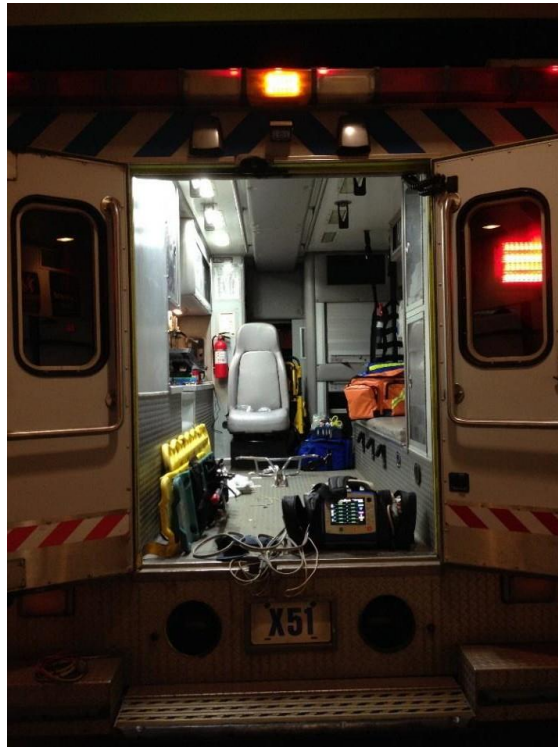


A Public Official's Guide to Emergency Medical Services in Cleveland

Updated for Fall 2020



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Produced by the Cleveland Association of Rescue Employees (CARE) Local 1975

Quick Facts

- Cleveland EMS (CEMS) was founded in 1975.
- CEMS follows the [Third-Service Response Model](#), where a separate municipal division outside of the police and fire departments is responsible for prehospital care and transport.
- [Emergency Call Volume](#) increased 37% from 2011-2019.
- From 2017-2018 CEMS expanded to meet this rising call volume. This expansion was funded by the Issue 32 tax increase.
- CEMS is scheduled to staff 25 [ALS ambulances](#) during the daytime and 21 at night.
- CEMS also provides [Emergency Medical Dispatching](#), community outreach activities including a public-access [Naloxone](#) program, and special event medical coverage.
- All CEMS providers are [EMTs](#) and must become [paramedics](#) within 3 years of hire.
- All new hires undergo a 3-month academy and field internship. Civilian EMT class started - 2020.
- CEMS provides in-house continuing education, and trains Cleveland Police officers in first aid.
- CEMS [ambulances](#) travel 30,000-50,000 miles a year. 51% of the fleet is in poor condition.
- CEMS is a bargain, utilizing only 4% of the general fund, while CFD takes up 15% and CPD 31%.
- CEMS is not spending the additional monies afforded by Issue 32. CEMS has gone from refunding \$1-2 million pre 2017, to refunding \$3-4 million post 2017.
- CEMS recoups approximately \$16 million annually that is deposited back into the general fund by billing medical insurance companies.
- CEMS Ambulance billing rates, at \$350 for a BLS trip, \$450 for an ALS trip, and \$10 per mile, have remained unchanged since 2004. Many other cities charge much more for EMS trips.
- CARE 1975 is the union for CEMS [EMTs](#), [paramedics](#), and [dispatchers](#). In addition to negotiating a contract, CARE also engages the public via community outreach, maintains a mental health peer support group, and advocates for policies and practices that improve working conditions for CEMS employees, including vehicle replacements and a 25-year retirement.
- The administrative offices of Cleveland [EMS](#) can be contacted from 9am-4pm at 216-664-2555. For emergencies, please call 911.
- Contact President Paul Melhuish directly at 216-543-9066 or info@care1975.com. We also have a website: <https://www.care1975.com>, [Facebook](#), and [Twitter](#)

