire chief and deputy fire chief. This is an increase from the 51 part-paid personnel in 1999. Figure 4 (below) shows the 2025 organizational structure. The calls for service depicted account for responses to fires, fire alarms, hazardous conditions, smoke investigations, extrications, carbon monoxide detector activations, water rescues, cardiac arrests, and medical calls when they are turned over from the Ottawa County Sheriff's Department (OCSD) Emergency Unit (E-Unit) program. This program will be further explained.

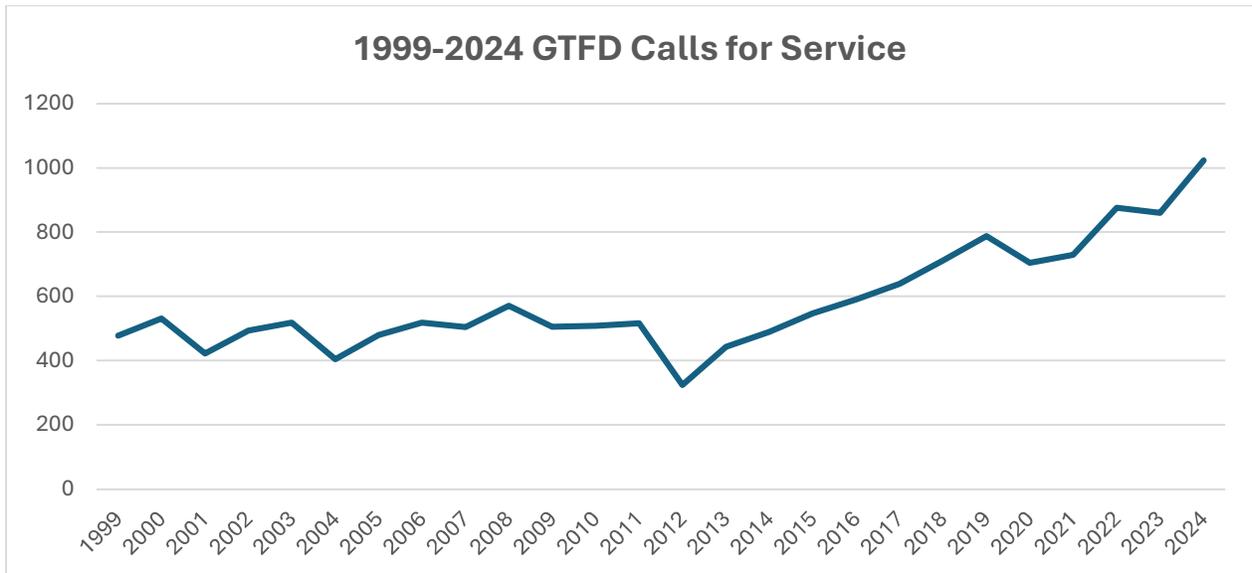


Figure 3

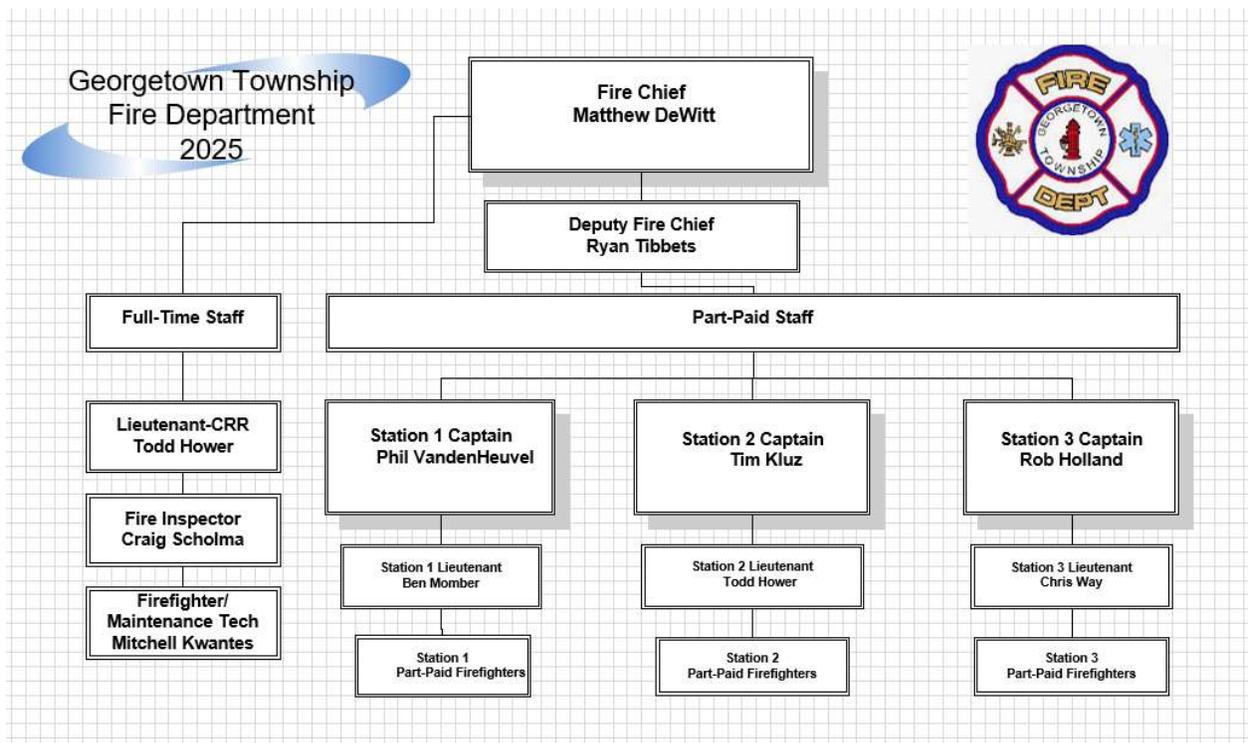


Figure 4

### Emergency Medical Services Delivery

EMS refers to the network of healthcare providers and systems that deliver emergency care and transportation to individuals experiencing medical crises or traumatic events. EMS is typically composed of trained professionals who respond rapidly to emergencies, stabilize patients, and transport them to healthcare facilities when necessary. Georgetown Township has contracted with

the OCSD to provide policing services and to provide EMS response through the E-Unit program. The personnel that staff the E-Unit program are law enforcement officers that are also State of Michigan licensed EMS providers that provide non-transporting first responder services. The E-Unit program was a popular EMS service delivery model in West Michigan from the 1970's through the early 1990's, specifically in Kent and Ottawa County. Since 2000, the only municipalities that relied on the E-Unit program for EMS delivery in Kent or Ottawa Counties were Park Township, Holland Township, and Georgetown Township. When fully staffed, there would be up to three (3) E-Units on the road in Georgetown Township, each staffed with one (1) licensed EMS provider. In recent years, rarely has there been three (3) E-Units on, in fact, the OCSD has struggled to keep one (1) E-Unit staffed at times through 2024 and 2025. This prompted the GTFD to develop an EMS Duty Crew whereby personnel staff the station to provide timely response to EMS calls for service after 5PM to 7AM Monday through Friday and on the weekends if no E-Units are available. Below is a breakdown of the EMS calls for service by month (figure 5) and type (figure 6) from 2022-2024.

