



Township of
Hainesport
New Jersey

Fire Department & Emergency Squad Study

Emergency Medical Services

March 2024



Prepared by:
The Public Safety Institute Group



"The best way to predict the future is to invent it"

TOWNSHIP OF HAINESPORT
Emergency Squad Study
Final - March, 2024



**HAINESPORT TOWNSHIP MUNICIPAL COMPLEX, ONE HAINESPORT CENTRE, 1404 MARNE HIGHWAY
HAINESPORT, BURLINGTON COUNTY, NJ 08036**

THIS REPORT is the product of a study conducted by the Public Safety Institute (PSI) Group on behalf of Hainesport Township, NJ, to evaluate the current level of Fire Department and Emergency Squad operations for the purpose of issuing findings and recommendations to the local governing body designed to support the fire protection and emergency medical service needs of the community.

NOTE: *The Fire Department portion of this Report shall be submitted for review under separate cover.*

***DEDICATED TO THE MEMBERS OF THE HAINESPORT VOLUNTEER FIRE COMPANY
AND THE HAINESPORT VOLUNTEER EMERGENCY SQUAD
WITH SPECIAL APPRECIATION TO THEIR FAMILIES
IN SUPPORT OF THEIR VALUED SERVICE TO THE COMMUNITY OF HAINESPORT***

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Township of Hainesport EMS Department Study

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INTRODUCTION

On April 11, 2022, an exploratory meeting took place at the Hainesport Township Municipal Complex, One Hainesport Centre, Hainesport, NJ, to discuss matters relative to the Hainesport Volunteer Fire Company, a.k.a. the Hainesport Fire Department. The meeting was hosted by Paula Kosko, Hainesport Township Administrator, and was also attended by Don Huber of the Public Safety Institute (PSI) Group, a fire-police-emergency medical service consulting firm based in Warren Township, Somerset County, New Jersey. Huber, a retired career fire chief and director, former Chief of Staff of the NJ Division of Fire Safety, and Fiscal Monitor for the NJ Division of Local Government Services, is the founder and chief operating officer of the PSI Group.

Conveying great admiration and support of the local fire protection services, Administrator Kosko expressed a compelling interest in the performance of a comprehensive study of fire department operations for the purpose of identifying what functions are working well, what areas are in need of improvement, and in what manner can the mission of the fire protection forces be best served by the combined commitment of the Fire Company and the Local Governing Body.

A short time after on April 27, 2022, the PSI Group submitted a formal proposal to the Township to conduct such a study and to produce findings and recommendations at the conclusion of its research for consideration by the Local Governing Body.

A subsequent request came from the Township to extend the proposal for services to include a study of the Hainesport Township Volunteer Emergency (ambulance) Squad in a similar capacity to that of the proposed fire study. PSI submitted the Emergency Squad proposal on April 29, 2022.

The Fire Company and Emergency Squad proposals were reviewed, and the contracts for services were both authorized by the Local Governing Body on May 10, 2022.

A hand-picked team of PSI staffers was assembled to work on the project along with Chief Huber. Among the key staffers chosen for this study included:

Craig Augustoni, Chief, Pemberton Fire Department and former Regional Planning Supervisor, NJDFS
Vincent Granese, Deputy Chief, Atlantic City Fire Department, retired, and Chief Technical Advisor, PSI
Alan South, Battalion Chief, Millstone Fire Department, and Partner with Central Jersey Compliance Co.
Andrew Hagenberg, Captain, Millstone Fire Department, and Partner with Central Jersey Compliance Co.

An official “Kick-off” meeting was held on June 14, 2022, at the Hainesport Township Municipal Complex to introduce Administrator Kosko to the PSI study team and to strategize with regard to key elements of the project.

Work on all aspects of the Fire Company and Emergency Squad studies continued throughout the calendar year and culminated in May of 2023, slightly behind schedule largely due to developing circumstances that required additional time to observe and evaluate.

For ease of review, it was decided that the Fire and EMS Reports would be submitted concurrently but under separate covers.

ACKNOWLEDGEMENTS

Beyond certain sound principles of leadership, universal best practices, and well-established standard operating procedures, there is typically no solitary way to conceive, establish, staff, organize, operate, manage, and fund a fire protection or emergency medical services agency. Holding to this universal truth, the recommendations made in this report were fashioned to serve as a meaningful *guide* for the Township in considering *multiple planning alternatives* for the provision of suitable and sustainable fire protection and emergency medical services to the community in the Township of Hainesport now and in the future.

To that end, a mosaic of talented individuals shared their time, interest, knowledge, and ideas with the PSI study team throughout the process of this commission. Their collective contributions and influences to this body of work have been intrinsically woven into many of the conclusions reached herein, and in so doing, they have provided a highly valued service to the Township of Hainesport and its residents.

For their collective contributions to the advancement of public safety in their respective leadership roles throughout the RV region, the PSI team gratefully acknowledges the following individuals:

Paula Kosko, Business Administrator, Township of Hainesport
George Myers, Fire Official, Township of Hainesport
Shawn Bozarth, Chief, Hainesport Volunteer Fire Company
Richard Parks, Sr. President, Hainesport Volunteer Fire Company
Bill Wiley, Past Chief, Hainesport Volunteer Fire Company
Colleen Hargrove, Past Treasurer, Hainesport Volunteer Fire Company
Paul Bush, Chief, Hainesport Volunteer Emergency Squad
Rich Litton, President, Hainesport Volunteer Emergency Squad
Shelby Maccar, Past Chief, Hainesport Volunteer Emergency Squad
Daniel Paolini, Chairman, Board of Fire Commissioners, Eastampton Fire District
Kurt Brock, Administrator, Eastampton Fire District
Jason Elischer, Chief, Eastampton Volunteer Fire Company
Bobbie Quinn, Township Administrator, Township of Lumberton
Frank Romano, Chief, Lumberton Volunteer Fire Department
Charles Pearson, President, Lumberton Volunteer Fire Department
Richard McIllee, Chairman, Board of Fire Commissioners, Mount Holly Fire District No. 1
Ryan Donnelly, Director, Mount Holly Fire District No. 1
Thomas Mason, Jr. Chief, Mount Holly Volunteer Fire Company
David Ridenour, Chairman, Board of Commissioners, Mount Laurel Fire District No. 1
Jennifer Dawson, Business Manager, Mount Laurel Fire District No. 1
Christopher Burnett, Chief, Mount Laurel Fire Department
Wendy Gibson, Administrator, Township of Westhampton
Craig Farnsworth, Chief, Westhampton Fire Department
William Kramer, Administrator and Chief, Cinnaminson Fire Department
and President, Burlington County Fire Chiefs Association

And all officers, members and support members
Serving the Hainesport Volunteer Emergency Squad
And serving in the Hainesport Volunteer Fire Company No. 1
without whose participation and input, this initiative would have been absent
invaluable insights and stakeholder viewpoints vital to the substance of this study

WITH SPECIAL RECOGNITION TO THE LOCAL GOVERNING BODY

In seeing fit to authorize this study & for their many noble acts of service
on behalf of the residents of Hainesport

Mayor Bruce MacLachlan

Deputy Mayor Gerard Clauss

Committeewoman Leila Gilmore

Committeeman Bruce Levinson

Committeeman Ken Montgomery



-Presiding Township Committee at the commencement of the Study-
(Pictured from left to right) Committeeman Bruce Levinson, Committeewoman Leila Gilmore,
Mayor Bruce MacLachlan, Deputy Mayor Gerard Clauss, Committeeman Ken Montgomery

EXECUTIVE SUMMARY

THIS REPORT is the final product of a one-year process that began with the practical awareness and prudent sensibility of the local governing body in Hainesport in seeking to acquire the services of a qualified team of experts to conduct a thorough study of the local fire protection and emergency medical services being delivered to the community.

The search for such a team resulted in the selection of the Public Safety Institute (PSI) Group, a New Jersey-based consulting firm specializing in fire and emergency medical services, to conduct a study of all relevant operations and aspects of the Township's fire and emergency medical services for the purpose of providing findings and recommendations to the Township Committee.

The data-driven study was conducted by a team that included seasoned chief fire officers (active and retired), experienced Fire and EMS company officers, emergency medical service managers, and emergency vehicle technicians, all hand-picked specifically for this project by the PSI team leader.

Subsequent to preliminary communications and an initial start-up meeting with Township Administrator Paula Kosko, work on the study began with site visits to the Hainesport Volunteer Fire Company Fire Station, setting the stage for multiple meetings with local fire and EMS leadership, interviews, review of operations, calls for service, staffing, infrastructure, apparatus, and motorized fleet, collection of data, and analysis of findings. It was decided that the Fire and EMS Reports would be submitted under separate covers.

While the core mission of any undertaking of this nature is accurate and useful fact-finding, the ultimate objective of the study was to identify components of the local emergency services that were in need of improvement, and to make recommendations to assist the Township in developing a plan of action in which to best facilitate those improvements.

And to that end, so we begin...

Supporting a population of 6,035+/- residents, the Township of Hainesport offers a wonderfully blended cross-section of farmlands, open spaces, parks, commercial properties, local businesses, industry, transportation routes, and of course, a vast array of good housing stock, all in a very desirable 6.79 square mile region of Burlington County, New Jersey.

The Hainesport Emergency Squad (HEMS) maintains an estimated force of 39 members, who, under the direction of the EMS chief, are responsible for providing Emergency Medical Services to Hainesport Township and surrounding communities. HEMS possesses a fleet of four vehicles, including two BLS ambulances, a command vehicle, and a rescue truck shared with the Hainesport Volunteer Fire Company. HEMS provides Emergency Medical Services to an estimated 6,035 residents occupying 2,474 households in a 6.79 square mile area of diverse landscapes and uses containing a population density of 932.8 residents per square mile of land.

TOWNSHIP OF HAINESPORT

1.1. A Brief History of Hainesport

ORIGINALLY INHABITED BY THE LENNI-LANAPE INDIANS well before the historic era of European colonization of America in the early 1600's and as far back as 8,000 BC, the Township of Hainesport is by State standards, a relatively young municipality that was incorporated less than a century ago on March 24, 1924 by an act of the New Jersey Legislature.



The Lenape or Delaware tribe, also called the Lenni-Lenape, are of the Algonquin family, and first lived New Jersey, Pennsylvania, and New York, surviving by farming, fishing, and hunting. Known as great peacemakers, the Lenape could also be fierce warriors when the need arose.

A full study of the Lenape Nation is an incredible tale unto itself, but to end the story there would be to do a great injustice to the rich and interesting history of the region and its occupants.

Acquired from portions of Lumberton Township, Hainesport derived its name circa 1850 from Enoch Barclay Haines (one cannot find much fault in his preference to answer to Barclay over Enoch), an influential sixth-generation land owner in the region whose great, great, great Grandparents, Richard and Margaret Haines, first arrived here from England in 1682, a mere 18 years from the time the Dutch surrendered their vast territories in the New World to England, at which time the Duke of York gifted New Jersey (formerly New Netherlands under the Dutch) to British Lord John Berkeley and Sir George Carteret. So to this day, vacationers from everywhere plan their summers at the Jersey shore and not the Netherlands shore...and for that I think we all owe the Duke of York a debt of “jolly good” gratitude.

In any event, more about Barclay Haines in a bit.

As for those intrepid souls making the trip to this largely unexplored continent in the 17th and 18th Centuries, agriculture, and lumbering, along with fishing and trapping, were among the major sources of occupational enterprises and self-sustainment; making this region, rich with tall standing timbers for much needed lumber (Hello?! Lumberton! Get it?), fertile soil for planting crops and traversable waterways for transportation of goods and persons alike, a very desirable place in which to settle.

The Haines family were Quakers (got to' love their oatmeal and stylish black hats) who, along with many of their contemporaries, came to the Colonies to seek freedom from religious persecution and to pursue enticing business opportunities in the New World. And while leaving the relative safety and security of their home in Mother England for sights unseen would not be without its inherent risks, making the treacherous two-month journey (sadly, no EZ-Pass yet) across the Atlantic Ocean with a 1,700-acre land grant in hand must have made the trip quite a bit more appealing (or at least bearable).

Perhaps making the transatlantic trip even more interesting (and for Margaret, more difficult) was the mid-ocean birth of their son, Joseph Haines (they probably had to pay for another travel fare unless they had the high-seas birthing insurance). In any event, and despite the questionable timing of his original arrival, it was Joseph who is credited for later purchasing additional land "beyond Lumberton," which included the Village of Long Bridge (later to become Hainesport), which took its name from a long, wooden toll bridge crossing over the south branch of the Ancona's (Rancocas) Creek (leave it to New Jersey to have toll bridges even when it was still under the rule of the British Crown).

But even that was soon to change.

During the height of the American Revolutionary War and despite avoiding any major battles that were playing out in other nearby parts of New Jersey, the area in and around the Village of Long Bridge found itself in a strategically advantageous and logistically active location as the inhabitants were quick to observe that the long bridge in Long Bridge had become a route of preference for American forces as well as the British and Hessians (one wonders if any of them paid the toll) headed toward Mount Holly. Then in 1778, in a deliberate effort to disrupt the movement of British and Hessian forces advancing toward Mount Holly in their exodus from Philadelphia (guess they were not big fans of the cheesesteak), a small band of local American patriots dismantled their beloved Long Bridge. In the ensuing conflict caused by this action, five patriots reportedly lost their lives; three by gun fire, two by being trapped inside their home only to have it burned down by the British forces. Before the conflict ended, two other patriots were taken, prisoner. To this day, the names of the fallen remain unknown. Although their identities have been withheld from the pages of history, for their ultimate sacrifice, this "One Nation under God" shall forever be in their debt.



**ARTIST'S DEPICTION OF THE AMERICAN PATRIOTS RESISTING
BRITISH AND HESSIAN ADVANCEMENT OVER THE LONG BRIDGE**

As for the Long Bridge, all good things must at some time come to an end. Yet for better or worse, the concept of toll bridges and roadways lives on and flourishes in the great State of New Jersey (thank you, Long Bridge...we will think of you as we journey up and down the course of the Garden State Parkway).

Prior to and during the Civil War, Hainesport's strong, Quaker-driven, anti-slavery advocacy played out in Burlington County's very active regional connection with the Underground Railroad. Years later, an Underground Railroad Museum of Burlington County was privately operated in the City of Burlington by Louise Calloway. It was aptly located directly behind a former station of the Underground Railroad for several years until closing its doors in 2013. The Museum exhibits were later moved by the County Parks System for display by an independent organization operating from a building in Historic Smithville Park.



Historic Smithville Park: Underground Railroad Museum Site at 803 Smithville Rd. Eastampton

Among the exhibits is a brochure that reads, in part: *"As a central part of the greater Delaware Valley region, Burlington County is honored to hold the title of 'the **Cradle of Emancipation**', as it was here that slaves were first given their freedom in large numbers. This can be attributed to the sizeable presence and influence of Quakers, America's first organized group to speak out against the evils of black bondage, making this region a leading light in the emancipation movement. It is most fitting, therefore, that Burlington County, in sponsoring venues that celebrate its rich and enduring history, officially include this exhibit from the Museum of the Underground Railroad."*

For those interested in taking a tour of the Burlington County Underground Railroad Museum in Historic Smithville Park, perhaps another worthy trip would be to visit the Mount Moriah AME Church Cemetery in Hainesport (approx. 5.1 miles or 9 minutes from the Museum), which contains the graves of 22 Afro-American Civil War veterans.

In other early to mid-19th Century developments, the industrial revolution began to reshape much of the civilized world. In the area of Long Bridge, one major development in which this progression of economic and societal growth would manifest itself was steam engine navigation on the Rancocas River. In 1848, local land baron Barclay Haines seized the opportunity to construct a waterfront port with passenger docks and cargo wharf on the south branch of the Rancocas River not far from his home.



A POPULAR HAINESPORT LANDMARK: THE HOME OF BARCLAY HAINES

From this location, accessible and affordable water transportation was made widely available throughout the region. Churning side-wheeler steamboats and other sorts of watercraft and barges moved cargo, like timber and coal, and passengers to the Delaware River and places of interest along the waterway, not the least of which included Philadelphia. The Barclay “Haines’ Port”, as Long Bridge became known in 1848 (abridged to “Hainesport” in 1850 perhaps due to a shortage of possessive apostrophes) was transformed into the hub of river transportation for the local residents as well as for stagecoaches and freight wagons moving their precious cargo from land to water and back to land.

Still other industrial development in the area included Columbian Iron Works, an iron foundry started in 1852, a steam-powered sawmill established in 1854, and a train station built by the Pennsylvania Railroad in 1867. The iron foundry later became the John D. Johnson Co. Foundry, which served to provide business opportunities, employment and general economic prosperity to many residents of Hainesport until it closed its doors, along with the sawmill, in 1930 with the onslaught of the Great Depression. The arrival of the railroad rapidly reduced the steamboat industry to little more than a curious novelty, thus resulting in the eventual extinction of the Port of Barclay Haines (but fortunately not Hainesport, lest instead of reading this report, we all might be out right now looking for other jobs).

The railroad continued to serve as a major means of commerce and transportation throughout the better part of the 1800’s, gradually to lose much of its steam (figuratively and literally) to the construction of major fuel pipelines across the country in the late 19th Century followed by the arrival of over-the-road motorized trucking and aviation in the 20th Century.

Barclay Haines passed away in 1881, leaving behind a widow, an unmarried son, and a married daughter, Mary Haines Parry. Mary and her family lived in Northampton (present day Mount Holly) until sometime after her father died, at which she and her family moved back in with her mother and brother at the Barclay Haines Estate.

Mary and her husband, Dr. William Parry, had five children; two that sadly died in infancy, one who died at the very early age of 19. The surviving children, Lydia and William H., both went on to have successful business careers; William as an attorney practicing in Newark, NJ, and Lydia as a farmer, boarding home mistress and realtor in the Hainesport area.

It was Lydia who began to sell off parcels of the vast acreage of the Haines Estate throughout the course of the late 1920s through 1950. The timing was fortuitous; Hainesport was growing, (the local population increased by 109% from 858 in 1940 to 1,793 in 1950; then by another 82.4% from 1950 to 1960) land was needed for new housing, businesses, a bigger school, and a firehouse to accommodate the Hainesport Volunteer Fire Company founded in 1922. It is estimated Lydia sold off 150 properties before her death on June 24, 1960.