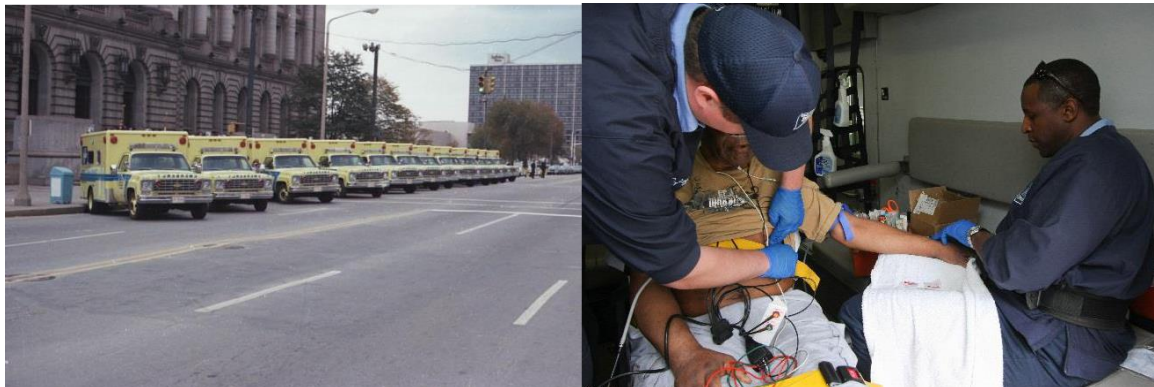
History

Prior to 1975, transportation of the sick and injured was the primary responsibility of the Cleveland Police Department. They were assisted by Fire Department Rescue Squads and private ambulances, which were mostly operated by funeral homes. Training consisted of basic first aid classes. Patients were often transported to the hospitals in hearses or the same vans used to haul prisoners to jail. As illustrated by this 1955 photo, medical equipment consisted of little more than a cot and a blanket.



Photos courtesy of the Cleveland Police Museum

When city councilman Michael Zone passed away from a heart attack after waiting nearly an hour for an ambulance, his wife, Mary Zone, decided that something had to be done. She assumed his city council seat and introduced legislation for a separate service dedicated exclusively to prehospital care. On October 13, 1975, Cleveland EMS responded to its first call.



LEFT: The original 12 ambulances outside City Hall in Oct, 1975. RIGHT: CEMS medics provide advanced care.

Today, Cleveland EMS continues to operate a **Third-Service Response Model** separate from the Police and Fire Departments. This model has a distinct advantage, because it provides an independent division focused solely on providing the best prehospital care. Other cities that structure their EMS systems under the fire department have experienced a chronic underfunding of EMS despite a sharp increase in the number of calls for medical assistance. A **recent report from New York City**, where EMS is under the fire department (FDNY), details how the FDNY spends less than 30% of its budget on EMS, even though 75% of emergency calls are for medical assistance. Other cities that utilize the **Third Service Response Model** include Boston, Pittsburgh, and New Orleans.

Serving the Community

911 Response: The primary duty of Cleveland EMS (CEMS) is to respond to 911 calls for medical assistance within the City of Cleveland. CEMS paramedics are the lead prehospital providers for patients that experience asthma attacks, car accidents, alcohol and drug overdoses, gunshot wounds, heart attacks, strokes, seizures, sudden cardiac arrest, and other medical/social conditions or events that require a public safety response. CEMS also dispatches an ambulance to every structure fire within the city and works with the Cleveland Police Department (CPD) to mitigate mental health emergencies.



CEMS paramedics provide care to a patient experiencing a heat emergency during the Cavs championship parade, one of hundreds of such encounters that day.

CEMS is currently scheduled to staff 25 ALS ambulances during the daytime and 21 at night. CEMS EMTs and paramedics work 12 hours shifts, either from 0700-1900 or 1900-0700. Each ambulance is staffed with two providers, at least one of whom is a paramedic. For a current list of CEMS base locations, see the CARE 1975 [website](#).

CEMS is assisted by the 35 companies of the Cleveland Fire Department (CFD) through the First Responder program. This program sends EMT-trained firefighters to medical emergencies to provide medical care prior to the arrival of CEMS, and to assist them to the hospital if needed.