### Georgetown Township EMS Calls for Service By Month 2022-2024

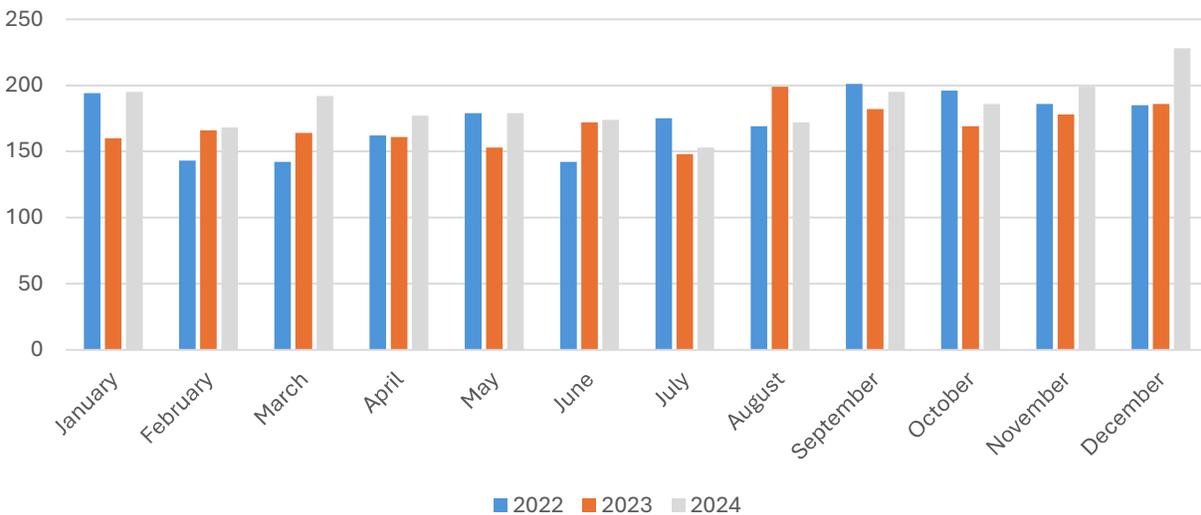


Figure 5

## Georgetown Township EMS Calls for Service by Type 2022-2024

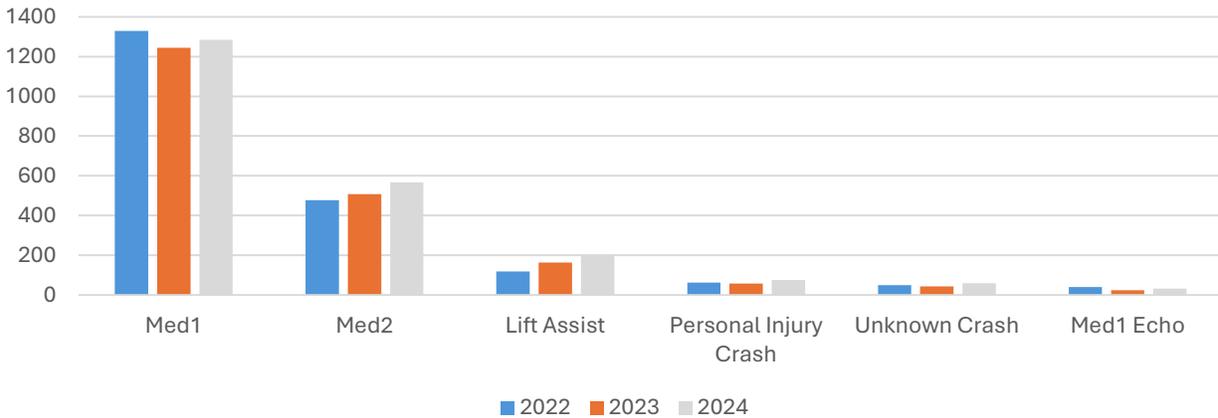


Figure 6

While the E-Unit program has provided EMS for the residents and visitors of Georgetown Township at a reasonable cost, the lack of resources to cover a large geographical area and significant population has resulted in unacceptable response times and decreased survivability for serious medical emergencies (Med 1 and Med 1 Echo). An example of this is if the E-Unit is at the student housing at Grand Valley State University, and there is a choking victim at Glen Eagle condominiums (south of 44<sup>th</sup>, east off 14<sup>th</sup>). The E-Unit would have to travel 8.2 miles, which, if following the speed limit at 3PM, would be a 16-minute response time. Even with adjusting for an increased speed during an emergency response, the response time remains unacceptably high, estimated time would be 10 minutes.

The goal of every EMS system is to provide timely, high-quality care, affording the patient with the best possible outcome. In 2024, there were 32 Med 1 Echoes in GT. These calls for service are the highest priority since there is reported to be a patient that is not breathing, based on the information received from the caller. A patient who has experienced Sudden Cardiac Arrest (SCA) which according to the Mayo Clinic, “is the sudden loss of all heart activity due to an irregular heart rhythm. Breathing stops. The person becomes unconscious. Without immediate treatment, sudden cardiac arrest can lead to death. Emergency treatment for sudden cardiac arrest includes cardiopulmonary resuscitation (CPR) and shocks to the heart with a device called an automated external defibrillator (AED). Survival is possible with fast, appropriate medical care”. Additionally, a prominent campaign known as Six Minutes to Live, which focuses on community awareness and education of SCA (Sudden Cardiac Arrest) events has provided the following

insight for community members and decision makers. “Knowing whether you are more or less likely to be saved in a medical emergency in your community requires understanding data. Here are the steps you can follow to determine if your emergency response system is above or below the national average:

- Survival rates: The best performance indicator is patient survival.
- Response times: Each segment of the response must be measured accurately when a life is truly on the line.
- Community action: The ability and will to take individual action before an emergency dramatically increases survival rates.
- Survival is a matter of geography. Data shows that your odds are better or worse depending on where you collapse in SCA.
- Communities that view emergency response as a partnership understand the roles of everybody involved in the chain of survival.
- Leaders hold the system accountable and help inform the public of its vital role in an emergency, especially SCA;
- Citizens are properly trained and willing to perform CPR and use an automated external defibrillator (AED);
- The public holds its government accountable through transparency.
- The best benchmark of EMS system performance is its SCA resuscitation.
- A national database called CARES allows communities and leaders to see how they are doing compared to the national average. Communities can also choose to benchmark with one another.