While the Haines dynasty may have faded away with the passing of William and Lydia, the last two grandchildren of Barclay Haines, the divesting of the Haines Estate properties by Lydia provided a meaningful catalyst in the development of present-day Hainesport.

Today, the Township of Hainesport offers a wonderfully-blended cross section of farmlands, open spaces, parks, commercial properties, local businesses, industry, and of course, a vast array of good housing stock, all in a very desirable region of Burlington County, which as it turns out, has the largest county land mass (827 square miles) in New Jersey and is the epicenter of the most densely populated, talked about (some good, some not-so-good...always leaving room for improvement) and diverse State in the Union.

It is also worth noting that while much of the brief yet colorful history of Hainesport shared in this report focused on the significant influence of the Haines family over the course of nearly three centuries (1682-1960), the hard-fought success of the Township as a thriving, vibrant, and most desirable place to live, work and play, is truly a product of the collective efforts and contributions of all of its residents and stakeholders throughout antiquity and into the present.

May its future be blessed with hope, opportunity, prosperity, and benevolence for all; but please, enough with the toll bridges.



AERIAL VIEW OF HAINESPORT HIGHLIGHTED BY ROUTE 38 AND ROUTE 541

1.2. Hainesport Today

OCCUPYING 6.723 SQUARE MILES of a pie-shaped (more like a fresh slice of hot pizza being held in one hand kind-of-shape) area nestled toward the northwest section of Burlington County, New Jersey, the Township of Hainesport's geography consists of 6.49 square miles (6.47 sq. mi. of land and 0.32 sq. mi. of water). Hainesport ranks 18th out of 40 in terms of largest municipal land area in the County.



LEFT INSET: MAP OF NEW JERSEY SHOWING BURLINGTON COUNTY IN RED
CENTER: MAP OF BURLINGTON COUNTY SHOWING HAINESPORT OUTLINED IN RED

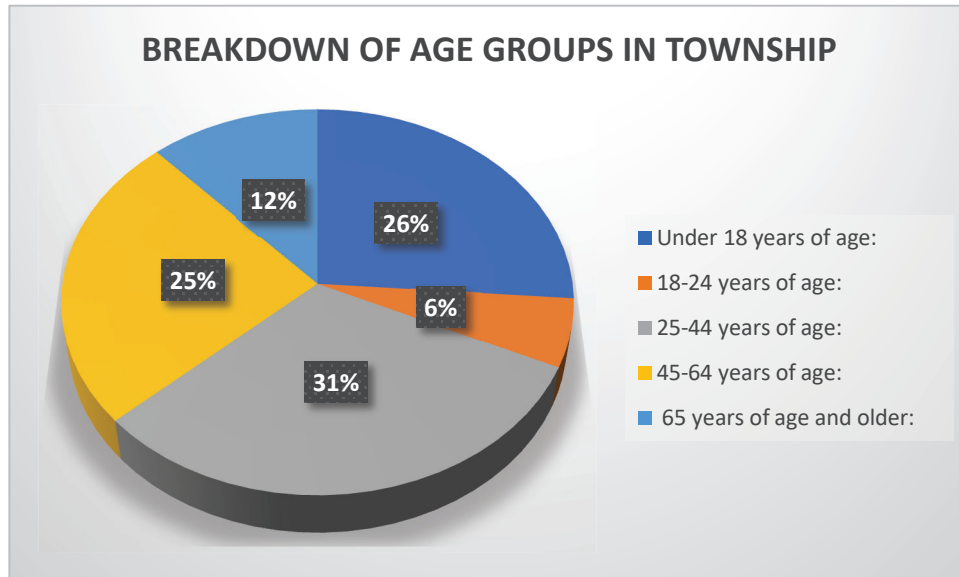
Hainesport supports a stable population base of 6,035 according to the 2020 Census, a slight decrease of 75 residents (-1.23%) from the 2010 Census number of 6,110, which actually reported an increase of 1,984 residents (+48.1%) from the 4,126-population count conducted in the 2000 Census, which had in turn increased by 877 residents (+27.0%) from the 3,249 population count taken in the 1990 Census.

A Census estimate released on about July 1, 2021, estimated the population in Hainesport to be 6,014, ranking it 27th out of 40 in terms of highest municipal population in the County.

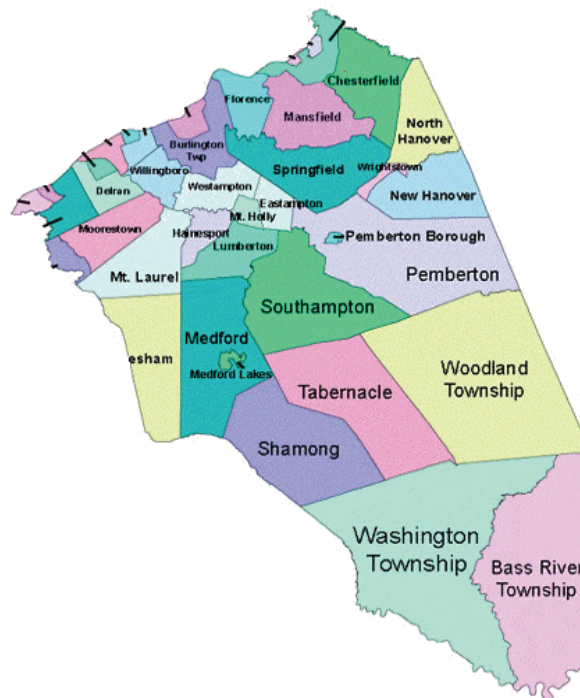
There are an estimated 2,474 households in Hainesport with an average of 2.43 people per household. With a population density of 932.8 people per square mile of land, Hainesport ranked 25th out of 40 in terms of highest municipal population density in the County.

Other local population data relevant to the objectives of this report, particularly but not necessarily limited to the development of volunteer fire and emergency medical recruitment and retention programs, includes the breakdown of age groups in the Township, reported as:

Under 18 years of age:	26.2%	1,576
18-24 years of age:	5.7%	343
25-44 years of age:	31.4%	1,888
45-64 years of age:	24.9%	1,497
<u>65 years of age and older:</u>	<u>11.8%</u>	<u>710</u>
Total	100.0%	6,014



Located approximately 22.5 miles (43 minutes in moderate traffic) east of Philadelphia, the Township of Hainesport shares borders with four municipalities: Westampton to the north; Mount Holly to the northeast; Lumberton to the southeast; and Mount Laurel to the west; all are in Burlington County.



MAP OF BURLINGTON COUNTY BROKEN INTO MUNICIPAL JURISDICTIONS: HAINESPORT IS IN THE NORTHWEST REGION SURROUNDED BY WESTAMPTON, MT HOLLY, LUMBERTON, AND MT LAUREL

Locations within Hainesport that contain unincorporated subdivisions, unique localities, and places with familiar names located wholly or partially within its boundaries include Clermont, Creekview, Franklin Estates, The Glen at Mason's Creek, Hainesport Chase, Lakeside at Creekview, Mason's Woods, Oakdale, Rancocas Heights, Sage Run and Union Mills.

GOVERNANCE: Hainesport is governed under the Township Committee form of local government, consisting of five Township Committee members who are elected at-large directly by the public to serve staggered three-year terms in Office. The mayor and deputy mayor are selected from among the members of the Township Committee *by* the Committee members at the annual January reorganization meeting to serve one-year terms in those positions.

At the time this study began, holding elected office on the Hainesport Township Committee were Mayor Bruce MacLachlan (R, term as Committee Member and as Mayor until December 31, 2022); Deputy Mayor Gerard A. Clauss (R, term as Committee Member until December 31, 2024, term as Deputy Mayor until December 31, 2022); Leila Gilmore (R, term as Committee Member until December 31, 2022); Bruce Levinson (R, term as Committee Member until December 31, 2023); and Ken Montgomery (R, term as Committee member until December 31, 2023). In the November 8, 2022, Elections, Leila Gilmore was re-elected for another term, garnering 1,366 votes, while Bruce MacLachlan lost his bid for re-election to Anna M. Evans (D) by 38 votes (1354 to 1316). At the January reorganization meeting, Gerard A. Clauss was appointed as Mayor and Ken Montgomery was appointed as the Deputy Mayor.

EDUCATION: Elementary Public-School education is provided by the Hainesport Township School District, which maintains its Board of Education Administrative Offices and a Pre-K through 8 school building at 211 Broad Street in Hainesport with a present enrollment of about 700 students.



HAINESPORT PRE-K THROUGH 8th GRADE PUBLIC SCHOOL AT 211 BROAD STREET

Public school students in Hainesport attend grades 9 through 12 at the Rancocas Valley Regional High School (RVRHS) in Mount Holly. Mount Holly also serves as the county seat for Burlington. Other municipalities served by the RVRHS include Eastampton, Lumberton, Mount Holly and Westampton.



RANOCAS VALLEY REGIONAL HIGH SCHOOL (RVRHS) IN MOUNT HOLLY

In addition to the regional high school and other available charter and private schools, students from Hainesport and from all parts of Burlington County have the option to attend the Burlington County Institute of Technology, a county-based public school that provides technical and vocational training and education for high-school level and post-secondary level students. The Institute maintains campuses in Medford and Westampton.

EMERGENCY SERVICES in Hainesport are typically provided by the following primary agencies:

LAW ENFORCEMENT: New Jersey State Police - Bordentown Station
389 State Highway 130
Bordentown, NJ 08505

FIRE PROTECTION: Hainesport Volunteer Fire Company
106 Broad Street
Hainesport, NJ 08036

EMERGENCY MEDICAL: Hainesport Volunteer Emergency Squad
106 Broad Street
Hainesport, NJ 08036

FIRE OFFICIAL: Hainesport Municipal Complex
One Hainesport Center
Hainesport, NJ 08036

NEAREST HOSPITAL: Virtua Memorial Hospital
175 Madison Avenue
Mount Holly, NJ 08060
-approx. 2 miles (5 minutes) from Hainesport-

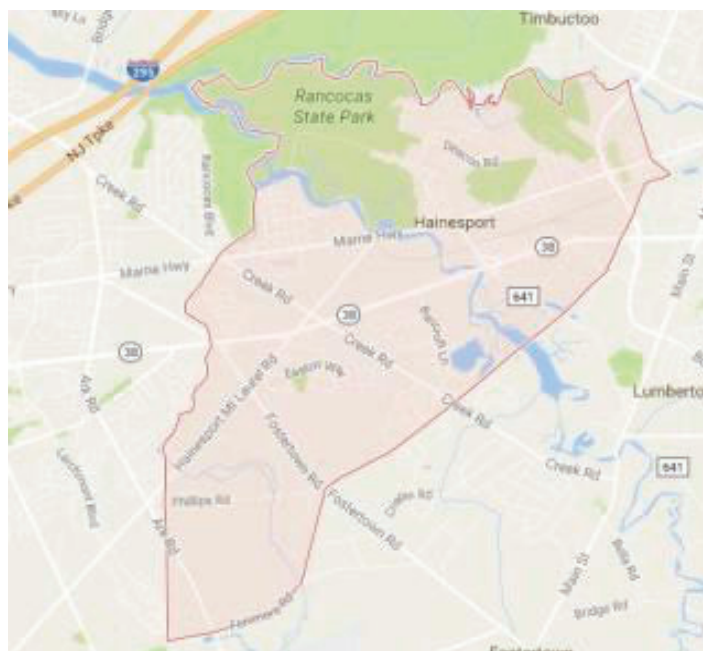
OTHER LOCAL AND REGIONAL SERVICES:

CABLE/TV/INTERNET: Comcast/Verizon/DirectTV
LIBRARY: Burlington County Library, Pioneer Road, Westampton
LOCAL NEWSPAPER: Burlington County Times/Courier Post
PUBLIC UTILITIES: Gas and Electric -- PSE&G/ Water and Wastewater -- NJ American Water
U.S. POST OFFICE: 107 Broad Street, Hainesport 08036

ROADWAYS: As reported in Wikipedia, as of May 2010, Hainesport was covered by 43.05 miles (69.28 km) of roadways. In total, 30.72 of those miles (49.44 km) were maintained by the municipality, 9.50 miles (15.29 km) by Burlington County and 2.83 miles (4.55 km) by the NJ Department of Transportation (it has been said that one could easily distinguish the State roadways simply by adding up the number of potholes per mile).

Major roadways found in the Hainesport include State Highway Route 38, which travels through the center of the Township from east to west. The two major county roads that pass through the Township are County Road 537 (CR 537) a.k.a. Marne Highway, near the middle of town and County Road 541 (CR 541) a.k.a. Mt. Holly By-Pass in the east part of town. County Route 537 (CR 537) is a major 66.22 mile east-west transportation corridor accommodating regional travel between Camden, Burlington, Monmouth, and Ocean Counties. County Road 541 (CR 541) is a 23.84-mile roadway extending from its northern end at Junction US 130/CR 543 in Burlington Township to its southern end at Route 206 in Shamong Township. A somewhat lesser County Road is CR 641, a.k.a. Lumberton Road, extending from its northern end at North Broad Street in Hainesport and traveling southeast across Marne Highway and State Highway 38 into Lumberton where it merges into Chestnut Street.

Just northwest and outside of Hainesport but easily accessible via its bordering townships of Mount Laurel and Westampton are Interstate 295 and the New Jersey Turnpike.



**MAP OF HAINESPORT SHOWING MAJOR ROADWAYS
AND RANCOCAS STATE PARK (TOP, IN GREEN)**

RANCOCAS STATE PARK: One of the truly precious resources in Burlington County is Rancocas State Park. Covering 1,252 acres of protected woodlands, numerous nature trails and scenic waterways located in parts of Hainesport and Westampton, the picturesque landscape was designated as a State Park in 1965 and is managed and operated by the NJ Division of Parks and Forestry. An enduring reminder of the habitat of the Lenape, it would be difficult to imagine Hainesport without it.



One of many trails at the State Park



A gentle bend of the Rancocas River

Along the eastern tip of Rancocas State Park and separated by Rancocas Creek, is Long Bridge Park, a 115 acres Burlington County Park. A haven for biking, hiking, fishing, and picnicking, it is situated between Deacon Road and the Mount Holly By-Pass with entrances from both roadways. A smaller park ground surrounds the Hainesport Municipal Complex on Marne Highway which features a playground and walking trails that lead to the Hainesport Public School playground.

RAILWAY SERVICE AND INDUSTRY: There are no passenger rail stations in Hainesport but there are no less than five passenger rail stations within 10 miles of the township limits. They are:

Lumberton.....3 miles	Mt Holly.....4 miles	Willingboro.....6 miles
Burlington.....8 miles	Mt Laurel.....8 miles	

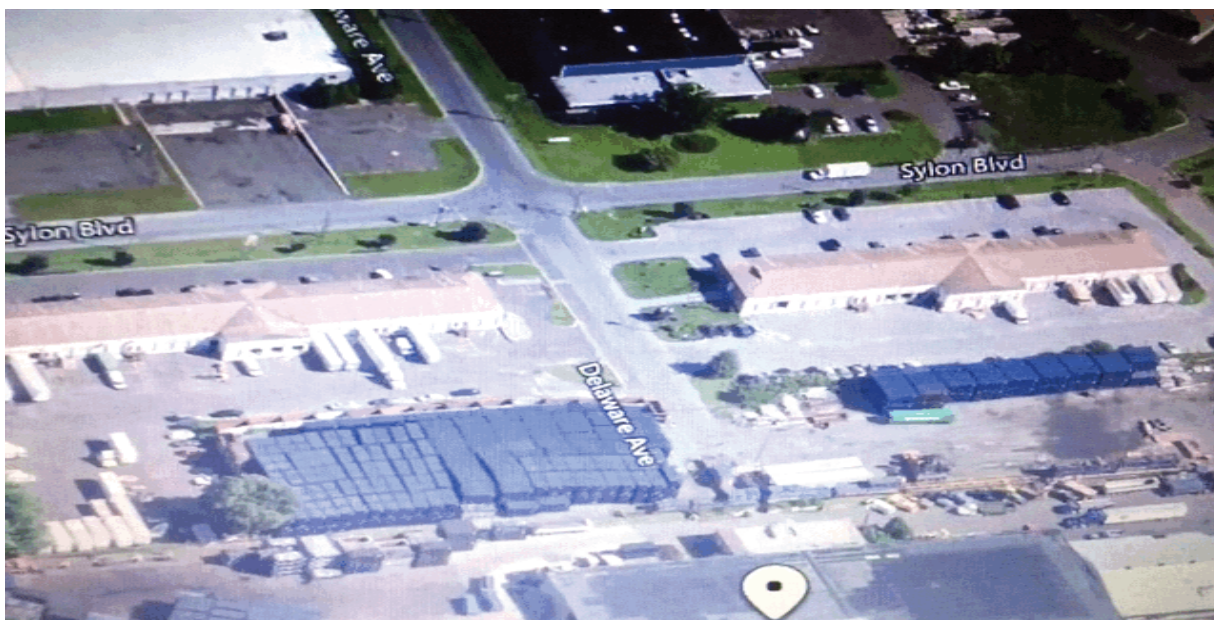
Rail service for the transportation of cargo, primarily for, but not necessarily limited to, the removal of construction debris and other solid waste, is alive and well in the Township. Located in the north central section of the Township and nestled within the triangle that is formed by the intersections of Marne Highway, Creek Road, and Mt Laurel Road, is a complex known as the Hainesport Industrial Park.



HAINESPORT INDUSTRIAL PARK FEATURING A HOST OF BUSINESSES OF VARIOUS TYPES AND SIZES

The industrial park accommodates a multitude of small, mid-size and large commercial and industrial operations, at least three of which deal in the business of collecting, transporting, and disposing of construction and demolition debris, municipal solid waste, sewage sludge, and contaminated soil by way of rail service and over-the-road trucking. Both venues are readily available from the site.

Technical Rail Services, Transportation Services and Hainesport Industrial Railroad, all operate from the within the industrial park; the first two at 4002 Sylon Blvd and the third is located at 5900 Delaware Avenue, which are 2 main intersecting roadways within the industrial complex. While the various enterprises in the industrial park offer a broad range of products and services to their consumers, this facility is also a meaningful source of employment opportunities for residents of Hainesport and the surrounding area.