Emergency Medical Dispatching: CEMS utilizes professional Emergency Medical Dispatchers, who undergo extensive training in the Medical Priority Dispatch System, to answer 911 calls for medical assistance. These dispatchers ask a series of questions to prioritize emergency calls and provide life-saving instructions over the phone on topics such as bleeding control, childbirth, and CPR.

Community Outreach: CEMS provides senior health screenings, educational visits with a child-friendly mini-ambulance, CPR training for city employees, and a public-access AED program for all city buildings. Cleveland EMS is also the first EMS service in the nation to participate in a public-access Naloxone program. This program, a partnership with MetroHealth's Project DAWN, allows CEMS paramedics to distribute take-home Naloxone kits to those at risk of an opioid overdose. Currently, CEMS only provides public CPR training to Spanish-speaking groups.

Special Event Medical Coverage: CEMS provides standby medical coverage for both public and private special events. This allows for an immediate medical response at crowded or high-risk events while reducing the demand for the regular 911 ambulances. These units are staffed using paramedics on overtime who utilize ATV ambulances. Private events are charged a \$90/hour fee to cover the costs of the paramedics and equipment. To request a unit, contact EMS Headquarters at 216-664-2555.

Training

In January 2020, CEMS started their first EMT class in over 20 years. This program afforded those with no previous training the chance to become Ohio EMTs. CEMS also hires individuals who are already certified as EMTs or paramedics.



Members of the 2020 EMT class during hands-on training scenarios.

All EMTs are required to become paramedics within three years of hire. Paramedic certification is an intense process that requires the largest time commitment of any public safety worker. CEMS employees must pay \$5,000-\$10,000 to attend a paramedic course out-of-pocket. They also must attend classes and clinicals while off-duty, and are still required to work their normal scheduled shifts.

Ohio Certification	Training Hours Required
EMT	120 hours
Firefighter II	260 hours
Basic Ohio Police Officer Training Course	600 hours
Paramedic	1000 hours

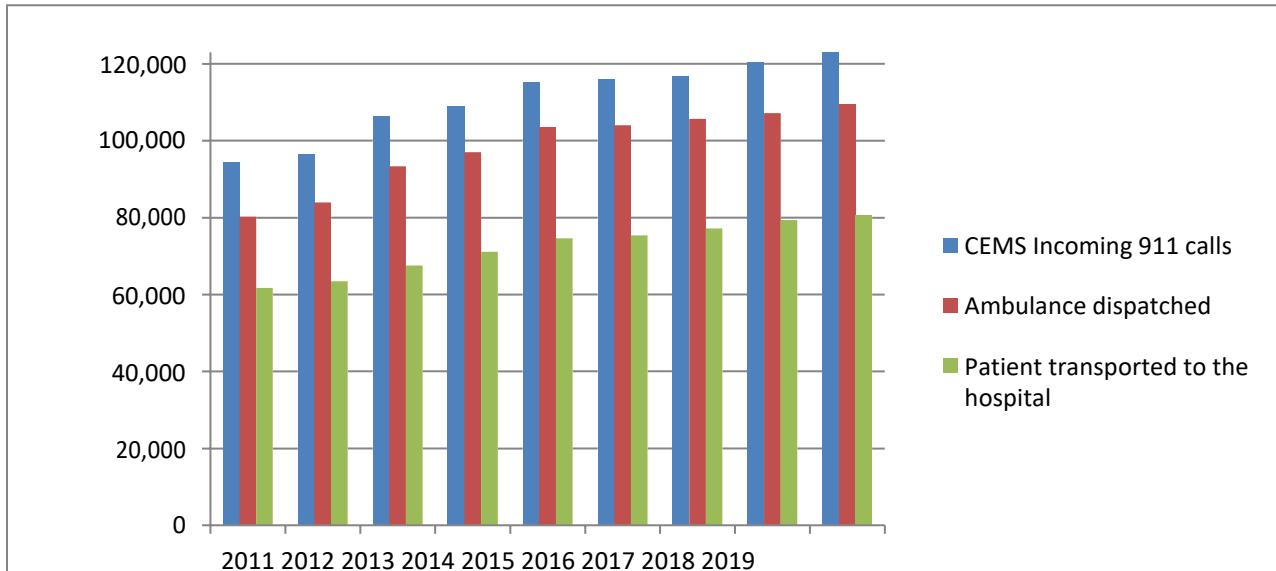
CEMS Academy: In addition to obtaining state certifications as EMTs or paramedics, all new hires, known as cadets, go through a three-month in-house training program and one-month field internship collectively known as the CEMS Academy. During the academy, cadets receive continuing medical education, review agency specific protocols and equipment, engage in physical training, and ride along with veteran paramedics on ambulances. At the end of the academy, all cadets must pass a physical agility test and a functioning test that demonstrates their proficiency in CEMS protocols.