Here’s how to hone in on the data that matters most to the public:

- Differentiate between arriving to the hospital with a pulse and surviving to hospital discharge with good brain function.
- Consider how many patients return home with good functional capacity, or what we call ‘neurologically-intact survival.’
- Understand ‘Utstein survival’ or the number of survivors whose collapse is witnessed by a bystander and presents to EMS (or community responders) with a heart rhythm that can be shocked”.

Outlined below (figure 7) is the out of hospital chain of survival as provided by [cpr.heart.org](http://cpr.heart.org).



Figure 7

Timely arrival of first responders at a medical emergency is clearly a key link in the chain of survival, however, the recognition of a cardiac arrest, bystander CPR and application of a defibrillator. A significant gap in most communities is the number of community members that are trained to perform CPR until First Responders arrive. Six Minutes to Live produced a short video that highlights the impact on a community and community members that expect that trained responders will arrive promptly during an emergency. [Six Minutes to Live: Care, Measure, Act!](#)

### **Fire/Rescue Service Delivery**

Absent the question of what EMS staffing Option to consider, is the current reality of the GTFD fire/rescue service delivery. As explained under the Staffing and Resource Deployment section above, GTFD part-paid firefighters respond to their assigned fire station in their personal vehicle and then respond on an apparatus to the fire scene. This deployment method, while cost effective doubles the response time to fire and rescue emergencies. The average response time for the first-due fire apparatus is in excess of 10 minutes. As depicted below, a fire in a residential or commercial building will be fully developed before the first arriving fire apparatus. If there are no working smoke detectors or a fire suppression system, the ability for a trapped victim to survive is doubtful.

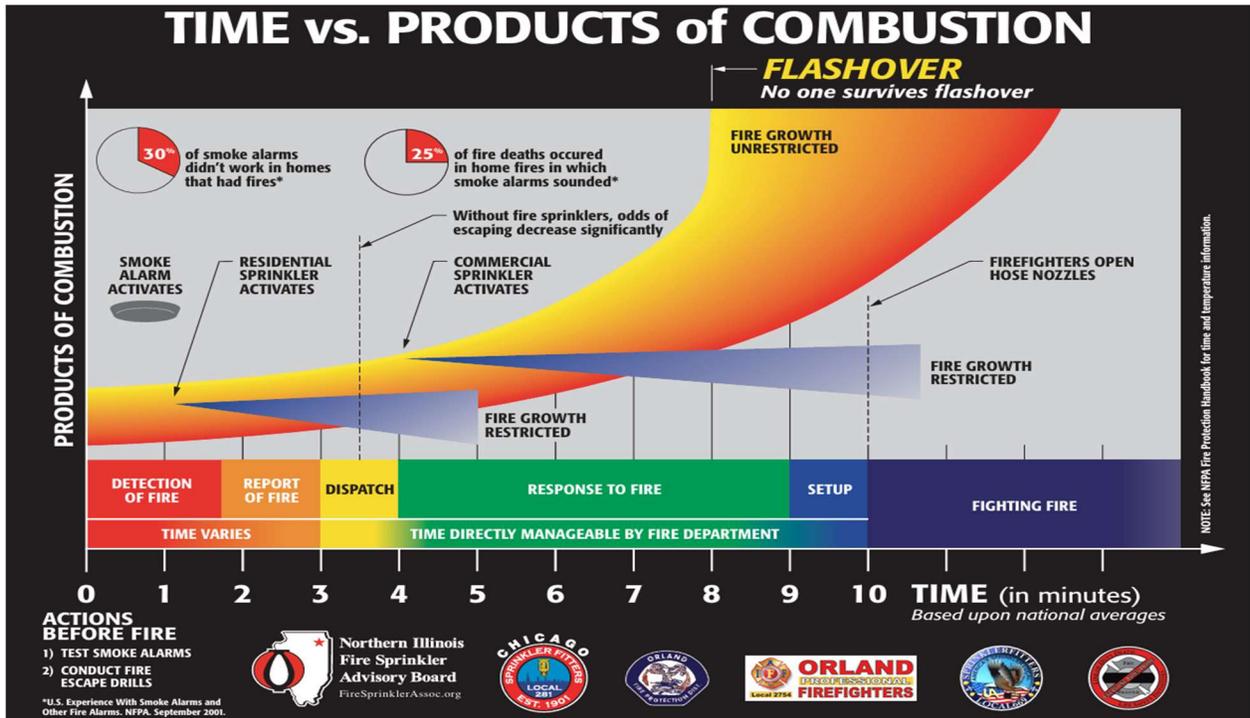


Figure 8

A perfect example of the GTFD response to a residential fire occurred on April 24, 2025. GTFD stations 2, 1, 3, and Grandville Fire Department (automatic aid) were dispatched at 1435 to the 7800 block of Cottonwood. Some young adults were home without their parents. One of the children noticed smoke coming from the wall and, after consultation with her father called 911. Even though the location of the fire was only 2 miles from station 2 (7518 Church Ct.), it took 10 minutes to arrive on scene. The Grandville Fire Department, which was also dispatched, arrived before the first engine from GTFD as their engine is staffed with full-time personnel. An additional example was a call at Cottonwood and Fillmore on April 29, 2024, for a motor vehicle accident with entrapment. These incident types require the use of extrication equipment which are carried on fire apparatus to gain access to the patient(s). This call was dispatched at 0948 and the first fire apparatus did not arrive until 1001 which is a 13-minute response time. Finally, GTFD was called to assist Hudsonville on a multi-family dwelling fire on May 22, 2025. Station 1 had three (3) personnel respond (one (1) was a full-time employee), and station 3 had two (2) personnel respond, one (1) was a probationary employee. These examples highlight the current staffing challenges and reinforce that the “do nothing” approach relative to staffing is not an option.

When patients are critically injured, slow response times can be the difference between life and death. The National Fire Protection Association (NFPA) “has been helping to solve some of the

planet’s toughest safety problems for more than 125 years. To remain relevant for over a century as a knowledge and information organization, we’ve continually evolved our scope of expertise—from fire prevention, wildfire preparedness, and electrical safety to hazardous materials, community risk reduction, and public safety” (2025). The consensus standards developed by NFPA are revised every 2-5 years and provide guidance for the American Fire Service based on input from the public and broad-based interest groups. While fire departments are not required to follow all NFPA standards unless they are adopted by state or federal government, the standards provide for baseline considerations. Figure 9 (below) outlines the number of firefighters needed to combat a fire based on occupancy type. Historically, more than 90% of building fires that occur in GT each year are single-family dwelling fires. For these types of fires, NFPA 1710 recommends 16 personnel at a minimum to handle all of the fireground functions. Regardless of where a single-family dwelling fire occurs across the United States, the tasks outlined in figure 10 have to be accomplished to properly and safely mitigate an incident.