AERIAL VIEW OF THE HAINESPORT INDUSTRIAL PARK SHOWING THE INTERSECTION OF SYLON BLVD & DELAWARE AVE



TRUCK AND RAIL YARD AT THE PARK



THE RAIL LINE ADJACENT TO THE PARK

This rail yard line connects Hainesport with Camden and Philadelphia

AIRPORTS: There are no airports in Hainesport, but for those in need of air travel or an aerial experience of one kind or another, there are no less than 4 small regional airports, 1 domestic flight airport and 1 international airport mostly all within 30 miles from the Hainesport Township limits; they are as follows:
REGIONAL:

- South Jersey Regional Airport, Lumberton
- Flying W Airport, Medford (let's hope the "W" does not stand for Wacky, Wild, or Wasted)
- Red Lion Airport, Southampton
- Pemberton Airport 3NJ1, Pemberton

DOMESTIC:

- Trenton-Mercer Airport, West Trenton (approx. 28 miles from Hainesport)

INTERNATIONAL:

- Philadelphia International Airport, Philadelphia (approx. 31 miles from Hainesport)

1.3. Housing and Land Development

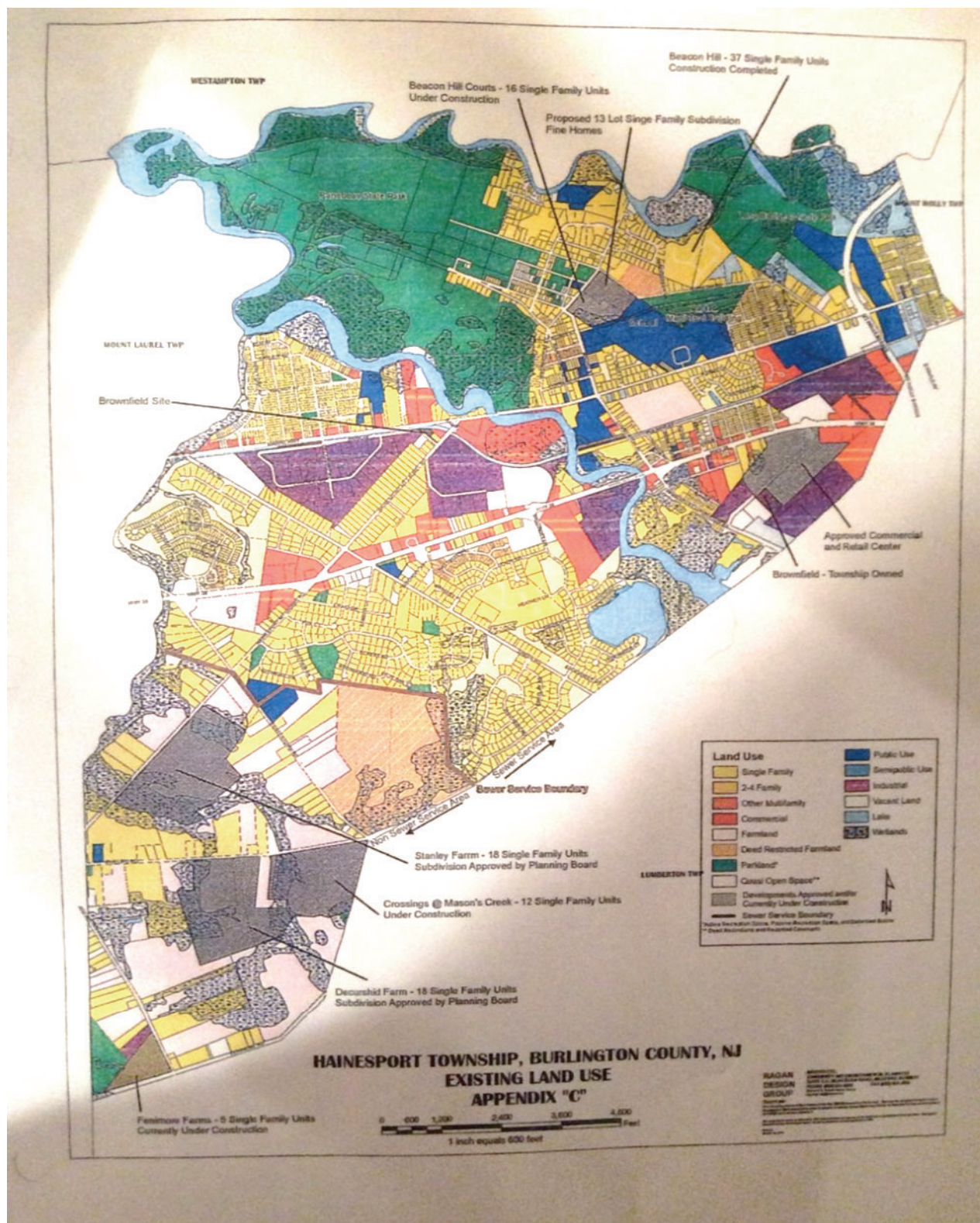
As previously noted in this report, Hainesport supports an estimated population of 6,014 residents occupying 2,474 households containing an average of 2.43 persons per household. With a population density of 931.1 per square mile, Hainesport ranked 25th out of 40 in terms of highest municipal population density in the County.

As reported in the *"Hainesport Township Housing Plan Element and Fair Share Plan"* prepared by the Hainesport Township Planning Board in consultation with the Ragan Design Group and adopted on December 3, 2008, "When projecting new housing starts, several factors must be taken into consideration, some of which are beyond the control of the Township. These include the economy, the vitality of the housing market, and the availability of developers to secure financing and most importantly in Hainesport, the amount of available land for housing."

Still other variables include the sometimes-conflicting interests brought on by Fair Share Housing obligations, farmland/open space preservation, and the absence of public water utility and sewer service as found in the southern section of Hainesport.

Regarding its Fair Share Housing growth share obligation, at that time the Township had established that pursuant to its Housing Plan Element, there was a need for 140 units. To achieve that stated objective, a strategy was developed that incorporated a number of methods designed to satisfy their Fair Share Housing obligations. The adopted methods and anticipated number of units to be achieved in each housing category utilized were as follows:

<u>METHOD</u>	<u>NUMBER OF UNITS</u>
Senior Age-restricted Unit (50% low & 50% moderate)	35
Market-to-Affordable Program	10
Supportive & Special Needs Housing (4 two-bedroom duplexes)	8
Family Rentals (Davenport Village II = 16 units)	16
Family Rentals (Rancocas State Park = 38 Units plus bonus credits)	72
TOTAL UNITS	141



HAINESPORT TOWNSHIP LAND USE MAP FROM THE 2008 HOUSING PLAN ELEMENT & FAIR SHARE PLAN

A transitory assessment of subdivision applications submitted in the decade preceding the 2008 report revealed that Hainesport encountered a significant housing boom in the early 2000's, a trend that was to experience a noticeable decline after 2003 largely due to a drop in the housing market and a shortage of land parcels immediately available for development.

Nonetheless, at the time the report was released, there were a number of housing subdivision projects (including those providing Affordable Housing Units) approved by (or at least proposed to) the Planning Board. At this point in time, some of those subdivisions are awaiting further action, some are under construction, and some have been completed. Collectively they include the 270 units listed below:

- Beacon Hill Courts – 18 Single Family Units (report indicates under construction)
- Fine Homes – 13 Single Family Units (report indicates subdivision proposed)
- Beacon Hill – 37 Single Family Units (report indicates construction completed)
- Davenport – 56 AHU Family Rentals (completed in 2001; proposal to construct an add'l 16 units)
- Stanley Farms – 18 Single Family Units (reports indicates subdivision approved)
- Crossings @ Mason's Creek – 12 Single Family Units (report indicates under construction)
- Decurshid Farm – 18 Single Family Units (report indicates subdivision approved)
- Fenimore Farms – 5 Single Family Units (report indicates under construction)
- The Glen at Mason Creek – 39 Senior Low and Moderate Housing Units
- Rancocas State Park – 38 Family Rental Units (72 Unit Credits)

Other points of interest highlighted in the report relative to planning and development include:

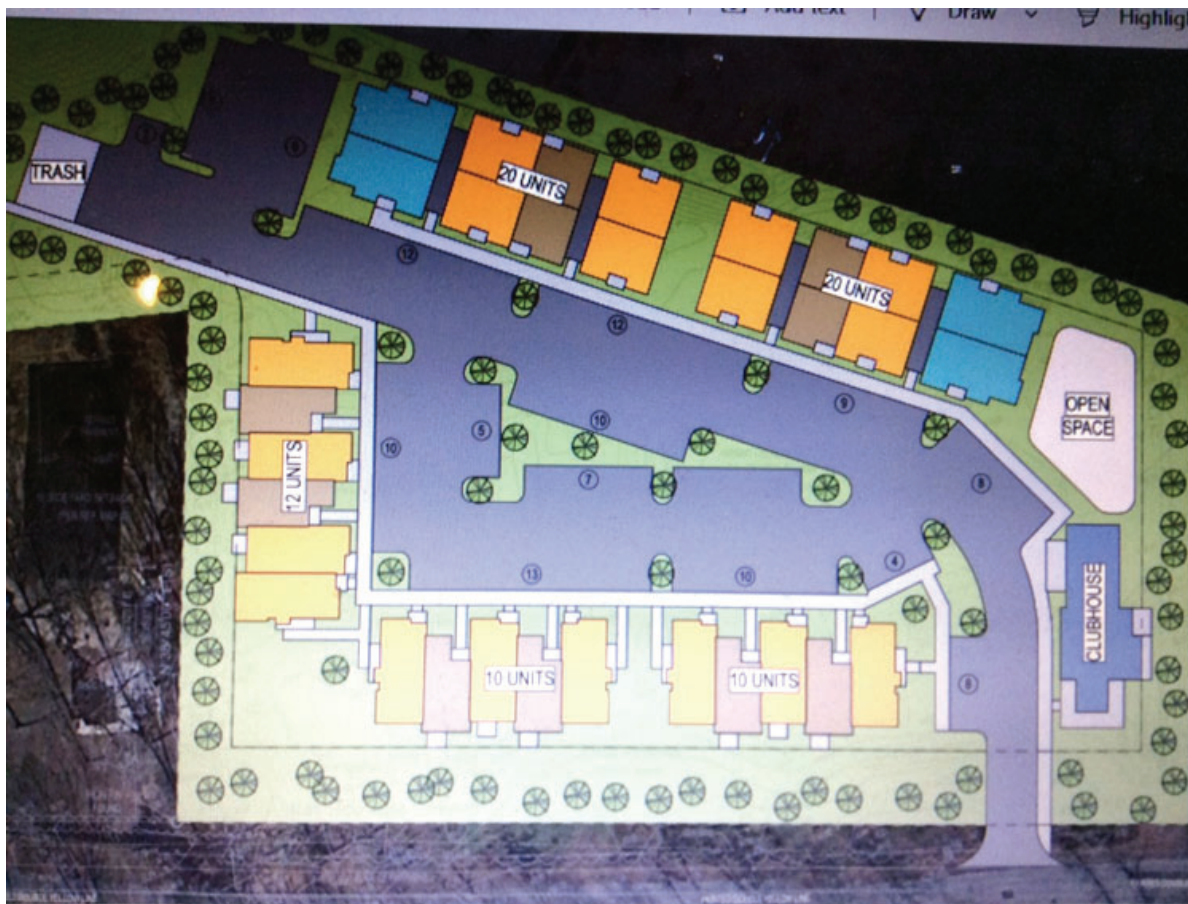
- A non-residential redevelopment area along portions of the State Highway Route 38 to include plans for a Commercial and Retail Center on the eastside of town on the eastbound corridor of Route 38
- One Brownfield site (Township-owned) located adjacent to and directly south of the approved Commercial and Retail Center proposed along Route 38
- One Brownfield site at 2835 Creek Road dubbed the "Cornerstone at Hainesport"

Cornerstone at Hainesport: On December 14, 2021, the Hainesport Township Committee by unanimous vote, adopted Municipal Ordinance 2021-13, a proposal designed to amend Chapter 104 of the Municipal Code entitled "Land Use" to re-zone the vacant Creek Road property otherwise known as



AERIAL VIEW OF BLOCK 104, LOT 1.06, PROPOSED AFFORDABLE HOUSING DEVELOPMENT ON CREEK ROAD

Block 104, Lot 1.06 in order to facilitate the development of 72 +/- affordable housing units on that site. Previously zoned as R-1 Residential, the adoption of 2021-13 successfully re-zoned the site to an AH-1 Affordable Housing Zoning District. The “Cornerstone at Hainesport” as proposed by the Walters Group,



CORNERSTONE AT HAINESPORT

WALTERS GROUP REVISED PLAN FOR 72 HOUSING UNITS AT 2835 CREEK ROAD AKA BLOCK 104, LOT 1.06

a premier developer, builder, and management firm of multi-family communities in New Jersey, will provide 72 single-family rental units at the site, but under the terms of the Affordable Housing guidelines, this project would make the Township eligible to claim 128 Credits (one Credit = one Unit) towards its ultimate Fair Share Housing obligation.

Certainly, there are multiple methods by which to analyze the overall impact these development projects will have in terms of land use and population growth, some more complicated than others. One simple but scientifically practical approach would be to add up the total number ($270 + 72 = 342$) of all potential housing units, i.e., single-family, family rentals, age-restricted, special needs, etc. identified in the Hainesport HPE/FSP and multiply that number by 2.43, the Census estimate for the average number of members per household in Hainesport: $342 \times 2.43 = 831.06$ additional residents.

Beyond the effect of people from outside of Hainesport moving into *existing* housing stock (or current residents increasing the size of their families or households through marriage, childbirth, adoption, or other circumstances) the potential escalation in the local population by an estimated 831.06 residents by way of new housing would alone result in a unilateral increase in demand for municipal services.

1.4. Valuations and Finances

A three-year overview of the Township's assessed values, tax structures, and related fiscal metrics ultimately impacting Emergency Medical Service operations and funding is provided below:

HAINESPORT TABLE 1: THREE-YEAR REVIEW AND COMPARISON OF FISCAL METRICS

FISCAL METRICS	2020	2021	2022	3 YR NET CHANGE	PERCENT CHANGE
TOTAL TAXABLE VALUATION	769,083,173	772,350,517	773,310,441	+4,227,268	Up 0.55%
TOTAL AMOUNT RAISED BY TAXES	19,389,080.58	19,832,670.14	20,274,513.79	+885,433.21	Up 4.57%
MUNICIPAL PURPOSE TAX	2,499,399.83	2,555,921.10	2,607,528.41	+108,128.58	Up 4.33%
MUNICIPAL TAX RATE	0.324	0.331	0.338	+0.014	Up 4.32%
RESIDENTIAL PROPERTIES	2,203	2,202	2,203	0	0
AVERAGE HOME VALUATION	278,496	278,857	279,137	+641	Up 0.23%
AVERAGE HOME MUNICIPAL TAX	905.11	923.94	943.48	+38.37	Up 4.24%
HOUSEHOLDS	2,474+/-	2,474+/-	2,474+/-	0	0

The financial table assembled above is indicative of a fiscally responsible local governing body managing municipal resources in a challenging but potentially promising environment of stabilized growth in property values, land development and cost of services.

ASSESSED (TAXABLE) AND EXEMPT (NON-TAXABLE) PROPERTIES: Primarily a residential community, Hainesport also maintains a number of other diverse types of properties across its 6.723 square miles. The following table provides a breakdown of the assessed and exempt properties from 2020-2022.

HAINESPORT TOWNSHIP TABLE 2: ASSESSED (TAXABLE) & EXEMPT (NON-TAXABLE) PROPERTIES 2020-2022

YEAR	VACANT	RESID	FARM	COM	INDUST	APT	RR	BUSINESS PERSONAL PROPERTY	EXEMPT PROPERTIES	TOTALS
2020	180	2,203	58	113	28	2	0	1	3 PUBLIC SCHOOLS 0 OTHER SCHOOLS 122 PUBLIC PROPERTIES 16 WORSHIP 6 CEMETERY 30 OTHER TOTAL 177	2,588 ASSESSED PLUS 177 EXEMPT EQUALS 2,765 TOTAL PROP
2021	199	2,202	59	114	28	2	0	0	3 PUBLIC SCHOOLS	2,604 ASSESSED

									0 OTHER SCHOOLS 123 PUBLIC PROPERTIES 16 WORSHIP 6 CEMETERY 32 OTHER TOTAL 180	PLUS 180 EXEMPT EQUALS 2,784 TOTAL PROP
2022	200	2,203	55	114	28	2	0	1	3 PUBLIC SCHOOLS 0 OTHER SCHOOLS 123 PUBLIC PROPERTIES 16 WORSHIP 6 CEMETERY 35 OTHER TOTAL 183	2,603 ASSESSED PLUS 183 EXEMPT EQUALS 2,786 TOTAL PROP

Overall the figures above indicate little change in most of the land-use categories shown over the period from 2020 through 2022, with some exception noted in vacant properties (up by 20 from 180 to 200; an increase of 11.11%) and exempt "OTHER" properties (up by 6 from 177 to 183; an increase of 3.39%) that most likely include sites that qualified and were awarded Payments in Lieu of Taxes (PILOT) contracts with the Township such as the following:

DEVELOPMENT	TYPE	ASSESSED VALUE	WOULD BE 2021 TAXES	PILOT BILLING
Davenport	Affordable Housing	2,789,400	69,874.47	65,265.00
Oaks Integrated	Other	293,400	7,349.67	2,000.00
Black Creek Group	Commercial/Industrial	31,116,475	194,866.92	103,721.50

1.5. Municipal Code

The Hainesport Municipal Code contains two main sections; PART I: ADMINISTRATIVE LEGISLATION and PART II: GENERAL LEGISLATION. The Administrative section starts with Chapter 1 “General Provisions” and concludes with Chapter 43 “Reserved”. The General section starts with Chapter 44 “Affordable Housing” and concludes with Chapter 180 “Vehicular Traffic”. There are no less than nine (9) Reserved Chapters in the Code. The Code closes out with a Disposition List that provides a chronological catalog of legislation adopted by the Township of Hainesport since the 1993 publication of the Code.

