

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**



FY 2025 Performance Oversight Pre-Hearing Responses

**Fire and Emergency Medical Services Department**

Submitted to  
Committee on the Judiciary and Public Safety  
Council of the District of Columbia  
The Honorable Brooke Pinto, Chairwoman

February 19, 2026

*GOVERNANCE AND PERSONNEL*

*1. Please provide a complete and current organizational chart for the agency and each division and subdivision within the agency, including:*

Please see Attachment Q1.

- a. The names and titles of all senior personnel;*
- b. A description of the roles and responsibilities for each division and subdivision;*

The **Fire and EMS Chief** is responsible for the leadership, executive management, and administration of all Department emergency and business operations.

The **General Counsel Office** is responsible for providing administration and coordination of legal services to support Department emergency and business operations including legal review of policies, procedures, and employment activities, other legal affairs, Freedom of Information Act (FOIA), and information privacy.

The **Administrative Services Bureau (Chief of Staff)** is responsible for services supporting the management, administration, and coordination of executive office activities for the Fire and EMS Chief, including the Communications Office, the Accountability Office, the Program Analytics Office, the Labor Relations Office, the Grants Management Office, and the Budget and Accounting Office.

The **Chief of Staff** is responsible for providing management, administration, and coordination of executive office activities for the Fire and EMS Chief, and provides administration, coordination, and management of intergovernmental relations, along with other activities supporting Department emergency and business operations.

- The **Program Analytics Office** is responsible for providing administration and coordination of planning activities to support Department emergency and business operations, including data and analytics for evaluation and decision making, along with contract administration for the patient account management services contract.
- The **Labor Relations Office** is responsible for providing administration and coordination of labor/management relationships and collective bargaining agreements to support Department emergency and business operations.
- The **Grants Management Office** is responsible for seeking out and submitting grant applications on behalf of the Department. The Office also manages grants and grant-related programs on behalf of the Department.
- The **Budget and Accounting Office** is responsible for comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained.

The **Strategy and Impact Division (Chief Strategy and Impact Officer/Deputy Chief of Staff)** is responsible for community engagement, community risk reduction, external affairs, and

accountability practices. The Division develops and implements strategic priorities for operational and community-based activities and supports emergency and business operations.

- **The Media and Community Relations Division (Communications Office)** is responsible for providing administration and coordination of public information and outreach activities to support Department emergency and business operations including media communications, social media information, community engagement activities, and public-facing website content.
- **The Accountability Office** is responsible for providing administration and coordination of EEO activities for Department employees, respect for employee rights, and assuring compliance with laws, regulations, rules, policies, and procedures published by the District and federal governments.
- **The EMS Community Outreach Office** provides community education and awareness programs for hands-only cardiopulmonary resuscitation (Hands-on-Hearts), and the automated external defibrillator (AED) registry and voucher program, along with other activities supporting Department EMS operations, including administration and coordination of the telephonic emergency department diversion program for low-acuity patients (Right Care Right Now Nurse Triage Line).

The **Professional Development Bureau** is responsible for services supporting the professional development of employees, including recruitment, training, promotion, and human resources needs, as well as the publication of Department rules.

The **Assistant Fire Chief of Professional Development** provides management, administration, and coordination of Professional Development Bureau activities, including professional standards, training, and human resources (including payroll and compliance), along with other activities supporting Department emergency and business operations.

- **The Professional Standards Office (Deputy Fire Chief of Professional Standards)** is responsible for providing administration and coordination for the publication of Department rules, regulations, policies, and procedures for supporting safe and efficient Department emergency and business operations.
- **The Training Division (Deputy Fire Chief of Training)** is responsible for providing management, administration, and coordination of employee training and development activities including recruit, cadet, and leadership training programs, EMS continuing education programs for operational personnel, advanced life support (ALS) and basic life support (BLS) training programs for operational personnel, fire suppression and special/technical hazards training for operational personnel, and other specialized training for Department employees, along with other activities supporting Department emergency and business operations.
- **The Recruiting Office** is responsible for providing management, administration, and coordination of recruitment activities including identification of qualified prospective

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Department candidates, conducting background investigations prior to hire, and providing guidance to, and tracking of, prospective operational employees.

- The **Human Resources Division** is responsible for providing administration and coordination of employment and personnel services activities to support Department emergency and business operations including compliance with policies, procedures, and standards for operational employees, professional staff, and administrative personnel and payroll.

The **Operations Bureau** is responsible for the management and administration of emergency operations including EMS, fire suppression, technical rescue, special hazards, marine rescue and firefighting, and homeland security preparedness.

The **Assistant Fire Chief of Operations** is responsible for providing management, administration, and coordination of Operations Bureau activities along with other activities supporting Department emergency and business operations.

- The **Deputy Fire Chiefs of Operations**, across four platoons, are responsible for providing management, administration, and coordination of emergency operations activities including command of emergency incidents and operational personnel; first response to EMS and fire suppression incidents, mitigation, and management of EMS and fire suppression incidents; and EMS response and transport of BLS patients, along with other activities supporting Department emergency and business operations.
- The **Special Operations Division (Deputy Fire Chief of Homeland Security and Special Operations)** is responsible for providing management, administration, and coordination of special operations and homeland security activities including command of special operations incidents and operational personnel, first response to technical rescue, special hazards, and marine incidents; mitigation and management of technical rescue; special hazards; marine incidents; and administration of Department grant activities, along with other activities supporting Department emergency and business operations.
  - The **Homeland Security Office (Battalion Fire Chief of Homeland Security)** is responsible for providing management, administration, and coordination of homeland security activities including pre-planning for natural disasters, chemical, biological, radiological, nuclear, and explosive (CBRNE) incidents, and other types of terror-related incidents, along with other activities supporting Department emergency and business operations, including special events.
  - The **Fire Operations Center (FOC)** is responsible for ongoing management of city-wide resources, planning activities, logistical support and information-sharing during daily operations and major events. The FOC staff maintains situational awareness and assists with the management and allocation of critical resources, ensures coverage, and provides command support for incident operations around the clock. The FOC staff provide watch functions supplying information to the Department and initiating planning activities when indicated, along with other activities supporting Department emergency and business operations.

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The **EMS Bureau** is responsible for the management and administration of EMS emergency operations including EMS supervision of operational personnel, ALS patient transport, administration of third-party provider (TPP) BLS patient transport services, and emergency communications services.

The **Assistant Fire Chief of EMS** is responsible for providing management, administration, and coordination of EMS Operations Bureau activities and contract administration of the TPP patient transport contract, along with other activities supporting Department emergency and business operations.

- The **Deputy Fire Chief of EMS** is responsible for providing management, administration, and coordination of EMS activities including command of EMS incidents and ALS operational personnel, EMS supervision of operational personnel, EMS response and transport of ALS patients, along with other activities supporting Department emergency and business operations.
  - The **EMS Battalion Chiefs** are responsible for administration, and coordination of EMS, and supervision of battalion EMS supervisors for each platoon, along with other activities supporting Department emergency and business operations.
- The **Emergency Communications Office (Battalion Fire Chief of Emergency Communications)** is responsible for providing administration and coordination of radio and data communication activities including EMS and Fire Liaison Officers (ELOs and FLOs) at the Office of Unified Communications (OUC) 9-1-1 call taking and communications center, support for the Advanced Quality Assurance (AQUA) automated 9-1-1 call taking case review software application, and technical support services for Department-operated radio equipment, along with other activities supporting Department emergency and business operations.

The **Office of the Medical Director (OMD)** is responsible for the medical direction of EMS operations including EMS delivery by operational personnel, training and development of EMS operational personnel, administration and management of controlled substances, EMS quality assurance, and coordination with hospitals, other regional healthcare partners, community health outreach resources, and Criteria Based Dispatch (CBD) activities.

The **Administrative Office (Medical Director)** is responsible for providing management, administration, and coordination of activities for the Assistant Medical Director, along with other activities supporting Department EMS operations.

- The **Assistant Medical Director** is responsible for providing management, administration, and coordination of EMS peer review activities, training and development of EMS operational personnel, and the administration and management of controlled substances.
- The **OMD Program Manager** is responsible for management, administration, and coordination of OMD office activities for the Medical Director, including Continuous Quality Improvement (CQI) Peer Review functions, controlled medications, and the

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Mobile Integrated Health Team, along with other activities supporting Department EMS operations.

- The **CQI Peer Review Office** is responsible for providing administration and coordination of EMS peer review activities to support Department EMS operations including interviews with operational personnel involved in patient cases, discussions with operational personnel to improve medical decision making, patient treatment and patient care report documentation. This office also submits to the Medical Director recommendations for remedial or focused training to improve operational personnel medical competency.
- The **Controlled Medications Office** is responsible for providing administration and coordination for the procurement, storage, use, and disposal of Schedule 3 controlled substance medications during patient care to support Department EMS operations.
- The **EMS Continuous Quality Improvement Office** is responsible for providing administration and coordination of EMS continuous quality improvement activities to support Department EMS operations including review of medical decision making by operational personnel, review of patient treatment and patient care report documentation completed by operational personnel, and general compliance by operational personnel with Medical Protocol, policies, procedures, and other standards for patient care.

The **Support Services Bureau** is responsible for the management and administration of services supporting Department emergency and business operations including maintenance and repair of emergency apparatus, planning and coordination of facility maintenance and repair, procurement and distribution of supplies and equipment, and risk reduction for operational personnel.

The **Assistant Fire Chief of Services** is responsible for providing management, administration, and coordination of Support Services Bureau activities along with other activities supporting Department emergency and business operations.

- The **Fleet Maintenance Division (Deputy Fire Chief of Fleet Management)** is responsible for providing management, administration, and coordination of fleet support activities including procurement, maintenance, and repair of emergency apparatus and support vehicles, procurement and management of vehicle parts and supplies, administration of capital purchasing contracts with vendors, along with other activities supporting Department emergency and business operations.
- The **Logistics Division (Deputy Fire Chief of Logistics)** is responsible for providing management, administration, and coordination of procurement, storage, and distribution of supplies and equipment to support emergency operations, along with other activities supporting Department emergency and business operations.
- The **Health and Safety Division (Deputy Fire Chief of Health and Safety)** is responsible for providing management, administration, and coordination of employee risk reduction activities, including command of safety officers during emergency incidents, investigation

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of Department vehicle accidents and employee injuries, administration of the Medical Services Office (and the Department's relationship with the Police and Fire Clinic (PFC)), safety and wellness employee education, self-contained breathing apparatus (SCBA) maintenance for operational personnel, and infection control functions, along with other activities supporting Department emergency and business operations.

- The **Deputy Risk Manager** is responsible for providing administration and coordination for the determination of compliance with rules, regulations, policies, and procedures by Department Bureaus, Divisions, Offices, and employees to support safe and efficient Department emergency and business operations.
- The **Medical Services Office (Battalion Fire Chief of Medical Services Office)** is responsible for management of the Department's relationship with the PFC and serves as a liaison to Department leadership, operational employees, and the professional staff of the clinic.
- The **Property Management and Facilities Division** is responsible for providing management, administration, and coordination of planning and activities to support the maintenance and repair of fire stations and other facilities, including major capital improvements, procurement, and storage, along with other activities supporting Department emergency and business operations.

The **Technical Services Bureau** is responsible for the management and administration of technical services supporting Department emergency and business operations, including fire prevention and community risk reduction, fire investigations, internal affairs, State Safety Oversight (SSO) for the DC Streetcar rail transportation system, information technology applications and services supporting Department business operations, and radio/data communication activities supporting Department emergency operations.

The **Assistant Fire Chief of Technical Services** is responsible for providing management, administration, and coordination of Technical Services Bureau activities, along with other activities supporting Department emergency and business operations.

- The **Office of Internal Affairs (IA) (Deputy Fire Chief of Internal Affairs)** is responsible for management, administration, and coordination of Internal Affairs activities, maintaining the integrity and professionalism of the Department by impartially and accurately investigating all matters of serious misconduct or possible criminal activities involving Department personnel. The IA Office coordinates such investigations with the appropriate law enforcement agency as warranted and conducts other activities supporting Department emergency and business operations.
- The **Fire Prevention Division (Deputy Fire Chief of Fire Prevention/Fire Marshal)** is responsible for providing management, administration, and coordination of community fire risk reduction activities including fire and technical inspection programs, permitting programs, code enforcement programs, public outreach programs for smoke alarms, children and senior adult education, after-fire investigation services, and SSO for the DC

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Streetcar rail transportation system, along with other activities supporting Department emergency and business operations.

- The **Information Technology Office (Deputy Fire Chief of Information Technology)** is responsible for providing management, administration, and coordination of information technology (IT) activities, in coordination with the Office of the Chief Technology Officer (OCTO), including technical support services for equipment, software applications, networks, mobile networks, inventory management services, and administration of IT contracts with vendors, along with other activities supporting Department emergency and business operations.

*c. A narrative explanation of any changes to the organizational chart made in the last calendar year; and*

None.

*d. An indication of whether any positions in the chart are vacant.*

The Assistant Medical Director position (Excepted Service) is vacant. The position is posted through the Mayor’s Office of Talent and Appointments (MOTA) as of January 23, 2025.

- 2. Please provide a complete, up-to-date list of contract workers working directly for your agency, ordered by program and activity, and including the following information for each position:*

- a. Title of position;*
- b. Indication that the position is filled or vacant;*
- c. Date employee began in the position;*
- d. Whether the position must be filled to comply with federal or local law;*
- e. If applicable, the federal or local law that requires the position be filled;*
- f. The entity from which they are contracted; and*
- g. The contracted annual cost.*

Contract Workers					
Position Title	Filled/ Vacant	Start Date	Must be Filled to Comply w/ Law? If so, which?	Contract Entity	Annual Cost
AD Engineer	Filled	09/2024	No	StaR2	**
Project Manager	Filled	09/2024	No	StaR2	**
GIS Analyst	Vacant	01/2026	No	Digitech	*
GIS Analyst	Vacant	-	No	Digitech	-
IT Specialist (Hardware)	Filled	10/2025	No	Digitech	*
IT Specialist (Hardware)	Filled	10/2025	No	Digitech	*

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Contract Workers					
Position Title	Filled/ Vacant	Start Date	Must be Filled to Comply w/ Law? If so, which?	Contract Entity	Annual Cost
Administrative Project Engineer	Filled	07/2025	No	Cinnovas Development Group, LLC	***

\* The Digitech contract cost is \$7.4M with a not-to-exceed of \$393,465.00 for the current year.

\*\* The STaR2 annual cost is \$287,203.84.

\*\*\* DGS holds this contract, thus Fire and EMS has no insight into the cost.

*3. Please provide, for each month of FY 2025 through FY 2026<sup>1</sup> to date, the net number of personnel separated from and hired to the agency.*

Net Personnel Separated from and Hired, FY 2025 and FY 2026, to Date	
10/2024	-10*
11/2024	33
12/2024	-8
01/2025	-13
02/2025	13
03/2025	-5
04/2025	-7
05/2025	-21
06/2025	26
07/2025	-9
08/2025	-9
09/2025	-7
10/2025	16
11/2025	-16
12/2025	27

\*Negative numbers indicate net separations; positive numbers indicate net hires.

*4. Does the agency conduct annual performance evaluations of all its employees? If so, who conducts such evaluations? What steps are taken to ensure that all office employees are meeting individual job requirements?*

The Department conducts annual performance evaluations for all **members of Local 3721, Comp Units 1 and 2, and non-union staff** consistent with District personnel policy. Direct supervisors complete the evaluations of their subordinates. During the beginning of the annual performance period, employees meet with their supervisors to review their goals for the year. In addition, mid-way through the year, employees meet again with their supervisors to discuss their performance and identify any challenges in reaching their goals. Once the year has concluded, a performance evaluation is completed by both supervisor and subordinate. Feedback on performance is provided during this time, and a performance evaluation score is given to each employee.

For **members of Local 36 and Chief Officers**, the Department has established a coaching and feedback process, which is crucial for their development. These sessions provide employees with

<sup>1</sup> Please note: Unless otherwise indicated, responses for FY 2026, to date are for Q1 FY 2026 (October 1, 2025 – December 31, 2025).

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the opportunity to receive an assessment of their current strengths and areas for improvement. Without such feedback, evaluating and documenting employee performance becomes challenging for supervisors.

*5. Please provide the following for each collective bargaining agreement that is currently in effect for agency employees:*

- a. The bargaining unit (name and local number);*
- b. The start and end date of each agreement;*
- c. The number of employees covered;*
- d. Whether the agency is currently bargaining;*
- e. If currently bargaining, anticipated completion date;*
- f. For each agreement, the union leader’s name title and contact information; and*

Collective Bargaining Agreements					
Bargaining Unit	Duration of Agreement	Number of Employees Covered	Currently Bargaining?	Anticipated Completion Date	Leader Name, Title, Contact Information
International Association of Fire Fighters, Local 36	FY 2021-FY 2024	1967	Yes	The parties are currently in mediation on the issues. This will most likely be resolved in arbitration.	Dave Hoagland, President <a href="mailto:david.hoagland@iaff36.org">david.hoagland@iaff36.org</a>
American Federation of Government Employees, Local 3721	Effective through FY 1990	110	Completed	New CBA is currently with OAG and expected to be implemented in FY 2026.	Aretha Lyles, President <a href="mailto:alyles@afge3721.org">alyles@afge3721.org</a>
Compensation Units 1 and 2	FY 2022 – FY 2025	185	In progress	Bargaining is currently in progress.	Aretha Lyles, President <a href="mailto:local3721pres@gmail.com">local3721pres@gmail.com</a>
DC Nurses Association (DCNA)/Compensation Unit 13	2021 - 2024	1	No	Bargaining has not been scheduled.	LaKisha Little-Small, RN, President 202.244.2705 <a href="mailto:info@dcna.org">info@dcna.org</a>

*g. A copy of the ratified collective bargaining agreement.*

Please see Attachments Q5g (1-4).

**6. Please list all employees currently detailed to or from your agency. For each detailed employee, include:**

One employee is detailed to Fire and EMS from the Metropolitan Police Department per MOU (please see the response to question 8, tracking number FY26-M0005).

**a. The reason for the detail;**

The employee is detailed to assist the Department in investigating employees suspected of serious misconduct.

**b. The job duties if detailed to your agency;**

The detailed employee conducts impartial investigations into serious misconduct or potential criminal activity involving Agency personnel. Key responsibilities include:

- Gathering information from law enforcement and relevant records
- Interviewing personnel and witnesses
- Preparing final investigative reports
- Attending court proceedings and Trial Board hearings
- Performing additional duties as assigned by the Chief/Director of OIA

**c. The start date of detail;**

The MOU was effective as of the date the last signature was affixed, which was January 28, 2026.

**d. The agency the employee is detailed to/from; and**

Metropolitan Police Department (MPD).

**e. The projected date of return.**

The MOU is effective through September 30, 2026, though it includes a provision for up to five one-year extensions.

**7. Please provide a copy of your agency's Schedule A, as of the date of receipt of this questionnaire.**

Please see Attachment Q7.

**8. Please provide a list and description of all memorandums of understanding and memorandums of agreement in effect during FY 2025 and FY 2026, to date.**

Please see response, next page.

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FY 2025 MOUs and MOAs						
Tracking #	Details	Duration	Other Agencies	Date Received	Total Funds	Chief Signed
FY25-M0001	DOES is providing funding for 20 District residents to attend the 2025 Cadet Program that provides comprehensive firefighter training, emergency medical technician instruction and certification, and workplace literacy.	10/1/2024-9/30/2025	DCHR	09/10/25	\$1,241,341.00	09/13/24
FY25-M0002	Fire and EMS and DBH agree that DBH will support the existing DBH/Fire and EMS Mobile Integrated Health Initiative by funding two Advanced Practice Provider (APP) FTEs, one case worker FTE and two Community Outreach Specialist FTEs	10/1/2024-9/30/2025	DBH	09/11/24	\$799,476.73	09/27/24
FY25-M0003	Intra-District transfer of funds from DDOT for reimbursable duty services provided on the Open Streets event Saturday, October 5, 2024, on 7th Street requiring road closures and traffic detours.	10/1/2024-9/30/2025	DDOT	09/13/24	\$16,580.00	09/27/24
FY25-M0004	First modification to Fire and EMS and DFHV agreement to participate in the "Right Care, Right Now" Nurse Triage Line Taxicab Transit Initiative to provide transportation for eligible non-emergency, but medically in need, persons in DC.	Effective day parties sign to 9/30/2025	DFHV	09/27/24	\$10,000.00	10/02/24
FY25-M0005	Maintain funding of four Community Outreach specialists FTEs and community outreach activities in support of OUD and STUD harm reduction and service connection.	10/1/2024-9/29/2025	DBH	09/27/24	\$558,239.00	10/02/24
FY25-M0006	OSSE, Fire and EMS, and DOB with respect to fire safety of child development centers, child development homes, and expanded child development homes.	10/1/2024-9/30/2025	OSSE and DOB	10/01/24	\$95,000.00	01/16/25
FY25-M0007	HSEMA requested Fire and EMS to administer the Rail Operations Control Center (ROCC) Fire Liaison Program Manager project in accordance with Subaward 1FBUA4	9/1/2024-10/7/2025	HSEMA	09/30/24	\$202,806.00	12/16/24
FY25-M0008	HSEMA requested Fire and EMS to administer the Terrorism Liaison Officer Program, Planning, Training and Exercise Support project in accordance with Subaward 1FBSH4	9/1/2024-10/7/2025	HSEMA	09/30/24	\$40,000.00	12/17/24
FY25-M0009	Modification No. 1 to DC Health has requested the services of Fire and EMS to conduct Heartsaver® CPR, AED, and first aid training and certification for its MRC volunteers who have elected to participate in its Community Bystander Initiative.	10/1/2024-1/31/2025	DC Health	10/07/24	\$0.00	10/10/24
FY25-M0010	DCHR to provide Fire and EMS with executive level learning and development opportunities for Fire and EMS's senior level employees- Executive Leadership Program.	10/17/2024-6/25/2025	DCHR	10/08/24	\$26,262.30	10/10/24
FY25-M0012	DC Health seeks to ensure that despite the commercialization of the COVID-19 vaccine, District residents who are homebound will continue to have the opportunity to have access to vaccines.	Effective day MOU fully executed to 6/30/2025	DC Health	10/16/24	\$500,000.00	12/10/24