Continuing Education: In addition to running the academy, the CEMS education department provides the continuing education necessary for CEMS and CFD providers to maintain their state EMT and paramedic certifications.

Educating Other City Agencies: The CEMS education department provides CPR/AED training for city employees. CEMS also provides first-aid classes to all Cleveland Police (CPD) officers, training them in CPR/AED use, bleeding control techniques, and Naloxone administration.

Attrition

From 2011 to 2019, CEMS experienced a 37% increase in call volume.

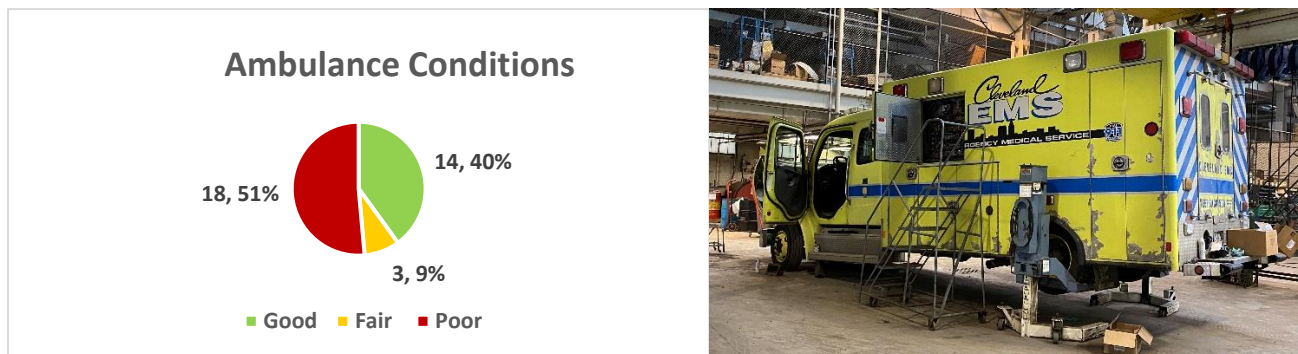


While CEMS has increased from 15 ambulances in 2011 to 18 ambulances in 2012, then to 25 daytime and 21 nighttime ambulances in 2018, the steadily increasing call volume means that ambulance crews still are very busy. To see statistics about individual ambulances and a more detailed analysis of our call volume, visit the CARE 1975 [website](#).

Ambulance Fleet

After conducting a nationwide survey of urban EMS systems, it has been determined that the average ambulance spends 4.8 years or 163,833 miles in frontline 911 service. It is then placed into reserve status for another 3-4 years and is permanently retired at an average of 7.8 years or 200,714 miles.

Currently, 51% of the CEMS fleet has over 200,000 miles, is considered in poor condition, and should be replaced.

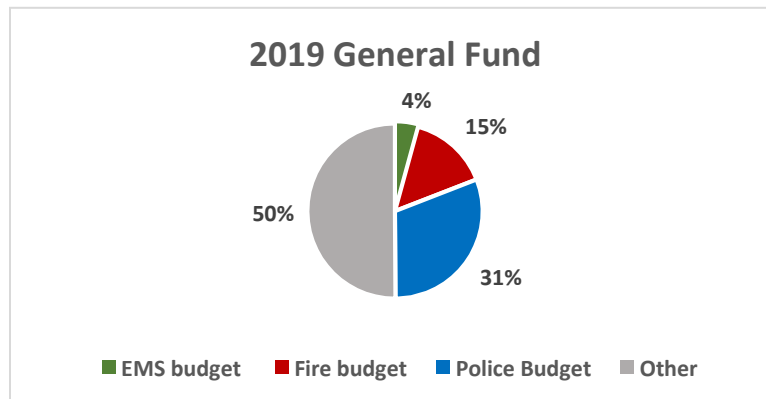


A CEMS ambulance awaits repairs at the maintenance shop.