Despite a brief reference to *“first aid or rescue squads”* in Chapter 91 “Games of Chance”, and a reference to *“notification of all agencies, including but not limited to (b) the first aid squad serving the district”* in Chapter 13 “Street Excavations and Openings, the Municipal Code was not found to contain any chapters on the establishment, composition, authority, and governance of the local first aid or emergency squad.

HAINESPORT EMERGENCY SQUAD

2.1 HISTORY OF EMS

Before understanding the history of Emergency Medical Services in Hainesport Township, it is crucial to understand the history and evolution of EMS across New Jersey. Emergency Medical Services (EMS) are critical to healthcare services, particularly in life-or-death pre-hospital settings. Over the years, EMS has evolved significantly in the United States, and New Jersey is no exception. EMS in New Jersey dates back to the late 1800s when hospitals and funeral homes provided basic first aid and ambulance services. However, the modern EMS system as we know it today began to take shape in the 1960s and 70s, spurred by a series of landmark events.

In the 1960s, the United States experienced a significant increase in motor vehicle accidents, leading to a growing need for emergency medical services. In response, President Lyndon B. Johnson signed the Highway Safety Act in 1966, funding states to develop and improve their highway safety programs. The act also led to the development of national standards for ambulance design, equipment, and personnel.

Following the Highway Safety Act, New Jersey began to develop its EMS system, and in 1969, the State Legislature passed the New Jersey Ambulance Act. The act required all ambulance services to be licensed and established minimum standards for ambulance equipment, personnel, and training. The act also required the establishment of an EMS advisory council to oversee the development of EMS in the state.

In 1971, the New Jersey Department of Health established the Emergency Medical Services Program to implement the provisions of the Ambulance Act. The program was responsible for licensing and regulating ambulance services and developing training programs for EMS personnel. The program also established the first statewide EMS system in the country, which included a centralized dispatch system and designated hospitals for trauma care.

In 1972, the Newark Fire Department established the first paramedic program in New Jersey, the first of its kind in the state. The program was modeled after the successful program in Seattle, Washington, and provided advanced life support services, including the administration of drugs and advanced airway management. The program was highly successful and was soon replicated in other parts of the state.

In the 1980s, EMS in New Jersey continued to evolve, introducing new technologies and advanced training programs. In 1985, the state established the Mobile Intensive Care Unit (MICU) program, which provided advanced life support services to patients in rural areas. The program was highly successful and helped to improve patient outcomes in these areas.

In 1990, the New Jersey EMS Task Force was established to provide technical assistance and support to local EMS agencies. In addition, the task force was responsible for developing and implementing EMS policies and procedures, coordinating EMS activities during disasters and major incidents, and promoting EMS education and training.

In 1998, the New Jersey Legislature passed the Emergency Medical Services Systems Act, which provided a framework for the state's EMS system. The act established the New Jersey EMS Council, which oversees the state's development and implementation of EMS policies and programs. The act also required the establishment of regional EMS councils to coordinate EMS activities at the local level.

Today, EMS in New Jersey is a highly advanced and well-coordinated system that provides various services, including Basic Life Support, Advanced Life Support, and critical care transport. The main difference between BLS and ALS units is the level of medical care they can provide; a more detailed description of the difference can be found in the EMS Operations section of this report.

It is worth noting that while ALS units can provide more advanced medical care, BLS units play a critical role in the EMS system. BLS units are often the first to arrive on the scene of an emergency and are trained to stabilize patients until more advanced care is available. In many cases, the interventions provided by BLS units can significantly affect a patient's outcome.

The system is staffed by highly trained and certified EMS professionals who undergo extensive education and training programs. The state also has a robust quality improvement program that monitors and evaluates the performance of EMS agencies and personnel to ensure that patients receive the highest quality of care.

2.2 THE HISTORY OF THE HAINESPORT EMERGENCY SQUAD

The Hainesport Emergency Squad (HEMS) was founded in 1956 and boasts an impressive sixty-seven years of volunteer service. Throughout this report, readers will find several references to the side-by-side workings of HEMS and the Hainesport Volunteer Fire Company. This tradition began as early as the Squad's inception, as several charter members of HEMS were members of the Volunteer Fire Company. These charter members recognized a need to provide ambulance services to the residents and visitors of Hainesport Township. As such, the Hainesport Emergency Squad was established, responding to its first emergency call in July of 1956.

The early stages of HEMS were similar to many other volunteer emergency squads and fire departments in the early 1960's. HEMS members found creative ways to fund their new endeavor, including volunteers soliciting donations. The donations that members worked to receive went towards training, life-saving equipment, vehicles, and the day-to-day operations of the Emergency Squad. The Squad's history includes a commitment to public health and well-being, not only limited to emergency medical response. This commitment can be seen through its 1961 offering of free wheelchairs made available to eligible community members and other service-oriented programs through to the Squad's 2022 public education events.

In 1969, the Hainesport Emergency Squad took its first steps in providing rescue services by adding a walk-in van, which would be shared between HEMS and the HVFC for use as a crash truck. A similar apparatus (Rescue 3919) is still in service today and is still shared between the Hainesport Volunteer Fire Company and the Hainesport Emergency Squad. In 1977, the Hainesport Emergency Squad began to receive dispatch services from Burlington County's (new at the time) Central Dispatch Center, which is still dispatching emergency calls for the Squad in 2023.

The early 1990s brought an exciting addition to HEMS with an expansion added to the firehouse, where both the HVFC and HEMS still operate. A split cost by both agencies funded this addition, another example of the two agencies working side by side. The 2000's brought unprecedented challenges to emergency services nationwide, including HEMS, following the 2001 terror attacks on the United States. Emergency Squad leaders needed to develop plans for handling new and significant emergencies potentially to occur as a result of continued acts of terrorism. Focuses began to shift to require first responders to receive training such as Chemical, Biological, Radiological, Nuclear, and High Yield Explosives (CBRNE) emergencies, mass causality incidents, and the National Incident Management System.

The 2008 Housing Market Crash and Recession unexpectedly impacted volunteer public safety agencies. Many Americans found it necessary to work more than one job to stay financially afloat, and the need for dual-income households significantly increased. The additional household financial burdens were to have an adverse impact on volunteer service availability that continues to plague the volunteer sector to this day.

The 2020's have provided its list of challenges to public safety agencies worldwide. The COVID-19 Pandemic put EMS workers in the public eye as "front-line heroes," however, the fear of the virus negatively impacted the system, an impact which is still felt today. In addition, many public safety agencies across the country lost dedicated volunteers due to fear of the illness, and many of these personnel never returned.

Today, the Hainesport Emergency Squad maintains a fleet of two Type-1 ambulances, an incident command vehicle, and a rescue truck. The Squad is still operating out of shared space with the Hainesport Volunteer Fire Company on North Broad Street and still heavily relies on funding in the form of donations.

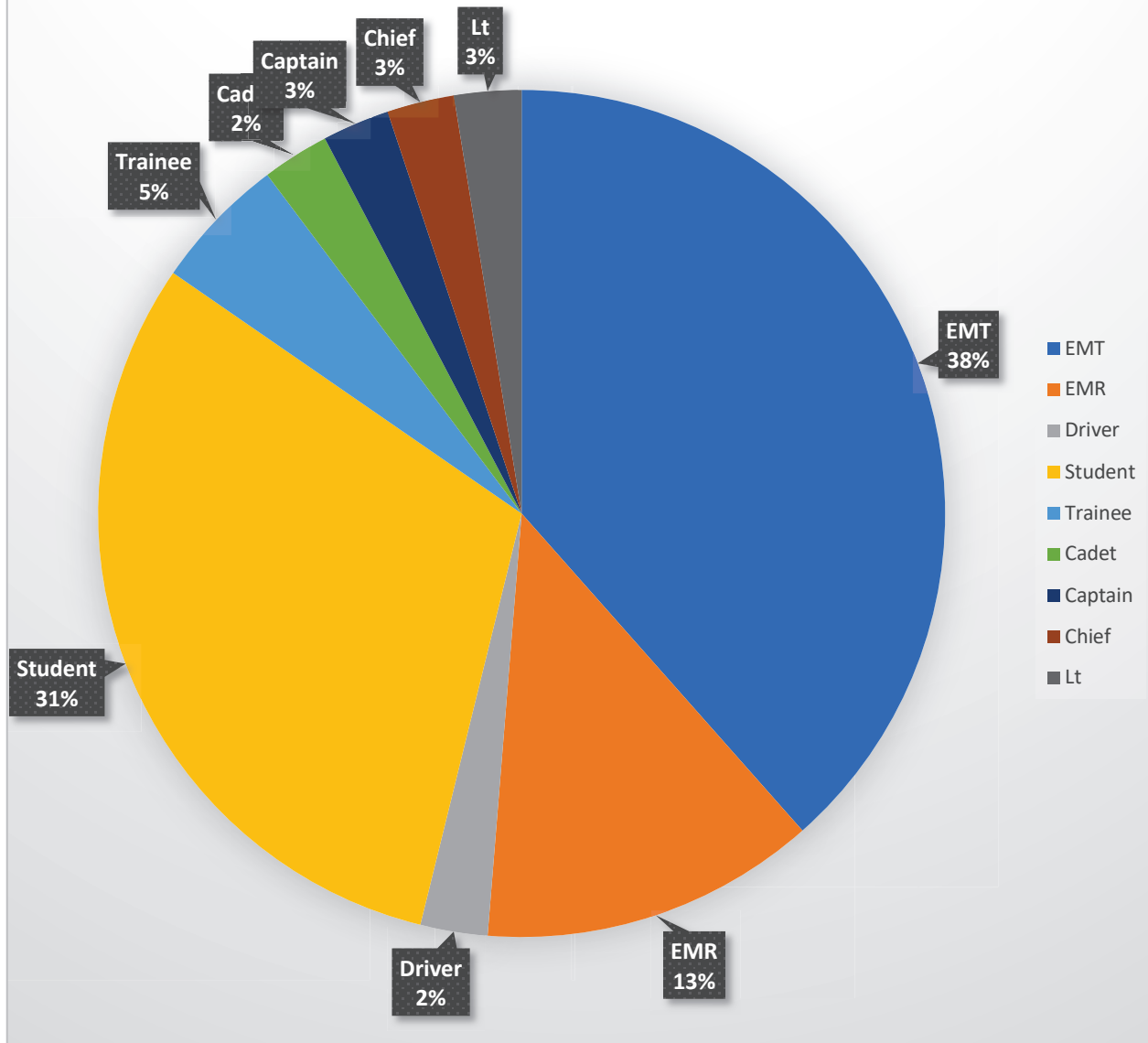
Throughout the challenges before them, many of the members of the Hainesport Emergency Squad persevered and gave their best effort to remain committed to the Squad's original goals of providing ambulance services to the residents and visitors of Hainesport Township.

2.3 HAINESPORT EMERGENCY SQUAD - MEMBERSHIP

As of April 2023, the Hainesport Emergency Squad reports a roster with thirty-nine members and nine operational membership titles.

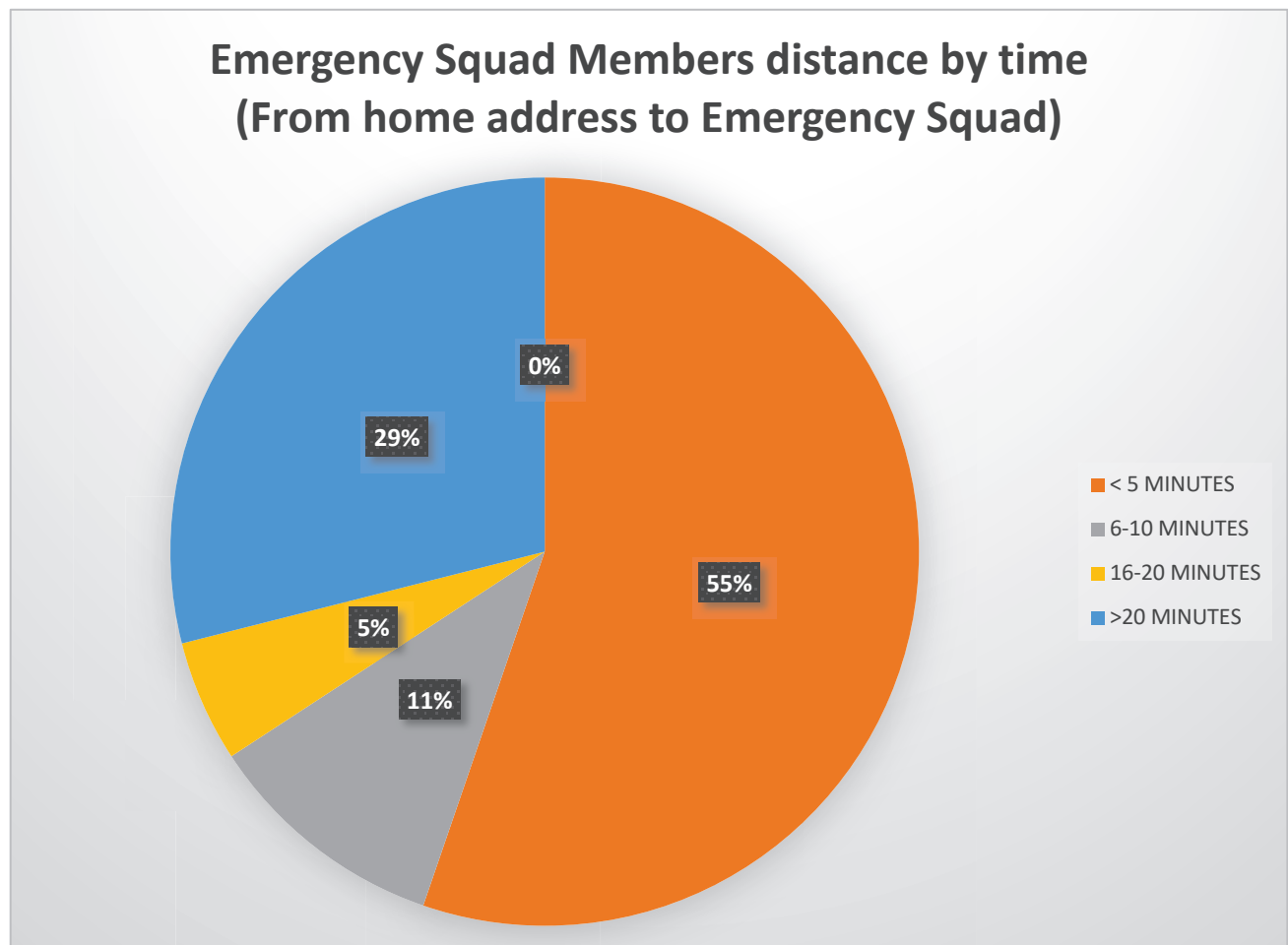
Title	Total personnel	Description
Cadet	1	Member of the emergency squad under the age of 18. Per NJAC 8:40a-7.4 minors 16 and up may attend EMT training, however, cannot be certified as Emergency Medical Technicians prior to their 18th birthday.
Student	12	Members currently attending training as either an EMR or EMT
Trainee	2	Members who recently completed certification as certified Emergency Medical Technicians, being trained in the field by senior personnel.
Driver	1	Members are responsible for only driving an ambulance.
EMR	5	Emergency Medical Responders
EMT	15	Emergency Medical Technicians
Lieutenant	1	First Line Supervisor
Captain	1	Mid-Level Supervisor
Chief	1	Senior-Level Supervisor

Membership by Rank

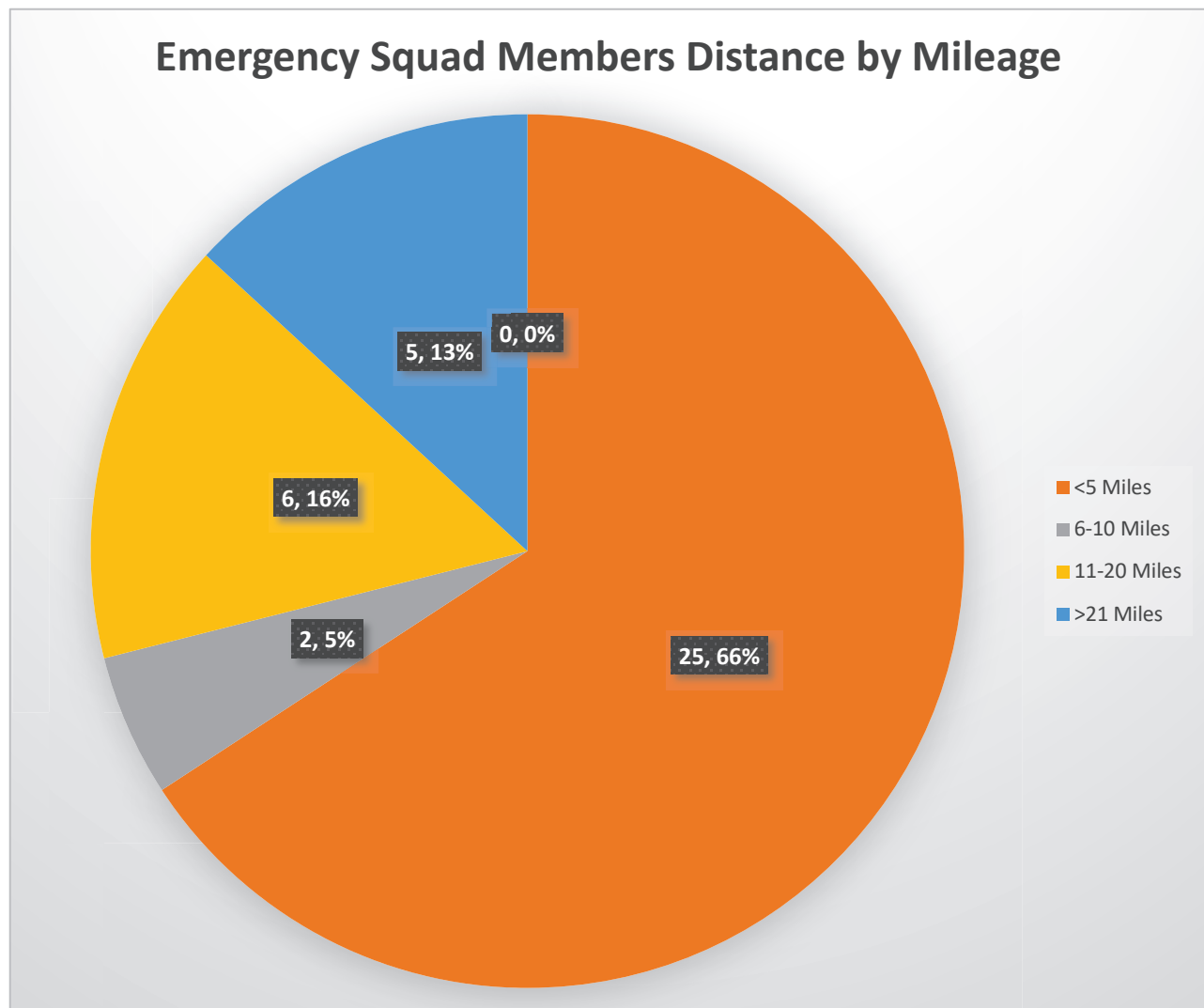


Over the past year, the newly appointed leadership of the Hainesport Emergency Squad has worked to increase the total number of personnel on the squad. To recruit and retain membership, the Squad has sought prospective members residing outside the Hainesport Township borders. The Emergency Squad's roster includes members who reside as far as Marmora, New Jersey (63.7 Miles away) and Atlantic City, New Jersey (59.2 Miles away).