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FY 2025 MOUs and MOAs						
Tracking #	Details	Duration	Other Agencies	Date Received	Total Funds	Chief Signed
FY25-M0013	Fire and EMS and UDC to create a partnership to build a program to train individuals in paramedicine (Paramedic Program).	10/1/2024-9/30/2026	UDC	10/22/24	\$1,972,500.00	11/21/24
FY25-M0014	DCSAA to transfer funds to Fire and EMS for providing emergency medical coverage for 1 state volleyball championship, 2 state soccer tournament championships, 6 championship football games, 1 girls' wrestling invitational, 12 championship tournament basketball games, 1 lacrosse championship, 1 wrestling championship, 1 state softball championship, 1 state baseball championship, and 2 state outdoor track and field championship meets.	10/1/2024-9/30/2024	DCSAA	10/24/24	\$18,682.50	11/08/24
FY25-M0015	Modification No. 4 to MOU between Fire and EMS and OUC for 311 Call Center and Service Request Handling services	10/1/2024-9/30/2025	OUC	11/04/24	\$7,446.67	11/21/24
FY25-M0016	Fire and EMS will provide HeartSaver® Infant, Child and Adult CPR/first aid training for up to 360 CFSA resource parents	10/1/2024-9/30/2025	CFSA	11/21/24	\$30,600.00	12/23/24
FY25-M0017	A Tenant Improvement Allowance has been awarded with the In-Lease renewal at 899 North Capitol Street, NE to include renovations for Fire and EMS which is requesting a change order, above contract scope.	Effective day parties sign to 9/30/2025	DGS	01/14/25	\$716,586.00	02/20/25
FY25-M0018	Fire and EMS and IAFF Local 36 agree for 11/1/24 to 10/31/25 on the selection process for Special Operations FF/EMT and Special Operations FF/Paramedic	Expires 10/31/2025	IAFF, Local 36	01/21/25	\$0.00	01/23/25
FY25-M0019	Agreement between DMPED and Fire and EMS whereby DMPED agrees to transfer funds in the amount not to exceed \$400,000.00 to Fire and EMS to support the costs associated with the various festivals and special events to be held throughout FY 2025	Effective day parties sign to 9/30/2025	DMPED	01/24/25	\$400,000.00	01/29/25
FY25-M0020	Agreement between Fire and EMS and OCTO for OCTO to assist Fire and EMS to migrate existing legacy on-premise systems, data feeds, scripts, integrations, applications, and visualizations to Microsoft Azure platform.	10/1/2024-9/30/2025	OCTO	01/28/25	\$18,700.00	02/10/25
FY25-M0021	Define the responsibilities of Fire and EMS, DGS, and DPR regarding the installation of AED devices at identified outdoor location near sports facilities at Hillcrest, Southeast Tennis and Learning Center, Benning Stoddert, Turkey Thicket, and Fort Lincoln		DGS and DPR	02/13/25	\$0.00	03/20/25
FY25-M0021R	Define the responsibilities of Fire and EMS, DGS, and DPR regarding the installation of AED devices at identified outdoor location near sports facilities at Hillcrest, Southeast Tennis and		DGS and DPR	05/28/25	\$0.00	06/03/25

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**FY 2025 MOUs and MOAs**

Tracking #	Details	Duration	Other Agencies	Date Received	Total Funds	Chief Signed
	Learning Center, Benning Stoddert, Turkey Thicket, and Fort Lincoln					
FY25-M0022	Agreement between DMPED and Fire and EMS whereby DMPED agrees to transfer funds in the amount not to exceed \$400,000.00 to Fire and EMS to support the costs associated with the various festivals and special events to be held throughout FY 2025	Effective date last party signs to 9/30/2025	DMPED	02/19/25	\$400,000.00	02/28/25
FY25-M0022R	Updated Agreement between DMPED and Fire and EMS whereby DMPED agrees to transfer funds in the amount not to exceed \$524,117.74 to Fire and EMS to support the costs associated with the various festivals and special events to be held throughout FY 2025	Effective date last party signs to 9/30/2025	DMPED	09/19/25	\$524,117.74	09/25/25
FY25-M0023	Agreement between Fire and EMS and OCTO for OCTO to assist Fire and EMS to migrate existing legacy on-premise systems, data feeds, scripts, integrations, applications, and visualizations to Microsoft Azure platform.	10/1/2024-9/30/2025	OCTO	02/27/25	\$18,700.00	03/10/25
FY25-M0024	Modification No. 4 to MOU between Fire and EMS and OUC for 311 Call Center and Service Request Handling Services	10/1/2024-9/30/2025	OUC	03/18/25	\$7,446.67	
FY25-M0025	Fire and EMS and DFHV agree to participate in the "Right Care, Right Now" Nurse Triage Line Taxicab Transit Initiative to provide transportation for eligible non-emergency, but medically in need, persons in DC.	Effective date last party signs	DFHV	02/24/25	\$15,300.00	
FY25-M0026	Fire and EMS and MPD to share occupational and ancillary healthcare services (PFC).	Effective date last party signs to 9/30/2025	MPD	04/04/25	\$6,629,384.00	04/22/25
FY25-M0027	Third Agreement to MOU dated May 25, 2022 between MWCOG and Fire and EMS for Fire Liaison Services-WMATA Rail Operations Command Center.	1/1/2025 to 12/31/2025	MWCOG	08/07/25	\$658,226.40	09/16/25
FY25-M0028	Modification #1 to Fire and EMS and MPD MOU to share occupational and ancillary healthcare services (PFC).		MPD	08/07/25	\$7,593,757.00	09/08/25
FY25-M0029	Fire and EMS and OUC for citywide radio system, computer-aided dispatch, mobile data computing, and custom support services for FY 2025	10/1/2024-9/30/2025	OUC	09/15/25	\$179,008.00	09/30/25
FY25-M0030	Fire and EMS and the DGS will use funds in DGS's Interagency Project account to pay for the Capital Interagency FTE to review/monitor/inspect the installation of specialized mechanical/electrical/ plumbing for new fleet maintenance and logistics facility.	Effective date through 9/30/2025	DGS	09/24/25	Unknown	09/30/25

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FY 2026, to Date MOUs and MOAs						
Tracking#	Details	Duration	Other Agencies	Date Received	Total Funds	Chief Signed
FY26-M0001	Fire and EMS and the DC Health Immunization Division propose to continue offering vaccination services to homebound communities.	Effective date fully executed to 9/30/2026	DC Health	08/27/25	\$64,200.00	09/08/25
FY26-M0001R	Fire and EMS and the DC Health Immunization Division propose to continue offering vaccination services to homebound communities.	Effective date fully executed to 6/30/2026	DC Health	08/27/25	\$64,200.00	10/01/25
FY26-M0002	Fire and EMS will provide HeartSaver® Infant, Child and Adult CPR/first aid training for up to 330 CFSA resource parents/ participants	10/1/2025-9/30/2026	CFSA	09/15/25	\$28,050.00	09/23/25
FY26-M0003R	This agreement will support existing DBH/Fire and EMS Mobile Integrated Health Initiative by funding 9-1-1 response-capable paramedic buprenorphine induction program and community outreach activities in support of OUD harm reduction and service connection. Funding of two Advance Practice Provider (APP) FTEs and six Community Outreach specialists FTEs.	10/1/2025-9/30/2026	DBH	09/26/25	\$516,255.66	
FY26-M0004	Fire and EMS, DOEE, and FTA are working to ensure a seamless transition of the State Safety Oversight Program for DOEE's Streetcar from Fire and EMS to DOEE. <sup>2</sup>	Effective date of final signature to 9/30/2026	DOEE	10/07/25	\$323,045.00	
FY26-M0005	Create a partnership between Fire and EMS and MPD concerning the investigation of Fire and EMS employees suspected of serious misconduct.	Effective date of final signature to 9/30/2026	MPD	10/09/25	\$96,000.00	01/28/26
FY26-M0006	Fire and EMS and MPD to share occupational and ancillary healthcare services (PFC).	Effective date last party signs to 9/30/2026	MPD	10/09/25	\$8,499,980.12	10/27/25
FY26-M0007	DCSAA to transfer funds to Fire and EMS to provide emergency medical coverage for 1 cross country championship, 1 state volleyball championship, 2 state soccer tournament championships, 6 championship football games, 1 girls' wrestling invitational, 12 championship tournament basketball games, 1 lacrosse championship, 1 wrestling championship, 1 state softball championship, 1 state baseball championship, 2 state outdoor track and field championship meets, 1 girls' flag football game, 1 girls' live basketball event and 1 boys' live basketball game.	10/1/2025-9/30/2026	DCSAA	10/21/25	\$200.00 per hour for ambulance and \$65.00 per hour for EMS Supervisor	10/27/25

<sup>2</sup> Program transfer indefinitely paused due to imminent cessation of Streetcar rail operations. State Safety Office will remain under Fire and EMS jurisdiction until end of Streetcar operations.

DC Fire and EMS Performance Oversight Responses (FY25-26)  
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FY 2026, to Date MOUs and MOAs						
Tracking#	Details	Duration	Other Agencies	Date Received	Total Funds	Chief Signed
FY26-M0008	Fire and EMS and DBH will continue to collaborate on the Overdose Response Team (ORT) initiative to reduce opioid use, opioid misuse, and opioid-related deaths called LiveLongDC; and is funded in part by the State Opioid Response (SOR) Grant.	Effective date last party signs to 9/29/2026	DBH	10/27/25	\$558,223.00	
FY26-M0009	Fire and EMS to deliver Hands-On-Hearts CPR instruction; demonstration on the use of an AED, and Narcan administration for opioid overdose response	Effective date last party signs	Department of Veteran Affairs Office of Inspector General	11/20/25	\$0.00	
FY26-M0010	Fire and EMS and DBH will continue to collaborate on the Overdose Response Team (ORT) initiative to reduce opioid use, opioid misuse, and opioid-related deaths called LiveLongDC; and is funded in part by the State Opioid Response (SOR) Grant.	10/1/2025-9/29/2026	DBH	11/24/25	\$1,186,656.39	12/04/25
FY26-M0011	ORM will provide Erisk access, functionality, user licenses, and support to Fire and EMS	Effective date last party signs to 9/30/2026	ORM	11/26/25	\$1,250.00	12/11/25

DC Fire and EMS Performance Oversight Responses (FY25-26)  
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**FINANCE AND BUDGET**

9. Please provide a status report, including timeframe of completion, for all projects for which your agency currently has capital funds available.

Capital Projects			
Project Name	Project Number	Available to Spend	Status Update and Timeframe
AM0.BRM22C.ENGINE COMPANY 7	100026	\$220,877	The design of the new facility is currently in Design Development (DD). The expectation is the project will complete the entire design process and will be ready to submit for DOB permit in Q4 FY 2026.
AM0.BRM29C.TRAINING ACADEMY REDEVELOPMENT STUDY	100029	\$359,118	Architect-engineer (A/E) team for first phase of project selected. Program of Requirements (POR) confirmation expected to be completed Q2 FY 2026. Schematic design expected to be completed by Q4 FY 2026.
AM0.BRM39C.GENERATOR REPLACEMENT	100031	\$605,013	<ul style="list-style-type: none"> <li>Phase 1 was completed in FY 2024.</li> <li>Phase 2 was completed in Q1 FY 2026.</li> <li>Procurement for Phase 3 was issued in Q1 FY 2026</li> <li>Final completion/installation expected in Q1 FY 2027.</li> </ul>
AM0.FMF01C.FLEET MAINTENANCE RESERVE FACILITY	100052	\$2,620,528	Demo/hazmat phase of work has been completed. General Contractor (GC) selected and Phase 2 (site work/ civil/ OSSE) has commenced and is 20% complete. GC is scheduled to complete current phase of work in Q4 FY 2027.
AM0.LC837C.RELOCATION OF ENGINE COMPANY 26	100091	\$3,368,251	DGS issued Request for Space (RFS) to community to identify site for lease/purchase. Site identified and is under contract for 150 days. A/E firm completing site study/test fit of proposed location. Estimated completion Q3 FY 2026.
AM0.LF239C.FEMS SCHEDULED CAPITAL IMPROVEMENTS	100095	\$4,975,611	This project is the life blood of all Fire and EMS facilities upgrades across the portfolio. Projects this fiscal year include HVAC upgrades, roof replacements, apparatus bay door upgrades, and commercial kitchen upgrades.
AMO.E15 COMPLETE MODERNIZATION	101393	\$1,500,000	Proceeding as planned in FY 2026
FB0.20600C.FIRE APPARATUS	100407	\$3,142,938	Proceeding as planned in FY 2026
FB0.206AMC.AMBULANCE VEHICLES - FEMS	100408	\$(17,564,708)*	Proceeding as planned in FY 2026
FB0.206AVC.ADMINISTRATIVE VEHICLES - FEMS	100409	\$854,485	Proceeding as planned in FY 2026
FB0.206CVC.COMMAND VEHICLES - FEMS	100410	\$3,768,226	Proceeding as planned in FY 2026

DC Fire and EMS Performance Oversight Responses (FY25-26)

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Capital Projects			
Project Name	Project Number	Available to Spend	Status Update and Timeframe
FB0.206LTC.LADDER TRUCKS - FEMS	100411	\$(9,443,873)	Proceeding as planned in FY 2026
FB0.206PTC.PUMPERS - FEMS	100412	\$(6,877,729)	Proceeding as planned in FY 2026
FB0.206RSC.RESCUE SQUAD VEHICLES - FEMS	100413	\$9,561,069	Proceeding as planned in FY 2026
FB0.206RVC.OTHER RESPONSE VEHICLES - FEMS	100414	\$(496,708)	Other Response Vehicles are being ordered as planned in FY 2026.
FB0.FEP00C.FEMS SAFETY EQUIPMENT PURCHASES	100415	\$1,779,481	Safety equipment is being ordered as planned in FY 2026.
FB0.LCE00C.LIFESAVING CARDIAC EQUIPMENT FUND	100417	\$1,134,088	Lifesaving cardiac equipment is being ordered as planned in FY 2026.
FB0.NFB01C.NEW FIRE BOAT-1	100418	\$25,852,240	The procurement for design of the new Fireboat is with OCP.
<b>Grand Total</b>		<b>\$25,358,907</b>	

\* Negative numbers are due to the length of the procurement process for fire apparatus. An order put in today will be paid upon delivery using then-existing capital balances consistent with the CIP. Please see the response to question 87 for more details on fire apparatus procurement plans.

***10. Please provide copies of all budget enhancement requests (The Form B or similar form) submitted in the formulation of the FY 2025 and FY 2026 proposed budgets.***

This request asks for information that is protected from disclosure by the deliberative process and executive privileges.

***11. Please list all budget enhancements in FY 2026 and provide a status report on the implementation of each enhancement.***

The Department received the following enhancements in FY 2026, representing increases in funding for existing projects: \$4.9M for third party BLS transportation, ambulance billing, and Medicaid cost reporting services; \$1M for the Police and Fire Clinic; \$500,000 for firefighting safety gear; \$447,000 for critical equipment for technology security and safety; and \$50,000 for hiring examinations.

In FY 2025, the Department initiated a program for administration of whole blood to critically ill patients at risk of dying from blood loss before reaching the hospital. In FY 2026, Fire and EMS received an enhancement of \$350,000 to fund the program within its own line item. The program is continuing strong in FY 2026, with survival rates surpassing national averages.

***12. Please fill out the attached spreadsheet titled “Question 12 Grants Received,” and list all federal and/or private grants received by your agency in FY 2025 and FY 2026 to date, current balances, and indicate any that lapsed during or at the end of FY 2025.***

- a. Please submit the completed document in both Excel and PDF formats.***
- b. Please include your Agency Code in the filename (e.g., question\_12\_AB0\_2026.xls).***

Please see Attachment Q12 (PDF) and question\_12\_FB0\_2026.xlsx (Excel).

DC Fire and EMS Performance Oversight Responses (FY25-26)

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*13. List all grants issued by your agency in FY 2025 and FY 2026, to date in the attachment labeled “Question 13 Grants Issued”.*

- a. Please submit the completed document in both Excel and PDF formats.*
- b. Please include your Agency Code in the filename (e.g., Question\_13\_AB0\_2026.xls).*

Fire and EMS did not issue any grants in FY 2025 or FY 2026, to date.

**OPERATIONS**

*14. Please provide the Committee with a list of all vehicles owned or leased by the agency; the purpose of the vehicle; the division the vehicle is assigned to, if applicable; and whether the vehicle is assigned to an individual employee.*

Please see Attachment Q14.

*15. For each objective and activity in the agency’s FY 2025 Performance Plan, please list:*

- a. The measure of greatest improvement for the agency, and the actions the agency took to improve that measure’s outcome, efficiency or quantity; and*

<b>FY 2025 Performance Plan Measures of Greatest Improvement</b>			
<b>Objective</b>	<b>Measure of Greatest Improvement</b>	<b>Results</b>	<b>Key Actions Taken</b>
<b>1. Ensure facilities, vehicles, equipment, and processes support service delivery</b>	% of time fire engines were unavailable due to maintenance (Down is Better)	FY23: 37.8% FY24: 42.5% FY25: 39.73% (↓ 2.77 pts)	Realigned fleet maintenance operations; refined preventive maintenance scheduling; improved coordination for triage and repair; increased oversight of workflows; adjusted deployment strategies to maximize availability
<b>2. Build collaborative relationships within the community</b>	No quantitative measure in FY25 Plan	N/A	Focused on community engagement and partnerships
<b>3. Deliver timely, high-quality, effective services</b>	Home fire safety/smoke alarm installation visits	Target: 4,000 Actual: 8,372 (+4,372)	Expanded outreach; increased coordination with neighborhood partners; prioritized canvassing in high-risk communities
<b>4. Embrace a supportive work environment for a safe, competent workforce</b>	Number of personnel injured at work	Target: 300 Actual: 241 (↓59)	Strengthened safety protocols; reinforced training standards; promoted risk awareness and injury prevention
<b>5. Create and maintain an efficient, transparent, responsive government</b>	No quantitative measure in FY25 Plan	N/A	Continued efforts toward efficiency and transparency

- b. For all measures with missed targets (if any), explain the actions the agency is taking to improve that measure’s outcome, efficiency, or quantity.*

Please see response next page.

DC Fire and EMS Performance Oversight Responses (FY25-26)  
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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
Percent of time ambulances in the Fire and EMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair	25%	33.15%	Downward	High operational demand, an aging apparatus fleet, and limited vendor capacity led to more frequent repairs and longer downtime particularly for critical frontline ambulances and ladder trucks. Additionally, regional third-party vendor capacity remained limited throughout FY 2025. Extended turnaround times for major mechanical and body repairs resulted in prolonged out-of-service durations for multiple units. Recruitment of additional technicians, streamlining processes, and prioritizing preventive maintenance are underway to reduce out-of-service rates in FY 2026.
Percent of time fire engines in the Fire and EMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	25%	39.73%	Downward	Ongoing supply chain delays and aging vehicles contributed to longer repair times. Many components require custom sourcing or remanufacture, further increasing downtime. Extended lead times for new apparatus have significantly extended the utilization rate of older apparatus, as a result a greater portion of the fleet consists of older or refurbished units beyond their standard service life. These vehicles experience higher failure rates and longer repair times due to component incompatibility and limited manufacturer support. The Department is focusing on technician training, proactive maintenance, and securing new apparatus to improve fleet readiness in FY 2026.
Percent of time fire ladder trucks in the Fire and EMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	25%	48.88%	Downward	The high out-of-service rate reflects vendor delays, parts shortages, and aging apparatus. The Department is addressing these issues through technician recruitment, supplier diversification, and improved maintenance scheduling. Replacement planning for older units remains a top priority for FY 2026.
Number of fire safety education presentations completed for pre-school/ kindergarten age children	300	20	Upward	The goal was impacted by staff leave and changes in DPR’s rules, which temporarily limited outreach opportunities. DPR campsites (which are a large part of the Department’s presentations for this age group) were halted during the summer because of DPR’s new rules and regulations about background checks. Moving forward, the Department plans to increase cross-training among educators and explore new partnerships with schools and early learning centers to expand its reach in FY 2026.
Number of participants who attended Fire and EMS hands-only CPR/AED familiarization training program events	25,000	19,855	Upward	The target was not met due to scheduling limitations and competing operational demands that reduced the number of available training sessions and instructors. While the goal of 25,000 participants required an average of 2,000 trainings per month—exceeding current departmental capacity—the program still reached nearly 20,000

DC Fire and EMS Performance Oversight Responses (FY25-26)  
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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
				community members, reflecting strong public interest. Moving forward, the Department will continue to prioritize CPR/AED outreach within realistic resource constraints to maximize community impact.
Percent of EMS patient transport calls when a Fire and EMS transport unit returned to service in 30 minutes or less after arriving at a hospital with a patient	50%	11.7%	Upward	This measure was impacted by extended hospital offload times driven by factors such as increased emergency department crowding, bed availability constraints, and overall hospital throughput challenges—conditions outside the operational control of Fire and EMS. These system-wide pressures significantly delayed the return of transport units to service. Fire and EMS is working closely with hospital partners to monitor offload times, implementing data-driven escalation protocols, and exploring process improvements to support faster unit turnaround while maintaining patient safety.
Percent of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less	90%	65.22%	Upward	Below target due to factors inherent to urban high-rise operations, including traffic congestion, vertical access limitations, and simultaneous incident responses requiring resource redistribution. The data reflects progress in overall response efficiency and resource deployment. Moving into FY 2026, the Department will continue to focus on intra-agency deployment modeling to further enhance emergency response outcomes.
Percent of higher priority EMS calls when a Fire and EMS transport unit arrived in 9 minutes or less	90%	83.3%	Upward	This measure continues to reflect the downstream impact of extended hospital drop times and increased system demand. While slightly below goal, overall performance remains consistent with prior-year trends and shows incremental improvement in quarters where hospital throughput improved. The data reflects progress in overall response efficiency and resource deployment despite persistent external constraints. Moving into FY 2026, the Department will continue to focus on interagency collaboration, hospital throughput optimization, and deployment modeling to further enhance emergency response outcomes.
Percent of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less	90%	57.95%	Upward	Performance remained steady, with minor deviations linked to call density during peak periods and unit distribution challenges across high-demand areas. The data reflects progress in overall response efficiency and resource deployment despite persistent external constraints. Moving into FY 2026, the Department will continue to focus on deployment modeling to further enhance emergency response outcomes.