CEMS has been purchasing two new ambulances a year. CARE recommends that this number be increased to four new ambulances every year to cycle out high-mileage ambulances, and ensure a reliable fleet.

Budget

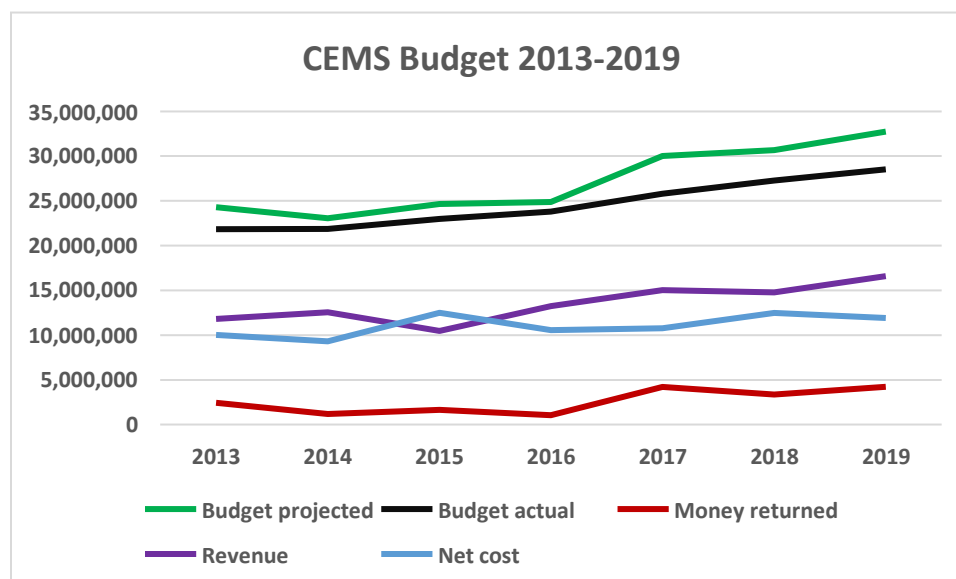
Despite handling a large volume of emergency calls, CEMS remains a bargain for the city. CEMS is allocated just 4-5% of the general fund, which is by far the least of any Public Safety division.



Source: City of Cleveland Budget Books

The graph below shows budget trends for CEMS over the last few years. There are several things worth noting:

- A sharp increase in the projected budget can be noted after the 2017 Issue 32 tax increase. This does not translate into an increased actual budget, however, as the amount of unspent money returned into the general fund doubled from approximately \$1-2 million per year prior to 2017 to \$3-4 million per year after 2017. To put it another way, CEMS management is not spending the Issue 32 monies allocated to the service, but rather returning it to the general fund.
- The increase in budget has been offset by an increase in billing revenue. This means that the overall cost of running EMS (Actual budget – Revenue) has remained relatively constant.
- CEMS generates more revenue than any other safety service, recovering over \$16 million in 2019 by billing medical insurance companies.
- CEMS Ambulance billing rates, at \$350 for a BLS trip, \$450 for an ALS trip, and \$10 per mile, have remained unchanged since 2004. Many other cities charge much more for EMS trips. See Appendix B
- For complete 2007-2019 CEMS budget figures, see [Appendix A](#)



Source: City of Cleveland Budget Books

The Role of CARE 1975

The Cleveland Association of Rescue Employees Local 1975 (a division of the International Longshoremen's Association) is the union representing the EMTs, paramedics, and EMDs who work for Cleveland EMS. Captains (supervisors) have a separate union that is part of the Communication Workers of America. It should be noted that as a public safety union, CARE 1975 is prohibited from striking by the same state law the established Ohio's State Employee Relations Board (SERB). In place of the power to strike, the Ohio Legislature afforded public safety unions binding arbitration to settle grievances.