Emergency Squad Members distance by time (From home address to Emergency Squad)	
Distance	Total
< 5 Minutes	21
6 – 10 Minutes	4
11 – 15 Minutes	0
16 – 20 Minutes	2
> 20 Minutes	11



Emergency Squad Members distance by mileage (From home address to Emergency Squad)	
Distance	Total
< 5 Miles	25
6 – 10 Miles	2
11 – 20 Miles	6
> 20 Miles	5



As of April 2023, seventeen members are documented as certified to the level of Emergency Medical Technician. Of the seventeen documented EMTs, one is expired, six expire by the end of 2023, three expire in 2024, six expire in 2025, and one expires in 2026. (See chart)

Expiration	Total
Expired	1
2023	6
2024	3
2025	6
2026	1

As part of this assessment, we have had an opportunity to review the ages of members of the emergency squad, which span from 15 as high as 68 years of age.

Hainesport Emergency Squad Personnel Training

Later in this report we will review the training levels which the EMS System in New Jersey recognizes. At minimum emergency squads typically require personnel to be trained in basic emergency vehicle operation, and CPR. The standard certification for emergency medical squads is to have personnel trained to the level of Emergency Medical Technician or “EMT.”

Emergency Medical Technicians undergo close to 200 hours of initial training, followed by 48 hours of continuing education credits required every three years. It’s no surprise that all this training comes at a cost. As of the time of this report it was discovered that HEMS personnel are being trained by Emergency Education & Development LLC, a training company owned by EMS Chief Paul Bush and Vice President Krystle Bush. It is a recommendation of this report that the practice of interconnecting businesses owned by Emergency Squad Members and the Emergency Squad no longer occur. This practice can lead to poor perception.

2.4 HAINESPORT EMERGENCY SQUAD – AMBULANCE UNITS

Ambulance 3991



- 2016 Ford E450 Super Duty Chassis
- Horton Type III Ambulance build
- LED Emergency Lights
- Power Load Stretcher
- **VIN:** 1FDXE4S4GD55765
- **Registration:** OA7010
- **Odometer:** 16,623.5

Ambulance 3992



- 2000 Ford E450 Chassis
- Horton Type III Ambulance Build
- LED Emergency Lights
- Power Load Stretcher
- **VIN:** 1FDXE457YHAA80703
- **Registration:** OA5004
- **Odometer:** 39,277

On September 8th, 2022, an assessment of the Hainesport Emergency Squad apparatus was conducted by a Certified Emergency Vehicle Technician (EVT). The assessment reviewed the apparatus and compared it to the NFPA standard on emergency vehicles, NFPA 1911. These reports are available in the appendix of this report.

Both Ambulance 3991 and 3992 passed the NFPA reporting criteria, however the following notes were made by the EVT:

3991

- Dirty radiator fins
- Brake pads need replacing
- Battery needs replacing

3992

- Debris between fuel tank and fuel tank straps
- The front oil pan has a class 1 oil leak
- The passenger side valve cover has a class 2 leak
- Dirty radiator fins

- Trans cooler line has a class 2 leak
- Transmission tail shaft has a class 3 leak
- Main break line to the rear of the vehicle has heavy rust
- Brake pads have 85% life remaining
- Nail/Screw in rear right tire. EMS Chief was advised at time of assessment, repair made.
- Excessive electrical draw when lights are on, LED lights were recommended by EVT. Lights were added following assessment.

It should be noted that both Ambulance 3991 and 3992 were purchased by Hainesport Township and remain property of the Township. Without a sales team full assessment, it would be difficult to assess the value of these units, however similar units, with similar mileage range between \$17,500 and \$22,000 on government surplus websites. This value is strictly an estimate.

2.5 HAINESPORT EMERGENCY SQUAD – CALL VOLUME

Especially with the additions of modern technology, emergency response agencies have the ability to be rich with data. Computer Aided Dispatch Systems (CAD) and digital reporting systems have greatly improved the ability to track data in reference to emergency response. Unfortunately, data systems are only as strong as the data entered into them. In many cases, raw data available from modern systems requires human analysis to assure it's painting an appropriate picture.

A major flaw often seen when entities attempt to analyze either Fire or EMS data, is that the systems may track the arrival of units, however the data system is not complex enough to analyze the **TYPE** of unit. For example, a computer aided dispatch system may be able to generate a report documenting the time an incident was dispatched, and the time a first unit arrived, however that first arriving unit may be a chief officer, fly car or non-transport capable ambulance. Of course, there are instances that tracking this style of information may be beneficial, however for the purpose of this study, we must review the time of dispatch to the first arriving transport capable ambulance arriving on the scene.

In addition to the complexities of analyzing the data available from the County Communications System, there are flaws to analyzing data directly available from an agency providing service. If a study team only reviews the data available from an agency's internal records, or patient care records, there is a good chance that "scratched" or calls which the agency fails to answer are recorded. This issue does not mean an agency may be deliberately trying to hide information, it simply means that an agency does not complete a patient care report for an incident to which they did not respond, even in cases wherein they were called to do so.

For the purpose of this study, call volume was assessed via data obtained from the Burlington County Communications Center via request by the Township of Hainesport. This data reviewed dispatch information from the years of 2019, 2020, 2021 and 2022.

In reviewing the response time data, it is important to consider the existing standards. There is no singular national standard on EMS, however there are genuinely acceptable standards across the county. Typically, the average wait time for an ambulance should be no more than 8 minutes, except for rural areas, where the response time is allowable up to 15 minutes.

When assessing the response time for EMS in Hainesport Township, it would be impractical to describe the town as "rural," and as a result the standard EMS response time should be less than 8 minutes from the time of the dispatch, until the time the unit arrives on an emergency. **After analyzing over 4 years' worth of dispatch time, the average wait time for an ambulance in Hainesport Township is 22 minutes and 20 seconds, well over even the accepted standard on rural response.**

To better manage this deficiency, we have recommended the creation of a position of Local Emergency Services Coordinator; This position should be tasked with monthly monitoring of

emergency calls in the Township. As part of these responsibilities a general template should be created, which takes raw data from the Computer Aided Dispatch System and assembles it in a way for accurate analysis. Understanding issues on a month-to-month basis may prove much more advantageous than trying to understand issues for a multiple year period.

The report generated by the Emergency Services Coordinator should factor in information obtained from both County Communications Computer Aided Dispatch Systems and from local reporting systems. In addition to analyzing the data from both of these entities, the Emergency Services Coordinator should compare the records to ensure the information adequately lines up.

2.6 HAINESPORT EMERGENCY SQUAD - HEADQUARTERS

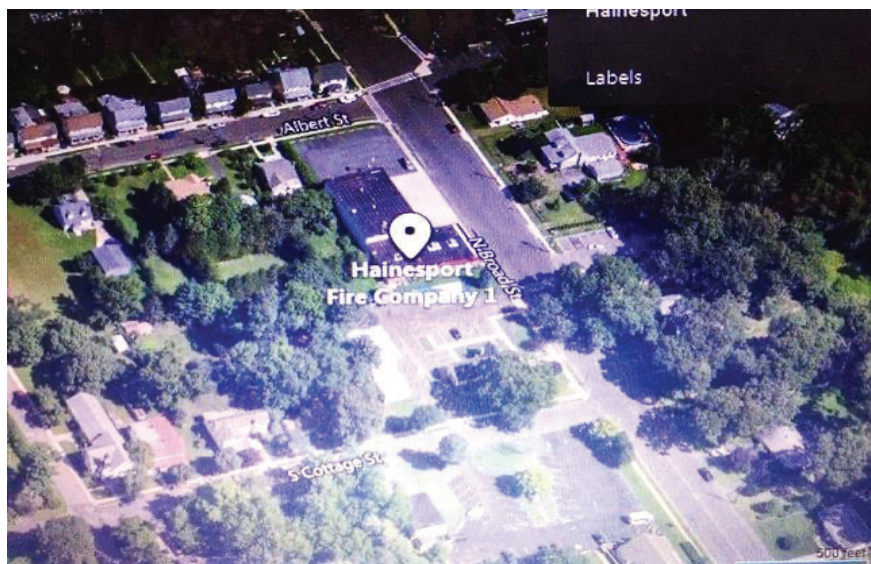
The Hainesport Emergency Squad operates out of space leased from the Hainesport Volunteer Fire Company. The shared fire station/emergency squad is located at 106 Broad Street in Hainesport; the building is held in public trust by the Fire Company. For this report, the building will be referred to as the fire station; the recommendations for the building in this report mirror that of the study completed for the fire service.



Hainesport Fire Station at 106 Broad Street is shared with the Ambulance Squad by the Fire Company

Situated slightly northeast but in a practical sense, centrally located within the Township, the fire station is in close proximity to the U.S. Postal Service building at 107 Broad Street, the Hainesport Pre-K through 8 Public School District Offices and school building at 211 Broad Street, and the Hainesport Municipal Complex at 1401 Marne Highway. A modest, well-maintained but somewhat under-utilized Community Center building is located at 100 Broad Street, immediately adjacent and to the south of the fire station.

The fire station is centrally located in a residential and mixed-use area of town near other key facilities





Hainesport Kenneth E. Street Community Center next door to the Hainesport Fire Station

The original fire station, constructed in 1922, mostly likely amounted to a modest wood-frame or heavy lumber construction, barn-like facility. In 1957, the fire house underwent renovation to a brick-and-mortar style structure featuring a combination apparatus floor/social hall on essentially the same footprint on which the social hall and rear kitchen area exist today. In 1991, the fire station underwent a major expansion with the construction of a steel and masonry addition that provided a seven-bay apparatus floor, a small loft area, a training/day room, and 2 small admin-office rooms. The original footprint of the fire station occupies approximately 4,206 square feet and is now a one-story Social Hall consisting of a large open reception/dance floor area with a ten-stool bar area across the rear of the room. The grand room is set on a terrazzo floor and occupies approximately 3,035 square feet; it is complimented with a Men's Room (100 sq. ft.), Ladies' Room (126 sq. ft.), and storage closet (81 sq. ft.). The hall has a supply of tables and chairs in line with the maximum occupancy load.



FIRE STATION SOCIAL HALL – VIEW TO FRONT EXIT



FIRE STATION SOCIAL HALL – VIEW TO REAR BAR

The social hall and related areas are well maintained and have the capacity to accommodate up to 200 people for various activities, events, and functions, but no evidence was found to suggest it is being rented out for private parties or other fundraising enterprises. It appears it is presently being used primarily for internal Fire Company and Ambulance Squad meetings and activities. Directly to the rear of the social hall and also standing in the footprint of the original structure, are the fire station kitchen (504 sq. ft.) and a side storage room (360 sq. ft.). The kitchen is well-equipped with a stainless-steel commercial range protected by an approved Type 1 range exhaust hood with a kitchen fire suppression system. Other amenities include a large, three-door stainless steel refrigeration unit, countertop standard double sink, a large stainless double dishwashing/utility sink, and a centralized tabletop for food preparation. A basement (816 usable sq. ft.) under the kitchen area serves as a general storage facility.



KITCHEN DISHWASHING SINKS & SMALL APPLIANCE AREA



KITCHEN SINKS, RANGE, FRIDGE & FOOD PREP TABLE

Attached to the Side D-rear quadrant of the 1922 fire station footprint, is the block construction, corrugated metal roof fire station addition later constructed in 1991. The expanded 5,126 square feet fire station features a 75 sq. ft. main entrance lobby (which is the main conduit between the original fire station foot print and the expanded station), 3 front-facing double-apparatus bays (3,966 sq. ft.), a single-unit apparatus bay in the rear of Side D (567 sq. ft.), a small mezzanine storage area (225 sq. ft.) in the rear of the apparatus floor, a modest training/meeting room (570 sq. ft.), a small Fire Company Office and a small Emergency Squad Office (about 120 sq. ft. each), and a unisex restroom (50 sq. ft.).



FRONT VIEW OF THE FIRE STATION AREA ADDED IN 1957 THAT PROVIDED AN ADDITIONAL 5,126 SQ. FT. OF USABLE SPACE



BRUSH TRUCK IN REAR SIDE D BAY OF FIRE STATION



FIRE STATION MEZZANINE USED TO HOUSE EMS SUPPLIES



HAINESPORT FIRE COMPANY OFFICERS' ROOM



HAINESPORT EMERGENCY SQUAD OFFICERS' ROOM

Due to the overall limited usable space and general shortage of compartmentalized workstations and storage areas, much of the day-to-day functions and storage of equipment and supplies have been relegated to the rear of the apparatus floor. The Fire Company's work bench, tool cabinet, cleaning supplies, Cascade and SCBA air bottle filling stations, hose racks, and turnout gear racks as well as the Emergency Squad's oxygen refill and storage cage can all be found in the vicinity or along the back interior wall of the apparatus floor. A small, metal frame mezzanine mainly used for Emergency Squad supply cabinets and miscellaneous equipment storage is also located to the rear of the apparatus floor.

The following three pages provide images of the aft section of the apparatus floor, mezzanine or "loft", area, and basement utilities.



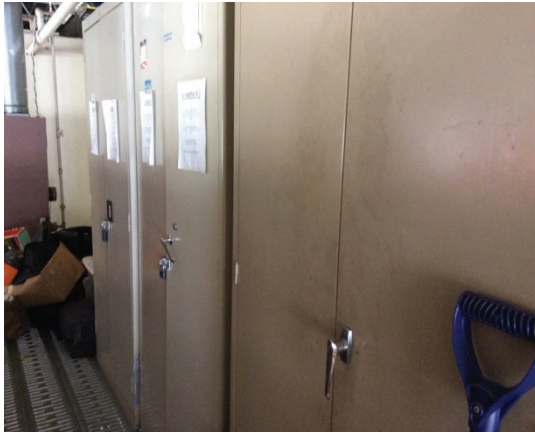
MEZZANINE IN REAR OF APPARATUS FLOOR USED FOR EMERGENCY SQUAD SUPPLIES AND MISCELLANEOUS STORAGE



ACCESS TO MEZZANINE AREA; SPACE HEATER ON LANDING



MEZZANINE STORAGE UNIT & MED SUPPLY CABINET



MEZZANINE SQUAD MEDICAL SUPPLY CABINETS



FIREFIGHTING FOAM & SPARE BOOTS ON MEZZANINE



EMERGENCY SQUAD OXYGEN FILL & STORAGE CAGE



HOSE RACK TUCKED BETWEEN WORK & AIR REFILL AREAS



INGERSOLL-RAND 5 HP STATION AIR COMPRESSOR
AND MISCELLANEOUS CLEANING SUPPLIES
REAR OF APPARATUS FLOOR



RED - EAGLE AIR COMPRESSOR MFG. DATE 03-11-2002
401.7 HR. 01-11-2023
BLUE – EAGLE AIR CYLINDER FILL STATION MFG. DATE 06-28-2013



FF PERSONAL PROTECTIVE EQUIPMENT (PPE) RACK
COMPLIANT PPE - GOOD CONDITION



UNI-MAC FIREFIGHTER PPE DRYING CABINET
PURCHASED 2019



BASEMENT UNI-MAC FIREFIGHTER PPE WASHER
WITH SOAP DISPENSER – PURCHASED 2019



FIRELITE ALARM INC. FIRE ALARM CONTROL PANEL
MODEL MS 5024



**BASEMENT CROWN 245,000 BTU NATURAL GAS-FIRED BOILER
LAST DATED INSPECTION 07-30-20 -- PURCHASED 2014**



**BRADFORD WHITE 40,000 BTU NATURAL GAS-FIRED
BASEMENT WATER HEATER – PURCHASED 2014**



**NON-COMPLIANT OXYGEN BOTTLE FILL STATION
-CORRECTIVE ACTION NEEDED-***



**NON-COMPLIANT STORAGE CABINET IN LOFT
-CORRECTIVE ACTION NEEDED-****

***WARNING:** Oxygen fill station is not compliant for filling oxygen cylinders. This unit should be placed out of service. A new, compliant oxygen fill station is needed if the Fire Company is going to fill oxygen cylinders. A more cost-efficient alternative would be to make an arrangement for refilling oxygen bottles with a local or nearby ambulance squad or other emergency medical service provider.

****WARNING:** Loft storage area has cabinets that need upgrading to be compliant for the storage of chemicals, paints, oils, and cleaning products. Special attention should be given to highly reactive chemicals and non-compatible substances.

Connected by a solid wooden door found at the rear of the apparatus floor (see empty apparatus floor photo) and by another doorway to the kitchen, the meeting/training/dayroom (570 sq. ft.) is able to comfortably accommodate up to 25 members (about 10 short of total Fire Company membership). Although limited in size and function, this multi-purpose room is the only area in the fire station (with the possible exception of the social hall) in which members can find suitable refuge away from the business of the apparatus floor to conduct fire company training lessons, discuss fire company affairs, relax, rehab, sit down to eat albeit without sufficient tables, or otherwise interact on a professional and/or social level with other company personnel.