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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
Percent of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less and a Paramedic arrived in 9 minutes or less	90%	45.38%	Upward	Performance trends reflect ongoing challenges related to unit availability and hospital turnaround times. Continued collaboration with hospitals to address extended drop times remains a departmental priority. The data reflects progress in overall response efficiency and resource deployment despite persistent external constraints. Moving into FY 2026, the Department will continue to focus on hospital throughput optimization and deployment modeling to further enhance emergency response outcomes.
Percent of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less	90%	57.15%	Upward	Performance in this category continues to be impacted by high hospital drop times, call volume, and limited AMR unit availability, which have reduced resource readiness and deployment efficiency. These factors align with historical trends and remain a significant barrier to meeting response benchmarks. Moving into FY 2026, the Department will continue to focus on interagency collaboration, hospital throughput optimization, and deployment modeling to further enhance emergency response outcomes. Focusing on adding paramedics to the Department (through hiring some and educating others at UDC) should help bring this number up over the next few years.
Percent of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less	90%	89.45%	Upward	Although the total performance was marginally below target, performance remained stable and within a fraction of the target and the Department demonstrated consistent improvement across quarters. Minor variations are attributed to fluctuating call volumes and temporary unit reassignments due to training and equipment maintenance schedules. The data reflects progress in overall response efficiency and resource deployment despite persistent external constraints. Moving into FY 2026, the Department will continue to focus on response readiness, the importance of turn-out time, and minimizing out-of-service times to enhance emergency response outcomes.
Number of civilian fire fatalities	10	12	Downward	The Department failed to meet the KPI target for civilian fire fatalities in FY 2025 due to a combination of structural, socioeconomic, and behavioral risk factors that are outside the direct control of fire prevention and response efforts. These fatalities often reflect broader systemic challenges—such as aging housing stock, limited access to fire safety resources, and vulnerable populations—

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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
				which can lead to year-to-year variability despite consistent operational performance.
Percent of all patients who were individually identified as being transported 10 or more times during a 12 month period by a Fire and EMS transport unit	1%	6.17%	Downward	The KPI for high-utilizer EMS transports was not met in FY 2025 due to a combination of clinical, social, and behavioral health factors that extend beyond the immediate control of emergency response operations. Individuals who rely heavily on EMS often face complex medical conditions, unstable housing, behavioral health needs, and/or limited access to ongoing primary and preventive care. These systemic challenges can contribute to fluctuations in high utilizer rates despite consistent service delivery. To address this, Fire and EMS is enhancing early-identification analytics, strengthening coordination with agency-wide social service partners, and expanding care-navigation efforts with internal groups like the MIH team. These initiatives are designed to reduce avoidable transports and improve long-term stabilization for vulnerable populations.
Percent of EMS responses originating from a 911 request for patients 2-18 years of age with a diagnosis of asthma who had an aerosolized beta agonist administered	100%	55.93%	Upward	The cause of lower administration rates remains under review. The Department is analyzing response data to better understand contributing factors, including provider decision-making and documentation accuracy. Training updates and data audits will help ensure more consistent treatment in future years.
Percent of EMS responses originating from a 911 request for patients less than 18 years of age who received a weight-based medication and had an estimated weight in kilograms or length-based weight estimate documented during the EMS response	100%	93.65%	Upward	While progress remains strong, documentation practices need continued reinforcement. Specifically, the controlled medication system is still onerous despite improvements with new safes and the adoption/ integration with OperativeIQ. Furthermore, documentation of complete pain scores/assessment, which include an initial and final pain score, remains very low, making the evaluation of effective pain management difficult due to the incomplete picture provided. The Department is addressing system design and workflow barriers that make data entry challenging during emergencies. Ongoing training and improved electronic documentation tools are expected to increase compliance in FY 2026.
Percent of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response	100%	97.81%	Upward	Performance remains strong and close to target. Minor variation is expected due to the fast-paced and unpredictable nature of emergency response and the dynamic of the prehospital environment. Continued training and quality assurance reviews will support the Department's goal of achieving full compliance in FY 2026.

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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
Percent of EMS responses originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center	100%	97.48%	Upward	Some target measures such as this one may need to be re-evaluated with respect to national performance. Furthermore, some degree of variability across measures is expected given the dynamic environment and nature of the prehospital domain.
Percent of EMS responses originating from a 911 request for patients who receive treatment to correct their hypoglycemia	100%	71.54%	Upward	The current measure may exceed national standards. The Department is reviewing treatment documentation processes and training to ensure all eligible patients receive prompt care. Improvements in data capture and medication administration are planned for FY 2026.
Percent of EMS responses originating from a 911 request for patients with injury who were assessed for pain	100%	89.14%	Upward	Pain assessment documentation continues to improve but remains below full compliance. The Department is focusing on clearer protocols and provider training to ensure both initial and follow-up pain scores are recorded. Updated documentation of complete pain assessment, which includes an initial and final pain score, remains very low. These factors have made the initial pain management difficult due to the incomplete picture provided. Systems and cultural reinforcement will help close this gap in FY 2026.
Percent of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine aimed at terminating their status seizure during the EMS response	100%	27.27%	Upward	This target does not align with operational realities and may be re-evaluated to ensure it reflects achievable outcomes based on empirical standards. Treatment of status epilepticus with a benzodiazepine is on par with nationally reported data. The Department suspects the primary causes are as follows: providers may not fully understand the differences between status epilepticus and other seizure-like pathologies; factors associated with how primary impression values are worded: “seizure with status epilepticus” vs. “seizure without status epilepticus;” and differences in diagnosis between BLS providers and ALS providers. The Department is addressing differences in provider recognition and documentation of seizure types through enhanced training and clearer clinical guidance. These steps should lead to more accurate identification and treatment in FY 2026.
Percent of EMS transports originating from a 911 request for patients whose pain score was lowered during the EMS encounter	50%	3.8%	Upward	Pain management and documentation need focused improvement, but they have been hindered by system design, Department culture, documentation gaps, and medication tracking issues. With the continued rollout of OperativeIQ, new electronic reporting tools, and additional training on pain assessment, the Department expects measurable improvement in FY 2026.

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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
Percent of patients overall who experienced a sudden cardiac arrest that survived to hospital discharge	10%	8.73%	Upward	Survival following sudden cardiac arrest remains influenced by a combination of patient comorbidities, response conditions, and the availability of immediate bystander aid. These external factors contribute to variability in survival rates even with consistent operational performance. Fire and EMS is expanding public CPR training, enhancing data-driven quality assurance reviews, and collaborating with regional hospital partners to strengthen the full chain of survival.
Percent of patients receiving CPR from a lay person, lay person family member, or lay person medical provider and excluding first responders and/or EMS personnel	50%	36.5%	Upward	The percentage of patients receiving layperson CPR prior to EMS arrival fell below the envisioned target. This gap reflects broader community-readiness challenges, including uneven access to hands-only CPR training, bystander hesitancy, and the frequency of cardiac arrests occurring in environments where trained individuals are not present. While these factors are influenced by community behavior rather than operational performance, they underscore the importance of sustained public education. In response, Fire and EMS is expanding hands-only CPR outreach, increasing training events in neighborhoods with higher cardiac-arrest incidence, and strengthening partnerships with schools, faith institutions, and large employers. These steps aim to improve public confidence, widen the pool of trained residents, and increase bystander intervention rates in future years.
Percent of patients surveyed who indicated they agreed or strongly agreed that Fire and EMS personnel acted courteous and respectful during an EMS call	95%	93.25%	Upward	This slight shortfall is attributed to the dynamic and rapidly evolving nature of emergency incidents, which can influence how interactions are experienced and perceived. Fire and EMS is reinforcing professional-conduct training, increasing supervisory coaching, and leveraging patient-feedback data to guide targeted improvements in member-to-patient communication.
Percent of patients surveyed who indicated they were satisfied or very satisfied with the services they received during an EMS call	95%	94.75%	Upward	While satisfaction levels remained high, the target was narrowly missed due to the inherent challenges associated with emergency care delivery, including high-acuity situations and individual expectations during stressful events. Fire and EMS is continuing to refine its patient-experience monitoring processes, expand customer-service refresher training, and implement additional follow-up outreach where appropriate to improve satisfaction scores.
Percent of patients who experienced a sudden cardiac arrest that survived to hospital discharge with an	40%	38.25%	Upward	This measure is affected by factors that precede EMS arrival, including the timing of collapse recognition, initiation of bystander

DC Fire and EMS Performance Oversight Responses (FY25-26)  
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FY 2025 Missed Performance Targets				
Measure Name	Target	Actual	Directional Objective	Missed Explanation
initial rhythm of ventricular fibrillation (Utstein 1, "Survival Rate")				CPR, and early access to defibrillation. These variables significantly influence outcomes despite strong operational performance. Fire and EMS is reviewing interval data for response-to-defibrillation times, expanding AED awareness initiatives, and enhancing training to improve survival in future years.
Percent of patients with suspected cardiac etiology with an initial rhythm of ventricular fibrillation that survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander other than 911 personnel and with CPR performed by a lay person (Utstein 2)	50%	48.25%	Upward	The variance in this metric reflects ongoing community-readiness challenges, including limited bystander CPR participation and uneven access to CPR training. Because survival in this category depends heavily on immediate layperson intervention, increased public readiness is essential. Fire and EMS is expanding hands-only CPR training events, strengthening partnerships with community organizations, and deploying targeted outreach in high-incident areas to improve bystander response rates.
Percent of residential structure fires without a working smoke alarm	8%	19.18%	Downward	The increase in incidents without working smoke alarms shows that public education and installation efforts must continue. The Department is expanding outreach programs, community canvassing, and free alarm installations to improve home safety. A working smoke alarm is one of the most effective simple devices for early detection of fire and provides occupants with time to escape. When the percentage of fires without a working alarm goes down, it suggests more homes are being protected (alarms are being installed, maintained, or replaced) which should correlate to fewer fatalities or injuries. For the District’s fire-prevention strategy (installing free alarms, outreach, inspections) this metric is a useful gauge of progress. The goal for FY 2026 is to reduce this number through early detection and awareness campaigns.
Number of labor/management partnership meetings scheduled and attended by executive managers	36	26	Upward	The number of meetings held reflects the Department’s standard practice of two sessions per month per union, with extra meetings as issues arise. The current target will be re-evaluated for FY 2026 to ensure it better matches operational needs while still promoting consistent communication and collaboration.
Number of Fire and EMS operated vehicles involved in collisions	230	310	Downward	The marginal rise in reported collisions is due to both increased traffic in the District and a broader classification system that now includes “preventable” and “not preventable” categories. Most of the increase—from 277 in FY 2024 to 310 in FY 2025—occurred in the “not preventable” category, likely reflecting heavier traffic. To address this, the Department is strengthening driver training,

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<b>FY 2025 Missed Performance Targets</b>				
<b>Measure Name</b>	<b>Target</b>	<b>Actual</b>	<b>Directional Objective</b>	<b>Missed Explanation</b>
				reviewing collision trends, and coordinating with Fleet Services to improve situational awareness and safety practices. These steps aim to reduce future occurrences.

*16. List all new objectives, activities and projects in the agency's Fy 2026 Performance Plan and explain why they were added.*

New Objectives and Activities for FY 2026			
Measure Type	Measure Name	Direction	Rationale
Efficient, Transparent, and Responsive Government	Number of crash response plans for motor vehicle crashes	Neutral	Added to strengthen standardized, coordinated responses to roadway incidents and improve responder and public safety.
Efficient, Transparent, and Responsive Government	Number of events hosted in partnership with the Highway Safety Office or Vision Zero Office	Neutral	Supports enhanced interagency collaboration and aligns with District-wide traffic safety and fatality reduction initiatives.
Efficient, Transparent, and Responsive Government	Percent of first responders trained in the District's Traffic Incident Management System	Up is Better	Ensure responders are equipped with nationally recognized best practices to improve scene safety, reduce congestion, and enhance operational efficiency.

*17. Describe problems and challenges, including chronic maintenance issues and design flaws, in agency-owned or leased facilities.*

The most consistent challenge surrounding maintenance issues is the average age of the Department's facilities. The Department began a preventative maintenance program in 2021 dedicated to quarterly servicing of each facility's plumbing, electrical, and HVAC systems. In addition, DGS recently added an HVAC inspection, testing, and maintenance (ITM) program that has produced positive results in the performance of firehouses' HVAC systems.

*a. What capital or operating projects arose from these issues in FY 2025 and FY2026 to date, including cost and actions taken?*

The Department analyzes the data contained in its work order management system to determine which pieces of building envelope, equipment, and building systems are due for replacement and subsequently develops procurement documentation for solicitations that are funded through the scheduled capital improvement program. Below are tables representing operating projects that have arisen over the past few fiscal years.

Total Local Spend						
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026, to Date
<b>Internal Work Orders</b>	\$1,254,805.66	\$1,785,646.92	\$1,934,957.01	\$3,707,974.36	\$5,219,733.19	\$243,229.01
<b>Internal Work Teams</b>	\$379,199.25	\$744,247.87	\$908,920.75	\$1,890,247.72	\$1,919,769.79	\$97,852.49
<b>DGS Work Teams</b>	\$164,894.29	\$72,088.52	\$129,488.51	\$80,112.83	\$31,826.49	\$3,038.29

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<b>Total Work Orders Completed</b>						
	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026, to Date</b>
<b>Work Orders Completed by Internal Technicians</b>	1486	1834	1763	1918	1559	266
<b>Work Orders Completed by DGS Technicians</b>	432	281	322	95	161	27
<b>Work Orders Completed by Contract Service Providers</b>	958	856	682	1087	750	69
<b>Total Work Orders Completed</b>	<b>2876</b>	<b>2971</b>	<b>2767</b>	<b>3100</b>	<b>2468</b>	<b>362</b>

*18. Please list each new initiative implemented by the agency during FY 2025 and FY 2026 to date. For each new initiative, please provide:*

- a. A description of the initiative;*
- b. Actual start date;*
- c. Actual or anticipated end date;*
- d. The funding required to implement the initiative;*
- e. Whether the initiative was mandated by legislative action;*
- f. Problems or challenges faced in the program's implementation;*
- g. The metrics the agency is collecting to measure the initiative's success; and*
- h. An assessment of the initiative's success thus far.*

Please see response next page.

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FY2025 New Strategic Initiatives								
Initiative	Description	Start	End	Funding	Man-dates	Challenges	Metrics	Assessment
World Pride 2025	Events and communications for World Pride and 50th LGBTQ+ Pride anniversary; education, engagement, recruitment, leadership convening. Participated in the Parade, featuring an engine company alongside personnel, friends, and family.	10/1/24	6/20/25	\$0	No	Challenging political climate	35 attendees	Positive feedback; improved collaboration and inclusivity.
Good Neighbor Campaign	Framework for engine companies to engage community stakeholders; risk reduction goals and community projects.	10/1/24	TBD	\$0	No	—	—	Weekly firehouse visits; promoted community risk reduction.
Suitability Board Training	Annual training for board members on inclusive hiring, bias reduction, cultural competency, and District Personnel Manual (DPM) compliance.	10/1/24	9/30/25	Funding allocated	No	—	—	Positive feedback; improved preparedness for fair hiring.
Peer Support Program	Enhance peer support training via needs assessment and blended learning curriculum.	10/1/24	In progress	\$0	No	Staffing transition	—	Delayed; will continue into FY 2026.
Out of Hospital Cardiac Arrest (OHCA) Automated External Defibrillator (AED) Deployment & Training	Strategic AED placement and community CPR/AED training to improve cardiac arrest survival rates.	10/1/24	9/30/25	TBD	No	—	CARES data, survival rates	48 AEDs installed; partnerships strengthened.
Reduce Ambulance Patient Offload Times (APOT)	Collaborate with hospitals to reduce 90th percentile ambulance offload times below 60 minutes.	10/1/24	3/31/26	TBD	No	Limited ASTRO adoption; data fidelity concerns	APOT times	Declined from 79 to 64 minutes; ongoing.
High-Rise Firefighting Upgrade	Revise SOGs, train staff, and upgrade equipment per NFPA 1710 for high-rise incidents.	10/1/24	9/30/26	TBD	No	Equipment delivery delays	—	SOG completed; training and equipment mostly implemented.

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FY2025 New Strategic Initiatives								
Initiative	Description	Start	End	Funding	Man-dates	Challenges	Metrics	Assessment
Immersive Youth Programs	Babysitter’s Training, Camp Spark, Youth Explorer Program to engage underrepresented youth and promote careers.	10/1/24	9/30/25	TBD	No	—	Youth engaged; CPR credentials	19 youth credentialed; positive survey results.
Grow Paramedic Workforce	Develop paramedic pathways via UDC-CC partnership; increase paramedics by 100 by 2030.	10/1/24	8/21/26	\$2.2M FY25; ~\$1M FY26	No	UDC procurement and staffing delays	NREMT pass rate, retention, job placement	UDC-CC program approved; course structure finalized.

FY2026 New Strategic Initiatives								
Initiative	Description	Start	End	Funding	Man-dates	Challenges	Metrics	Assessment
Community Risk Reduction (CRR)	Renew CRR plan; streamline engagement and coordination with partners; integrate MIH and prevention programs.	10/1/25	9/30/26	TBD	No	—	Integrated care plans; home visits with vaccinations	TBD
Youth Safety Protocols	Develop best practices for safe, respectful youth engagement across programs.	10/1/25	9/30/26	TBD	No	—	TBD	TBD
Policy Framework Modernization	Study and plan for COPB consolidation; modernize policy management for clarity and compliance.	10/1/25	9/30/26	\$0	No	—	TBD	TBD
Metro Rail Standard Operating Guidelines	Review and restructure Metro Rail SOGs for interoperability and operational effectiveness.	10/1/25	9/30/26	\$0	No	—	TBD	TBD
Professional Staff Engagement	Assess and strengthen engagement of non-uniformed staff; conduct SWOT analysis and forums.	10/1/25	9/30/26	\$0	No	Obtaining accurate staff list	TBD	TBD
Cadet Life Skills & Service	Expand Cadet Program to include life skills, mentorship, and community service.	10/6/25	CC28 graduation	\$0	No	—	Cadet surveys	Initial training completed; additional activities ongoing.

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FY2026 New Strategic Initiatives								
Initiative	Description	Start	End	Funding	Mandates	Challenges	Metrics	Assessment
Innovation in EMS	Assess and plan for advanced EMS equipment and transport systems to improve care quality.	10/1/25	9/30/26	TBD	No	—	TBD	TBD
Fire Prevention Inspections	Improve coordination with DOB; streamline workflows for inspections and re-inspections.	10/1/25	9/30/26	\$0	No	—	TBD	TBD

*19. Please list any legislation that impacts your agency from FY 2025 and FY 2026 and provide a status report on the agency's implementation related to each piece of legislation.*

On October 28, 2024, D.C. Act 25-613, the “Cardiac Planning and Response (“CPR”) Amendment Act of 2024” became law. It requires the Department to work with OSSE and other stakeholders to create a model cardiac emergency response plan (CERP) “that addresses the appropriate use of school personnel and protocols for responding to incidents involving an individual experiencing cardiac arrest while on school grounds, specifically including during a school’s athletic events and practices on school grounds.” It goes on to describe the required elements of the model CERP. All schools must have a CERP by the beginning of the 2025-2026 school year. The Department and OSSE developed the model CERT as required and conducted training with LEAs prior to the start of the school year. As of the end of FY 2026 Q1, 104 DCPS schools have CERPs in HSEMA’s CORE DC, and charter schools have 20. There may be additional CERPs not yet recorded in CORE DC.

*20. Customer feedback*

*a. How does the agency solicit feedback from customers (i.e., District residents served)? Please describe.*

The Department solicits and receives feedback from a number of channels.

- Residents and visitors can provide feedback by emailing [info.fems@dc.gov](mailto:info.fems@dc.gov). All feedback is logged, and any issues are routed to the proper division for resolution.
- At the end of each Hands-on-Hearts (HOH) training, participants are invited to complete a feedback form via a QR code. Additionally, an in-person question-and-answer session is conducted during the practical segment of the training to ensure that the participants understand the concepts and can demonstrate what they have learned.
- The Fire Safety Education Team, when conducting fire safety presentations, provides two ways to receive feedback, namely, they ask follow-up questions to assess retention, and, like HOH, they provide a QR code survey at the end of each presentation.
- The ambulance billing team provides a patient satisfaction survey to receive feedback on ambulance transport services. Questions include items on response time, professionalism and attitudes of the crew, and time the process took, as well as an overall satisfaction score.

*b. What has the agency learned from this feedback?*

The feedback received has provided valuable insights into training effectiveness, clarity of educational materials, and overall satisfaction of the variety of ways Fire and EMS serves the District’s residents and visitors.

*c. How has the agency changed its practices because of such feedback?*

The Department regularly incorporates feedback into ongoing review of trainings, public-facing informational materials, and emerging trends within the national fire and EMS services. While feedback has not led to drastic changes, it plays an important role in shaping updates. For example, Fire and EMS periodically revises trainings or informational literature to reflect insights gathered from individuals served, ensuring resources remain accurate, relevant, and responsive to community needs.

*LAWS, AUDITS, AND REPORTS*

*21. Please identify any legislative modifications that would enable the agency to better meet its mission.*

The Executive introduces any needed legislation and legislative modifications on the Department's behalf.

*22. Please identify any regulatory impediments to your agency's operations.*

There are currently no regulatory impediments to Fire and EMS's operations.

*23. Please list and describe any ongoing investigations, audits, or reports on your agency or any employee of your agency, or any investigations, studies, audits, or reports on your agency or any employee of your agency that were completed during FY 2025 and FY 2026 to date.*

To the best of the Department's knowledge, there are no such ongoing investigations, audits, or reports on the Department or any employee of the Department or any investigations, studies, audits, or reports on the Department or any employee of the Department completed during FY 2025 or FY 2026, to date.

*24. Please identify and provide an update on what actions have been taken to address all recommendations made during the previous three years by:*

*a. Office of the Inspector General;*

The Department has received no recommendations from the Office of the Inspector General (OIG) during the previous three (3) years.

*b. D.C. Auditor;*

The Department has received no recommendations from the D.C. Auditor during the previous three years.

*c. Internal audit; and*

The Department has not performed any internal audits during the previous three (3) years.

*d. Any other federal or local oversight entities.*

DC Fire and EMS Performance Oversight Responses (FY25-26)

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DC Health performed its biennial inspection on November 17, 2025. There were no deficiencies found, thus no recommendations to address.

*25. Please list all pending lawsuits in which the agency, or its officers or employees acting in their official capacities, are named as defendants, and for each case provide the following:*

- a. The case name;*
- b. Court where the suit was filed;*
- c. Case docket number;*
- d. Case status; and*
- e. A brief description of the case*

Pending Lawsuits				
Case Name	Court	Docket Number	Status	Description
Nicole McCrea v. District of Columbia	U.S. District Court	16-CV-0808	Pending	<u>Employment Law</u> : African–American female operational employee asserts discrimination claims
Ellis Pollard v. District of Columbia	U.S. District Court	19-CV-03099	Pending	Title VII religious (Muslim) discrimination lawsuit challenging Department’s removal of operational employee from operations and facial hair requirements
Nance, Victoria A v. Muriel Bowser, John A Donnelly	U.S. District Court	21-CV-02252	Pending	<u>Employment Law</u> : African American female operational employee alleges discrimination and retaliation
Chinua Walker v. Muriel Bower and John Donnelly	U.S. District Court	21-CV-1989	Pending	<u>Employment Law</u> : African American male operational employee alleges discrimination and retaliation
Jadonna Sanders, et al. v. DC	U.S. District Court	22-CV-2259	Pending	<u>Employment Law</u> : Cumulated action in which four African American female operational employees allege discrimination and retaliation
Stephanie Lewis v. District of Columbia	U.S. District Court	23-CV-0864	Pending	<u>Employment Law</u> : African American female operational employee alleges discrimination and retaliation
Ricardo Clark, et al. v. District of Columbia, et al.	U.S. District Court	23-CV-1564	Pending	<u>Employment Law</u> : Putative Class Action lawsuit filed by five African American operational employees alleging negligence, contract breach, and discrimination claims
Whitney Ward v. District of Columbia	U.S. District Court	24-CV-02806	Pending	<u>Employment Law</u> : African American female operational employee alleges discrimination, sexual harassment, and retaliation
Danaryae Lewis v. District of Columbia	U.S. District Court	24-CV-00971	Pending	<u>Employment Law</u> : African–American female operational employee asserts discrimination claims
Bullock et al v. District of Columbia	U.S. District Court	25-CV-02167	Pending	<u>Employment Law</u> : Class Action alleging religious and race discrimination due to the Department’s respiratory protection policy.