In addition to being the exclusive bargaining unit, CARE 1975 has committed to improving CEMS and the City of Cleveland community as a whole.

Community Outreach

CARE 1975 participates in a variety of community outreach activities, including bleeding control lessons and charity events such as the Officer Down softball tournament.



CARE members volunteer at Tackle the Tower to benefit Ronald McDonald House (left) and teach bleeding control techniques at a community event (right).

Union Solutions

CARE 1975 is actively working to improve CEMS, both for employees and for the citizens we serve. Some of our recent initiatives include:

- Advocating for a contract that recognizes mental health issues as an injury.
- Advocating for a scheduled vehicle replacement program to increase ambulance reliability.
- Exploring ways to reduce attrition within CEMS, including working with legislators at the state and local levels to obtain a 25-year retirement plan similar to other public safety agencies.

Contact Us:

CARE 1975 representatives are happy to answer any questions you may have about CARE 1975 or CEMS.

Visit our website at <https://www.care1975.com/>

Connect with us on Facebook via the handle [@CARELOCAL1975](https://www.facebook.com/CARELOCAL1975) or on Twitter: [@CARE_1975](https://twitter.com/CARE_1975)

Contact President Paul Melhuish at 216-543-9066 or Pmelhuish@care1975.com.

Glossary

Certification Levels:

Advanced Life Support (ALS): Advanced treatments that can only be provided by [paramedics](#). These typically include cardiac rhythm analysis, manual defibrillation, placement of advanced breathing tubes also known as endotracheal intubation, initiating intravenous (IV) therapy, and administering dozens of medications under structured guidelines approved by a physician [medical director](#).

Basic Life Support (BLS): Basic treatments that can be provided by both [EMTs](#) and [paramedics](#). These typically include [CPR](#), use of an [AED](#), bleeding control, oxygen administration, splinting and immobilization of injured limbs, obtaining vital signs, lifting and moving patients, driving an [ambulance](#), and the non-invasive administration of a very limited number of medications such as nasal [Naloxone](#).

Emergency Medical Dispatcher (EMD): A telephone operator specifically trained to triage medical calls and provide medical instructions over the telephone.

Emergency Medical Technician (EMT): A healthcare provider who has obtained the entry-level certification required to work on an [ambulance](#). An EMT can only provide [BLS](#) care. EMTs receive about 120 hours of training.

Medical Director: The physician responsible for an [EMS](#) system. This physician establishes structured protocols outlining how medical care will be provided within an [EMS](#) system. All [EMTs](#) and [paramedics](#) within an [EMS](#) system function underneath the medical license of the Physician Medical Director.

Paramedic: An advanced healthcare provider responsible for the majority of prehospital care. Only paramedics can provide [ALS](#) care. Paramedics receive at least of 1,000 hours of initial training.

Operational Terms:

Ambulance: A vehicle specifically designed to provide emergency treatment and transport of an ill or injured person. An ambulance is always equipped with a cot or stretcher. The standard CEMS ambulance is mounted on a truck chassis, and is easily recognizable by the lime-green color. CEMS also utilizes 7 smaller ATV ambulances for special event medical coverage. These ATV ambulances are used to provide patient care in crowded or hard-to-reach areas.



Standard CEMS Ambulance (left). Specialized ATV ambulance used for Special Event Medical Coverage (right).

Operational Terms Continued:

Call Volume: The amount of emergency calls answered over a specific time period, often a year.

Emergency Medical Services (EMS): A formal system of prehospital medical professionals, typically [EMTs](#) and [paramedics](#), who function under the direction of a Physician Medical Director to provide prehospital emergency care and transport.

First Responder: A non-transport response unit staffed with [EMTs](#) or [paramedics](#) designed to provide care prior to the arrival of an [ambulance](#), or to assist the [ambulance](#) crew with a critical patient.