EMPTY APPARATUS BAYS USED FOR AMBULANCE UNITS: DOOR TO REAR LEADS TO DAYROOM



FIRE COMPANY & EMERGENCY SQUAD DAYROOM/MEETING/TRAINING ROOM: 25-PERSON CAPACITY

During the fire station assessment, the PSI study team requested and was given access to the Kenneth E. Street Community Center at 100 Broad Street, immediately southwest of the fire station. The facility contains 1,451 square feet of usable space featuring 2 large meeting rooms, a kitchen, and restrooms. A potential may exist to convert this building for use as Fire Company office space and meeting/training/lounge area.



COMMUNITY CENTER: 1,451 USABLE SQUARE FEET



FULL-SERVICE KITCHEN: 205 SQUARE FEET



FRONT MEETING ROOM: 506 SQ. FT...VIEW TO FRONT



FRONT MEETING ROOM...VIEW TO REAR EXIT



REAR MEETING ROOM: 638 SQ. FT...VIEW TO FRONT



REAR MEETING ROOM...VIEW TO REAR EXIT

2.7 EMS SYSTEMS IN NEW JERSEY

To understand how emergency medical services work in New Jersey, one must understand the laws governing the service. NJ Statute 27:5f (Medical Aid) and Title 8 (Health) Chapters 40, 40A, 41, and 41A of the New Jersey Administrative Code (N.J.A.C) broadly establish the rules and regulations for EMS. The laws established for EMS in New Jersey vary greatly depending on how an organization operates. One might assume that the pay status of *employees* (paid vs. volunteer) is a significant difference between EMS agencies; however, the fact is that the pay status of the *agency* is the real deciding factor on which regulations an agency may follow.

The New Jersey Office of Emergency Medical Services (NJOEMS) under the New Jersey Department of Health is the Office responsible for certifying Emergency Medical Technicians (EMTs) and Paramedics. NJOEMS has additional responsibilities outside of personnel certification, including regulating Basic Life Support Agencies; however, only agencies that choose to be “licensed” with the Department of Health are regulated by NJOEMS. The key difference between the state's licensed and non-licensed ambulance services is the ability to bill for EMS services, an ability reserved only for licensed agencies.

Being licensed by NJOEMS is optional to operate an ambulance service in the state; typically, those agencies which are not licensed are members of the EMS Council of New Jersey (Formerly the New Jersey First Aid Council). The main goal of the ECNJ is to govern various ***non-profit*** volunteer EMS squads.

The New Jersey Office of Emergency Medical Services (OEMS) and the EMS Council of New Jersey are two distinct entities that play crucial roles in the governance and oversight of emergency medical services (EMS) within the state of New Jersey. While both agencies regulate and coordinate EMS, they have different responsibilities and jurisdictions.

One of the main functions of the OEMS is the licensure and certification of EMS agencies and personnel. It ensures that EMS agencies meet the required standards in terms of equipment, training, and operational protocols. The OEMS also establishes protocols for EMS response and transportation, ensuring consistent care throughout the state. Additionally, the OEMS provides ongoing education and training opportunities to EMS providers to enhance their skills and knowledge.

On the other hand, the EMS Council of New Jersey is an independent organization that operates separately from the OEMS. It is a non-profit organization comprised of volunteer EMS professionals, agencies, and representatives from various regions within the state. The EMS

Council serves as an advisory body to the OEMS and acts as a liaison between the EMS community and the state government.

While the OEMS focuses on regulatory oversight, the EMS Council primarily serves as a platform for collaboration, advocacy, and support within the EMS community. It works to promote and advance the interests of EMS agencies and providers in New Jersey. In addition, the EMS Council facilitates communication and information exchange among EMS agencies, provides networking opportunities, and advocates for the needs and concerns of the EMS community at the state level.

Another key difference is the decision-making authority. The OEMS has the legal authority to enforce regulations and take administrative actions against EMS agencies or personnel violating established standards. It can grant or revoke licenses, conduct investigations, and impose penalties when necessary. The EMS Council, however, does not possess regulatory authority and primarily operates in an advisory capacity.

Funding is a major deciding factor between agencies that choose to be licensed by NJOEMS vs. those that choose to remain non-licensed. In New Jersey, only ambulance services licensed by NJOEMS are qualified to bill the public for services. Some non-licensed squads may send fundraising flyers or “mailers” to previous patients' addresses requesting a contribution following service, but those donations are simply voluntary.

With access to medical billing, one might ask, why would an agency choose not to be licensed and bill for service? The answer to that question is often simple; the requirements and standards that need to be met are much more stringent on licensed agencies than on non-licensed ones. For example, a major difference between the two standards is that NJOEMS-licensed ambulances must have two certified Emergency Medical Technicians (EMTs) on board to be considered “in-service” or able to handle emergencies; meanwhile, those agencies without the license do not need to meet this certification requirement. Many non-licensed agencies allow their units to respond to emergencies with one certified EMT, one certified first responder, or even a driver, who may only be certified in CPR and basic first aid. Later in this report, we will review the initial training hours and continuing education requirements for EMTs in New Jersey. The extensive number of required hours can be a challenge for many volunteers, and as such, bringing volunteers into response roles without needing this training can be beneficial to the agency maintaining volunteers.

Note: Hainesport Emergency Squad is an EMS Council of New Jersey member. Throughout this study, inquiries were made about whether the squad has reviewed the potential of transitioning to OEMS. The consensus of this inquiry was that the squad membership does not seek this transition. Similarly, the study team found that while there can be financial benefits derived from being licensed by OEMS and billing for service, the squad's current structure and organizational challenges would not easily support such a transition at this time. The requirement of two EMTs on every ambulance would greatly burden an already burdened membership.

EMS Billing

Just because an agency can bill for service and collect revenue does not make their job any easier. EMS billing in New Jersey is a complex process that involves charging for emergency medical services provided by ambulance services. The billing system in the state utilizes two primary methods: "hard billing" and "soft billing."

Hard Billing:

Hard billing is known as third-party or direct billing. In this method, EMS agencies directly bill the insurance company or the patient for the services rendered. The billing process involves gathering patient information, documenting the medical procedures performed, and submitting the claim to the insurance company.

If the patient has insurance coverage, the EMS agency will bill the insurance provider for the services provided. The insurance company will review the claim and determine the amount it will reimburse. The patient will then be responsible for paying any remaining balance after the insurance payment.

If the patient does not have insurance coverage, the EMS agency will bill the patient directly for the full cost of the services provided. The patient is responsible for paying the bill out of pocket.

Soft Billing:

Soft billing is also known as courtesy billing or compassionate billing. In this method, EMS agencies do not directly bill the patient or insurance company for their services. Instead, they provide the patient with an invoice or statement of charges for the services received.

The patient can then use this invoice to seek reimbursement from their insurance company if they have coverage. The patient must submit the claim to their insurance company and follow up on the reimbursement process. If the patient does not have insurance or their insurance does not cover the EMS services, they are still responsible for paying the bill out of pocket.

It's important to note that the specific billing practices may vary between EMS agencies in New Jersey. Some agencies may primarily use hard billing, while others may employ soft billing. Insurance contracts, local regulations, and agency policies can also influence billing methods. An often-common practice in ambulance billing for agencies that represent a municipality is a mix of hard and soft billing. For example, a town's ambulance service contract may include language specifying that township residents will only receive a bill to their insurance company, and the resident would not be responsible for the remaining balance. Another example of this scenario is when municipalities elected to utilize mutual aid and automatic aid agreements to cover ambulance services. In this scenario, *Town A EMS* and *Town B EMS* would have written agreements that dictate the response to each other's emergencies, and as such, residents of each other's town would be billed the same.

Once the emergency response and treatment are complete, EMS agencies focus on preparing a bill for the services rendered; often, this process is completed by a third-party vendor that handles medical billing for the EMS agency. EMS billing involves documenting the medical procedures performed, gathering patient information, and submitting claims for reimbursement.

Patient Information Gathering

EMS agencies collect relevant patient information to initiate the billing process. This includes personal details, insurance information, and any other necessary documentation. Ensuring accurate and complete information is crucial to facilitate the billing and reimbursement process.

Medical Documentation

EMS personnel document the medical procedures performed during the emergency response. This documentation includes detailed information about the patient's condition, vital signs, treatments administered, medications given, and any other relevant details. Accurate documentation is vital for coding and billing purposes, ensuring proper reimbursement.

Claim Submission

Once the necessary information and medical documentation are gathered, EMS agencies submit claims to the patient's insurance company. The claims outline the services provided, associated costs, and other relevant details. The agency must use the appropriate coding systems, such as the Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes, to accurately represent the procedures performed.

Insurance Review and Reimbursement

The insurance company reviews the submitted claim and determines the amount it will reimburse based on the patient's insurance coverage and policy terms. The insurance provider may also verify the documentation's accuracy and the procedures' necessity. The reimbursement amount can vary depending on the insurance policy, deductibles, co-pays, and other factors.

Patient Responsibility

After the insurance company processes the claim, the patient may be responsible for paying any remaining balance not covered by their insurance. This can include deductibles, co-pays, or expenses that exceed the policy limits. EMS agencies may then bill the patient directly for the outstanding amount.

EMS Training & Certification

In New Jersey, there are different levels of emergency medical service (EMS) providers, each with varying levels of training, skills, and scope of practice. The three main levels of EMS providers in New Jersey are certified first responders (CFR), Emergency Medical Technicians (EMTs), and paramedics. Although these three levels of training exist, only EMTs and Paramedics are formally trained and certified by the state itself. Those who are trained as certified medical responders are typically done so by training programs such as the American Red Cross. Here's a breakdown of the differences between these roles:

1. ***Certified First Responder (CFR):*** Certified First Responders are typically the first to arrive at the scene of an emergency. They receive basic training in first aid, CPR, and the use of automated external defibrillators (AEDs). CFRs are trained to provide immediate assistance and stabilize patients until more advanced medical care arrives. Their scope of practice is limited compared to EMTs and paramedics. Oftentimes law enforcement agencies train their police officers to this level of care.
2. ***Emergency Medical Technician (EMT):*** EMTs undergo more extensive training compared to CFRs. They receive training in basic life support (BLS) techniques, including airway management, CPR, splinting, bleeding control, and the administration of some medications such as epinephrine for severe allergic reactions. EMTs are trained to provide on-scene care and transportation of patients to medical facilities. They operate BLS units and work alongside paramedics in ALS units when advanced care is required.
3. ***Paramedic:*** Paramedics receive the highest level of training among EMS providers in New Jersey. They undergo comprehensive education and training in advanced life support (ALS) techniques. Paramedics are trained to perform a wide range of advanced medical procedures and interventions. They can administer medications, perform advanced airway management (including intubation), cardiac monitoring, defibrillation, intravenous therapy, and interpret electrocardiograms (ECGs). Paramedics work in ALS units and can provide advanced medical care at the scene of an emergency and during transportation to medical facilities.

In New Jersey, EMTs and Paramedics must complete state-approved training programs and pass certification exams to demonstrate their competence. They are regulated by the New Jersey Department of Health, which sets standards for training, certification, and continuing education to ensure the provision of high-quality emergency medical care across the state.

Initial Training Hours		
CFR	EMT	Paramedic
48	190 Hours	800 Hours
Continuing Education Requirements		
CFR	EMT	Paramedic
16 hours every 2 years (NREMT Standard)	24 hours of “core” education every three-year cycle.	16 hours of “core” education every three-year cycle.
	<i>And</i>	<i>And</i>
	24 hours of “elective” education every three-year cycle.	48 hours of “elective” education every three-year cycle.

Outside the time requirement, the cost of training is a major variable between the three levels of care. The average cost for a CFR training program is \$450, EMT training is between \$1,500-\$1,900, and around \$10,000 for paramedic training.

Volunteer ambulance, first aid, and rescue squads are eligible to receive funding from the New Jersey EMS Training Fund, as established in New Jersey Statute 26:2k-57. This fund allows non-paid ambulance services to receive funding for members to attend initial EMT training as well as their continuing education. It is important to note this fund is only available to volunteer agencies per statute. (See N.J.A.C 8:40-A2.2 & N.J.S 26:2k-57)

Historically the Hainesport Emergency Squad utilizes the fund available through N.J.A.C 8:40-A2:2 and N.J.S 26:2l-57 for initial training of members. This is a topic further discussed on page 34 of this report.

Shared Services

The New Jersey Uniform Shared Services and Consolidation Act (USSCA) is significant legislation that aims to promote collaboration and efficiency in local government operations within the state of New Jersey. Enacted in 2007, the USSCA provides a legal framework and guidelines for municipalities and other local government entities to engage in shared services and consolidation initiatives. This act encourages local governments to work together to streamline services, reduce costs, and enhance overall governance. This section will explore the key provisions, benefits, challenges, and impact of the New Jersey Uniform Shared Services and Consolidation Act.

The USSCA recognizes that many municipalities in New Jersey face common challenges such as budget constraints, limited resources, and overlapping services. By encouraging shared services and consolidation, the act seeks to address these issues by promoting intergovernmental cooperation and resource-sharing. Under the USSCA, local government entities, including municipalities, counties, school districts, and fire districts, are provided with a legal framework to enter into shared services agreements or pursue consolidation efforts.

One of the primary provisions of the USSCA is the creation of Shared Services Committees (SSCs) at the county and regional levels. These committees serve as facilitators and coordinators of shared services and consolidation initiatives. The SSCs are responsible for identifying opportunities for collaboration, assisting with feasibility studies, drafting shared services agreements, and providing technical assistance to participating entities.

The act also establishes the Office of Shared Services (OSS) within the New Jersey Department of Community Affairs. The OSS serves as a central resource for information, guidance, and support related to shared services and consolidation. The office helps local government entities navigate the process, offers training programs, and assists with identifying potential cost savings and efficiency improvements.

The USSCA offers several benefits to local government entities that engage in shared services or consolidation. One of the primary advantages is cost savings. By sharing resources, equipment, personnel, and administrative functions, municipalities can achieve economies of scale and reduce duplication of efforts. This can lead to lower operational costs, increased efficiency, and improved service delivery for residents. Additionally, shared services and consolidation can provide opportunities for increased collaboration, coordination, and strategic planning among neighboring municipalities.

The act also addresses potential concerns and challenges associated with shared services and consolidation. It recognizes that certain obstacles, such as legal barriers, labor agreements, and political resistance, may impede the process. To overcome these challenges, the USSCA includes provisions for resolving labor issues, ensuring fairness in the redistribution of costs and assets, and protecting the rights of employees affected by shared services or consolidation.

Since its implementation, the USSCA has significantly impacted local governance in New Jersey. The act has spurred a growing number of shared services agreements and consolidation efforts across the state. Municipalities have successfully collaborated in various areas, including public safety, public works, emergency services, and purchasing. Through shared services, municipalities have enhanced service quality, improved response times, and optimized resource allocation.

The USSCA has also fostered a culture of cooperation and partnership among local government entities. By encouraging dialogue and collaboration, the act has brought together municipal officials, county representatives, and other stakeholders to address common challenges and find innovative solutions collectively. This cooperative approach has improved the efficiency and effectiveness of public services and strengthened intergovernmental relationships and community engagement.

However, despite the progress made under the USSCA, some obstacles remain to the widespread implementation of shared services and consolidation. Some municipalities face political resistance, concerns about losing local control, or challenges reconciling differing organizational cultures. Additionally, navigating legal requirements, addressing labor issues, and ensuring equitable distribution of costs and benefits can be complex and time-consuming.

N.J.S.A 40:A-65-1 establishes the laws for municipalities in the state in reference to Shared Services. Hainesport Township is not new to the process of establishing and utilizing the benefits of Shared Service Agreements. Based on the 2022 township budget, the township currently maintains agreements with:

- Westampton Township for a Uniform Construction Code Official, the Municipal Drug Alliance, and a shared Municipal Court.
- Lumberton Township for fleet repairs as needed and fuel.
- Mt Laurel township for fleet repairs as needed and fuel.
- The County of Burlington for emergency road repairs and Central 9-1-1 Dispatch services.

The New Jersey League of Municipalities maintains a website documenting shared services across the state and the written agreements that make the services possible. An example of a local shared services agreement referencing Emergency Medical Services is available, documenting the agreement between the Township of Medford and the Borough of Medford Lakes. This agreement documents that Medford Township will provide 24-hour emergency medical services coverage to the Borough of Medford Lakes.

Another example of shared service agreements benefiting local municipalities is a 2023 agreement between the Township of Lumberton and the Township of Tabernacle for Emergency Medical Services, again referencing the shared service of EMS. Both examples can be seen below, and further examples can be found by visiting the New Jersey League of Municipalities website at NJLM.org.

Although Shared Municipal Services can save municipalities costs in the way of reducing the replication of equipment and personnel, there are some ways these agreements can fail. It is important that while utilizing shared service agreements, all stakeholders remain a priority, and the municipality providing the service doesn't receive a better service than the municipality receiving the service. Alternatively, it's important that taxpayers' cost-sharing is equal for each municipality's members. For example, if a resident in Township A is paying a tax rate of \$0.1099 (per \$100 of assessed valuation) for fire protection and Township A offers a shared services agreement for fire protection to Borough B, the tax rate a Borough B resident should be paying should be equal to or greater than \$0.1099 (per \$100 of assessed valuation).

Another topic that oftentimes deters municipalities from entering into shared services agreements is "loss of control." Home rule in New Jersey refers to the principle that allows local governments, such as municipalities, to govern themselves autonomously within their jurisdiction. It grants them the authority to make decisions on local matters, such as zoning, taxation, and public services, based on their community's specific needs and interests. The New Jersey State Constitution and the Municipal Home

Rule Act protect this principle. Home rule promotes local autonomy and enables municipalities to effectively address local challenges and priorities. However, it can also create variations in regulations across different municipalities, which may present challenges for businesses operating in multiple jurisdictions.

The history of home rule in the state oftentimes leaves local leaders to believe that shared services may cause them a lack of control or the inability to address the needs of their community. This challenge can be easily overcome by creating a system of checks and balances to allow local leaders the ability to address the challenges in their community while still benefiting from the cost savings of shared service agreements. In reference to solving this problem for shared services involving public safety (police, fire, and EMS), a tactic often utilized involves the creation of a public safety board or public safety commissioner from the municipality receiving the service. The purpose of the public safety board or commissioner is to represent the municipality and assure that the community's public safety needs are being met.