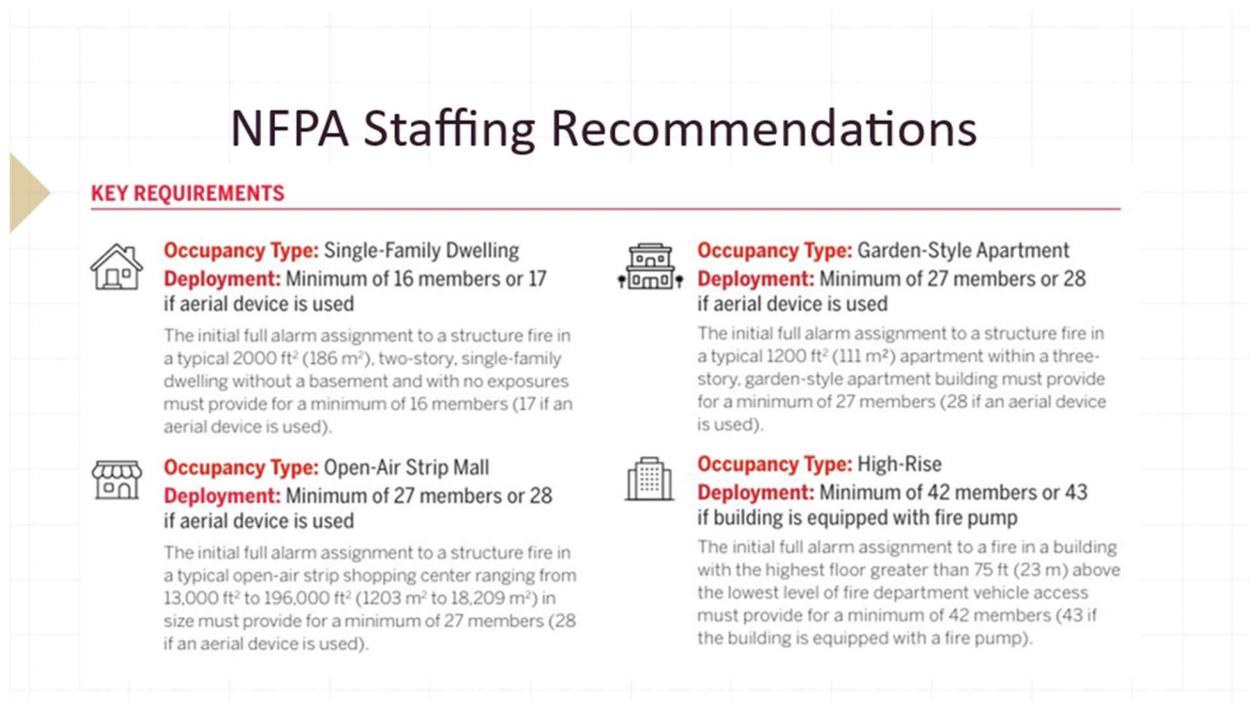


Figure 9

## NFPA Staffing Recommendations

2,000 ft<sup>2</sup> 2-Story Private Dwelling

Role	Number of Personnel
Incident Commander	1
Equipment Operator	1
Fire Suppression (300 gpm)	4
Search and Rescue	2
Handline Backup, Supply Line, Forcible Entry, Utilities	2
Ladders/Vertical Ventilation	2
Aerial Ladder	1
Rapid Intervention	4
<b>Total</b>	<b>17</b>

Figure 10

### Staffing and Resource Deployment Options

There are many staffing models available to provide timely and reliable EMS service delivery for the residents and visitors of GT. Consideration should be given to the concentration, distribution and reliability of response resources in the system design. The concentration refers to the amount of resources readily available to respond to an emergency. The distribution of resources refers to the geographical location of the resources within a community. Reliability is the likelihood that the resource(s) in a geographical location will be available to respond to a call for service.

Historical data, anticipated community growth, risk assessment, and community expectations should be evaluated to determine the system design. The goal of Options 1-4 is to provide robust service delivery while maintaining a strong part-paid firefighting force, which will remain the backbone of the GTFD. Additionally, the costing models (1-4) are based on a base salary of \$64,064, which, can be adjusted if desired, 30% for fringe benefits, backfill of the positions for sick leave and vacation, and holiday pay.

Below are five (5) staffing and resource deployment Options and the estimated cost of each Option. To illustrate the coverage provided by each Option, a five-minute travel time map from each of the three (3) fire stations is included.

**Definitions:**

**Engine** – what is typically referred to as a “fire truck” or “pumper”. This apparatus is medically licensed through the State of Michigan and has a full complement of firefighting tools, extrication equipment (jaws of life), and other miscellaneous equipment. Additionally, this apparatus has 750-1,000 gallons of water on board to handle smaller fires without utilizing a fire hydrant. The GTFD has a total of six (6) engines:

<b>Number</b>	<b>Location</b>	<b>Year</b>
821	Station 1-1415-44 <sup>th</sup>	2020
822	Station 1-1415-44 <sup>th</sup>	2005
823	Station 2-7518 Church Ct.	2013
824	Station 2-7518 Church Ct.	1998
825	Station 3-7480-36 <sup>th</sup>	2020
826	Station 3-7480-36 <sup>th</sup>	2005

**Squad** – a squad is a crew cab pickup truck that is medically licensed by the State of Michigan and is primarily used to respond to EMS calls for service. The GTFD has a total of four (4) squads:

<b>Number</b>	<b>Location</b>	<b>Year</b>
871	Station 1-1415-44 <sup>th</sup>	2020
872	Station 1-1415-44 <sup>th</sup>	2024
873	Station 2-7518 Church Ct.	2018
874	Station 2-7518 Church Ct.	2015

**Staffing Option 1:**

This staffing Option is the “do nothing approach” or contract EMS service with a 3<sup>rd</sup> party whereby part-paid personnel would take over running EMS calls for service during the evening hours. It is unrealistic to believe that the part-paid GTFD personnel could take on the more than 2,000 additional calls for service associated with providing primary EMS response and then go to their “primary” or day job after being up overnight on a regular basis. This has been attempted at many other fire agencies and may work for a while but is destined to fail. Staffing Option 1 would also result in extended response times for EMS calls for service which would negatively impact the residents and visitors of GT. Additionally, the notion of contracting EMS services to a third party is not recommended as this model does nothing to provide additional staff for fire and rescue calls for service. Furthermore, Option 1 is considered a band-aid approach in addressing the emergency response needs of GT. If Option 1 is considered, GTFD will need to hire

additional firefighters in the coming years to aid with fire and rescue response during daytime hours. This Option would be to contract out the EMS services, most likely with Life EMS who is the current Advanced Life Support (ALS) provider for Georgetown Township and surrounding jurisdictions. This is assuming Life EMS would propose staffing a Basic Life Support (BLS) vehicle or vehicles. While this may be a cost-effective Option (unsure what they would/ have proposed), the fact that the taxpayers of Georgetown Township would be paying for a single service that does not take into account the work that would be done by GTFD personnel and does nothing to address slow response times to fires and extrication calls. This is especially true for daytime calls for service when there are staffing issues. If only one (1) BLS vehicle was staffed, GTFD personnel would have to respond to any additional calls for service with part-paid personnel. This would double the response times for any additional medicals. Additionally, there would be a duplication of services for Lift Assists, Personal Injury Accident, Personal Injury Accidents with Entrapment, and Med1 Echoes.