Functioning Test (Protocol Test): A two-part test that measures a healthcare provider's proficiency in a specific agency's protocols for providing patient care. Providers must take both a written test and demonstrate proficiency in hands-on skills.

Medical Priority Dispatch System: A system of questions utilized by an [EMD](#) to triage 911 calls for medical assistance and provide pre-arrival instructions in critical situations, such as uncontrolled bleeding, childbirth, or [sudden cardiac arrest](#).

Third-Service Response Model: An [EMS](#) system run by a municipality that is not part of the police department or the fire service.

Medical terms, devices and medications:

AED: An Automated External Defibrillator is a device that is applied in conjunction with [CPR](#) during [Sudden Cardiac Arrest](#). The AED analyzes the cardiac rhythm and defibrillates (gives an electric shock) to try and restore a heartbeat.

CPR: Cardiopulmonary Resuscitation is a coordinated system of external chest compressions and breaths that keeps blood flowing to vital organs during [Sudden Cardiac Arrest](#).

Post-Traumatic Stress Disorder (PTSD): A mental health condition that sometimes affects those who experience traumatic, horrific, or stressful events. Studies have shown that it disproportionately affects first responders.

Sudden Cardiac Arrest: When a patient collapses, is unconscious, not breathing, and has no heartbeat. Death is certain without the rapid administration of [CPR](#), use of an [AED](#), and the timely application of [ALS](#) care.

Naloxone (Narcan): A medication given to reverse the effects of an opioid overdose. Common opioids include heroin, fentanyl, Percocet, OxyContin, and morphine.



In Cleveland City Hall, AEDs can be found by the elevators (left and center). A take-home naloxone kit (right).

Appendix A and B – City Budgets and Ambulance Rate Comparison

Budget year	Budget projected	Budget actual	Money returned	Revenue	Overall cost
2007	\$23,017,429	\$22,695,853	\$321,576	\$11,434,499	\$11,261,354
2008	\$23,458,159	\$23,665,803	-\$207,644	\$12,142,783	\$11,523,020
2009	\$23,431,238	\$22,919,607	\$511,631	\$9,745,668	\$13,173,939
2010	\$21,429,594	\$20,651,314	\$778,280	\$10,911,570	\$9,739,744
2011	\$21,712,969	\$20,232,276	\$1,480,693	\$11,613,051	\$8,619,225
2012	\$21,925,577	\$20,670,398	\$1,255,179	\$12,157,686	\$8,512,712
2013	\$24,289,898	\$21,834,731	\$2,455,167	\$11,817,771	\$10,016,960
2014	\$23,043,311	\$21,858,606	\$1,184,705	\$12,546,971	\$9,311,635
2015	\$24,652,323	\$22,979,540	\$1,672,783	\$10,479,578	\$12,499,962
2016	\$24,852,593	\$23,787,352	\$1,065,241	\$13,238,915	\$10,548,437
2017	\$30,027,375	\$25,802,943	\$4,224,432	\$15,016,306	\$10,786,637
2018	\$30,656,897	\$27,269,201	\$3,387,696	\$14,779,517	\$12,489,684
2019	\$32,738,147	\$28,520,290	\$4,217,857	\$16,594,478	\$11,925,812

Ambulance Transport Rates 2020

City	BLS	ALS	Mileage
Cleveland	\$350	\$450	\$10
Washington DC	\$428	\$508	\$6.55
Dayton	\$512	\$870	\$11.78
Raleigh	\$540	\$641	\$11.43
Jacksonville	\$550	\$635	\$10
Louisville	\$610	\$760	\$14
New York	\$775	\$1,310	\$15
Charlotte	\$818	\$1,095	\$27
Austin	\$831	\$901	\$13.50
New Orleans	\$975	\$1,396	\$20
Los Angeles	\$1,030	\$1,452	\$19
Madison	\$1,075	\$1,075	\$16
San Diego	\$1,631	\$1,933	n/a
Chicago	\$2,342	\$2,734	\$19