Shared Services as They Relate to EMS

In the context of emergency medical services (EMS), automatic aid and mutual aid are two different approaches to aiding and resources during emergencies. While both concepts involve collaboration between multiple agencies or jurisdictions, there are distinct differences between them. Let's explore each term:

1. Automatic Aid:

Automatic Aid is an agreed-upon system where neighboring EMS agencies or jurisdictions provide aid to each other during emergencies without requiring a specific request. This system is in place because emergencies can quickly exhaust the resources of a single agency, and cooperation between neighboring entities can improve response times and overall effectiveness.

Key features of automatic aid include:

- a. Prearranged agreements: Agencies have established formal agreements, protocols, or memoranda of understanding (MOUs) that define the terms and conditions of the aid.
- b. Immediate response: When an emergency occurs, neighboring agencies are automatically dispatched or mobilized to provide assistance, usually without the need for a formal request.
- c. Resource sharing: This can include sharing personnel, equipment, vehicles, or specialized resources based on the needs of the incident.
- d. Equal responsibility: The participating agencies share the responsibility of providing aid to one another, recognizing that emergencies can occur in any jurisdiction.
- e. Reciprocity: Automatic aid arrangements often involve a reciprocal arrangement, where both agencies agree to provide aid to each other as needed.

Automatic aid aims to enhance emergency response capabilities by pooling resources, minimizing response times, and improving overall incident management.

2. Mutual Aid:

Mutual aid, on the other hand, is a broader concept that encompasses voluntary assistance provided by multiple agencies or jurisdictions in times of emergency or disaster. Unlike automatic aid, mutual aid is typically based on a specific request made by the agency experiencing the emergency.

Key features of mutual aid include:

- a. Request-based assistance: When an emergency exceeds the capacity of a single agency, they formally request aid from neighboring agencies or jurisdictions.
- b. Agreement flexibility: Mutual aid agreements can be established in various ways, ranging from informal verbal agreements to formal written agreements or participation in mutual aid networks or compacts.
- c. Resource mobilization: Upon receiving a request, neighboring agencies evaluate their available resources and decide whether and how they can provide assistance. The responding agency has the discretion to accept or decline the request based on their own operational considerations.
- d. Variable response time: The response time for mutual aid can depend on factors such as distance, availability of resources, and the urgency of the situation. The responding agency may need time to mobilize and deploy their resources.
- e. Supportive role: The agency providing mutual aid supports the requesting agency but retains primary responsibility for their own jurisdiction. They may assist with personnel, equipment, specialized capabilities, or any other identified needs.

Mutual aid arrangements are aimed at fostering cooperation and collaboration between agencies, facilitating resource sharing, and ensuring a more efficient and effective response to emergencies.

Overall, automatic aid is a predetermined and automatic response system between neighboring agencies, while mutual aid involves a specific request for assistance. Both approaches promote collaboration and resource sharing but differ in the way they are initiated and executed during emergencies in the context of EMS operations.

EMS IN BURLINGTON COUNTY, NJ

BLS PROVIDER BY MUNICIPALITY	
MUNICIPALITY	EMS PROVIDER
MAPLE SHADE	MAPLE SHADE FIRST AID SQUAD
DELANCO TOWNSHIP	DELRAN EMERGENCY SQUAD
BEVERLY CITY	ENDEAVOR EMERGENCY SQUAD
LUMBERTON TOWNSHIP	LUMBERTON EMERGENCY SQUAD
EDGEWATER PARK TOWNSHIP	ENDEAVOR EMERGENCY SQUAD
WILLINGBORO TOWNSHIP	WILLINGBORO TWP EMS
SOUTHAMPTON TOWNSHIP	HAMPTON LAKES EMERGENCY SQD
PEMBERTON TOWNSHIP	VIRTUA EMS & PEMBERTON TWP EMS
PEMBERTON BOROUGH	VIRTUA EMS
CINNAMINSON TOWNSHIP	CINNAMINSON EMS
SPRINGFIELD TOWNSHIP	ENDEAVOR EMERGENCY SQUAD & AMERICA EMERGENCY SQUAD
EVESHAM TOWNSHIP	EVESHAM FIRE & EMS
DELRAN TOWNSHIP	DELRAN EMERGENCY SQUAD
RIVERTON BOROUGH	PALMYRA AMBULANCE ASSOCIATION
MEDFORD TOWNSHIP	MEDFORD EMS
CHESTERFIELD TOWNSHIP	MANSFIELD TOWNSHIP AMBULANCE CORP
WESTAMPTON TOWNSHIP	WESTAMPTON TWP EMERGENCY SERVICES
SHAMONG TOWNSHIP	LUMBERTON EMERGENCY SQUAD
WOODLAND TOWNSHIP	WOODLAND FIRE & EMS
BURLINGTON TOWNSHIP	ENDEAVOR EMERGENCY SQUAD
MOORESTOWN TOWNSHIP	MOORESTOWN EMERGENCY SQUAD
BORDENTOWN TOWNSHIP	BORDENTOWN CITY EMS
MANSFIELD TOWNSHIP	MANSFIELD TWP AMBULANCE CORP
EASTAMPTON TOWNSHIP	WESTAMPTON TOWNSHIP EMERGENCY SERVICES

MOUNT LAUREL TOWNSHIP	MOUNT LAUREL EMS
MEDFORD LAKES BOROUGH	MEDFORD EMS
NEW HANDOVER TOWNSHIP	JACOBSTOWN VOLUNTEER FIRE CO
HAINESPORT TOWNSHIP	HAINESPORT EMERGENCY SQUAD
FLORENCE TOWNSHIP	FLORENCE TWP FIRE DEPT EMS
WRIGHTSTOWN BOROUGH	MANSFIELD TWP AMBULANCE COR & JACOBSTOWN VOL FIRE CO
BASS RIVER TOWNSHIP	GALLOWAY TWP (ATLANTIC CO)
TABERNACLE TOWNSHIP	LUMBERTON EMERGENCY SQUAD
WASHINGTON TOWNSHIP	GREEN BANK VOLUNTEER AMBULANCE COMPANY
NORTH HANOVER TOWNSHIP	NORTH HANOVER TWP EMS
MOUNT HOLLY TOWNSHIP	AMERICA EMERGENCY SQUAD
BORDENTOWN CITY	BORDENTOWN CITY EMS
RIVERSIDE TOWNSHIP	PALMYRA AMBULANCE ASSOCIATION
PALMYRA BOROUGH	PALMYRA AMBULANCE ASSOCIATION
BURLINGTON CITY	ENDEAVOR EMERGENCY SQUAD

ALS STATION LOCATIONS	
MUNICIPALITY	EMS PROVIDER
MEDIC 31	AMERICA EMERGENCY SQUAD
MEDIC 32	CINNAMINSON FIRE STATION 2
MEDIC 33	MEDFORD TWP
MEDIC 34	MANSFIELD TOWNSHIP AMBULANCE CORP
MEDIC 35	VIRTUA HEALTH
MEDIC 36	PEMBERTON TOWNSHIP
186	BROWNSMILLS

***ALS SERVICES FOR BURLINGTON COUNTY ARE PROVIDED BY VIRTUA EMS.**

As illustrated by the charts on pages 61 and 62, Burlington County has a large contingency of agencies and departments that provide basic life support ambulance services. For discussion of mutual aid, automatic aid, or shared services, the most logical agencies to first consider are those which border the Township. Hainesport is surrounded by several municipalities, including Lumberton, Mt. Holly, Eastampton and Westampton,

Lumberton Emergency Squad (LES)

The Lumberton Emergency Squad (LES) is a combination career and volunteer department organized as a non-profit corporation. LES provides basic life support ambulance services to both the Township of Lumberton as well as Shamong Township and Tabernacle Township. According to Squad records, the LES responded to over 2,000 calls for service in both 2022 and 2021.

LES is licensed by the Office of Emergency Medical Services (OEMS) and bills for services provided via a “soft billing” model. Billing for services in Lumberton Township is authorized by municipal code (12a-5) and determines that Lumberton Township residents without insurance or those with insurance that will only cover a partial payment will not be billed for the balance owed.

The LES receives its authority to be the primary agency responding to emergencies in Lumberton Township from the township committee via resolution, and although the LES is a private non-profit corporation, the squad is required to meet the Township provisions as set forth in the Municipal Code. In 2023 the Township of Lumberton Committee unanimously voted to approve Resolution No. 2023-058, authorizing an agreement between the Township of Lumberton and the Lumberton Emergency Squad regarding Emergency Medical Services.

For purpose of illustration, pages 64-71 contain the following;

- A copy of Resolution NO. 2023-058 authorizing an agreement between the Township of Lumberton and the Lumberton Emergency Squad.
- Chapter 12 of the Lumberton Municipal Code addresses the establishment and provision of local emergency medical services.
- A shared service agreement between the Township of Tabernacle for the provision of emergency medical services.

TOWNSHIP OF LUMBERTON

RESOLUTION NO. 2023 - 058

RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT BETWEEN TOWNSHIP OF LUMBERTON AND THE LUMBERTON EMERGENCY SQUAD REGARDING EMERGENCY MEDICAL SERVICES

WHEREAS, the Township of Lumberton (“Lumberton”) seeks to continue providing emergency medical services to the citizens, taxpayers, residents, and visitors of Lumberton in a fast and efficient manner; and

WHEREAS, such emergency medical services have been provided by the Lumberton Emergency Squad, Inc. (“LES”) for over 40 years with financial support from public fund drives and contributions from Lumberton; and

WHEREAS, Lumberton has incorporated the provisions of emergency medical services into the Lumberton Municipal Code to express the continued the desire to provide such emergency medical services to the citizens and visitors of Lumberton; and

WHEREAS, the existing agreement between Lumberton and LES for emergency medical services is set to expire; and

WHEREAS, representatives of Lumberton and LES met to negotiate a new agreement for LES to provide emergency medical services to Lumberton and to continue the existing relationship between them for the provisions of such emergency services; and

WHEREAS, the Township of Lumberton evidences its desire to enter into such Agreement for emergency medical services to be provided by LES through passage of this resolution; and

NOW, THEREFORE, BE IT RESOLVED by the Township Committee of the Township of Lumberton, County of Burlington, State of New Jersey that the Mayor and Township Clerk Bobbie Quinn be and are hereby authorized and directed to execute the attached Agreement to Provide Emergency Medical Services between the Township of Lumberton and Lumberton Emergency Squad, Inc.

Adopted: March 2, 2023

COMMITTEE MEMBER	MOTION	2 nd	YES	ABSTAIN	NO	ABSENT
L. Faye			X			
K. Hatfield		X	X			
R. Rodriguez			X			
G. LaPlaca	X		X			
T. Benson			X			

Figure 1 – Lumberton Township Resolution 2023-058 – Authorizing LES to provide Emergency Medical Services.

The Township of Lumberton maintains a strong list of municipal ordinances regulating emergency services in the township. Chapter 12 of the townships municipal code regulates Emergency Services as a whole (to include both Fire and EMS); Chapter 12 Article I specifically regulate Emergency Medical Services. Article I is divided into twelve sections, including:

- 12A-1 – Preamble
- 12A-2 – Incorporation by Reference
- 12A-3 – Definitions
- 12A-4 – Emergency Medical Services Policy
- 12A-5 – Third-party Billing
- 12A-6 – Documentation to the Township
- 12A-7 – Time for production of all annual paperwork
- 12A-8 – Management of Emergency Services Providers
- 12A-9 – No Denial of Service
- 12A-10 – No Delay of Service
- 12A-11 – Performance Standards Required
- 12A-12 – Township Real and Personal Property

§ 12A-1. Preamble.

The preamble to this article stated as follows:

WHEREAS, the Mayor and Township Committee hereby wishes to repeal the previous Ordinance 2011-3-003 in its entirety and replace it with the foregoing article outlined herein; and
WHEREAS, the Mayor and Township Committee hereby desires to fully designate and officially authorize an entity for handling of emergency medical services for the Township of Lumberton; and
WHEREAS, the Mayor and Township Committee are granted the authority to recognize and authorize an emergency medical service company within the Township of Lumberton by New Jersey State Statute; and
WHEREAS, the Township has in the past and continues to require an emergency medical service's efficiency and reliability to be consistently performed so that the emergency medical service's necessary personnel arrive at the Township's facility and responding to the place of the emergency call within the standards that are generally consistent and acceptable to the New Jersey Department of Health's Office of Emergency Medical Services; and
WHEREAS, the Township continues to require the above-mentioned standards as established by the New Jersey Department of Health's Office of Emergency Medical Services and meet those standards 90% of the time that the provider is dispatched to a medical emergency; and
WHEREAS, the Township Committee of Lumberton Township believes it is in the best interests of the health, safety and welfare of Lumberton Township residents and taxpayers, as well as those travelling through the Township of Lumberton, to insist upon the greatest degree of quality performance and efficiency from any medical service provider or rescue service provider so that the 90% standards articulated in the previous two Whereas Clauses are achieved and maintained; and
WHEREAS, the Township of Lumberton finds it to be in the best long-term interests of the citizens, residents, and taxpayers of Lumberton Township, as well as those persons entering into and/or passing through the Township, for the Township to make reliable emergency medical service functions ones for which the Township has ultimate responsibility.

Figure 2 - Lumberton Municipal Code - Chapter 12A-1

§ 12A-2. Incorporation by reference.

All of the terms, provisions and statements contained within the whereas clauses that form a preface to this article are hereby repeated and incorporated herein by reference, as if set forth at length, and the terms of those whereas clauses are specifically made findings of the Township Committee of Lumberton Township.^[1]
[1] Editor's Note: See § 12A-1.

Figure 3 - Lumberton Municipal Code - Chapter 12A-2

§ 12A-3. Definitions.

For purposes of this article, the following words shall have the meanings set forth hereafter:

EMERGENCY MEDICAL SERVICES

Emergency medical services provided by an entity licensed to perform such services, whether such entity is a private or public entity.

EMERGENCY MEDICAL SERVICES PROVIDER

The entity that provides emergency medical services to the residents and taxpayers of Lumberton Township or to those individuals passing through Lumberton Township. At the time of the introduction of this amendment to the Code of Lumberton Township, the Lumberton Emergency Squad, Inc., is serving in the capacity of the emergency medical service provider.

EMERGENCY SERVICE

Is defined as emergency medical services.

PROVIDER

A provider of emergency medical services as defined herein.

Figure 4 - Lumberton Municipal Code - Chapter 12A-3

§ 12A-4. Emergency medical services policy.

- A. It is the policy of Lumberton Township to establish standards for and to assist in the provision of emergency medical services to the residents, citizens and taxpayers of Lumberton Township and to those persons who are within Lumberton Township temporarily, whether for business or personal reasons or while passing through the Township.
- B. The Township may implement this policy through any technique known to be available, including but not necessarily limited to:
- (1) The provision of emergency medical services through agreement with one or more properly licensed medical service providers;
 - (2) Shared services or interlocal services with another municipality or municipalities, in sufficiently close proximity to provide those services pursuant to the standards set forth herein;
 - (3) Through competitive bidding;
 - (4) Municipal employees of Lumberton Township; or
 - (5) Through any other technique available to Lumberton Township for the safety and well-being of persons within the Township.
- C. Any for-profit or not-for-profit providers of emergency medical services, other than those provided pursuant to mutual aid systems in place within Burlington County, shall enter into agreements with the Township for the provision of those services.

Figure 5 Lumberton Municipal Code - Chapter 12A-4

§ 12A-5. Third-party billing.

Whether the Township utilizes any of the four methodologies identified in § 12A-4 hereof, or if the Township utilizes a different system, the Township Committee requires a third-party billing system such as the one currently in place.^[1] The purpose of such system is to assist in the funding of emergency medical services utilized within Lumberton Township. The funds collectible and/or collected through any such third-party system are determined to be funds imbued with a public trust to be utilized exclusively for the purposes identified herein and not for the benefit of any person, entity, official, officer or member of any organization, whether the Township or any other entity fitting within the definitions of § 12A-4B(1) through (4) hereof. The Township shall from time to time review the provisions of this section and make further adjustments to these provisions to effectuate the purposes identified herein. The Township shall make reasonable inquiries as set forth herein, or additional reasonable inquiries if not set forth herein, that all funds coming into the hands of the Township or any provider of emergency services are treated in the manner identified herein.

- A. Regardless of what model the Township chooses to provide the emergency medical services defined herein [as set forth in § 12A-4B(1) through (4)] the third-party billing system must have the following attributes:
- (1) Persons who have health insurance to cover any emergency services as defined herein who receive Lumberton Township emergency medical services are expected to cooperate with said emergency service's professional billing system to secure full payment for services rendered to the full extent that those services are covered by insurance. It is recognized by the Township that the breadth of services covered by insurance varies over time and the scope of such insured services contracts and expands. It is the purpose of this article that any service provided to any person by a Lumberton Township emergency provider shall be the subject of an appropriate billing system, including an appropriate third-party billing system, if permitted by law, and that all monies recovered by that system shall be utilized in the manner set forth herein.
 - (2) In the event a taxpayer or domiciled resident of the Township of Lumberton does not have health insurance or if his/her health insurance only pays a partial payment, full payment shall still be required as provided by federal law with relief being granted upon a hardship being presented.
 - (3) Due to the complexities of the preparation and processing of insurance claims, interest shall not be charged on Lumberton emergency services billing.
 - (4) After providing emergency services, the provider of the emergency medical service shall transmit all pertinent billing information to the professional medical billing service for collection. The professional medical billing service shall be responsible for receipt of payment and proper recordkeeping of its collections. Payments received by the professional billing service shall, thereafter, be transmitted electronically to a designated account of the provider of the emergency medical service provider or, if the provider is the Township, then to the Township of Lumberton. In the event those funds are transmitted to the Township, such funds shall be administered by the Lumberton Township Chief Financial Officer (CFO) under the direction and supervision of the Township Committee and be subject to audit in a manner similar to current auditing requirements imposed upon municipal government in the State of New Jersey. The provider of the billing services shall prepare a reconciliation report and shall self-monitor its operations, including billing activities and receipt of funds.

^[1] Editor's Note: See Chapters 52 and 53 for provision regarding the Township's third-party billing plan and fees.

Figure 6 Lumberton Municipal Code - Chapter 12A-5

§ 12A-6. Documentation to Township.