It should be noted that there is only one (1) known municipality In West Michigan that relies on a for-profit contractor to provide BLS services. If this was truly a viable Option, why aren't other jurisdictions utilizing this model?

Since Option 1, "do nothing" or contracting with a 3rd party for medical response does not address the GTFD concerns relative to daytime staffing for fire and rescue calls, the GTFD is recommending adding an additional firefighter each year for the next three (3) years. These personnel would work 0700-1700 Monday-Friday to provide for fire apparatus response. The three (3) year cost of the additional staffing is below, in addition to the 3<sup>rd</sup> party cost:

Wages	Benefits	Total
\$209,664.00	\$66,182.40	\$286,790.40

**Staffing Option 2:**

The proposed staffing for Option 2 is to deploy two (2) personnel from station 2. Personnel would primarily staff a squad and would also be able to cross-staff an engine for a fire incident. This Option would also decrease the response times to fire events by 50% in districts. The rationale for staffing stations 2 and not station 1 or 3 is based on historical call volume, current station configuration, and geographical location of the facilities.

The downside to this proposed staffing Option is not providing staffing at Stations 1 or 3, which would increase the response times for fire and EMS calls for service in these areas. This Option

would also significantly delay the response to a second EMS call due to the reliance on part-paid personnel for a second call for service. See Figure 11 for coverage.

This model would require there to be 6 full-time employees (24-hour) with part-paid personnel backfilling vacancies each day. The minimum number of firefighters working would be 2.

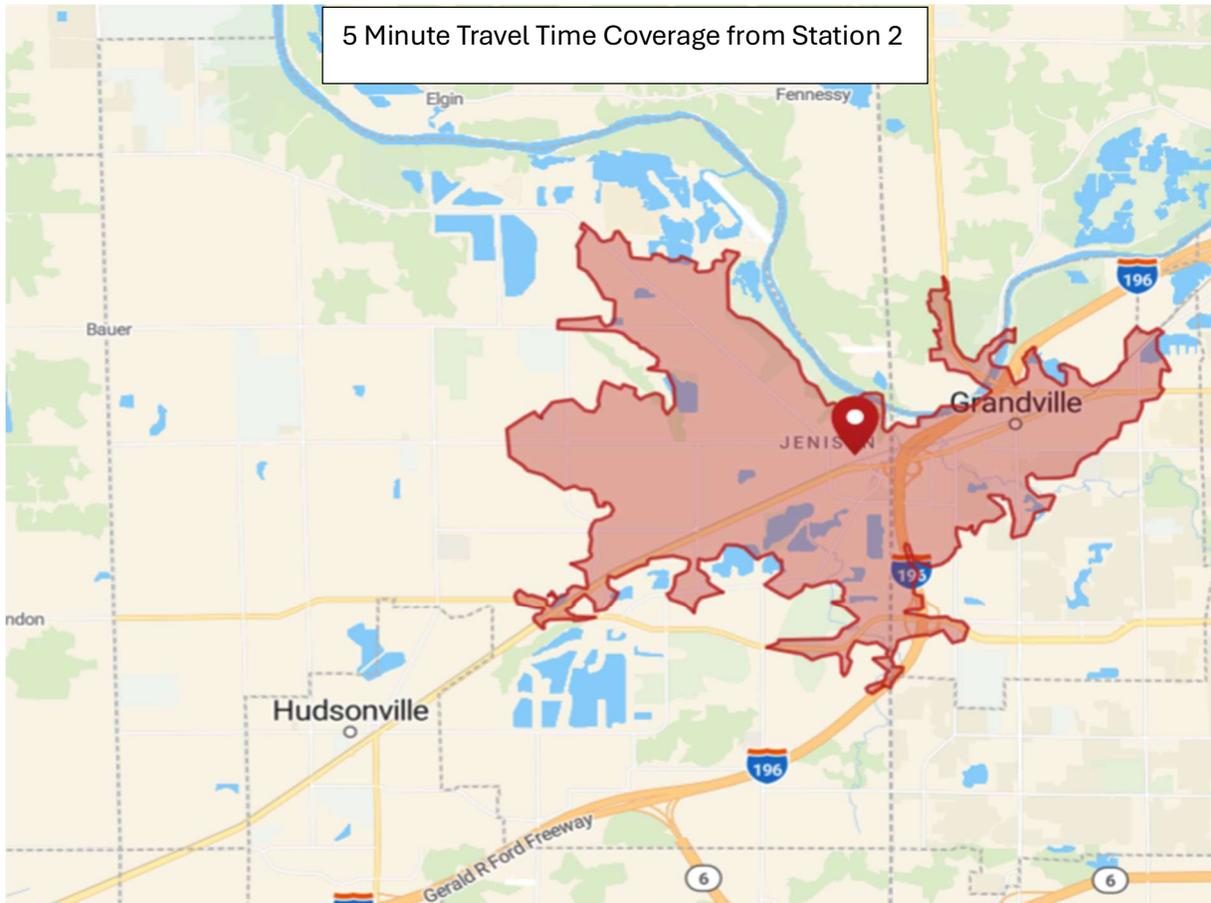


Figure 11

Wages	FLSA & Holiday OT	Benefits	Backfill	Total
\$419,328.00	\$25,536.00	\$132,364.80	\$31,104.00	\$604,684.80

### Staffing Option 3:

The proposed staffing for Option 3 is to deploy two (2) personnel from station 2 and two (2) personnel from station 3. Personnel would primarily staff a squad and would also be able to cross-staff an engine for a fire incident. This Option would also decrease the response times to fire events by 50% in districts 2 and 3. The rationale for staffing stations 2 and 3 and not station 1 is based on historical call volume, current station configuration, and geographical location of the facilities.

The downside to this proposed staffing Option is not providing staffing at Station 1, which would increase the response times for fire and EMS calls for service in this area (see figure 12).

This model would require there to be 12 full-time employees (24-hour) with part-paid personnel backfilling vacancies each day. The minimum number of firefighters working would be 4.