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Pending Lawsuits				
Case Name	Court	Docket Number	Status	Description
Belle et al v. District of Columbia	U.S. District Court	25-CV-02166	Pending	<u>Employment Law</u> : Class Action alleging ADA and race discrimination due to the Department's respiratory protection policy.
Holly O'Byrne v. District of Columbia	U.S. District Court	25-CV-04482	Pending	<u>Employment Law</u> : Gender discrimination case based on the Department's promotion policy.
Cleo Subido v. DC, et al	D.C. Superior Court	2023-CAB-001335	Open	<u>Employment Law</u> : Former Office of Unified Communications Director asserts Whistleblower Protection Act claims
Geneka Conley & Giovanni Allen v DC	D.C. Superior Court	2025-CAB-001586	Reopen	Negligence: personal injury lawsuit arises from May 25, 2022, collision between Department and civilian vehicles near intersection of Martin Luther King, Jr. Avenue and Good Hope Road, SE.
Trombly & Singer, PLLC v. District of Columbia	D.C. Superior Court	2025-CAB-002813	Open	FOIA: Claimant alleges that Fire and EMS failed to respond to its Freedom of Information Action request
Mary Ruth Fisher v. Washington DC Fire & EMS	D.C. Superior Court	2025-CAB-004813	Open	Negligence: Plaintiff alleges she sustained personal injuries when providers allowed her stretcher to "flip over" upon arriving at United Medical Center at approximately 5:00 a.m. on July 24, 2022.
Brenda Prince v DC Fire EMS Department	D.C. Superior Court	2025-SCB-000864	Open	Property damage case where claimant contends Fire and EMS damaged her home while putting out a fire.
Todd Lowder III vs FEMS	D.C. Superior Court	2025-CAB-008051	Open	<u>Employment Law</u> : Applicant alleges his disqualification violated the law.
Anthony L. Thomas v. D.C. Fire and Emergency Medical Services Department, et al.	D.C. Court of Appeals	25-CV-0159	Motion for Extension of Time to File Brief	Claimant challenges Superior Court and Office of Employee Appeals affirmance of Department decision to terminate its employment relationship with Claimant.
Harold Dargan v. D.C. Office of Employee Appeals, et al.	D.C. Court of Appeals	24-CV-1001	Calendar notice sent	Rule 1 appeal of Department's decision to terminate its employment relationship with Plaintiff. Plaintiff seeks an unspecified amount of damages.

*26. Please list the total amount of money the agency or the District, on behalf of the agency, expended to settle claims against it, or its officers or employees acting in their official capacities, in FY 2025 and FY 2026 to date.*

Money Paid to Settle Claims, FY 2025 and FY 2026, to Date		
Fiscal Year	Amount Paid	Amount Pending
2025	\$273,558.60	\$0
2026, to date	\$467,382.40	\$63,369.49
<b>Grand Total</b>	<b>\$740,941.00</b>	<b>\$63,369.49</b>

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*27. Please list each settlement the agency or the District, on behalf of the agency, entered into in FY 2025 and FY 2026 to date that involved claims against the agency, or its officers or employees in their official capacity, including any settlements covered by D.C. Code § 2-402(a)(3). For each settlement, provide:*

- a. The amount of the settlement;*
- b. If related to litigation, the case name and brief description; and*
- c. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).*

Settlements Entered into in FY 2025 and FY 2026, to Date		
Name	Description	Settlement Amount
Shania Hill/Kendra Thomas v. District of Columbia, 2022-CA-000894-V	<u>Negligence</u> : personal injury lawsuit arises from May 10, 2020, collision between Department and civilian vehicles in 2500 block of Pennsylvania Avenue, SE.	\$ 25,000.00
Larlon Fowler v. District of Columbia, 2022-CA-002851-B	<u>Negligence</u> : personal injury lawsuit stems from September 19, 2019, patient fall from rear bumper of fire apparatus, while providers performed initial assessment pending ambulance arrival	\$30,000.00
Mehret Tekeste Tesfamichael v. D.C., 2024-CAB-003480	<u>Negligence</u> : personal injury lawsuit arises from May 22, 2022, collision between Department and civilian vehicle near the intersection of Bladensburg Road and South Dakota Avenue NE.	\$175,000.00
Melissa Hecht v. District of Columbia, 2022-CA-002260-V	<u>Negligence</u> : personal injury lawsuit arises from June 16, 2021, collision between door of Department ambulance and civilian biker near 2225 M Street, NW	\$250,000.00
Trombly & Singer, PLLC v. District of Columbia, 2025-CAB-2813	<u>FOIA</u> : Claimant alleges that Fire and EMS failed to respond to its Freedom of Information Action	\$1,000.00

Pre-claim matters do not involve the Department directly. OAG or ORM send settlement instructions to OCFO who then pays from Fire and EMS’s budget. The following tables reflect the pre-claims for FY 2025 and FY 2026, to date.

Pre-Claims, FY 2025	
Claimant Name	Settlement Amount
Pedro Pablo Miranda Ramirez	\$5,847.06
Berihun Shiferaw	\$2,942.45
Clerkin, Sinclair & Mahfouz, LLP	\$2,865.00
Irina Zharikova	\$1,628.91
Amica Mutual Insurance Co.	\$7,572.21
GEICO General Insurance Company	\$7,431.50
Koonz, McKenney, Johnson, Depa	\$5,000.00
Dr. A Y McKissick	\$3,270.25
Jezić & Moyse, LLC	\$7,500.00
David Tillman	\$4,270.37
Nia Talley Gill	\$7,927.16
Transdev Services, Inc.	\$280.56

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<b>Pre-Claims, FY 2025</b>	
<b>Claimant Name</b>	<b>Settlement Amount</b>
Clerkin, Sinclair & Mahfouz, LLP	\$4,938.61
Jong Kim	\$858.06
William Lawson	\$1,930.00
State Farm Mutual Auto Insurance	\$2,160.66
Allen A. Clarke Sr.	\$2,000.00
Tyrita Gilchrist	\$5,278.00
Paragon Asset Recovery Services, LLC	\$3,525.88
Horace Morton	\$9,088.00
Regina King	\$7,030.90
Jose Gomez	\$4,945.95
Trancito Hernandez De Buruca	\$6,789.00
The Poole Law Firm, PLLC	\$9,500.00
Sean Chase	\$1,517.46
Stephen Craig	\$2,317.67
William Thomas Smith, Jr.	\$686.02
GEICO Advantage Insurance Company	\$9,125.35
Clerkin, Sinclair & Mahfouz, LLP	\$5,616.58
State Farm Mutual Auto Insurance	\$5,119.63
Sachi Greene-Dover	\$5,894.75
Brian Comey	\$9,450.00
Progressive Direct Ins Co.	\$8,477.77
Erie Insurance Co.	\$5,179.26
Fratius Law Group	\$7,648.21
Vriti Jain	\$757.22
Shelley Taher	\$1,001.85
Progressive Direct Ins Co.	\$7,702.15
Nationwide Mutual Insurance Co	\$4,674.92
GEICO General Insurance Company	\$2,936.94
State Farm Mutual Auto Insurance	\$7,168.99
Robert Escobar	\$9,500.00
Ronald Wisla	\$1,904.78
Brian Roehrkasse	\$400.00
Ashley Gordon	\$1,012.08
Zamir Ali Kiani	\$358.06
Zamir Ali Kiani	\$2,585.16

<b>Pre-Claims FY 2026, to Date</b>	
<b>Claimant Name</b>	<b>Settlement Amount</b>
Geico Secure Insurance Company	\$2,109.05
Charles Boulton	\$5,558.04
Launai Wells	\$7,820.00
Carolina Flores	\$6,500.00
Noah Gray	\$40,382.40
The Law Office of Deborah M. Golden	\$1,000.00

*28. Please list all administrative complaints or grievances that the agency received in FY 2025 and FY26 to date. For each complaint, list:*

*a. The source of complaint;*

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Please see the tables below.

*b. The process utilized to respond to the complaint or grievance;*

Grievance outcomes were the result of successful communications between management and employees and/or dismissal of disciplinary actions. Grievances processed were in accordance with relevant collective bargaining agreements.

*c. Any changes to agency policies or procedures that resulted from the complaint or grievance; and*

There have been no changes to Department policies or procedures resulting from the grievances listed in the tables below.

*d. If resolved describe the resolution.*

Please see the tables below.

Fiscal Year 2025 Administrative Grievances			
Source	Grievance No.	Type	Outcome
Individual	G-2025-0001	Promotional Exam Registry	Denied
Individual	G-2025-0002	Discipline	Pending
Individual	G-2025-0003	Discipline	Denied
Individual	G-2025-0004	Discipline	Denied
Individual	G-2025-0005	Discipline	Pending
Individual	G-2025-0006	Discipline	Closed
Individual	G-2025-0007	Fireboat Announcement	Pending
Class	G-2025-0008	Policy	Pending
Class	G-2025-0009	FPD Non-Essential Employees	Pending
Individual	G-2025-0010	Discipline	Closed
Individual	G-2025-0011	Fireboat Announcement	Denied
Individual	G-2025-0012	Vice Tech Announcement	Denied

Fiscal Year 2026, to Date Administrative Grievances			
Source	Grievance No.	Type	Outcome
Class	G-2026-0001	Underwater Search & Rescue	Granted
Class	G-2026-0002	Dept. Aide Selection	Granted
Individual	G-2026-0003	Fireboat Transfer	Denied
Individual	G-2026-0004	Discipline	Denied
Individual	G-2026-0005	Discipline	Resolved
Individual	G-2026-0006	Discipline	Pending

Administrative Grievance Key	
Closed	A matter in which the grievance official has administratively closed the grievance file because the employee did not respond to labor relations communications and/or requests for additional information.
Denied	A grievance that has been denied by the grievance official.
Granted	A grievance that has been granted by the grievance official.
Pending	A grievance that has not concluded and/or is pending arbitration.
Resolved	A matter in which management and the aggrieved have successfully resolved/settled the issues provided in the grievance without necessarily granting or denying the grievance.
Withdrawn	A grievance filed and then withdrawn by the grievant.

**29. Is the agency currently party to any active non-disclosure agreements? If so, please provide all allowable information on all such agreements, including:**

- a. *The number of agreements;*
- b. *The department(s) within the agency associated with each agreement; and*
- c. *Whether any agreements are required for specific positions (please list each position by division and program and indicate whether the position is contracted)*

No, the Department is currently not party to any active non-disclosure agreements.

**DATA**

**30. In filterable and sortable spreadsheet, please list all electronic databases maintained by your agency, including the following:**

- *A detailed description of the information tracked within each system;*
- *The age of the system and any discussion of substantial upgrades that have been made or are planned to the system; and*
- *Whether the public can be granted access to all or part of each system.*

Please see Attachment Q30.

**31. Please provide a list of all studies, research papers, and analyses (“studies”) the agency or an agency’s employee requested, prepared, presented or contracted for during FY 2025. For each study please list:**

- a. *The status;*
- b. *The purpose; and*
- c. *A link (if published) to the study, research paper or analysis.*

<b>Studies in FY 2025</b>			
<b>Study / Project</b>	<b>Status</b>	<b>Purpose</b>	<b>Link</b>
Training Academy Redevelopment Study	<i>In progress</i> (funded in FY 2025 capital budget; procurement initiated through DGS for design and feasibility work)	To evaluate and plan the redevelopment of the Fire & EMS Training Academy facility to improve training capacity and infrastructure.	FY 2025 Capital Project Descriptions Report (OCFO) <a href="#"><u>Project Descriptions Report Ex HTF(With Suppl Budget)</u></a>

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Studies in FY 2025			
Study / Project	Status	Purpose	Link
Predictive Fire-Risk Model	Completed in FY 2025	To develop a machine-learning model scoring commercial buildings on fire risk and evaluate whether giving inspectors lists of higher-risk buildings increases identification of fire-causing code violations; integrate scores into a dashboard for inspections and fire-pre-planning/outreach.	<a href="#">Fire-Risk Prediction Project – The Lab @ DC</a>

*AGENCY-SPECIFIC QUESTIONS*

*32. Please break down personnel by division according to gender, race/ethnicity, and District residency.*

Please see response next page.

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<b>Demographics of Personnel by Division</b>										
<b>Division</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Black</b>	<b>Hispanic</b>	<b>White</b>	<b>Asian/ Pacific Islander*</b>	<b>Am. Ind./ Alaska Native</b>	<b>Other</b>	<b>Not Reported</b>
<b>Apparatus</b>	36	33	3	24	4	2		2		4
<b>Fire Chief, Deputy, and Asst Fire Chiefs</b>	11	9	2	3		5				3
<b>Chief of Staff</b>	79	36	43	56		17	1			5
<b>Communications</b>	4	3	1	2		2				
<b>EMS Operations</b>	15	8	7	9		5				1
<b>Fire Prevention</b>	63	42	21	43	1	18				1
<b>Risk Management</b>	1		1	1						
<b>Health Safety</b>	4	1	3	2		1				1
<b>Homeland Security</b>	20	19	1	7	1	12				
<b>Human Resources</b>	8	1	7	8						
<b>Information Technology</b>	9	4	5	7		1	1			
<b>Operations</b>	1758	1541	217	753	74	788	18	9	1	115
<b>Professional Development</b>	7	6	1	2		5				
<b>Support Services</b>	21	14	7	10	3	6				2
<b>Training Academy</b>	131	113	18	55	12	53	2	1		8
<b>Total</b>	<b>2167</b>	<b>1830</b>	<b>337</b>	<b>982</b>	<b>95</b>	<b>915</b>	<b>22</b>	<b>12</b>	<b>1</b>	<b>140</b>

\*Includes personnel self-reported as “All Other Asian or Pacific Islander,” “Asian or Pacific Islander,” “Native Hawaiian/Other Pacific Islander,” and “Vietnamese.”

*33. For each month during FY 2025 and FY 2026 to date, please provide attrition for sworn personnel, by reason for separation.*

Attrition of Operational Employees, FY 2025 and FY 2026, to Date								
Month	Resignation	Retirement - Voluntary	Retirement - Disability	Termination	Termination during probation/trial	Separation - other	Death	Total
10/2024	5	4	1					10
11/2024	1	1	1	1				4
12/2024	4	7		1				12
01/2025	3	6		1			1	11
02/2025	5	5						10
03/2025		2			3			5
04/2025	3	2						5
05/2025	3	7			1	1		12
06/2025	5				1			6
07/2025	3	3	1					7
08/2025	2	2	2				1	7
09/2025	5			2				7
10/2025	3	5	1					9
11/2025	4	9	1	1				15
12/2025	2	11			1			14
<b>Total</b>	<b>48</b>	<b>64</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>134</b>

*34. Please describe in detail the Department’s efforts in FY 2025 and FY 2026 to date, to decrease its reliance on overtime.*

Fire and EMS requires continuous coverage, so its staffing model relies on some overtime. Overtime is often more cost-effective than adding full-time employees because it uses trained staff, avoids on-boarding and benefits costs, and provides flexibility for fluctuating demand. The Department serves 700,000 residents and millions of visitors, responding to about 216,000 calls in FY 2025.

Overtime is tracked through Telestaff and centrally approved by Operations to keep units in service, support special events, maintain certifications, manage reimbursable details, and monitor quality control. The Department reports extraordinary overtime needs to the Executive in real time. While it monitors national trends and works to reduce overtime, it will not compromise public safety by placing units out of service.

*35. How much did the Department budget for overtime in FY 2025 and FY 2026 to date?*

Please see the response to question 37.

*36. How much did the Department receive in re-programmings for overtime in FY 2025 and FY 2026 to date?*

Please see the response to question 37.

**37. How much did the Department spend on overtime in FY 2025 and FY 2026 to date?**

<b>Overtime Budget and Spending, FY 2025 and FY 2026, to Date</b>				
<b>Fiscal Year</b>	<b>Original Budget</b>	<b>Reprogrammings and Other Adjustments</b>	<b>Revised Budget</b>	<b>Expenditures</b>
2025	\$23,795,825	\$21,060,381	\$44,858,231	\$50,397,019
2026, to date	\$23,855,359	\$0	\$23,855,359	\$11,990,434

**38. What are the metrics the Department uses to analyze overtime use?**

Fire and EMS tracks overtime use at the individual, divisional, and Departmental level.

About 65% of overtime costs come from backfilling vacated operational seats due to leave, details, or training. The remaining overtime costs are attributed to fleet repair and maintenance, special events, logistics, and continuation of duty. In addition, the Department’s authorized staffing level remains below the staffing factor.

The Department’s overtime usage has remained relatively consistent since FY 2022; however, costs have increased significantly due to the FY 2023 CBA and Pay-Parity Agreement with IAFF Local 36.

**39. Has the integration between Telestaff staffing management system with PeopleSoft been completed? If so, how does this integration help the Department better keep track of staffing and overtime? If not, when is the estimated timeline for the integration to be completed?**

Yes, the Telestaff-PeopleSoft integration has been fully operational since June 28, 2025. This integration enhances agency-wide staffing cost analysis and improves forecasting for special event expenditures. Reporting capabilities provide detailed cost breakdowns by battalion, station, position, or work code. Work codes translate designated combination codes to PeopleSoft, ensuring accurate visibility. The integration of Telestaff to PeopleSoft helps the Department control labor costs, optimize resources, and improve budget transparency through error reduction, overtime control, labor cost tracking, (human) resource optimization, and operational insight.

**40. Please describe the Department’s efforts in FY 2025 and FY 2026 to date to ensure that paid family leave is utilized according to agency or District protocols.**

The Department’s integration of time management between PeopleSoft and Telestaff in FY 2025 has allowed timekeepers to input specific date parameters on an employee’s paid family leave (PFL) approval period within the system. These parameters ensure proper use of PFL. This measure has already had an impact on usage in FY 2025, and the Department anticipates seeing a greater impact in FY 2026, as the parameters will have been in place long enough that there will no longer be any approvals that predate the integration.

**41. What is the average timeline for FMLA approval at the Department – from the time the member submits the request to the time it is approved?**

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FMLA Application Workflow			
Step	Action	Responsible Party	Timeline
1	Employee submits application through PeopleSoft	Employee	Day 0
2	Review application and medical certification	FMLA Coordinator	Up to 5 business days
3	Approve and send to DCHR (if no errors)	FMLA Coordinator	Up to 5 business days
4	Review application	DCHR	5–7 business days
5	Approve and return to FMLA Coordinator (if no issues)	DCHR	5–7 business days
6	Send approved Form 4 to DCHR via processing email	FMLA Coordinator	Immediately after Step 5
7	Forward to OPRS for processing	DCHR	Immediately after Step 6
8	Process request and load hours into PeopleSoft	OPRS	Up to 15 business days

**Total Processing Time**

- No issues: Approximately 27 business days.
- With issues: Longer due to corrections (e.g., missing documents, incorrect medical certification).

*Staffing*

*42. What efforts are underway by the Department to partner with local educational institutions for personnel training and certification, including in apparatus maintenance?*

In addition to the Department’s efforts to start a paramedic program with UDC (see response to question 43), training for apparatus maintenance is standard when new equipment is delivered. Employees also receive additional operational and maintenance training during in-house Emergency Vehicle Operator and Fire Apparatus Driver Operator classes. Trainings in FY 2025 and FY 2026, to date:

Personnel Training and Certification	
Education Agency	Course
National Fire Academy (NFA)	NFA – Advanced Chemistry
	NFA – Hazmat Chemistry
	NFA – Hazmat Incident Commander
	NFA – Advanced Science Hazardous Materials Response
	NFA – Fire Investigation Essentials
	NFA – Strategy and Tactics for Initial Operations
DC Homeland Security and Emergency Management Agency (HSEMA)	NIMS ICS 300/400
	NIMS – All Hazards Safety Officer
	District EOC Liaison Orientation
	Decision Making for Complex Coordinated Attacks
International Fire Service Accreditation Congress (IFSAC) at Oklahoma State University	Airport Firefighter
	Fire Inspector
	Incident Safety Officer
	Driver Operator:
	• Pumper
	• Aerial
	• Tiller
	• Airport Rescue and Firefighting (ARFF)
	Firefighter I and II
	Fire Officer I, II, III, and IV
Fire Service Instructor I, II, and III	

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Personnel Training and Certification	
Education Agency	Course
	Live Fire Instructor
	Live Fire Instructor in Charge
	Hazardous Materials:
	• Awareness/Operations/Technician
	• Personal Protective Equipment
	• Product Control
	• WMD Officer
	• Incident Commander
	Technical Rescue:
	• Confined Space Rescue: Awareness/Operations/Technician
	• Vehicle Rescuer: Awareness/Operations/Technician
	• Rope Rescuer: Awareness/Operations/Technician
	• Structural Collapse Rescuer: Awareness/Operations/Technician
	• Trench Rescuer: Awareness/Operations/Technician
	• Tower Rescuer: Awareness/Operations/Technician
• Mine & Tunnel Rescuer: Awareness/Operations/Technician	
• Surface Water Rescuer: Awareness/Operations/Technician	
• Swiftwater Rescuer: Awareness/Operations/Technician	
• Floodwater Rescuer: Awareness/Operations/Technician	
Federal Emergency Management Agency (FEMA)	Urban Search and Rescue (USAR) Teams Specialist
Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF)	Alcohol Tobacco Firearms and Explosives Canine Recertification
Pierce Manufacturer	New Pumper Operator Training
Seagrave Manufacturer	New Pumper Operator Training
Washington Metropolitan Area Transit Authority (WMATA)	Joint Supervisor Training
	Metro Tunnel Drill
George Washington University – Executive Education and Coaching Center	Executive Leadership Program
	Certified Public Manager (CPM) Program
College of Southern Maryland	Paramedic Certification Training (EMT to Paramedic)
George Washington University – Medical Faculty Associates	Paramedic Certification Training (EMT to Paramedic)
Associates in Emergency Care	Paramedic Certification Training (EMT to Paramedic)
Good Fellowship Ambulance & EMT Training Institute	Paramedic Certification Training (EMT to Paramedic)
Carroll Community College	Paramedic Certification Training (EMT to Paramedic)
Delaware Tech Community College	Paramedic Certification Training (EMT to Paramedic)
Columbia University	Leading with Impact
Northern Virginia Leadership Institute	Company Officer Leadership
American Red Cross	ALS – Initial and Recertification
	PALS – Initial and Recertification
	CPR – Initial and Recertification
University of Maryland – Fire and Rescue Institute (MFRI) Fire Prevention Division	Fire Investigator
	Plans Examiner I and II
O2X Human Performance	Human Performance Training:
	• Strength and Conditioning
	• Nutrition
	• Sleep
	• Stress Mitigation

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Personnel Training and Certification	
Education Agency	Course
	<ul style="list-style-type: none"> <li>Resilience for Post-Traumatic Stress</li> </ul>
Prince William County Resiliency Center	Stress First Aid Peer Support Team Training
Community College of Baltimore County	Paramedic Certification Training (EMT to Paramedic)
First Responder Center for Excellence	Stress First Aid Team – Train the Trainer

*43. Please provide an updated timeline on the Department’s efforts to establish a Paramedic School. What progress has been made thus far? Is the program on track to open for the Spring semester of 2026, as stated in last year’s performance oversight responses?*

The Department continues to partner with the University of the District of Columbia (UDC) to establish a District-based paramedic education program. The District currently lacks an in-jurisdiction paramedic program that is broadly accessible to EMTs, which contributes to recruitment and retention challenges amid a national paramedic shortage. The Mayor’s FY 2025 budget included approximately \$2.2 million to support this effort, and the FY 2026 budget included an additional \$1 million.