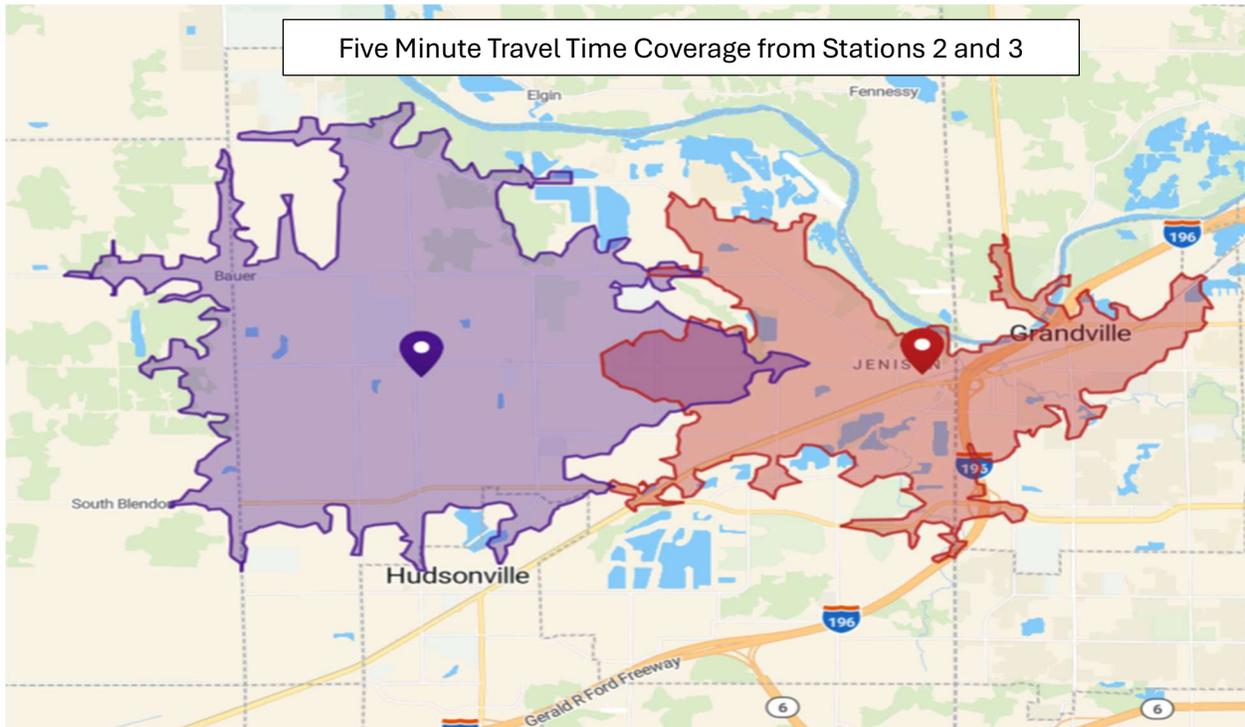


Figure 12

Wages	FLSA & Holiday OT	Benefits	Backfill	Total
\$838,656.00	\$47,424.00	\$264,729.60	\$62,208.00	\$1,209,369.60

**Option 4:**

Option 4 is the recommended staffing and deployment model as two (2) personnel from each of the three (3) fire stations would be staffed 24 hours per day, 7 days per week. Personnel would primarily staff a squad at each station and would also be able to cross-staff an engine for a fire and rescue incident. This Option would decrease the response times to fire and rescue events by 50% in all districts and would provide robust coverage for all residents and visitors of GT.

Option 4 is a fiscally sustainable model that takes into account the concentration, distribution, and reliability of resources.

The downside to this proposed staffing Option is the ability to handle concurrent calls for service in any of the districts. This would increase the response times when a second call for service is

received if the primary resource is unavailable. The only proposed Option that addresses the reliability issue is Option 5. Additionally, the firefighting capability of a two (2) person engine to perform fire suppression and rescue trapped victims is significantly diminished compared to a three (3) person engine (Option 5).

This model would require there to be 18 full-time employees (24-hour) with part-paid personnel backfilling vacancies each day. The minimum number of firefighters working would be 6. With Options 4 and 5, the full-time maintenance position would be absorbed into 24-hour staffing. While there would be less staff working each day compared to Option 5, the coverage would be the same with a 5-minute travel time.