Program development is progressing on schedule across curriculum, equipment, staffing, accreditation, and clinical placement planning. The Department’s objective is to hire or train approximately 70 new paramedics each year to address new positions and vacancies due to promotion, attrition, and retirement; today, the Department hires an average of 30–35 already-certified paramedics annually.

Paramedic Program Timeline and Objectives		
Timeline	Activity	Status
FY 2025 Q1	MOU between Department and UDC executed	Completed
February 13, 2025	Partnership announced by Mayor Bowser with Chief Donnelly and UDC President Edington	Completed
FY 2025 – FY 2026	UDC procurement and curriculum development; equipment ordered; curriculum approved; faculty and staff hiring ongoing	Ongoing
FY 2026 (ongoing)	Work with Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) on accreditation steps, Advisory Committee, and clinical partnerships	Ongoing
Spring 2026	Initial cohort begins general education for paramedic associate degree; all 14 enrollees are DC residents (13 are Fire and EMS employees)	Scheduled
FY 2026 Q3 – Q4	Paramedic core courses tentatively scheduled, aligned with accreditation and clinical placements	Tentative
FY 2026 Q4	CoAEMSP site visit	Anticipated

In addition, the Department is strengthening the pipeline by connecting existing EMT programs to UDC. For example, the Department has connected DCPS’s Career and Technical Education (CTE) Advanced Technical Center (ATC) in Ward 8—which offers an EMT program—with UDC to strengthen the future pipeline of District residents into paramedic training.

Until the UDC program is fully operational, the Department continues to support EMTs who wish to upgrade to paramedic through existing regional options, including George Washington University’s program and other community college and private programs in Maryland and

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Virginia. After those students complete, the Department plans to prioritize UDC and GWU consistent with existing agreements.

The Department and UDC are on track to begin Spring 2026 with the first cohort starting general education coursework. The start of paramedic core coursework is planned for later in FY 2026 (Q3/Q4), subject to completion of accreditation milestones and finalized clinical partnerships.

### *44. What specific efforts does the Department make to ensure that hiring practices do not discriminate against certain groups of people and are as accessible as possible?*

Fire and EMS follows DPM Chapter 2 on Talent Acquisition for all professional staff hiring. The Department uses the applicant tracking system from DCHR to create vacancy announcements and conduct assessments, evaluations, and selections in compliance with non-discriminatory standards.

The Department complies with DPM Chapter 8, Police, Fire, and Emergency Medical Services Employees, for hiring of uniformed personnel.

### *45. What specific attributes of an application would automatically deem an individual to be ineligible to work for Fire & EMS?*

No attributes automatically disqualify an applicant. After submission, Human Resources uses PeopleSoft to run a report that verifies whether the applicant meets minimum qualifications.

### *46. How many members are assigned to the recruitment office currently?*

Three: a battalion chief (Agency Recruiting Officer), a captain, and a lieutenant.

#### *a. What is the budget for this office and all recruitment efforts?*

Salary and fringe for the three recruitment office employees total \$521,627. The office reports under the Professional Development Bureau. Travel and training costs are absorbed under the Department's budget.

### *47. What is the projected cost to recruit, evaluate, and fully train a member of your agency?*

The Department's recruitment and hiring process is inherently staff-intensive with uniformed and professional staff employees and officers engaged at various points throughout the iterative process. This makes accurate accounting difficult without significant assumptions.

Prior to hire, the Department provides personalized physical training to potential applicants for the Candidate Physical Ability Test (CPAT), administers the civil service entrance exam twice annually, conducts background screening, medical and psychological examinations at the Police and Fire Clinic, and suitability interviews with a panel of officers.

Once hired, the Department pays the salary of the new employee, the salaries of instructors for recruiter training, EMT certification costs, the costs of structural personal protective equipment (firefighting gear), uniforms, textbooks, and, if necessary, personalized teaching. The Department also provides physical and mental support throughout the recruit school process.

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DC Fire and EMS Cost per Recruit	
Item	Cost
CPAT (16 hours with 3 FF/EMT and 1 lieutenant)	\$3,124
Background Screening	
4 hours with BFC	\$352
12 hours with Capt. or Lt.	\$887
PFC full medical and psych evaluation (cost includes full capitated rate for 10 months)	\$2,557
Suitability Interview (1 hour with 4 BFCs)	\$352
Pro-rated salaries of Recruiting Division (BFC – Recruiting (12 hrs.), Capt. – Recruiting (4hrs), Lt – Recruiting (4hrs))	\$1,647
10 months salary and fringe for Recruit	\$62,184
NPS Costs: uniforms, textbooks, PPE, training materials, etc.	\$22,755
<b>TOTAL</b>	<b>\$93,858</b>

Training does not end at graduation from the Academy—it is a career-long commitment. After completing the Academy, new recruits continue structured training for at least 18 months in the field as part of the Operations Division. Beyond this initial period, ongoing professional development and skills enhancement remain integral throughout a uniformed employee’s career to ensure readiness and excellence in service.

*48. Please describe any efforts the agency has made to incentivize members to stay beyond their minimum service requirements for pension eligibility.*

Fire and EMS recognize that many employees choose to retire once they reach pension eligibility, often due to the physical demands of the job, stress, and the appeal of guaranteed retirement benefits. To encourage members to stay beyond minimum service requirements, the Department focuses on incentives that enhance career satisfaction and financial security.

The Department offers competitive pay and benefits, tuition reimbursement, and certification incentives such as additional compensation for EMTs who become paramedics. Professional development and promotional opportunities provide clear pathways for advancement, while recognition programs celebrate achievements and milestones to boost morale. These efforts are complemented by quality step increases and ongoing support for continuing education.

The Department also monitors national retention trends and works to mitigate burnout through scheduling adjustments and wellness initiatives. While these measures aim to reduce attrition, the Department prioritizes operational readiness and public safety, ensuring experienced personnel remain engaged and valued.

*49. How many members of your Department have been forced to retire at the mandatory age of 60 in FY 2025 and thus far in FY 2026?*

No Department employees have been forced to retire at the mandatory age of 60 in FY 2025 and FY 2026, to date.

*50. Please provide a summary of the Employee Feedback the Department received as part of the exit interviews conducted when a member parts from your agency. What are the main stated reasons for departure?*

Due to the subjective, qualitative nature of Fire and EMS's exit interview process, the Department has not historically compiled this data.

Absent a retroactive review of each former employee's exit file, the reasons for an employee's separation varies and depends upon whether they are uniformed or professional staff, where they are in their career when the separation occurs, and critical life changes (e.g., relocation out of the area, childcare, etc.). Other factors include:

- Recruits are normally allowed to resign in lieu of termination for performance issues stemming from academic failures and in some instances misconduct.
- Uniformed employees past their probationary year may resign because of family issues or to move back to their hometown to seek careers there.
- Salary or lifestyle factors outside government.
- And finally, some employees seek to change career paths and opt to resign for a rewarding career outside the fire and EMS service.

*51. How many firefighter paramedics are currently employed by Fire & EMS?*

There are currently 316 firefighter paramedics employed by Fire and EMS. Note that as they advance in their careers, paramedics retain their certification even if they transition away from frontline roles and are no longer engaged in direct patient care on every shift.

*52. What is the current number of firefighter paramedic vacancies?*

There are currently eight firefighter paramedic vacancies, though as noted in the response to Question 55, below, when one announcement closes, another immediately opens.

*53. How many paramedics left the Department in FY 2025 and so far in FY 2026?*

Twenty-four (24) paramedics left the Department in FY 2025, and eight left in FY 2026, to date.

*54. What reasons did those departing paramedics give for leaving the Department?*

Some of the paramedics departed due to retirement. Those that departed due to other reasons cited family responsibilities and personal reasons unrelated to the job.

*55. What is the Department's plan for improving paramedic hiring and retention?*

The Department has implemented several measures to improve paramedic hiring and retention through targeted recruitment and flexible processes. It markets the Paramedic Operations Assessment Program to current paramedics and students, allowing them to observe operations. Candidates enrolled in paramedic school can apply for firefighter paramedic positions by providing proof of enrollment. They complete standard background checks and suitability reviews but receive final offers only after presenting an NRP card. The Department remains flexible on administering the candidate physical ability test (CPAT) to medics, such that they choose the days they are available.

The Department offers flexible scheduling for the Candidate Physical Ability Test (CPAT) and keeps applications open year-round by immediately posting a new announcement when one closes. Dedicated adjunct paramedic recruiters from various ranks engage candidates, providing real-world insight beyond the Recruiting Officer's perspective. Social media outreach has also expanded to attract paramedics.

To focus on improving paramedic retention, Fire and EMS pays paramedics more than similarly situated EMTs of the same rank. The Department also offers longevity pay as a percentage of an individual's current salary (5% for 15 years, 10% for 20 years, and so on), thus encouraging the well-compensated paramedics to stay even longer, as their salary increases faster than that of their EMT counterparts. Other assets include the Department's pension, tuition reimbursement, and streamlined promotion potential.

### *Employee Wellness*

#### *56. How does the agency assess employee burnout?*

Fire and EMS takes burnout in this occupation very seriously and actively manages it using best practices, industry standards, and evidence-based interventions.

- Commitment to Well-being: Fire and EMS prioritizes burnout prevention through best practices, industry standards, and evidence-based interventions.
- Leave Program: The Department maintains a robust leave policy per DPM guidelines; encourages employees to take time off to recover from job stress.
- Peer Support: Fire and EMS, in collaboration with our locals, a 24/7 peer support program for processing traumatic events.
  - *Example*: After the mid-air collision, the Department granted generous administrative leave and partnered with IAFF to establish a Firefighter Assistance Center.
- Behavioral Health Screening: Screenings are conducted annually at the Police and Fire Clinic, aligned with NFPA 1582 and DSM-5 standards.
- Performance Evaluation: The Department uses coaching and feedback with company officers as first-line assessors, leveraging close relationships for early detection of burnout signs.

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According to research, signs of burnout can be either obvious or subtle; thus, by taking a multi-faceted, forward-looking approach, Fire and EMS tries to address burnout more proactively by assessing operational employees for burnout across multiple channels and through several media, including face-to-face interactions, clinical sessions, and confidential surveys.

### *57. What efforts are being made for cancer screenings? What other initiatives is the department taking in identifying occupational diseases?*

Each operational employee receives an annual physical medical examination compliant with NFPA 1582. These research- and evidence-based physicals are considered the gold standard for maintaining a healthy workforce. A portion of this standard includes recommended cancer screenings. Operational employees are now offered the following screenings as part of their annual physical:

- bladder cancer
- breast cancer
- cervical cancer
- colorectal cancer
- lung cancer
- oral cancer
- prostate cancer
- skin cancer
- testicular cancer
- thyroid cancer

The Department provides these opportunities to encourage operational employees to seek care early and often throughout their careers. The tests offered are grounded in scientific research that demonstrates firefighters are more likely to develop certain types of cancer given their occupational exposures. In addition, the Department partnered with the Lombardi (Georgetown) Comprehensive Cancer Center to offer all operational employees skin cancer screening in 2025. The Department has incorporated an annual stress test as part of all Department physicals to identify cardiac health issues. This ensures that operational employees are tested for any cardiac anomalies and that they have baseline tests for comparison in the future.

The Department is currently requesting proposals to include additional testing in its annual physicals, including imaging and blood tests for cardiac disease and cancers, as recommended by sources such as the National Lipid Association, American College of Cardiology, the Firefighter Cancer Support Network, and the United States Preventive Services Task Force.

### *58. Please describe the Department's member wellness activities in FY 2025 and FY 2026 to date, including mental health supports and the O2X program and any related expenditures.*

The Department operates a robust wellness program that includes a behavioral health clinician, four full-time O2X personnel, an infectious control specialist, programs at the Police and Fire Clinic, a peer support program, and related initiatives tailored to the Department's workforce based

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on national and local initiatives to enhance firefighter health and safety. The Department also recently refurbished the gym at the Training Academy.

The Department’s behavioral health team, including the Licensed Clinical Social Worker, supported wellness efforts surrounding the deaths of Lt. Robert Heaney and FF Sadia Williams and the shooting of active FF Gary Dziekan, Jr. Additionally, they initiated relationships with the David Lynch Foundation, VitalHearts resiliency training, Promise Landing Farm, and the Columbia Lighthouse Project suicide severity rating scale.

During and after the response to the Potomac River mid-air collision, the Department partnered with the IAFF behavioral health team and local providers to set up a firefighter assistance center for behavioral health.

Below is a list of Department behavioral health initiatives in FY 2025 and FY 2026, to date:

<b>Behavioral Health Initiatives FY 2025 and FY 2026, to Date</b>	
<b>Date</b>	<b>Initiative</b>
December 2024	Stress First Aid Peer Support Team (PST) quarterly training, provided by partner Prince William County
December 2024	Ben Vernon two-day event, sponsored by DC Firefighters Burn Foundation
February 2025	Fire Assistance Center (FAC), sponsored by IAFF
Ongoing (since FAC)	David Lynch Foundation Transcendental Meditation Training (scholarships offered for first responders)
May-July 2025	FEMA Disaster Response research project to develop best practices for firefighter/EMS mass casualty behavioral health response (grant-funded)
Summer 2025	Promise Landing Farm equine-assisted pilot workshop (provided for free to Fire and EMS crash responders)
Fall 2025	Promise Landing Farm equine-assisted workshops, sponsored by DC Fire & EMS Foundation
November 2025	Columbia Lighthouse Project PST quarterly training on the Columbia-Suicide Severity Rating Scale (grant-funded project)
Ongoing FY 2026	Project Safeguard for Fire and EMS research study partnership with Center for the Study of Traumatic Stress (CSTS) (grant-funded study)

The O2X contract for FY 2025 was \$893,800. Below is a table from O2X with their relevant metrics:

<b>O2X Metrics (Q3 + Q4 2025)</b>		
<b>Type</b>	<b>Item</b>	<b>Number</b>
<b>On Site at Training Academy</b>	Recruits run through Operational Suitability	103
	Cadet training sessions	98
	Recruit training sessions	305
	Recruit classes successfully graduated with no injuries	3
<b>Rehabilitation</b>	Therapeutic treatment sessions	1310
	Return to work sessions	550
	Therapeutic exercise sessions	432
	Home exercise programs created	288
	Operational employees successfully returned to work	20
<b>Across the Department</b>	Firehouse visits (all battalions) for consultations, cooking demos, manual therapy, group workouts, mobility sessions, and wellness checks	169
	Weight rooms built	3

Mental/behavioral health expenditures have been limited to the salary of the Behavioral Health Coordinator and limited overtime expenditures on Peer Support Team members. All training, programming, and workshops have been through partnerships or sponsored by IAFF Local 36, the DC Fire & EMS Foundation, or the DC Firefighters Burn Foundation.

*59. Please describe any lessons learned as it relates to supporting member mental health after particularly traumatic experiences, such as the plane crash this past year. What types of crisis supports are in place at the Department, including peer supports?*

The Department learned that normalizing post-traumatic stress reactions is critical. The Behavioral Health Coordinator (BHC) and Peer Support Team (PST) provide proactive outreach and respond to firehouses after traumatic events. They use psychoeducation to help members understand reaction timelines, available supports, and steps to restore wellness. Current crisis supports include a 24/7 Peer Support Helpline and access to the BHC.

The January 29, 2025, plane crash tested these systems. Within hours, the PST Coordinator mobilized external clinicians and IAFF resources while the Department's BHC returned early from leave. Firehouse visits proved most effective, leading to an on-call clinician schedule. The Department also created a Behavioral Health Incident Management Team (BH-IMT) and expanded traumatic event leave from 24 to 48 hours. It partnered with IAFF and local providers to launch DC's first ever Fire Assistance Center for first responder behavioral health, offering modalities such as EMDR, neurofeedback, and meditation. The BHC co-authored a behavioral health assistance proposal and built partnerships for long-term support, including training and resiliency programs.

Key lessons: mass casualty events require scalable behavioral health resources and long-term support for cumulative trauma. With one in five to one in three first responders likely to develop PTSD, the Department must continually strengthen behavioral health programs across the career lifecycle—from training through retirement.

*60. How much funding was expended in FY 2025 and FY 2026 to date to implement the Fire and Emergency Medical Services Employee Presumptive Disability Amendment Act of 2012 (D.C. Law 19-331)?*

In FY 2025, the Department expended \$21,367.98 to implement D.C. Law 19-331; the Department has not expended any funds in FY 2026, to date.

*a. Was any funding reprogrammed from the PFC contract or presumptive disability funding for other uses, either internal or external to the Department? If so, please describe.*

No funding was reprogrammed from the PFC contract or presumptive disability fund in FY 2025 or FY 2026, to date.

*b. Please provide a chart for the PFC and presumptive disability line items.*

**Presumptive Disability Determinations, FY 2025 and FY 2026, to Date**

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Presumptive Type	FY 2025	FY 2026, to Date
Cardiac	0	0
Cancer	1	0
Infectious Disease	2	0

*61. Does Fire & EMS track lost time injuries? If so, please provide the data collected.*

Yes. For FY 2025, Fire and EMS had a total of 48,222.25 hours of lost time due to Performance of Duty (POD) injuries and illnesses. This amounted to \$2,321,749.30 in wages paid to members out of work on POD, representing hours and wages associated with 270 accepted POD claims for FY 2025. Twenty-six claims remained open at the end of the fiscal year. The average amount of work time lost per POD claim in FY25 was approximately 178 hours.

Lost Time Injuries, FY 2025		
Title	Hours	Amount
Battalion Chief – Paramedic	240	\$21,028.47
EMS Supervisor (Captain)	1812	\$142,926.93
Battalion Fire Chief	1128	\$87,671.17
Captain	828	\$51,528.70
Captain – Paramedic	924	\$66,775.86
Lieutenant	4208.5	\$238,567.87
Lieutenant – Paramedic	154	\$8,870.88
Sergeant	2081	\$109,700.14
Sergeant – Paramedic	644	\$36,607.31
Firefighter / EMT	20,492.25	\$813,064.78
Firefighter / Technician	7201	\$334,052.16
Firefighter / Paramedic	3804.5	\$144,577.86
Firefighter / Paramedic / Technician	348	\$16,651.03
Fire Investigator – Armed	1714	\$96,902.90
Fire Inspector	370	\$16,332.84
Fire Inspector – Paramedic	20	\$1,141.82
Fire Inspector – Technician	969	\$51,082.56
Marine Engineer	1284	\$82,266.02
<b>Total</b>	<b>48,222.25</b>	<b>\$2,321,749.30</b>

*Facilities*

*62. How many Fire & EMS facilities are currently in need of replacement and/or renovation? Please identify which facilities these are.*

The Department has identified the following seven facilities in need of renovation and/or replacement:

- Engine 7 (Ward 6)
- Engine 26 (Ward 5)
- Engine 15 (Ward 8)
- Engine 30 (Ward 7)
- Engine 18 (Ward 6)
- Engine 32 (Ward 8)

- Engine 8 (Ward 6)

*a. What is the current prioritization plan for modernizing all Fire & EMS stations?*

Fire and EMS regularly reviews the data contained in the work order management system to determine which pieces of building envelope, equipment, and building systems are due for replacement and subsequently develops procurement documents for solicitations that are funded through the Department's scheduled capital improvement program. This system helps the Department focus efforts on modernizing firehouses before problems arise that inevitably occur when servicing a building that operates around the clock year-round.

*63. How does the Department plan to address the feasibility study for a new firehouse that is called for in the RFK redevelopment plan?*

The Department has been coordinating its efforts with the Office of the Deputy Mayor for Planning and Economic Development (DMPED) and other project stakeholders to determine the feasibility and possible best location for the new Engine Company 34. An architect/engineer (A/E) has completed initial site studies of DC government-owned land in the vicinity of the existing RFK campus.

*64. The FY 2026 budget included \$1,000,000 for the Fleet Maintenance and Reserve Facility but no other funding was allocated in the rest of the financial plan. Is the replacement cost of the training academy and apparatus facility fully funded across the financial plan?*

The replacement costs for the Fleet Maintenance and Reserve Facility and the Training Academy are not fully funded across the financial plan. Construction of the Fleet Maintenance and Reserve Facility began last year and is 20 percent complete. The Department is working with EOM to secure remaining funds and anticipates full funding through the current budget cycle, with completion expected in FY 2028.

The Training Academy redevelopment is progressing in design. An A/E team is developing Phase 1, which includes a joint cadet training facility with MPD. The Executive will make future capital allocation decisions.

*65. In the FY 2026 budget, the Mayor and Council included \$2,000,000 in FY 2026 for construction for the relocation of Engine Company 26. What progress has been made on this capital project so far?*

The funds described were designated for the purchase of non-DC government owned land that could serve as a suitable site for the relocation of E26. As a result, DGS issued a Request for Space (RFS) with the minimum program requirements for the new E26. A respondent has been identified, and a parcel is currently under contract. The Department and the A/E team are conducting a site feasibility analysis to confirm that the programmatic needs will fit on the parcel, and that there are no major unforeseen conditions with site civil, geotechnical, and historic issues that would impede the future development of E26.

*Service Delivery*

66. Please provide monthly Fire & EMS response time data, by classification of incident, corresponding NFPA standard, and fiscal year, for FY 2025 and FY 2026 to date.

a. For EMS response time, include the:

- i. Percentage of high-priority EMS calls when a first responding EMT arrived in 5 minutes or less;
- ii. Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less and a Paramedic arrived in 9 minutes or less;
- iii. Percentage of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less; and
- iv. Percentage of high-priority EMS calls when a Fire & EMS transport unit arrived in 9 minutes or less.

<b>EMS Response Time FY 2025 and FY 2026, to Date</b>				
	<b>Percentage of high-priority EMS calls when a first responding EMT arrived in 5 minutes or less</b>	<b>Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less and a Paramedic arrived in 9 minutes or less</b>	<b>Percentage of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less</b>	<b>Percentage of high-priority EMS calls when a Fire &amp; EMS transport unit arrived in 9 minutes or less.</b>
10/2024	53.60%	40.70%	55.40%	81.60%
11/2024	52.90%	40.90%	49.10%	80.90%
12/2024	57.20%	42.60%	54.50%	84.50%
01/2025	53.60%	38.10%	50.70%	80.50%
02/2025	55.30%	44.40%	54.40%	81.30%
03/2025	60.30%	49.20%	61.00%	83.50%
04/2025	60.90%	50.00%	61.80%	84.80%
05/2025	58.20%	46.70%	58.50%	83.60%
06/2025	58.80%	46.90%	55.60%	82.90%
07/2025	58.20%	46.80%	60.30%	82.40%
08/2025	58.00%	46.50%	59.30%	84.00%
09/2025	57.70%	45.30%	61.10%	82.00%
10/2025	57.90%	46.30%	62.70%	82.90%
11/2025	59.30%	49.00%	57.50%	81.00%
12/2025	58.20%	47.60%	57.70%	78.90%

b. For fire response time, include the:

- i. Percentage of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less;
- ii. Percentage of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less.

**Fire Response Time FY 2025 and FY 2026, to Date**

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	Percentage of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less	Percentage of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less
10/2024	93.50%	84.90%
11/2024	95.20%	85.60%
12/2024	96.70%	86.70%
01/2025	91.80%	88.10%
02/2025	93.80%	90.30%
03/2025	98.30%	88.20%
04/2025	96.20%	94.90%
05/2025	97.20%	91.90%
06/2025	96.60%	92.40%
07/2025	95.50%	91.50%
08/2025	97.20%	85.80%
09/2025	97.30%	93.20%
10/2025	95.30%	86.90%
11/2025	97.00%	90.10%
12/2025	95.70%	90.10%

*67. How many BLS and ALS calls did Fire & EMS receive in FY 2025 and FY 2026 to date, by month?*

<b>BLS and ALS Calls by Month, FY 2025 and FY 2026, to Date</b>			
	<b>BLS Calls</b>	<b>ALS Calls</b>	<b>Total Calls</b>
10/2024	8534	5085	13619
11/2024	7791	4827	12618
12/2024	8631	5043	13674
01/2025	8388	5229	13617
02/2025	7446	4898	12344
03/2025	8879	5353	14232
04/2025	8665	4949	13614
05/2025	9166	5117	14283
06/2025	9626	5252	14878
07/2025	9938	5440	15378
08/2025	9241	5168	14409
09/2025	9226	5115	14341
<b>Total FY 2025</b>	<b>105531</b>	<b>61476</b>	<b>167007</b>
10/2025	9155	5258	14413
11/2025	8571	4720	13291
12/2025	8683	5067	13750
<b>Total FY 2026, to Date</b>	<b>26409</b>	<b>15045</b>	<b>41454</b>

*68. What is the rate of BLS transports by ALS providers for FY 2025 and FY 2026 to date, and vice versa?*

Response will be sent under separate cover.

*69. Please list each engine company in the District by volume of calls in FY 2025 and FY 2026 to date.*

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Volume of Calls by Engine Company in FY 2025									
Engine Company	EMS Calls	Fire Calls	Other Calls	Total Calls	EMS Calls per Day	Fire Calls per Day	Other Calls per Day	Total Calls per Day	Call Rank
E01	855	1222	113	2190	2	3	0	6	29
E02	1745	1442	35	3222	5	4	0	9	21
E03	2284	1315	136	3735	6	4	0	10	15
E04	1182	1603	33	2818	3	4	0	8	24
E05	760	884	158	1802	2	2	0	5	30
E06	2375	1899	27	4301	7	5	0	12	9
E07	2599	1208	174	3981	7	3	0	11	14
E08	2477	1645	119	4241	7	5	0	12	11
E09	1806	1706	53	3565	5	5	0	10	18
E10	4569	1907	80	6556	13	5	0	18	1
E11	2643	1506	81	4230	7	4	0	12	12
E12	1198	1062	49	2309	3	3	0	6	28
E13	1934	909	169	3012	5	2	0	8	22
E14	2251	969	93	3313	6	3	0	9	20
E15	3288	1668	200	5156	9	5	1	14	4
E16	2434	1781	34	4249	7	5	0	12	10
E17	1849	958	79	2886	5	3	0	8	23
E18	2204	1469	61	3734	6	4	0	10	16
E19	2886	1534	361	4781	8	4	1	13	6
E20	1499	990	140	2629	4	3	0	7	26
E21	1334	1387	40	2761	4	4	0	8	25
E22	2283	980	77	3340	6	3	0	9	19
E23	800	941	23	1764	2	3	0	5	31
E24	2278	1245	51	3574	6	3	0	10	17
E25	2863	1281	257	4401	8	4	1	12	8
E26	3015	1082	89	4186	8	3	0	12	13
E27	3551	1321	205	5077	10	4	1	14	5
E28	587	865	23	1475	2	2	0	4	32
E29	484	535	48	1067	1	1	0	3	33
E30	4440	1522	65	6027	12	4	0	17	2
E31	1520	842	137	2499	4	2	0	7	27
E32	3558	1639	135	5332	10	5	0	15	3
E33	3253	1378	128	4759	9	4	0	13	7
ALL	72804	42695	3473	118972	200	117	10	327	

Volume of Calls by Engine Company in FY 2026, to Date									
Engine Company	EMS Calls	Fire Calls	Other Calls	Total Calls	EMS Calls per Day	Fire Calls per Day	Other Calls per Day	Total Calls per Day	Call Rank
E01	200	310	33	543	2	3	0	6	29
E02	418	344	21	783	5	4	0	9	21
E03	648	337	18	1003	7	4	0	11	13
E04	249	413	21	683	3	5	0	8	26
E05	172	216	99	487	2	2	1	5	30
E06	535	510	17	1062	6	6	0	12	9
E07	663	303	41	1007	7	3	0	11	12
E08	484	333	11	828	5	4	0	9	18
E09	398	388	8	794	4	4	0	9	20
E10	973	467	9	1449	11	5	0	16	1

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Volume of Calls by Engine Company in FY 2026, to Date									
Engine Company	EMS Calls	Fire Calls	Other Calls	Total Calls	EMS Calls per Day	Fire Calls per Day	Other Calls per Day	Total Calls per Day	Call Rank
E11	677	394	11	1082	7	4	0	12	8
E12	319	287	22	628	4	3	0	7	27
E13	456	246	31	733	5	3	0	8	22
E14	549	276	43	868	6	3	0	10	17
E15	737	396	38	1171	8	4	0	13	3
E16	537	458	5	1000	6	5	0	11	14
E17	437	251	23	711	5	3	0	8	23
E18	509	381	15	905	6	4	0	10	16
E19	609	398	87	1094	7	4	1	12	7
E20	384	272	31	687	4	3	0	8	25
E21	344	355	10	709	4	4	0	8	24
E22	578	228	16	822	6	3	0	9	19
E23	178	227	8	413	2	2	0	5	31
E24	575	326	92	993	6	4	1	11	15
E25	677	326	45	1048	7	4	0	12	10
E26	762	247	13	1022	8	3	0	11	11
E27	760	331	49	1140	8	4	1	13	6
E28	144	242	3	389	2	3	0	4	32
E29	133	112	10	255	1	1	0	3	33
E30	1035	393	14	1442	11	4	0	16	2
E31	362	230	22	614	4	3	0	7	28
E32	754	377	35	1166	8	4	0	13	4
E33	752	386	18	1156	8	4	0	13	5
ALL	17008	10760	919	28687	187	118	10	315	

*70. What are Fire & EMS’ procedures for communicating with the Department of Behavioral Health about overdose patients? Repeat patients? Please provide the number of overdose and repeat overdose patients Fire & EMS treated in FY 2025 and FY 2026 to date.*

Fire and EMS shares real-time electronic patient care report (ePCR) data with the Department of Behavioral Health (DBH) and attends biweekly clinical meetings with DBH and the DC Stabilization Center vendor. One meeting each month focuses on high-utilization and repeat overdose cases to coordinate individualized care plans.

Fire and EMS, DC Health, and the Office of the Chief Medical Examiner (OCME) jointly report citywide data through the Opioid Overdose Dashboard on Open Data DC. This dashboard provides public information on fatal and non-fatal overdoses, transports, fatalities, naloxone distribution, and harm reduction efforts. DC Health manages opioid overdose surveillance through the Overdose Detection Mapping Application Program (ODMAP), which automatically receives Fire and EMS case data via a secure feed.

Mobile Integrated Health (MIH) teams conduct follow-up visits after naloxone administration and document these visits in a database shared with DBH to support continuity of care.

Suspected Overdose Patients FY 2025 and FY 2026, to Date		
	FY 2025	FY 2026, to Date

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<b>Suspected Overdose Patients</b>	6,507	1,729
<b>Repeat Suspected Overdose Patients</b>	421	100

*71. How much funding did Fire & EMS expend in FY 2025 and FY 2026 to date on Naloxone? How much was budgeted in FY 2025 and FY 2026 to date?*

Fire and EMS budgets emergency medications and medical supplies collectively to maintain flexibility and meet changing needs. In FY 2025, the Department encumbered \$600,000 with Cardinal Health for emergency medications, \$200,000 with Medline, and \$1,600,000 with Bound Tree for medical supplies and drugs. See the table below for Naloxone expenditures.

<b>FY 2025 Purchased Naloxone</b>			
<b>Description</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Cost</b>
Cardinal Health - PO715626, PO727648	\$20.03	10,060	\$201,501.80
Bound Tree - PO715994	\$39.09	1,000	\$39,099.00
Medline - PO720538, PO725573	\$34.78	200	\$6,956.40
<b>Total FY 2025 Procurements</b>			<b>\$247,557.20</b>

<b>FY 2026, to Date Purchased Naloxone</b>			
<b>Description</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Cost</b>
Cardinal Health - PO733687	\$19.86	4,250	\$84,405.00
<b>Total FY 2026 Procurements to Date</b>			<b>\$84,405.00</b>

*72. How have patient outcomes changed in FY 2025 and FY 2026 to date? Please provide any relevant data tracked by the Department, including cardiac arrest survival rates.*

The Department continues to see strong out-of-hospital cardiac arrest (OHCA) survival rates, particularly for the Utstein population (bystander-witnessed, non-traumatic cardiac arrests presenting in ventricular fibrillation).

- In FY 2024, the Department achieved a 37% survival rate compared to the national average of 33%.
- In FY 2025, the survival rate was 37.7%, still significantly exceeding the national benchmark.

Survival rates are calculated using Cardiac Arrest Registry to Enhance Survival (CARES) “Utstein Style” standards, which allow benchmarking against national data. The tables below show FY 2025 and FY 2026, to date, survivability measures. These numbers remain pending closure, meaning CARES has not completed and updated all agency and hospital data, which occurs each January or later for the previous calendar year. Updated rates will be posted on the Department’s website (<https://fems.dc.gov/page/cardiac-arrest>) after CARES data closes. These percentages are based on small sample sizes, where just a few outcomes can notably influence overall rates. The District’s OHCA cases often occur in single-family homes, which can delay bystander CPR and notification. Programs like Hands-on-Hearts (HOH) and public access AED initiatives help improve these outcomes.

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<b>Non-Traumatic Etiology Survival Rates, FY 2025 and FY 2026, to Date</b>		
	<b>FY 2025</b>	<b>FY 2026, to date</b>
<b>Overall</b>	9.6% (810)	6.7% (240)
<b>Bystander Witnessed</b>	15.3% (262)	6.8% (73)
<b>Unwitnessed</b>	5.3% (450)	6.1% (131)
<b>Utstein</b>	37.8% (74)	18.2% (22)
<b>Utstein Bystander</b>	43.8% (48)	25.0% (12)

<b>Bystander Intervention Rates, FY 2025 and FY 2026, to Date</b>		
	<b>FY 2025</b>	<b>FY 2026, to date</b>
<b>CPR</b>	35.5% (608)	35.8% (76)
<b>Public AED Use</b>	6.0% (168)	3.9% (51)

The Department’s nationally recognized whole blood program continues to deliver lifesaving care for patients in hemorrhagic shock from both traumatic injuries (such as penetrating trauma and motor vehicle collisions) and medical causes (including gastrointestinal bleeding and peri-partum hemorrhage). In FY 2025 and FY 2026, to date, the Department has administered whole blood to 273 patients. In FY 2025, overall mortality among patients receiving whole blood was 10.8%, and mortality excluding traumatic cardiac arrest was 2.7%. These outcomes demonstrate the program’s significant impact on survival. While more EMS agencies have adopted whole blood programs in recent years, Fire and EMS remains among the national leaders in this practice, presenting at conferences, sharing protocols, and supporting other jurisdictions in implementation.

*73. Please describe how the Right Care, Right Now Nurse Triage Line (“NTL”) operates, including what entities are involved in its operation.*

The *Right Care, Right Now* Nurse Triage Line (NTL) is managed by GMR in collaboration with key partners including: OUC, federally qualified health centers (FQHCs), managed care organizations (MCOs), and local contracted transportation companies. Together, they ensure callers are connected to a nurse for triage, and, if appropriate, refer to appropriate care destinations and provided transportation when needed—delivering the right care at the right place and time.

*a. How does Fire & EMS rate the success of the Nurse Triage Line? What performance metrics are analyzed?*

The NTL improves patient outcomes and conserves Department resources for life-threatening emergencies. Of 4,813 911 callers triaged in 2025, 2,589 (54%) were successfully referred to clinics, self-care, mobile urgent care, or telehealth. Key metrics reviewed weekly include call origination by type and volume, telephony, call transaction by final disposition, referral by clinic destination, referral by insurance, reason for 911 calls, patient call back to 911, patient satisfaction, and transport pick-up and drop-off times. Monthly the Department tracks when a nurse navigator is not available for triage and penalties are applied when this standard is not met.

*b. How has Fire & EMS contributed to the improvement of the Nurse Triage Line since its inception? Have any significant changes been incorporated due to lessons learned?*

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In 2025, the Department re-engaged all clinic partners by providing updated training, refining the referral notification process, and introducing a monthly clinic performance report to monitor and improve outcomes.

Additionally, the Department collaborated with the vendor to strengthen staffing by improving training protocols, hiring multiple new team members, and launching a new call center. These efforts significantly reduced the number of calls returned to OUC. To further streamline operations, Fire and EMS worked with the vendor to implement a new telephone system that is designed to facilitate seamless call transfers from OUC to NTL nurses.

Fire and EMS continue to partner with OUC to enhance CAD-to-CAD functionality between OUC and GMR and to increase referrals to NTL. This includes working with a dedicated task group to review and update inclusion and exclusion criteria based on lessons learned and improve the data dictionary by redefining various disposition codes and establishing new codes to align with the current state of NTL operations.

*c. How, specifically, did Fire & EMS use the funding allocated for the NTL in FY 2025 and FY 2026 to date?*

NTL Program Budget, FY 2025 and FY 2026, to Date		
	FY25	FY26, to date
AMR (Nurse staffing and operations)	\$933,058.80	\$245,409.84
Nurse Triage Outreach Funds	\$42,000	\$0
Department of For-Hire Vehicles (private and uninsured transport)	\$8,952.90	\$6,943.70
NEMT Contract	\$0	\$0
<b>Total</b>	<b>\$984,011.70</b>	<b>\$252,353.54</b>

*d. Please provide the number of calls diverted to the NTL each day in FY 2025 and FY 2026 to date, as well as the number of calls returned from a nurse.*

Nurse Triage Line Total Diversions					
Fiscal Year	Calls Triaged	Diversions to NTL	% Diverted	Returned to BLS	Returned to ALS
FY 2025	4,813	2,589	54%	2,135	89
FY 2026, to date	2,065	737	36%	1,253	75

*e. How has the NTL impacted overall call volume?*

NTL reduces call volume by diverting some 911 calls before dispatch. NTL receives referrals from two sources:

- OUC call takers (911 calls triaged and referred to NTL)
- Field units (patients referred after crews arrive on scene)

Only OUC referrals reduce Fire and EMS dispatches. NTL dispositions fall into two categories:

- Ambulance transport (ALS or BLS)

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- Alternative care (self-care, telehealth, mobile urgent care, or clinic referral)

In FY 2025, OUC referred 3,187 calls to NTL. Of these, 1,249 did not require ambulance transport, eliminating an average of 3.4 calls per day that would have otherwise gone to Fire and EMS units and, by extension, District hospital emergency departments.

*f. Has any funding in the FY 2025 and FY 2026 budgets been reprogrammed from the NTL for other uses, either internal or external to the Department or within OUC? If so, please describe.*

No funding was reprogrammed from NTL in FY 2025 or FY 2026, to date.

*74. Please provide any relevant data the Department has on high volume and super high-volume consumers.*

The Department defines a High-Volume Utilizer (HVU) as a person who activates an emergency response ten or more times in a 12-month period. A Super High-Volume Utilizer (SHVU) is a person who activates EMS 30 or more times in a 12-month period. For FY 2025, there were 61,515 unique identified patients. Of these, 461 met the definition of an HVU. For FY 2026, to date, there are 17,451 identified unique patients, and of these sixty-one (0.3%) met the criteria of an HVU. During FY 2025, HVU and SHVU accounted for 2.2% of all transports, and for FY 2026, to date, HVU and SHVU accounted for 0.5% of transports.

Volume of Utilization, FY 2025				
Number of Activations	Number of Patients	Percentage of Patients	Number of Activations	% of Activations
1 to 2	56,070	91.1%	62,625	68%
3 to 4	3,458	5.6%	11,486	12.5%
5 to 9	1,526	2.5%	9,531	10.4%
10 or more	461	0.7%	8,401	9.1%

Volume of Utilization, FY 2026, to Date				
Number of Activations	Number of Patients	Percentage of Patients	Number of Activations	% of Activations
1 to 2	16,609	95.2%	4,386	49%
3 to 4	581	3.3%	1,521	17%
5 to 9	201	1.2%	1,349	15.1%
10 or more	61	0.3%	1,688	18.9%

*a. In FY 2025 and FY 2026 to date, how has Fire & EMS worked to divert the use of EMS services by high-volume and super high-volume consumers?*

The Office of the Medical Director identified and analyzed characteristics of the HVU and SHVU patient populations to identify underlying themes within these populations (e.g., medical complexity, social vulnerability). This analysis is the foundation for driving the conversation and action with the multi-agency government task force (formed in FY 2025 and first active in FY 2026) charged with reducing the use of emergency services. The analysis identified two general

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themes across the HVU/SHVU patient population: (1) patients who would benefit from direct action (like ensuring homes are ADA compliant); and (2) patients who require additional resources and higher intensity intervention (for example, management of multiple medical comorbidities, unstable housing, and treatment of substance and opioid use disorders).

Fire and EMS regularly meets with other supporting agencies to develop action plans to address the needs of these patients.

*75. Please describe the activities and staffing of the Mobile Integrated Health (MIH) Team in FY 2025 and FY 2026 to date.*

The Mobile Integrated Health (MIH) Team continues to provide proactive care to high-volume utilizers, lift-assist patients, and opioid overdose survivors with the goal of reducing unnecessary emergency department transports and improving patient outcomes. MIH operates daily and is organized into three teams: MIH 1 and MIH 2, both ALS-capable with paramedics, EMTs, and community outreach specialists; and MIH 4, which focuses on overdose follow-ups, harm reduction, and community engagement. In FY 2025, the Department strengthened MIH operations by hiring two additional community outreach specialists, completing team staffing, and adding an EMT to MIH 4 for safety during outreach. Applications for two advanced practice providers (APPs) have been received and are under review. Team members completed Mental Health First Aid certification in July 2025, and two new response vehicles were added in summer 2025.

MIH expanded its scope by assuming the home vaccination program from DC Health. After completing its first MOU for a pilot of 40 COVID-19 vaccinations in May 2025, the team launched a new agreement to provide elderly, homebound District residents with COVID-19 and/or high-dose influenza immunizations in November 2025, with appointments scheduled Monday through Friday from 11:00 a.m. to 3:00 p.m. MIH continues to administer buprenorphine and now uses DC Health’s LinkU platform for referrals and warm handoffs. MIH 1 and MIH 2 maintain their 10:00 a.m. to 8:00 p.m. schedule, overlapping on Wednesdays, while MIH 4 operates weekdays from 8:15 a.m. to 4:45 p.m., performing overdose follow-ups, buprenorphine follow-ups, the weekly multiagency public safety taskforce walks, responding to overdose clusters, and targeting hot spots.

*76. In Fiscal Year 2025, DC Fire and EMS Mobile Integrated Health team took over the home vaccination program from DC Health. Please provide the following data for that program:*

*a. Number of each type of vaccine Fire & EMS administered in Fiscal Year 2025 and Fiscal Year 2026, to date;*

<b>Vaccine Administration, FY 2025 and FY 2026, to Date</b>		
<b>Vaccine</b>	<b>FY 2025</b>	<b>FY 2026, to Date</b>
COVID-19 vaccine, mRNA	40	139
High-dose inactivated influenza vaccine	0	36

*b. Number of home vaccination appointments made in each Ward in Fiscal Year 2025 and Fiscal Year 2026, to date;*

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Home Vaccination Appointments by Ward, FY 2025 and FY 2026, to Date		
Ward	FY 2025	FY 2026, to date
1	0	14
2	2	9
3	1	11
4	9	23
5	15	59
6	5	19
7	6	17
8	3	12
<b>Total</b>	<b>41</b>	<b>164</b>

77. Average amount of time in Fiscal Year 2025 and Fiscal Year 2026, to date, from when a resident requested a home vaccine to when Fire & EMS administered the vaccine.

Time from Home Vaccine Request to Administration	
Fiscal Year	Average Days from Request to Administration
FY 2025	4.6 days
FY 2026, to date	7.3 days

78. In FY 2025 and FY 2026 to date, how many complaints did Fire & EMS receive related to dangerous conditions at a residential or commercial building? Please break down this information by separating residential and commercial properties.

- a. Of these, how many have been resolved?
- b. How many remain open?

Dangerous Conditions Reports					
Fiscal Year	Total Complaints	Commercial	Residential	Resolved	Open
FY 2025	1,571	1,234	337	1,558	13
FY 2026, to date	294	223	71	293	1

c. How does Fire & EMS educate the public about how to submit complaints regarding dangerous conditions at residential or commercial buildings?

Ways that members of the public are encouraged to submit complaints:

- Call **311**
- Call the Fire Prevention Division at **202-727-1614**
- Complete the Fire Marshal hotline form at <https://fmhotline.femsdc.com/hotlineform>

The Department educates the public through:

- Social media and television campaigns
- Door-to-door outreach
- Static displays in high-traffic areas

These efforts help ensure the public is informed about both what constitutes a dangerous condition and how to report it.