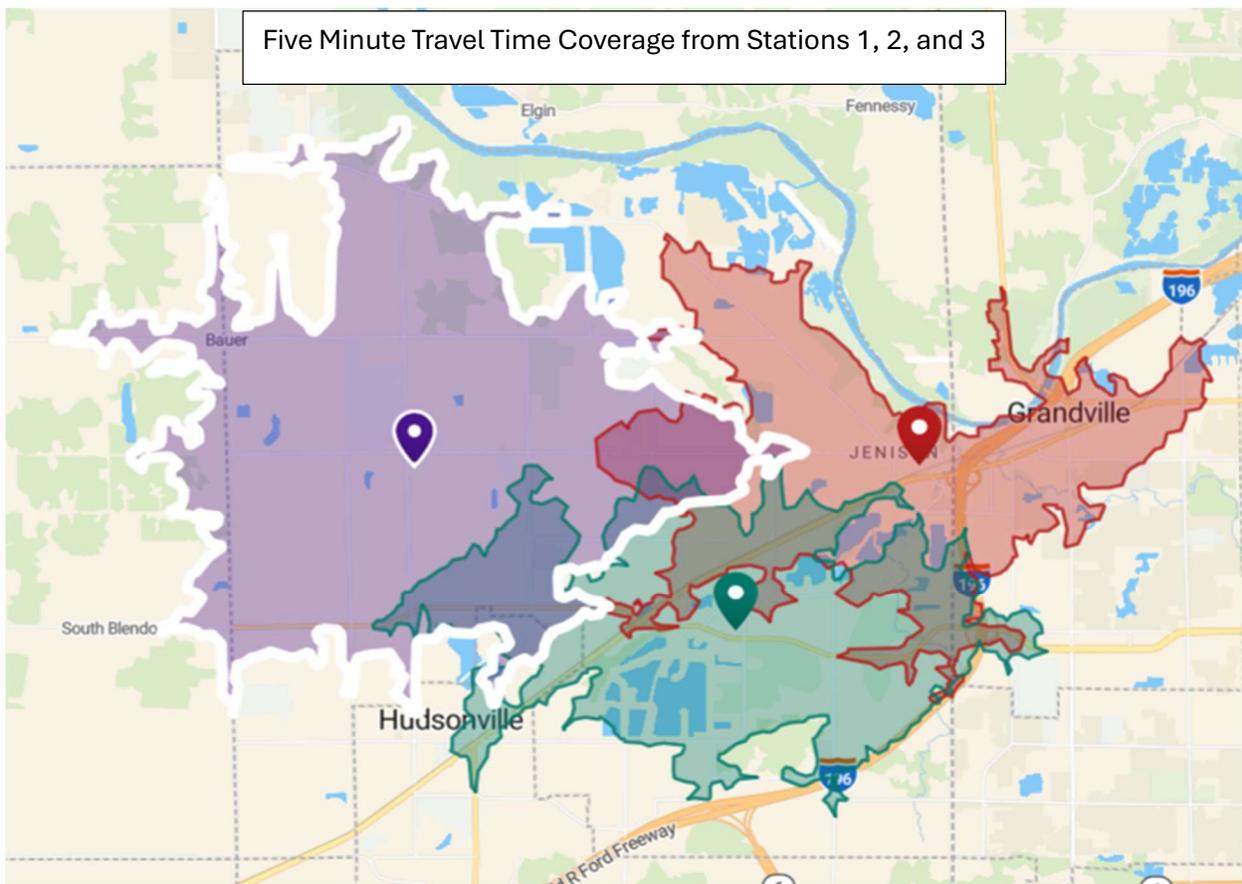


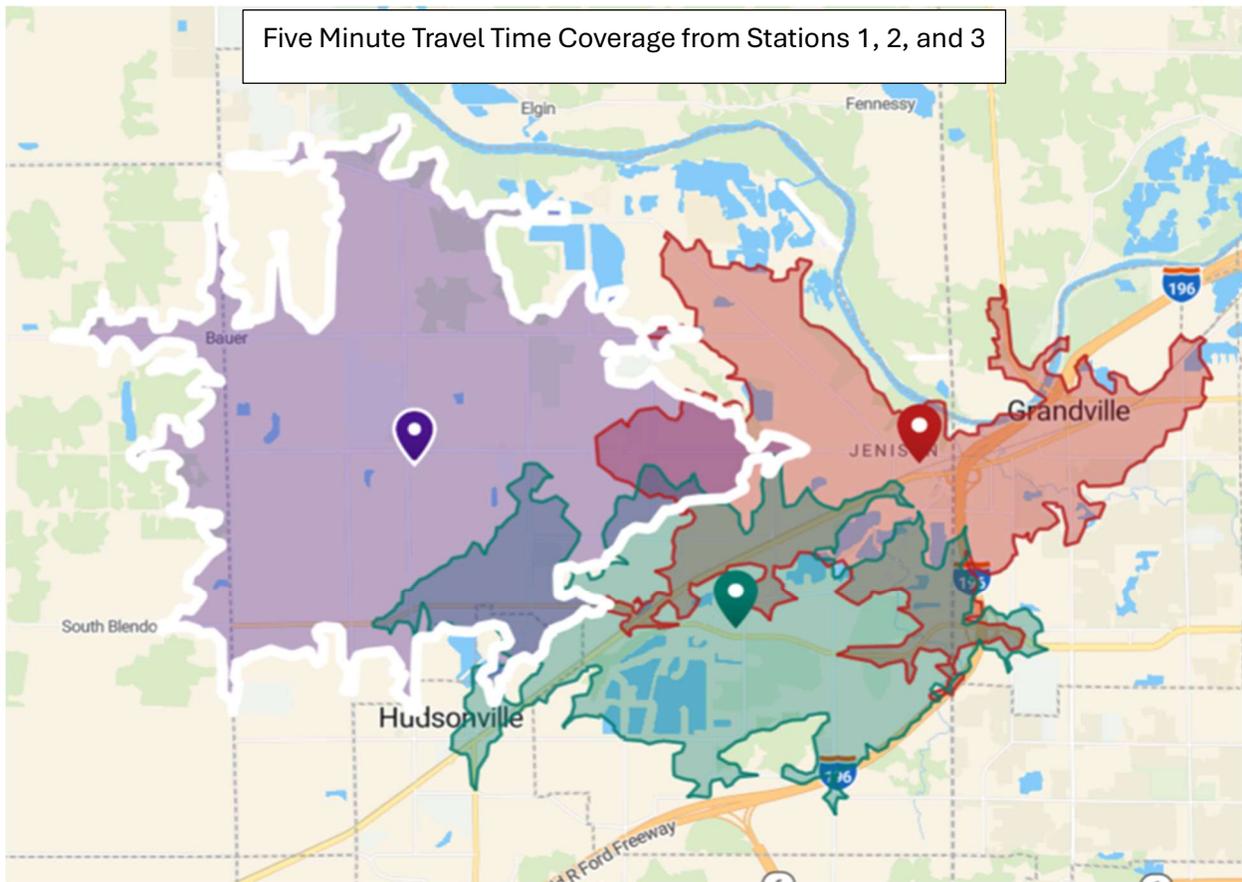
Figure 13

Wages	FLSA & Holiday OT	Benefits	Backfill	Total
\$1,188,096.00	\$65,664.00	\$375,033.60	\$88,128.00	\$1,713,273.60

**Option 5:**

The optimal full-time staffing for the GTFD would consist of hiring enough personnel to deploy a three-person engine at each of the three (3) stations. This deployment model would allow for a

50% decrease in response time to all incidents. With this Option, personnel would cross-staff an engine and a medical squad. Two (2) of the personnel would respond on the squad for a medical call for service, leaving one (1) firefighter at the station to respond on a second medical in the respective district or the ability to respond to a fire call for service. This model would require there to be 27 full-time employees (24-hour) with part-paid personnel backfilling vacancies each day. The minimum number of firefighters working would be 9. Figure 14 provides a coverage map which is applicable for Options 4 and 5. With staff at all three (3) fire stations, nearly all of GT is covered with a 5-minute response time. With Options 4 and 5, the full-time maintenance position would be absorbed into 24-hour staffing.



**Figure 14**

<b>Wages</b>	<b>FLSA &amp; Holiday OT</b>	<b>Benefits</b>	<b>Backfill</b>	<b>Total</b>
\$1,886,976.00	\$102,144.00	\$595,641.60	\$139,968.00	\$2,721,081.60

## Proposed GTFD Work Schedule

If Option 2, 3, 4, or 5 are chosen, the most cost-effective Option to provide 24-hour fire/EMS coverage is to have personnel work 24-hour shifts. There are several different schedule Options, however, the most prevalent in West Michigan is what is referred to as the “Kelly” Schedule. This model has employees work a 56-hour workweek allows for three (3) shifts of personnel that work on a rotating basis. An example is below:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 C	2 A	3 C	4 A
5 B	6 A	7 B	8 C	9 B	10 C	11 A
12 C	13 A	14 B	15 A	16 B	17 C	18 B
19 C	20 A	21 C	22 A	23 B	24 A	25 B
26 C	27 B	28 C	29 A	30 C	31 A	

The firefighter 7k exemption generally refers to a tax exemption In the U.S. that applies to certain public safety workers, particularly firefighters. Under section 7(k) of the Fair Labor Standards Act (FLSA), firefighters and other emergency personnel can be eligible for a special exemption related to overtime pay calculations. The benefits of this exemption include:

1. Overtime Pay Exemption: Firefighters, as public safety workers, typically have irregular work hours and long shifts. The 7k exemption allows employers to calculate overtime based on a longer work period (usually 28 days) rather than the standard 7-day workweek, which can result in fewer overtime hours and potentially lower costs for departments.
2. Flexible Scheduling: The 7k exemption can give fire departments the flexibility to schedule their personnel for longer shifts (e.g., 24-hour shifts) without triggering overtime pay, as long as the total number of hours worked over a 28-day period does not exceed a certain threshold.
3. Cost Savings for Fire Departments: By qualifying for the 7k exemption, fire departments can better manage their budgets and avoid the financial strain of paying overtime at a higher rate, while still ensuring that adequate coverage is provided for emergency services.