*79. Please describe the Department's fire prevention education efforts, including outreach to seniors in FY 2025 and FY 2026 to date.*

In FY 2025 and FY 2026, to date, the Department adopted a Community Risk Reduction (CRR) approach to all community engagement and outreach strategies. CRR, as defined by NFPA, is a process used to identify and prioritize local risk, followed by the integrated and strategic investment of resources to reduce their occurrence and impact. More simply, it is a process to help communities find out what their risks are and develop a plan to reduce the risks viewed as high priority.

This approach has supported the Department in aligning its fire education and prevention efforts around a deep understanding of incident data trends, hyperlocal demographic indicators, and community feedback, to identify and address fire risks and the lived experiences of seniors and other vulnerable populations.

Accordingly, the Department's fire prevention education and outreach efforts for seniors include the following focus areas:

- Targeted outreach designed to address the most acute risks in specific neighborhoods, with a particular emphasis on senior safety and reflecting seasonal risk patterns, such as home heating in winter, cooking and electrical safety year-round, and outdoor fire risks in warmer months—as well as geographic factors that influence fire risk across the District;
- Key messaging around how and when to report fire safety concerns through multiple accessible channels, including calling 311 and completing the Fire Marshal Hotline Form;
- In-person outreach with uniformed and professional staff prevention teams, including neighborhood focused door-to-door canvassing with education materials and real-time solutions such as home safety checks and smoke alarm installs; and
- Strategic partnerships with local agencies such as the Department of Aging and Community Living (DACL) and the Department of Parks and Recreation (DPR) to conduct fire safety presentations and display static signage in high-traffic locations in senior living facilities and recreation centers.

Through these efforts, the Department reached 861 seniors with fire prevention education and resources and visited 8,572 residential homes through its All-Hands-On Prevention (AHOP) initiative in FY 2025 and FY 2026, to date. This data-informed, community-centered approach ensures prevention messaging and outreach are responsive, equitable, and aligned with the Department's commitment to reducing preventable incidents and improving safety outcomes for seniors and other at-risk populations across the District.

*80. Please describe the work of the Department's educational and street outreach personnel in FY 2025 and FY 2026 to date.*

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In FY 2025 and FY 2026, to date, Fire and EMS have advanced a coordinated education and street outreach strategy designed to reduce preventable harm, strengthen community trust, and meet residents where risk is greatest. Through the Strategy and Impact Division, the Department has intentionally aligned education, outreach, and data-informed interventions into a comprehensive CRR ecosystem—breaking down silos and delivering integrated, resident-centered services.

### **Education Services Across All Ages and Abilities**

The Department provides age-appropriate, culturally responsive fire and life safety education across the lifespan. Youth fire safety education is delivered to PK3 through elementary students through partnerships with daycare centers and DC Public Schools, covering foundational topics such as stop, drop, and roll; identifying hot versus safe objects; the importance of smoke and carbon monoxide alarms; and home exit drills. For older adults, the Department conducts in-person and virtual fire safety education in partnership with DACL and community-based organizations, focusing on kitchen hazards, home fire safety, hoarding risks, and practical decluttering strategies. The Department also provides accessible high-rise fire safety education for individuals with disabilities in collaboration with the Mayor’s Office for the Deaf, DeafBlind, and Hard of Hearing (ODDHH), DC Homeland Security and Emergency Management Agency (HSEMA), and the American Red Cross. In addition, hands-only CPR and AED training is prioritized to build bystander response capacity during cardiac emergencies. Through ongoing coordination with local places of worship, non-profits, small condominium buildings and businesses, the Department is increasing awareness and access to life-saving devices and interventions. Additionally, the Department continues to partner with the Office of the State Superintendent (OSSE), DC Public Schools (DCPS), and DC Public Charter Schools (DCPCS) to provide CERP guidance and training to school staff and communities (see the response to question 19). To date, 124 CERPs have been designed and stored in CORE DC.

### **Mobile Outreach Services**

Fire and EMS complements education with targeted mobile, street-level outreach for residents and visitors. MIH teams connect with homebound seniors, including supporting vaccination efforts, and engage individuals who are high-volume and super-high-volume utilizers of medical transport services to address underlying needs and reduce repeat emergencies. The Department also conducts “return-to-scene” and “return to community” outreach following residential fires, revisiting affected neighborhoods to distribute fire prevention materials, reinforce safety messaging, and rebuild communities through providing targeted resources. In addition, neighborhood-based proactive outreach efforts allow professional and uniformed staff to walk blocks, engage residents directly, identify hazards, and connect households to prevention resources before an emergency occurs.

*81. Please provide Fire & EMS’ definition of ambulance uptime percentage and moving average data as well as a table reflecting the Department’s ambulance uptime percentage and moving average data, disaggregated by fiscal year, for FY 2025 and FY 2026 to date. Please also analyze and reflect on the data.*

Fire and EMS define ambulance uptime percentage as the percentage of time frontline ambulances assigned to emergency response are available for service during a given reporting period. Units

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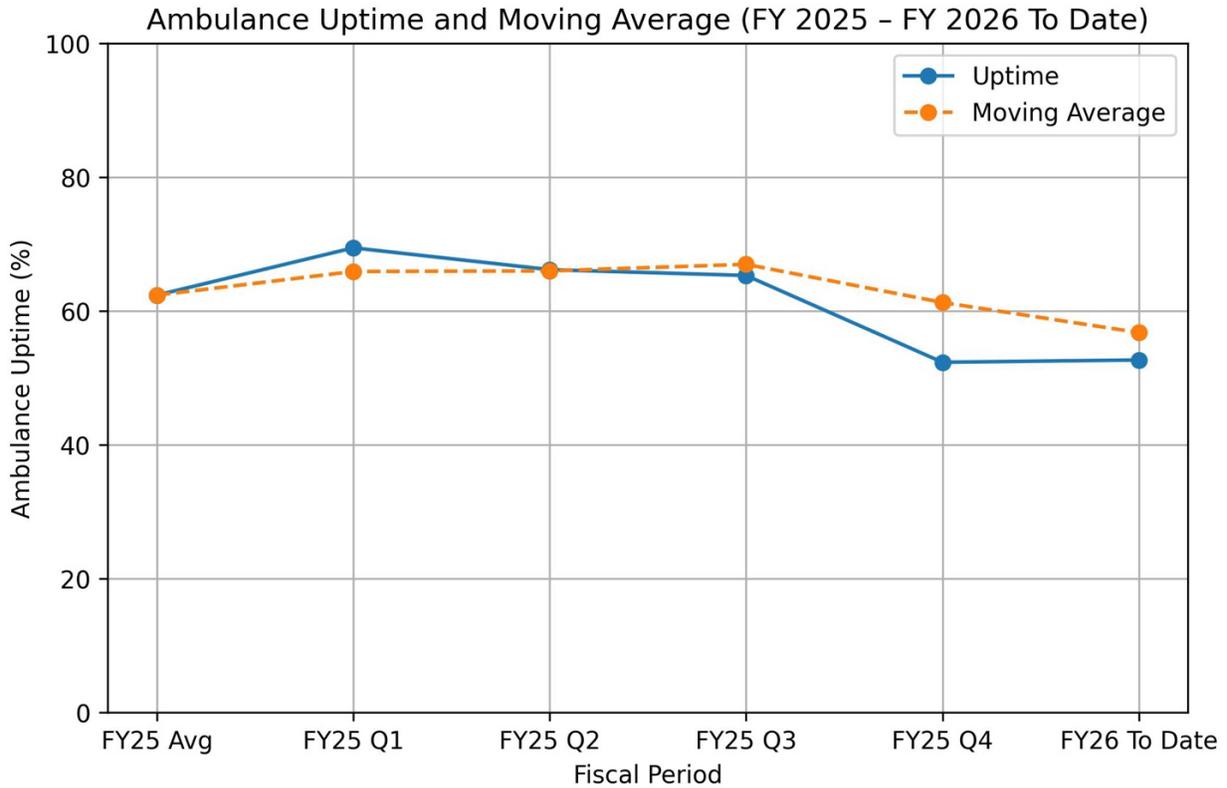
are considered unavailable when placed out of service for maintenance, repair, inspection, certification, or other fleet-related reasons. To better assess sustained performance and reduce the effect of short-term fluctuations, the Department also tracks a moving average uptime, which reflects overall fleet availability trends over time.

Ambulance uptime and moving average data for FY 2025 and FY 2026, to date, are tracked using the Department's Fleet Management Information System (FASTER) and internal operational reporting. Consistent with prior fiscal years, the data shows that ambulance uptime is influenced by the age and condition of the fleet, the volume and complexity of repairs, and delays in replacement deliveries driven by supply chain constraints. The moving average provides a more stable indicator of performance and is used to evaluate whether changes reflect temporary maintenance activity or longer-term fleet condition issues.

The Department continues to use this data to inform maintenance prioritization, operational planning, and capital replacement decisions. As new ambulances are delivered and placed into service during FY 2026, the Department anticipates gradual improvement in both point-in-time uptime and the moving average metric. Ongoing monitoring of these indicators supports efforts to improve ambulance availability and ensure reliable EMS response capacity.

<b>Ambulance Uptime, FY 2025 and FY 2026, to Date</b>		
	<b>Ambulance Uptime</b>	<b>Ambulance Unavailable</b>
FY 2025 Q1	69.45%	30.55%
FY 2025 Q2	66.19%	33.81%
FY 2025 Q3	65.32%	34.68%
FY 2025 Q4	52.35%	47.65%
<b>FY 2025 Annual Average</b>	<b>62.38%</b>	<b>37.62%</b>
FY 2026 Q1	52.69%	47.31%

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*Emergency Medical Services Fees*

**82. How did the Department collect Emergency Medical Services fees in FY 2025 and FY 2026 to date? Please describe any changes to ambulance billing, such as the transition to the OCFO’s CCU.**

Response will be sent under separate cover.

**83. Please provide the total amount of EMS fees collected in FY 2025 and FY 2026 to date as well as the total amount of EMS fees that remain uncollected in FY 2025 and FY 2026 to date.**

Response will be sent under separate cover.

*Agency Fleet*

**84. With regard to the Department’s fleet, please respond to the following:**

- a. *In table format, list all emergency response apparatus (including Battalion Chief and EMS Supervisor “buggies”) in the Department. Provide a brief description of the vehicle (e.g., Engine-22, Ambulance 9, etc.), the model and year, where the vehicle is assigned, whether the vehicle is in regular operations or part of the reserve fleet, and the vehicle’s inspection history.*

Please see Attachment Q84a.

*b. How many vehicles does the Department lease, and which types of vehicles?*

Leased Vehicles	
Vehicle Type	Quantity
Chevrolet Blazer	1
Chrysler Pacifica	7
Dodge Grand Caravan	1
Ford Explorer	1
Ford F-150	3
Ford Fusion	8
Ford Transit	4
Hyundai Elantra	6
Ram 1500	1
<b>Total</b>	<b>32</b>

*c. How many vehicles are take-home vehicles for fire chiefs?*

Thirty (30) take-home vehicles are currently assigned to fire chiefs.

*d. How many vehicles are currently out of service? Please disaggregate by vehicle type.*

Vehicles Currently Out of Service	
Vehicle Type	Out of Service
Ambulances	33
Engines	27
Trucks	17
Rescue Squads	3
Fire Boats	1
Operation Response Vehicles	5
Other Vehicles	13
<b>Total Units Out of Service<sup>3</sup></b>	<b>99</b>

*e. When vehicles are out of service, how does the Department ensure proper coverage across the District? Are there best practices for such readjustments of resources?*

When vehicles are out of service, the Department maintains coverage through real-time monitoring, strategic redeployment, and coordination with regional partners.

- **24/7 Liaison Support:**
  - FLO and two ELOs at OUC monitor fire suppression and transport units.
  - They coordinate with dispatch and regional partners under mutual aid agreements.
  
- **Technology Tools:**

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<sup>3</sup> As of this writing.

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- LiveMUM tracks apparatus availability and staffing in real time, enabling immediate redeployment.
- Operational dashboards display unit status, outage duration, and system impacts for command staff and officers.
- **Notification Protocols:**
  - Alerts go to operational chiefs and executive staff when unit availability drops below thresholds or major incidents occur.
- **Best Practices:**
  - FLOs and ELOs use CAD and I/Dispatcher to monitor active events and adjust resources.
  - FOC manages a Department-wide schedule to anticipate coverage gaps and transfer units as needed.
  - Non-emergency activities are canceled when necessary to keep units available.

*f. When vehicles are out of service, how does Fire & EMS communicate this with OUC so that dispatching is based on knowledge of proper resources?*

When Department vehicles are taken out of service, the unit status is updated in CAD and communicated immediately to the FLO, ELOs, and OUC. This out-of-service status prevents those vehicles from being selected for dispatch. Apparatus availability is updated directly in the Department's resource management and dispatch systems, ensuring the Department has current, accurate visibility of all in-service and out-of-service units. This allows dispatchers to base assignments only on verified, available resources.

In addition, officers in Operations confirm status changes through direct communication channels with the FLO and ELOs when needed, particularly during significant outages or operational impacts. These layered communication methods ensure redundancy and accuracy.

The Department also uses LiveMUM to maintain situational awareness and coordinate resource adjustments, which supports informed dispatching decisions and alignment between Fire and EMS and OUC. These processes ensure that dispatch decisions are always made with a clear understanding of available resources, maintaining response reliability and public safety even when vehicles are temporarily out of service.

*85. Does the Department continue to use the CARSS replacement schedule plan when making decisions about fleet replacement? If not, what is the Department's current model for vehicle replacement? If yes, please explain exactly how this scheduling system informs departmental vehicle replacement decisions.*

Yes, Fire and EMS use CARSS as a fleet analytics and planning tool which tracks data from FASTER to assess vehicle condition, utilization, downtime, and lifecycle cost trends across the inventory. CARSS supplements the Department's NFPA-aligned replacement schedule by quantifying fleet condition and risk in a data-driven manner. This analysis helps validate which units are approaching or exceeding their practical service life and provides an objective basis for

prioritizing replacement needs within the broader replacement framework established by NFPA standards and departmental policy.

CARSS also assists the Department in preparing capital budget requests that are rooted in relevant, current fleet data rather than fixed replacement quantities. By translating vehicle condition, utilization, maintenance history, and lifecycle trends into measurable capital needs, CARSS supports the development of data-driven funding requests that reflect actual fleet health and operational risk. This approach strengthens budget justifications, supports more accurate long-term capital planning, and ensures replacement funding requests remain aligned with evolving fleet conditions and departmental priorities.

*86. Please provide the plan and timeline to certify aerial ladders, engines, fire hoses, ground ladders, nozzles, fire boats, foam units, and brush units. Include how many of each are certified.*

Repairs identified during certification testing are performed either by the Apparatus Division (AD) or by authorized manufacturer representatives, depending on the nature, complexity, and warranty status of the deficiency. The AD completes in-house repairs that fall within its technical capabilities and do not require specialized manufacturer intervention. Repairs involving structural components of aerial ladders are performed exclusively by the manufacturer's authorized representative to ensure compliance with design specifications, safety requirements, and warranty purposes. The AD coordinates all repair activities to ensure continuity, documentation, and timely progression toward certification, and all deficiencies and repair actions are tracked in FASTER. Upon completion of repairs, apparatus are scheduled for third-party reinspection and certification.

#### **Timeline for Certification and Reinspection:**

- Annual certification testing: Conducted for all applicable apparatus and equipment within the calendar year.
- Out-of-service deficiencies: Units meeting out-of-service criteria are removed from service immediately and prioritized for repair.
- Repair phase:
  - In-house AD repairs are typically completed within 1–5 business days, depending on scope.
  - Manufacturer-coordinated repairs, including aerial ladder structural components, vary based on parts availability and vendor scheduling and may extend several weeks.
- Reinspection and certification: Scheduled promptly following repair completion and performed by the third-party testing vendor to confirm compliance. While exact completion dates vary due to repair complexity and external vendor dependencies, the Department manages all certification activities within the annual certification cycle to ensure compliance and operational safety.

In FY 2025 and FY 2026, to date, the following equipment has been certified: five aerial ladders, with three additional aerial ladders currently undergoing manufacturer-coordinated repairs prior to reinspection and certification; 47 engines; approximately 11,910 feet of ground ladders; over

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245,000 feet of fire hose and more than 600 nozzles, both of which have completed testing and are awaiting final vendor documentation; three fire boats; two foam units; and one brush truck.

*87. Please discuss the current apparatus replacement plan, and please provide a chart documenting apparatus procurement and deliveries, by fiscal year, for FY 2025 and FY 2026, to date, which includes the apparatus type, cost, placement within the Department, and time between being ordered and delivered.*

The Department’s plan for replacing apparatus is based on data about fleet condition, usage, and lifecycle risk, analyzed through FASTER and CARSS analytics. CARSS forecasts which vehicles will reach the end of their practical service life over several years, allowing the Department to prioritize replacements and align purchases with documented operational risk rather than fixed schedules. Current orders mark significant progress in addressing these lifecycle expirations, with expected FY 2026 deliveries including 17 pumpers, four aerial ladders, two of which are platforms, and 56 ambulances. However, CARSS projections show that additional capital investments will still be needed to fully offset future expirations and maintain long-term fleet readiness.

Apparatus Replacement Status				
Apparatus Type	Total Fleet	CARSS Expiring (FY 2025 – FY 2029)	Currently in Procurement	Delta
Ambulances	97	96	66	30
Engines	67	59	34	25
Ladder Trucks	33	30	12	18

*88. Please also discuss how the Department is adjusting to the reality of a slower supply chain for procurement as well as rising costs of apparatus. How is the Department being proactive in ensuring that apparatus are ordered within enough time for them to arrive when they are needed?*

The Department has adjusted its apparatus replacement strategy to address prolonged supply chain delays and rising apparatus costs by planning procurements multiple fiscal years in advance and acting early when opportunities arise to mitigate future risk. The Department uses CARSS lifecycle projections and FASTER data to identify replacement needs well ahead of end-of-service thresholds, allowing requisitions, specifications, and funding actions to be initiated early enough to account for extended manufacturing timelines.

A clear example of this proactive approach is the Department’s order of 18 HME pumpers, which was executed to address an immediate operational need while also accelerating delivery timelines. These units were procured early to secure production slots and to take advantage of pre-2027 emissions-compliant engines, avoiding anticipated cost increases, regulatory complexity, and additional delivery delays associated with future emissions standards. In addition, the AD is now working with OCFO and the resource allocation team to begin placing orders against available allotments and to initiate pre-orders, further reducing the operational impact of extended lead times and strengthening the Department’s ability to receive apparatus when they are needed.

*89. How many individual pieces of fire apparatus were ordered in FY 2025 and in FY 2026 to date? Please identify the specific types of apparatus that were ordered and when.*

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In FY 2025, requisitions were submitted for a total of 24 individual apparatus. These orders included two Seagrave Aerialscope mid-mount tower ladders, one Seagrave TDA-retractor, one LDV command unit, and 18 HME pumper engines. Requisitions for these units were initiated during FY 2025 to address both lifecycle replacement needs and immediate operational requirements, with orders structured to secure production slots and manage extended delivery timelines.

In FY 2026, to date, requisitions have been submitted for two Pierce Ascendant mid-mount tower ladders. These FY 2026 orders reflect continued implementation of the Department's multi-year replacement strategy and are aligned with projected lifecycle needs identified through fleet condition and CARSS analytics.

### *90. What were the achievements of the Apparatus Division in FY 2025 and FY 2026 to date? What are the FY 2026 goals for the Apparatus Division, including goals for improving training of personnel?*

During FY 2025 and into FY 2026, the AD strengthened its operational focus on vehicle procurement, preventive maintenance, repair processes, annual testing, and overall fleet reliability. Key efforts included refining scheduling and workflow to reduce out-of-service time and improve utilization of shop capacity, while balancing in-house repair capabilities with targeted vendor support. Strategic partnerships, enhanced original equipment manufacturer engagement, and improved coordination with other District agencies contributed to faster repair completion, improved support for complex systems, and better cost control.

The division made progress in preventive maintenance by clearly separating preventative maintenance activities from repair work, improving efficiency and accountability. A strengthened partnership with Cummins resulted in a dedicated in-house Cummins mobile technician embedded in the shop, equipped with advanced diagnostic software, specialized tools, and training to support the Cummins engines that power a large portion of the fleet. From a workforce and procurement standpoint, the Division hired its first Grade 5 Heavy Mobile Equipment Helper, established a pre-ASE training pathway through Penn Foster with its first graduate, and led the development of specifications, advance procurements, inspections, and acceptance of 47 new apparatus. In parallel, lifecycle management actions were executed, including exchanging leased vehicles and retiring units that were no longer cost-effective to maintain.

The AD developed a workforce development plan that provides a structured pathway for technician training, certification, promotion, and accountability, while emphasizing communication, mentorship, and performance feedback. Together with ongoing facility upgrades and process improvements, these initiatives position the AD to improve fleet reliability, strengthen workforce capability, and support sustainable long-term operations.

FY 2026 is focused on deliberate investment in the AD's workforce, tools, technology, and processes. Key goals include reorganization of AD management, expansion of the light-duty vehicle preventive maintenance and repair program, and formal establishment of a career ladder aligned with the workforce development plan. Training and certification priorities include increasing ASE certification attainment, partnering with the DC Infrastructure Academy to complete CDL training for technicians, working with the Training Academy to enroll all personnel

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in the learning management system, and delivering focused technical training in brakes, pumps, and aerial maintenance. Additional goals include expanded investment in diagnostic software and tools, continued enhancement of OperativeIQ capabilities, and leadership development for managers.

*91. What are the relevant apparatus-related certifications for each type of personnel in the Apparatus Division? For each type of personnel, how many have obtained that certification? Please provide the progress toward EVT certification by incumbent.*

Pursuant to D.C. Code § 5-413, Fire and EMS complies with NFPA standards governing apparatus inspection, maintenance, and personnel qualifications, including NFPA 1910 (Standard for the Inspection, Maintenance, Refurbishment, Testing, and Retirement of In-Service Emergency Vehicles and Marine Firefighting Vessels). The AD assigns nationally recognized Emergency Vehicle Technician (EVT) and Automotive Service Excellence (ASE) certification levels based on employee grade and job responsibilities to ensure personnel are qualified to safely maintain and repair fire apparatus and ambulances.

Within the AD, Grade 5 Heavy Mobile Equipment Helpers are expected to complete ASE preparatory training and begin the EVT pathway. Grade 8 Heavy Mobile Equipment Repairers are aligned with EVT Level I (Ambulance Technician) certification requirements. Grade 10 Heavy Mobile Equipment Mechanics are aligned with EVT Level I Fire Apparatus Technician and EVT Level II Ambulance Technician requirements, reflecting increased responsibility for apparatus systems. Grade 11 Heavy Mobile Equipment Mechanics are aligned with EVT Level II Fire Apparatus Technician and EVT Level II Ambulance Technician certifications. Heavy Mobile Equipment Mechanic Leads are aligned with EVT Master Level III certifications for both fire apparatus and ambulances, consistent with their supervisory and advanced technical roles. While no incumbents have yet completed all required EVT certifications, multiple personnel are actively progressing through their assigned certification levels, and certification progress is tracked by incumbents as part of the division’s workforce development strategy.