4. **Work-life Balance:** The exemption allows fire departments to structure work schedules that promote longer rest periods between shifts, potentially improving work-life balance for firefighters who would otherwise face frequent long shifts.

### **GTFD Facilities**

As outlined earlier in the report, the GTFD fire stations were constructed from 1998-2000. Since construction, there have been no major updates or renovations that have taken place. Regardless of the staffing Option selected, facility improvements will have to be considered in the coming years to address additional office space, updating the kitchens, and consideration for locker rooms and sleeping quarters. To accommodate Options 2-5, existing space can be utilized with minor modifications/investment. Optimally, GTFD would be approved for funding needed to conduct a facility assessment in the near future.

### **What will Firefighters do when not on Calls for Service**

When firefighters are not actively responding to a call, they stay busy with a variety of tasks. Below is a non-exhaustive list of duties:

1. **Training and Drills** – Regularly practicing firefighting techniques, emergency medical procedures, rescue operations, and hazardous materials response.
2. **Equipment Checks and Maintenance** – Inspecting, cleaning, and maintaining trucks, hoses, breathing apparatus, and other gear to keep everything in top condition.
3. **Physical Fitness** – Working out to maintain the strength, endurance, and health needed for physically demanding tasks.
4. **Station Duties** – Cleaning, laundry, and general upkeep of the fire station.
5. **Administrative Work** – Completing reports, reviewing incident documentation, or participating in planning and scheduling.
6. **Public Education and Outreach** – Hosting tours, teaching fire safety at schools, or conducting community risk reduction programs.
7. **Studying and Continuing Education** – Learning new protocols, technologies, and strategies for fire and emergency response.

As outlined above, one key initiative would be to have personnel provide regular CPR training for community members. This training, in conjunction with a robust emergency response system will have a real impact on the survivability of SCA victims.

## Resources

Congressional Fire Service Institute

<https://cfsi.org/legislation-advocacy/current-legislation/afg-and-safer/>

<https://cpr.heart.org/en/resources/cpr-facts-and-stats/out-of-hospital-chain-of-survival>

[https://www.iaff.org/news/communities-shift-to-all-career-fire-departments-as-volunteer-numbers-decline/?utm\\_source=mailpoet&utm\\_medium=email&utm\\_source\\_platform=mailpoet&utm\\_campaign=national-template-124-57](https://www.iaff.org/news/communities-shift-to-all-career-fire-departments-as-volunteer-numbers-decline/?utm_source=mailpoet&utm_medium=email&utm_source_platform=mailpoet&utm_campaign=national-template-124-57)

<https://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/symptoms-causes/syc-20350634>

<https://stispfa.org/wp-content/uploads/2022/11/time-vs-products-of-combustion.pdf>

<https://www.nfpa.org/en/about-nfpa>

Six Minutes to Live Press Kit

Appendix A

Community	Budget Year	FD Budget	Population	Taxable Value-Real and Personal	Housing Units	Budget/Population	Budget/Housing Units	2024 Calls for Service	Square Miles
Georgetown Township	2024	\$1,594,438	55,145.00	\$2,546,178,647.00	19,878.00	\$28.91	\$80.21	1,023	34.08
City of Walker	24-25	\$2,889,280	25,046.00	\$1,604,189,420.00	10,702.00	\$115.36	\$269.98	803	25.14
City of Grandville	23-24	\$1,552,705	16,008.00	\$945,397,928.00	6,637.00	\$97.00	\$233.95	2,251	7.67
Gaines Township	2024	\$2,912,000	28,886.00	\$1,381,078,090.00	10,962.00	\$100.81	\$265.64	889	35.76
City of Zeeland	23-24	\$1,295,182	5,719.00	\$569,070,481.00	2,472.00	\$226.47	\$523.94	835	3.01
Allendale Township	2024	\$978,300	27,073.00	\$864,769,770.00	8,624.00	\$36.14	\$113.44	1,356	32.05
Blendon Township	24-25	\$932,200	7,081.00	\$447,345,107.00	2,444.00	\$131.65	\$381.42	297	36.37
City of Hudsonville	24-25	\$351,650	7,633.00	\$342,110,756.00	2,748.00	\$46.07	\$127.97	653	4.12
Holland Township	2024	\$1,505,200	38,722.00	\$1,853,990,890.00	14,594.00	\$38.87	\$103.14	1,356	27.48
City of Wyoming	2024	\$13,585,715	76,501.00	\$2,777,773,044.00	29,949.00	\$177.59	\$453.63	7,453	24.95
City of Kentwood	24-25	\$9,409,100	54,304.00	\$2,473,038,760.00	22,269.00	\$173.27	\$422.52	5,202	20.96

# SUDDEN CARDIAC ARREST:

## YOU CAN SAVE A LIFE

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure.

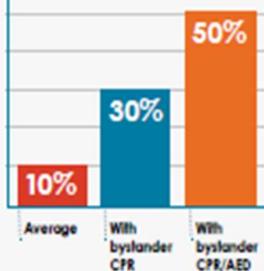
Sudden Cardiac Arrest IS NOT the same as a heart attack.

SCA VICTIM:	HEART ATTACK VICTIM:
• Unresponsive	• Responsive
• Not breathing normally	• Breathing
• Heart stopped	• Heart beating
• Needs CPR/AED	• Doesn't need CPR/AED



### BYSTANDER ACTION SAVES LIVES

Out-of-Hospital Cardiac Arrest Survival Rates



### EVERY SECOND COUNTS

SCA leads to death in minutes if the person does not get help right away. For every minute that passes, survival odds decrease by 10%.

### THE SHOCKING FACTS

Sudden Cardiac Arrest (SCA) is a national public health crisis affecting 1,000 people outside hospital settings each day. It strikes people of all ages who may seem to be healthy, even children and teens.

Today only 1 in 10 survives SCA.



If bystanders give CPR & use AEDs immediately 5 in 10 could survive.



**7 IN 10 SCAs HAPPEN AT HOME.**

You could save the life of someone you love by starting CPR.

### WHAT TO DO

Survival from SCA depends on the quick actions of people nearby who call 911, start CPR and use an AED to restart the heart.



#### RECOGNIZE SCA

If person is unresponsive and not breathing normally, assume SCA.



#### CALL 911 to get help

Follow emergency dispatcher's instructions.



#### PUSH to triple the chance of survival

Start CPR. Push hard and fast in center of chest (100-120 pumps/minute).



#### SHOCK to restart heart

Use AED. Follow step-by-step audio/visual instructions. AEDs can't hurt the person and are meant for anyone to use.



Learn more at [sca-aware.org](http://sca-aware.org). Follow us       
Proud Co-Sponsor of the CallPushshock™ Movement

Source: Heart Disease and Stroke Statistics—2019 Update: A Report from the American Heart Association © 2019 Sudden Cardiac Arrest Foundation. All rights reserved.