<b>Apparatus Division Certifications</b>		
<b>Job Title</b>	<b>EVT/ASE Requirement</b>	<b>Description</b>
Fire Apparatus Technician – Level I	EVT-F1	Maintenance, inspection, and testing of fire apparatus
	EVT-F2	Design and performance standards of fire apparatus
	ASE-T4	Truck brakes
	ASE-T5	Truck suspension and steering
Fire Apparatus Technician – Level II	EVT-E0	Maintenance, inspection, and testing of ambulances
	EVT-E1	Design and performance standards of ambulances
	ASE-A4	Automobile suspension and steering
	ASE-A5	Automobile brakes
Fire Apparatus Technician – Level III	EVT-F5	Aerial fire apparatus
	EVT-F6	Allison automatic transmission
	ASE-T1	Truck gasoline engines
	ASE-T7	Heating and air conditioning
Ambulance Technician – Level I	EVT-E0	Maintenance, inspection, and testing of ambulances
	EVT-E1	Design and performance standards of ambulances
	ASE-A4	Automobile suspension and steering
	ASE-A5	Automobile brakes

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Apparatus Division Certifications		
Job Title	EVT/ASE Requirement	Description
Ambulance Technician – Level II	EVT-E2	Ambulance electrical systems
	EVT-E3	Ambulance heating, air conditioning, and ventilation systems
	ASE-A9	Automobile diesel engines
	ASE-T3	Truck drive trains
	ASE-T4	Truck brakes

92. How many personnel are in the Apparatus Division, and what are their position titles?

Apparatus Division Personnel	
Position Title	Total Employees
Heavy Mobile Equipment Helper	2
Heavy Mobile Equipment Repairer	4
Program Support Assistant	6
Heavy Mobile Equipment Mechanic	6
Welder	1
Heavy Mobile Equipment Mechanic	8
Heavy Mobile Equipment Mechanic Lead	4
Program Improvement Coordinator	1
Heavy Mobile Equipment Mechanic Foreman	6
Assistant Fleet Maintenance Officer	1
Captain	1
Battalion Fire Chief	1
Deputy Fire Chief	1

a. Please list any vacancies, how long each vacant position has been vacant, and what efforts the Department is making to ensure these positions get filled in an efficient manner with qualified staff.

Apparatus Division Vacancies		
Vacancy	Duration	Status
Grade 8 Heavy Mobile Equipment Repairer	6 months	Candidate selected 1/21/2026.
Grade 9 Program Support Assistant	3 months	Working with DCHR to convert position to Program Manager
Grade 10 Heavy Mobile Equipment Mechanic	1 month	Working with DCHR to convert position to Tow Operator
Grade 10 Heavy Mobile Equipment Mechanic	2 months	Working with DCHR to downgrade position to Grade 8
Grade 11 Heavy Mobile Equipment Mechanic Foreman	1 month	Working to move position to the Resource Allocation Division
Grade 14 General Foreman	5 months	Working with DCHR to convert position to Fleet Manager

**Personal Protective Equipment**

93. Please detail all uniform and protective gear procurements in FY 2025 and FY 2026 to date, including how many members were provided uniforms and gear due to the procurement.

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The Department has distributed 31,052 uniform items in FY 2025 and FY 2026, to date, based on need.

<b>FY 2025 Uniform and Protective Gear Procurements</b>	
<b>Procurement</b>	<b>FY 2025 Encumbered Funds</b>
FY 2025 Logistics Structural Firefighting PPE Coats, Pants, and Boots	\$1,928,408.60
FY 2025 Logistics Firefighting Protective Equipment and Specialized Protective Equipment	\$1,250,000.00
FY 2025 Logistics Structural Firefighting PPE	\$1,100,000.00
<b>Total FY 2025 Procurements</b>	<b>\$4,798,408.60</b>

<b>FY 2026, to Date Uniform and Protective Gear Procurements</b>	
<b>Procurement</b>	<b>FY 2026 Encumbered Funds</b>
FY 2026 Logistics Structural Firefighting PPE Coats, Pants, and Boots	\$1,650,607.00
FY 2026 Logistics Firefighting Protective Equipment and Specialized Protective Equipment	\$349,000.00
FY 2026 Logistics Structural Firefighting PPE Cleaning, Inspection and Repair	\$226,735.00
FY 2026 Self Contained Breathing Apparatus Equipment and Repair	\$752,000.00
<b>Total FY 2026, to Date Procurements</b>	<b>\$2,978,342.00</b>
FY 2026 Total PPE Budget	\$4,700,607.00
<b>Remaining FY 2026 PPE Budget Funds to Be Encumbered</b>	<b>\$1,722,265.00</b>

<b>FY 2025 Procurements for Dress Uniforms, Outerwear, Safety Duty Shoes, Bike Team Uniforms, and NFPA Fire Resistant Station Wear</b>	
<b>Procurement</b>	<b>FY 2025 Encumbered Funds</b>
Fire Resistive Uniforms and Accessories	\$1,849,304.62
<b>Total FY 2025 Procurements</b>	<b>\$1,849,304.62</b>

<b>FY 2026, to Date Procurements for Dress Uniforms, Outerwear, Safety Duty Shoes, Bike Team Uniforms, and NFPA Fire Resistant Station Wear</b>	
<b>Procurement</b>	<b>FY 2026 Encumbered Funds</b>
Fire Resistive Uniforms and Accessories	\$2,096,536.00
<b>Total FY 2026, to Date Procurements</b>	<b>\$2,096,536.00</b>
Total FY 2026 Uniform Budget	\$2,096,536.00
<b>Remaining FY 2026 Uniform Budget Funds to Be Encumbered</b>	<b>\$0.00</b>

*94. What are Fire & EMS' plans for procurements in the remainder of FY 2026?*

There are \$1,722,265.00 remaining PPE budget funds to be encumbered for firefighting helmets, gloves, specialized PPE, cleaning, and inspection and repair.

*a. What gear, uniforms, or other supplies are members required to purchase and pay for themselves?*

Fire and EMS continues to work toward professionalizing and protecting employees through thoughtful uniform purchases and policies. Due to better budget planning and improved fiscal management, the Department procured all uniform needs apart from official Department sleepwear.

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*b. What type of uniform and protective gear is issued to new recruits upon graduation from the Training Academy, including how many of each item?*

<b>Budgeted Personal Protective Equipment and Uniforms</b>			
<b>Budgeted Personal Protective Equipment Issued</b>			
<b>Description</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Cost</b>
Protective Firefighting Hood	\$115.81	2	\$231.62
Structural Firefighting Helmet	\$497.58	2	\$995.16
Structural Firefighting Gloves	\$122.50	2	\$245.00
Structural Firefighting Boots	\$510.67	2	\$1,021.34
Structural Firefighting Coat	\$2,021.19	2	\$4,042.38
Structural Firefighting Pant	\$1,745.69	2	\$3,491.38
Safety Glasses	\$40.00	2	\$80.00
Firefighting Gear Bag	\$78.00	2	\$156.00
CBRNE GO BAG	\$410.00	1	\$410.00
SCBA Face Piece and Storage Bag	\$330.00	1	\$330.00
<b>Total Cost PPE Issued per each FIRE and EMS Recruit</b>			<b>\$11,002.88</b>
<b>Budgeted Dress Uniforms and NFPA Fire Resistant Station Wear Issued</b>			
<b>Description</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Cost</b>
NFPA Fire Resistant Uniform Pant	\$121.80	5	\$609.00
NFPA Fire Resistant Uniform Shirt – L/S	\$117.60	5	\$588.00
NFPA Fire Resistant Uniform Shirt – S/S	\$102.90	5	\$514.50
Leather Belt	\$43.08	2	\$86.16
Recruit T-Shirts Long or Short (dependent on time of year)	\$25.00	4	\$100.00
Class A – Dress Uniform Coat	\$363.96	1	\$363.96
Class A – Dress Uniform Pant	\$72.80	1	\$72.80
Light Blue Dress Uniform Shirt – L/S	\$46.26	1	\$46.26
Dress Uniform Hat with Badge	\$141.99	1	\$141.99
Dress Uniform tie	\$7.75	1	\$7.75
Collar Brass	\$22.00	4	\$88.00
Outerwear Jacket	\$472.50	1	\$472.50
Safety Duty Shoes	\$168.00	1	\$168.00
<b>Total Cost Uniforms Issued per Fire and EMS Recruit</b>			<b>\$3,258.92</b>

*c. Does Fire & EMS provide personal escape system equipment for any members? What is the cost per unit?*

In FY 2025, the Department purchased PES for each operational employee. In FY 2025, each unit cost \$661.26, and in FY 2026, each unit costs \$726.05.

*d. What is the status of the Personal Escape Systems (PES) for all members?*

The Department has budgeted FY 2026 funds to purchase PES to replace damaged systems, as well as to have additional systems for training.

**Marine Firefighting Unit**

*95. The Mayor and the Council included \$32,352,000 over the six-year financial plan, including \$25,352,000 in FY 2026, for a new fire boat to replace the John Glenn. Please*

*provide an update on these efforts to replace the fireboat in accordance with the 2017 BDA Global Report recommendations.*

The Department initially pursued procurement and awarded a letter contract to replace the John Glenn fireboat, but technical issues required withdrawal of that approach. The Department has since adopted a vessel integrator-led procurement model, as recommended by the 2017 BDA Global Report, to reduce technical risk and improve cost and schedule control.

A new Request for Proposals (RFP) is active to competitively procure professional vessel integrator services. The integrator will manage design, engineering, and shipyard selection for a new NFPA 1925 Class II, ice-capable fireboat.

This revised strategy ensures alignment with BDA recommendations, protects the FY 2026 capital investment, and positions the District to deliver a modern, mission-ready replacement vessel.

*a. What is the expected timeline for design and completion of the replacement fireboat?*

Based on current industry conditions and the complexity of an NFPA 1925 Class II, steel-hull, ice-capable fireboat, a realistic project timeline is approximately 34 to 48 months from design start to final delivery.

**Timeline:**

- Preliminary design: 6-9 months;
- Final design: 6-9 months;
- Construction and outfitting: 18-24 months; and
- Testing, trials, and acceptance: 4-6 months.

Specialized design firms and shipyards capable of this work are operating with limited availability, and schedules are most affected by long-lead components, skilled labor constraints, regulatory review timelines, and supply-chain volatility. Industry experience indicates that phased procurement approaches reduce schedule risk by allowing early design validation and minimizing costly changes during construction.

*b. Please attach the contract for the design of the new fireboat.*

There is no contract currently in place. A Request for Information (RFI) process has been completed, and the results have been evaluated; a Request for Proposals (RFP) was recently issued by OCP.

*96. Last performance oversight season, the Department noted that the Washington DC Waterways Working Group's work to add Common Place Names, navigational waypoints, and Aids to Navigation to the Computer-Assisted Dispatch (CAD) System was underway but that additional testing and verification was needed on OUC's end in order*

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*to finalize the project. What problem does Fire & EMS believe this update will solve, and what is the ideal outcome of this work, according to the Department?*

This update aims to close a critical gap in locating and dispatching maritime incidents within the Computer-Aided Dispatch (CAD) system. Unlike land-based emergencies, which rely on standardized addresses and place names, waterway incidents lack consistent location references. Currently, call-takers depend on narrative descriptions or responder familiarity, which can delay dispatch and complicate resource assignment.

The update will integrate comprehensive maritime data into CAD, including waterway addresses, common place names, navigational waypoints, and predefined reference points such as launch sites and casualty collection points. It will also add maritime-specific response plans and triage questions to ensure consistent handling of water-based incidents.

The ideal outcome is to provide the same precision and efficiency for maritime responses as for street-based incidents—enabling accurate location identification, faster resource deployment, improved situational awareness, and enhanced responder safety. This capability will strengthen interoperability with regional and federal partners and improve overall effectiveness of maritime emergency operations.

*97. Please provide an update on full-scale exercises to simulate fire involving water taxis, mass evacuations, and multiagency hazardous material waterway response in FY 2025 and FY 2026 to date, including the date of each exercise and number of Fire & EMS employee participants.*

FY 2025 and FY 2026, to Date, Marine Fire Simulation Exercises		
Date	Exercise	Participants (approx.)
10/11/2024	Mass evacuation active shooter with US Coast Guard	7
10/1/2025	Joint search and rescue dive drill with Baltimore Fire Department	20
10/23-25/2025	Large area night search and rescue operations with Alexandria Fire Department	21

The Department regularly conducts drills and exercises involving the waterways. A National Capital Region mass search and rescue tabletop exercise hosted by the US Coast Guard-NCR Maritime Security Committee, Salvage and Firefighting Subcommittee is proposed for FY 2026 and in FY 2027 the same group plans to host a regional full-scale multi-jurisdictional mass search and rescue exercise.

*Coordination with OUC*

*98. How does the Department evaluate whether the Office of Unified Communications (“OUC”) properly dispatches Fire & EMS personnel according to dispatching protocol?*

The Department has an on-site liaison who assists and monitors the OUC operations floor with the assistance of an FLO and ELOs. If an employee in the field notices a dispatch protocol error (actual or perceived), the employee completes a Form CD-1. This form captures the reporting party’s information as well as specific information regarding the possible error or problem found. That

information is then investigated by the Fire and EMS OUC liaison with the assistance of the OUC Investigation and Operations staff.

*a. What actions did Fire & EMS undertake in FY 2025 and FY 2026 to date to ensure that OUC properly codes for which calls should be considered ALS or BLS?*

In FY 2025 and FY 2026, to date, the Department has continued to collaborate with OUC to integrate evidence-based improvements into the new call-taking software, PowerPhone. This transition represents a significant effort, requiring a dedicated team to adapt the former criteria-based dispatching (CBD) questions for compatibility with PowerPhone. The goal is to maintain the enhanced dispatch accuracy achieved in FY 2023. This project involves ongoing collaboration with OUC and their vendor, focusing on software configuration, extensive testing, and comprehensive retraining for call takers and dispatchers to ensure optimal performance with the new system. The Department and OUC representatives hold weekly meetings to discuss and address any concerns. OUC has identified a consistent process for change order requests through the Department's Battalion Chief OUC Liaison to accomplish these changes.

*b. Please describe the Department's efforts in FY 2025 and FY 2026 to date to conduct quality control reviews of 10-33s.*

The Department established the Responder Safety Committee (a standing joint labor-management committee), which meets quarterly to discuss responder safety issues and recommend policy, training, and equipment updates to enhance operational employee safety. In addition, the Department has established a collaborative relationship with OUC and MPD designed to provide responders with ample notice, knowledge, and preparation for responding to all calls, especially those involving any previously known violent location, patient, or circumstances. All changes and updates related to responder safety are outlined in Operations Safety Bulletin 22. OUC has also adopted the Department's recommendations and changes outlined in Communication Operations Bulletin 12 and Operations Safety Bulletin 22. The changes outlined in these policies clearly define how to classify requests for MPD assistance to ensure appropriate resources are dispatched in a timely manner for the safety of Department employees.

*99. How did Fire & EMS work with OUC in FY 2025 and FY 2026 to date to ensure that individuals who are CPR-trained are connected to a nearby person who needs assistance and to the nearest AED?*

The Department has continued to collaborate with OUC to ensure CPR-trained individuals are connected to nearby persons in need and to the closest AED. This effort includes maintaining and updating AED location data across the District through the PulsePoint management platform, which is directly integrated with OUC's Emergency Medical Dispatch (EMD) system via PowerPhone. This integration ensures call takers have real-time access to accurate information on available and functional AEDs near reported cardiac emergencies.

Additionally, the Department actively promotes public engagement by providing training on the importance of downloading and using the PulsePoint app. In FY 2025, more than 19,000

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community members were Hands-on-Hearts trained, which includes instruction on accessing, downloading, and utilizing PulsePoint to respond effectively during cardiac emergencies.

*100. Please describe and provide relevant data for AMR unit availability in FY 2025 and FY 2026 to date.*

AMR has been providing consistent service to the Department throughout FY 2025 and FY 2026, to date. AMR deploys units based on an expected demand model. The Department historically has tracked unit availability for AMR consistent with its deployment model, rather than minimum scheduling. The expected demand model uses data points (i.e., time of day, time of year, weather, special events, and historic indicators) to deploy units based upon expected needs of the Department. This model is also dynamic, can be changed based on intervening events and exigent circumstances in the District, and allows the Department to ensure it is deploying contracted resources responsibly.

The AMR deployment model is updated every six months and approved by Fire and EMS. AMR data shared with the Department by means of the CAD-to-CAD interface only identifies AMR units deployed in compliance with the contract with Fire and EMS assigned to responses. Accordingly, the number of minutes that AMR units are available for calls (as a percentage of total minutes) cannot be identified or tracked by data available for analysis. The Department, by contrast, measures Fire and EMS unit availability by “the percentage of time 11 or more units are available to respond on calls,” which provides a consistent denominator of the number of units scheduled for service.

See below for an example of the FY25 AMR force schedule. In this schedule example, on any one day—and at any hour—a different number of AMR ambulances will be in service:

<b>AMR Unit Distribution (January-June 2025)</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Current Number of Shifts</b>	29	29	30	30	30	30	30
<b>Number and Length of Shifts</b>	3 – 10hr 11 – 12hr 13 - 13hr 1 – 14hr 1 – 15hr	4 - 10hr 11 - 12hr 11 - 13hr 1 – 14hr 2 – 15hr	5 – 10hr 12 - 12hr 11 - 13hr 2 – 15hr	6 – 10hr 9 - 12hr 12 - 13hr 2 – 14hr 1 – 15hr	6 – 10hr 8 - 12hr 12 - 13hr 2 – 14hr 2 – 15hr	6 – 10hr 12 - 12hr 11 - 13hr 1 – 15hr	3 – 10hr 12 - 12hr 14 - 13hr 1 – 15hr
<b>Peak Number of Ambulances Deployed</b>	22	21	18	21	20	22	22

<b>AMR Unit Distribution (July-December 2025)</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Current Number of Shifts</b>	29	34	32	32	33	34	30
<b>Number and Length of Shifts</b>	7 – 10hr 4 – 12hr 18 - 13hr	9 - 10hr 4 - 12hr 21 - 13hr	9 – 10hr 1 - 12hr 22 - 13hr	9 – 10hr 2 - 12hr 21 - 13hr	8 – 10hr 1 - 12hr 24 - 13hr	7 – 10hr 3 - 12hr 24 - 13hr	7 – 10hr 4 - 12hr 19 - 13hr
<b>Peak Number of Ambulances Deployed</b>	19	21	24	22	24	23	18

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Fire and EMS tracks the unit availability every hour against the “floor” number of units required to be in service daily (the tables above provide an example of those “floor” numbers). Currently, AMR is providing above the floor number daily. Below is a breakdown of the hourly unit availability against the “floor” number of AMR units to be in service daily each month.

<b>AMR Unit Availability; Compliance with Floor Requirements FY 2025 and FY 2026, to Date</b>	
<b>Month</b>	<b>Compliance with Floor</b>
10/2024	99.50%
11/2024	100.00%
12/2024	99.90%
01/2025	99.50%
02/2025	99.80%
03/2025	99.90%
04/2025	100.00%
05/2025	100.00%
06/2025	100.00%
07/2025	99.70%
08/2025	99.90%
09/2025	99.70%
10/2025	100.00%
11/2025	99.70%
12/2025	100.00%

*101. Has the OUC-Fire & EMS working group engaged in revising the PowerPhone response plans to minimize the inappropriate utilization of ALS resources? How often does the OUC-Fire & EMS working group meet?*

The Department works with OUC to revise PowerPhone algorithms to optimize resource dispatch. The OUC–Fire and EMS working group meets weekly in the OUC simulation lab to review and test dispatch cards. The team evaluates each call-taker question and its triggers for ALS or BLS response. After making changes, the group analyzes data to confirm improvements in resource allocation.

*Miscellaneous*

*102. Please provide a list of the Department’s pending work orders with the Department of General Services (“DGS”), categorized by Fire & EMS priority.*

Please see Attachment Q102.

*103. Please describe any changes made to Department staging protocols in FY 2025 and FY 2026 to date and their impact on responsiveness to calls for service.*

There have been no changes made to Department staging protocols in FY 2025 and FY 2026, to date.

*104. Please describe the CD-1 complaint process, how members are made aware of the outcome of their complaints, and whether CD-1s are communicated to OUC when they are relevant to OUC operations.*

The Department has an internal complaint process to report any concerns related to the dispatching of an incident, radio communications, response plans, or event types selected. This process consists of the operational employee accessing a form on the Department’s intranet homepage and completing the required fields to include the incident number, date, and details surrounding the concerns. Once the form is submitted, an automatic email is sent to the Battalion Fire Chief (BFC) OUC Liaison for review and investigation. Audio files and CAD data may be collected as part of the review. The BFC OUC Liaison has a bi-weekly meeting with OUC leadership at which all the information is shared and reviewed for the purpose of improvement. Once the review is complete, the outcome is entered into the form, and the complainant receives an email with the outcome of the investigation. As a result of this internal complaint process, in collaboration with OUC, the Department has initiated a response plan review team that meets weekly for review and updating.

*105. Are CD-1s ever included on OUC’s public complaint dashboard? If no, why not? If yes, how is it determined which CD-1s should be included and which should not?*

No. Fire and EMS’s CD-1 process is an internal quality improvement tool designed to encourage candid reporting without fear of retaliation. Making CD-1s public—or requiring Fire and EMS to report legislatively mandated data for another agency—would discourage self-reporting. This safe space is essential for identifying issues and fostering collaboration between OUC and Fire and EMS to drive positive change.

*106. How is Fire & EMS working with DC Health to decrease hospital drop times?*

The Department continues to work with DC Health, the DC Hospital Association, and hospital partners through the Ambulance Patient Offload Time (APOT) Performance Improvement Initiative. Stakeholders meet every two weeks to review strategies and share data. DC Health sends weekly APOT reports to all hospitals. Fire and EMS provides a real-time dashboard called ASTRO to track ambulance status and offload times that has been made available to all District emergency departments. The Department also uses an extended notification system to alert hospital leadership and DC Health when an ambulance has waited more than two hours.

Despite these efforts, the 90th percentile offload time remains above the 40-minute target. While all the DC area hospitals have access to the dashboard, its adoption for use has been inconsistent. Downstream, these delays negatively affect the entire system capacity and patient care.

The Department remains committed to collaboration but requires stronger, system-wide accountability to achieve meaningful improvement.

*107. What is the Department’s current staffing factor? And how does that compare to the Department’s staffing factor goal?*

The Department’s current staffing factor is 1.38. The staffing factor goal is 1.41.

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- a. Last year's responses indicated that the staffing factor has not been updated since 2018. Has the Department reviewed or updated the staffing factor since then? If not, what is the planned timeline for when the Department will review and update the staffing factor?*

The Department has not updated the staffing factor since last year's response. The Department will review, and, if necessary, update, the staffing factor in 2026.