- A. In the event the provision of emergency services is by a method set forth in § 12A-4B, the provider of the services shall provide specific documentation to the Township. This documentation shall include:
- (1) An annual comprehensive activity report, sometimes commonly referred to as a "Chief's report," that shall provide information and data reporting the total calls received by the emergency service provider, the number of such calls responded to, the number of such calls not responded to and the number of calls responded to by other providers. The comprehensive activity report shall include average dispatch times supported by central communications reports. The said report must report all active members of the provider's organization, the number of new members actively involved since the last report, current efforts at further recruitment, the nature of recruitment goals, and all members' current training records.
 - (2) Monthly call reports, detailing the number of calls that month with corresponding times and activities are required to be submitted at the monthly Public Safety Meetings held with the Township Administrator and Township Committee Liaisons.
 - (3) A copy of all policies and procedures utilized by the emergency service provider.
 - (4) A reviewed income statement.
 - (5) A reviewed balance sheet.
- B. The reports identified in Subsections A(4) and (5) hereof shall be prepared by an independent auditor. The purposes for which the Township requires the submission of such reports include:
- (1) The need for the Township to understand the efficiencies within the emergency service provider's operation;
 - (2) Whether providers are meeting the standards set forth within these provisions for arrival at the provider's location (standards as established by the New Jersey Department of Health's Office of Emergency Medical Services), arrival at the location where the emergency services are to be performed (standards as established by the New Jersey Department of Health's Office of Emergency Medical Services) and the frequency with which these standards are being met. The Township's standard on such frequency is articulated hereinbefore as 90% of the time;
 - (3) To provide to the public at large the ability to know and understand the use of all funds coming into the hands of nonpublic entities that are performing public functions on behalf of Lumberton Township; and
 - (4) To generally maintain the highest integrity, transparency and professionalism in the performance of public functions.
- C. To effectuate this, the Township requires the annual provision to the Township, no later than February 15 of each calendar year, for all documents other than the reviewed audited financial statements of the provider(s) prepared by an independent firm, which shall be handed in no later than May 15 of each calendar year.

Figure 7 - Lumberton Municipal Code - Chapter 12A-6

§ 12A-7. Time for production of all annual paperwork.

All paperwork submitted pursuant to § 12A-6 hereof shall be in the hands of the Township no later than February 15 of every calendar year and for the audit of financial operations of the provider(s) prepared by an independent firm no later than May 15 of every calendar year. The reports shall cover the period of time consisting of the entire calendar year ending on December 31 immediately prior to the February 15 and May 15 deadline. Reports shall be considered as submitted in a timely fashion if they are in the hands of the Township Administrator and/or Municipal Clerk on or before February 15 at 4:00 p.m. In the event that February 15 falls on a weekend or other day that the Township is not open for business, the report shall be submitted no later than 4:00 p.m. on the next immediately following business day of the Township.

Figure 8 - Lumberton Municipal Code - Chapter 12A-7

§ 12A-8. Management of emergency service providers.

The Township does not have and shall not acquire the right of management over any private emergency medical service that fits within the definition of providers herein. The Township may not cause there to be hiring, firing, discipline, or other personnel action between the provider and its employees or volunteers, the expenditure of funds in a particular manner or other management prerogative upon a private provider's operation. The Township's sole remedy for nonperformance of all requirements imposed herein upon any service provider is to terminate the contract between the Township and the provider or otherwise not renew an annual contract when the Township obtains information that the provider is not satisfying the standards or obligations set forth herein, in the sole discretion of the Township. Nothing herein shall preclude the provider of the emergency services to request the Township to assist in effectuating changes to the manner of operation of the provider if the provider believes such assistance can add to the quality of the services provided and contribute to the maintenance of the standards identified herein.

Figure 9 - Lumberton Municipal Code - Chapter 12A-8

§ 12A-9. No denial of service.

All persons needing emergency services within the Township of Lumberton shall be serviced, to the extent that such services are available, without discrimination on any basis, and without respect to residency, ability to pay, or any other factor. No person located within Lumberton Township at the time that emergency medical services are needed shall be denied available service when such services are available.

Figure 10 - Lumberton Municipal Code - Chapter 12A-9

§ 12A-10. No delay of service.

There shall be no delay in providing available service identified in this article due to any third-party billing, prior interaction between the person needing emergency medical services and the billing companies or the emergency service provider.

Figure 11 - Lumberton Municipal Code - Chapter 12A-10

§ 12A-11. Performance standards required.

- A. These standards have been articulated hereinbefore within the whereas provisions of this article.^[1] Even though said whereas clauses were incorporated herein by reference, the Township Committee of Lumberton Township specifically determines the standards of performance for all emergency medical and emergency rescue services to be as follows.

^[1] Editor's Note: See § 12A-1.

- B. Emergency medical service provider's personnel must arrive at the Township's Emergency Squad's facility within standards as established by the New Jersey Department of Health's Office of Emergency Medical Services of the emergency call being placed so that the emergency medical care provided to persons within the Township can be on location where the emergency service is needed within standards as established by the New Jersey Department of Health's Office of Emergency Medical Services of such emergency call being placed. These standards must be executed by the medical service provider no less frequently than 90% of the time that there is a dispatch to provide emergency medical services.

Figure 12 - Lumberton Municipal Code - Chapter 12A-11

§ 12A-12. Township real and personal property.

- A. Real property. The real property located at or adjacent to Municipal Drive, Lumberton, New Jersey, is the property of the taxpayers of Lumberton Township. During a large portion of that time, the property has been occupied by the Lumberton Emergency Squad, Inc. A condition of any future agreement between the Township and the Lumberton Emergency Squad, Inc., or any other provider of emergency medical services that will utilize the said real property, is to enter into a lease agreement for the property. The term of such lease shall be equal to the length of any contract between the Township and the emergency medical provider. The Township requires the utilization of the said real property for the provision of public services consisting of emergency medical services. In furtherance thereof, the Township shall not allow the building to be occupied by any persons or entity not providing this emergency service to the Township pursuant to this article and pursuant to a written lease.

- B. Personal property. The Township owns ambulances and/or specialized vehicles, as well as substantial amounts of equipment as set forth in Exhibit A hereto.^[1] The failure to list such further equipment that may exist or to describe with specificity items utilized currently by the Lumberton Emergency Squad, including but not limited to motor vehicles, shall not constitute a waiver of the Township's rights in said equipment and rolling stock.

^[1] Editor's Note: Exhibit A is on file in the Township offices.

- C. The Township shall make available all of this property to any provider of emergency medical services if such property can be utilized by such emergency service provider. The Township shall require each lease of the real property, identified hereinbefore, to contain provisions that the use of the personal property is exclusively related to the provider's fulfillment of its contract with the Township to provide the emergency services identified. In the event there is a failure to renew a contract between the Township and an emergency service provider, the said provider that had the right to enter into the real property pursuant to prior contract and/or lease agreement shall vacate the real estate within 48 hours of receiving notice from the Township that the tenant will not be reappointed and/or the contract between them will not be renewed. Such notice shall be provided in writing and delivered to the leased premises. The Township shall take all reasonable measures to ensure that all officials and officers of the current occupant of the real estate are notified that its rights to maintain possession of the property are concluded.
- D. Upon the tenant's vacation of the premises, the emergency provider/tenant must leave all Township property and all other property acquired by it that is utilized in the performance of the emergency service(s) at the location of the real estate in the normal location where such personal property is generally kept. Upon such notice and vacation, the tenant shall also make full disclosure to the Township of all cash that it maintains on hand. In the event that the emergency service provider is not utilizing the Township's real estate in the performance of its services, it shall nevertheless surrender all nonrealty items identified herein or referred to herein. Such items shall have been made available to the emergency service provider at the time of its commencement of providing services to the Township. In the event that the emergency service provider possessed neither the Township's real property or any of its equipment, the said provider shall also provide an accounting of moneys it received and expended as a result of its provision of emergency services within Lumberton Township. This accounting will also demonstrate the extent of monies on hand and in the possession of the emergency service provider so that the Township can understand the extent of such monies derived by the provider's services within Lumberton Township. The public's ownership of the real and personal property identified herein and/or, as well, the public trust imposed upon all funds coming into the hands of the emergency service provider or its professional billing company provides to the Township the right to make a proper request for information or otherwise take formal action to protect the public's rights in such property and/or funds.

Figure 13 - Lumberton Municipal Code - Chapter 12A-12

Overall, both the Lumberton Emergency Squad and the Township of Lumberton worked together to create a foundation of strong ordinances, codes, and committees to ensure 24/7 Emergency Medical Services for the residents and visitors of the township. The EMS system created by the LES administration was so successful that neighboring municipalities took notice. Both the Townships of Shamong and Tabernacle have signed shared service agreements with the LES for basic life support services for their township. (See Figure Labeled Tabernacle LES shared services agreement)

**A SHARED SERVICE AGREEMENT BETWEEN
THE TOWNSHIP OF LUMBERTON
AND THE TOWNSHIP OF TABERNACLE**

THIS AGREEMENT is entered with an effective date of March 2, 2023 and amended on April 6, 2023, by and between **THE TOWNSHIP OF LUMBERTON**, a municipal corporation of the State of New Jersey (referred to as "LUMBERTON"); and **THE TOWNSHIP OF TABERNACLE**, a municipal corporation of the State of New Jersey (referred to as "TABERNACLE").

WHEREAS, TABERNACLE has an existing Shared Services Agreement with the Township of Shamong (referred to as "SHAMONG"), dated on or about June 14, 2021, wherein TABERNACLE serves as the Lead Entity and SHAMONG serves as the Participating Entity in order to ensure that the equitable allocation of insurance costs are attributed to SHAMONG for its receipt of EMS services under a separate contract between SHAMONG and Tabernacle Rescue Squad "TRS". A copy of the aforementioned Shared Services Agreement is attached hereto as **Exhibit A**; and

WHEREAS, the Shared Services Agreement between TABERNACLE and SHAMONG will remain in place, and it is the intent of this Agreement to recognize that the services being provided by LUMBERTON to TABERNACLE are being provided to SHAMONG as part of the overall scope of services and coverage provided to TABERNACLE; and

WHEREAS, it is specifically recognized, for example, that a Lumberton Emergency Squad ("LES") EMT will likely provide service on a TRS ambulance to a Shamong resident within Shamong Township, and that the insurance coverage and allocation for such activity is intended to be covered and included under this Agreement; and

WHEREAS, LUMBERTON and TABERNACLE desire to set forth their equitable allocation of insurance costs in this Agreement in a similar fashion to the existing agreement between TABERNACLE and SHAMONG.

WITNESSETH, that the Provider and the Recipient agree as follows:

ARTICLE I: SCOPE OF SERVICES

A. **TABERNACLE RESCUE SQUAD (TRS)** currently utilizes the Lumberton Emergency Squad Personnel ("LES") for the provision of emergency medical services within Tabernacle and Shamong Townships. As part of that arrangement, **LUMBERTON TOWNSHIP** provides for all insurance coverage for LES as more fully set forth below. TRS is, on or about this date, executing an agreement with LES for the provision of emergency medical service personnel, and in order to most effectively and efficiently meet the insurance coverage requirements, **TABERNACLE TOWNSHIP** and **LUMBERTON TOWNSHIP** desire to enter into this Shared Services Agreement.

B. **TABERNACLE TOWNSHIP** provides insurance coverage to **TRS** for the

provision of emergency medical services as follows: Auto Liability, vehicle physical damage for all vehicles owned by the TRS and utilized as part of this agreement; Workers' Compensation Insurance for all rostered members of the TRS, and General Liability Insurance. Pursuant to this Agreement, it is understood that this coverage will remain in effect while the TRS provides emergency medical services in Shamong.

- C. **LUMBERTON TOWNSHIP** provides insurance coverage to LES for the provision of Emergency Medical Services as follows: Auto Liability, vehicle physical damage to all vehicles owned by the LES and utilized as part of this agreement, Workers' Compensation Insurance for all rostered members of the LES, and General Liability Insurance. Pursuant to this Agreement, it is understood that this coverage will remain in effect while the LES provides emergency medical services in Tabernacle and Shamong.
- D. **LUMBERTON TOWNSHIP** shall be the principal entity or provider under this Shared Services Agreement and **TABERNACLE TOWNSHIP** shall be the receiving entity under this Shared Services Agreement. **LUMBERTON TOWNSHIP** shall have full authority and control over the selection of coverages and the administration of same. It is noted that both entities are members of the Burlington County Joint Municipal Joint Insurance Fund.

ARTICLE II: PAYMENT TO LUMBERTON BY TABERNACLE

- A. The compensation of **LUMBERTON TOWNSHIP** by **TABERNACLE TOWNSHIP** shall be by reimbursement and based upon the allocation of costs established by the Burlington County Municipal Joint Insurance Fund ("JIF"), of which both entities are members. For the current year, the Tabernacle reimbursement costs, per JIF, shall be as follows:

General Liability - \$8.12 per \$1,000.00 of payroll spent by Lumberton, total \$1,218.00;
Workers Compensation - \$73.12 per \$1,000.00 of payroll spent by Lumberton, total \$10,968.00
Total Annual Premium: \$12,186.00
- B. **TABERNACLE TOWNSHIP** shall provide **LUMBERTON TOWNSHIP** with a payment as determined by the JIF within thirty (30) days of the JIF confirming the annual rate for Workers' Compensation and General Liability Insurance.
- C. Each party shall be responsible for its own legal expenses in preparing and negotiating the terms of this Agreement.

ARTICLE III: TERM OF THE CONTRACT

- A. This Agreement shall commence as of the date above and shall continue for a term of **three (3) years** or upon termination by either party to this Agreement. If TRS terminates its agreement with LES, this agreement shall automatically terminate.
- B. This Agreement may be amended at any time by mutual agreement of the parties, provided that such amendment is reduced to writing, executed by the Chief Executive and/or Administrative Official of each municipality or his/her designated representative and specifies the date the provisions of such amendment shall be effective. This Agreement may be extended by respective Resolutions by each of the governing bodies of the Parties for additional three-year terms or such other terms as the governing bodies may deem appropriate.

ARTICLE IV: MISCELLANEOUS

- A. **Notice.** Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to another party, such notice shall be deemed to have been sufficiently given if personally delivered to the Municipal Clerk or if mailed by way of certified or registered mail, return receipt requested, and addressed to the party to whom it is to be given at the addresses identified above.
- B. **Dispute Resolution.** Any disputes arising between the Parties as to the interpretation of the terms of this Agreement or the satisfactory performance by any of the parties or the services and other responsibilities provided in this Agreement shall be solved in accordance with the following:
 - STEP A: The Parties Contact Persons shall attempt to resolve the matter. If no settlement is reached within a twenty (20) day period, or such other length of time which may be mutually agreed upon by the Parties, both parties agree to submit the matter as provided for in Step B below.
 - STEP B: In the event that a dispute cannot be resolved in Step A, then, pursuant to N.J.S.A. 40A:65-7(c), the dispute shall be submitted to the American Arbitration Association for binding arbitration. Any costs associated with arbitration shall be borne equally by both parties.
- C. **Authorization.** Each party represents and warrants to the other that all municipal or Township actions necessary for each municipal entity to enter into and perform all obligations required by this Agreement have been taken validly and that the undersigned are authorized to execute this Agreement. In addition, each party represents that the party executing this agreement on behalf of the municipal entity is authorized to do so by law. A copy of the municipal entity's resolution authorizing this agreement shall be attached hereto.
- D. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey and the Shared Services and Consolidation Act, N.J.S.A. 40A:65-1, et seq.

Page 3 of 4

Figure 16 - Tabernacle LES Shared Services Agreement (Cnt)

- E. **No Assignment.** There shall be no assignment of this agreement without the written consent of the other may not assign this Agreement.
- F. **Entire Agreement.** This Agreement sets forth the entire understanding of the parties here to with respect to the transactions contemplated herein. No changes or modifications of this Agreement shall be valid unless the same shall be in writing and signed by all the parties hereto.
- G. **Severability.** If any clause, sentence, paragraph, section, or part of this Agreement shall be adjudged to be invalid by any court of competent jurisdiction, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section, or part thereof, directly involved in the controversy in which such judgment shall have been rendered.

IN WITNESS WHEREOF, the parties hereto have executed this Shared Services Agreement on the date written below.

TOWNSHIP OF TABERNACLE:



Mayor

3-27-23

Date



Clerk

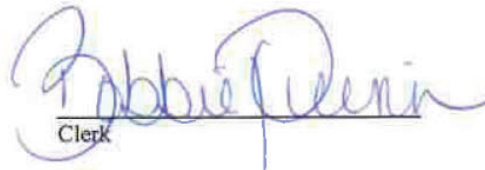
TOWNSHIP OF LUMBERTON:



Mayor

4/27/23

Date



Clerk

America Emergency Squad (AES)

The American Emergency Squad (AES) is a combination career and volunteer department organized as a non-profit corporation. AES provides basic life support ambulance services to both the Township of Mount Holly and Springfield Township. Like the ordinances established by the Township of Lumberton, the Township of Mount Holly has strong municipal ordinances governing emergency medical services, which are available in the appendix of this report.

Westampton Township Emergency Services (WTES)

Westampton Township Emergency Services (WTES) prides itself on being a full-service emergency services agency providing fire suppression, emergency medical services, technical rescue, HAZMAT, public education, and fire marshal services to both Westampton Township and surrounding communities. WTES receives its authority to provide services to Westampton Township via Municipal Code Chapter 32A – Emergency Services Department, which is available in the appendix of this report. WTES is staffed 24/7 for both fire and emergency medical services response.

Mount Laurel

Mount Laurel Emergency Medical Services is a combination emergency squad with career employees and volunteers. MLEMS advertises a volunteer roster of over 60 volunteer members responsible for covering weeknights, weekends, and events, while the paid staff covers weekdays. MLEMS is governed by NJOEMS and bills for service, a practice implemented in late 2008. Like Westampton, Lumberton, and Mount Holly ordinances, Mount Laurel maintains a strong list of municipal ordinances supporting Emergency Medical Services. In addition to maintaining a strong list of municipal ordinances, Mount Laurel makes explanatory documents available to the public. These documents are available on the MLEMS website and explain to the public how EMS billing works within the Township.

EMS GLOSSARY OF TERMS

Many terms regarding Emergency Medical Services have been defined throughout the administrative codes regarding EMS in the State of New Jersey. Below are several of these terms and definitions, which will provide decision-makers with a broader understanding of the EMS system.

"Advanced life support" or "ALS" means an advanced level of pre-hospital, inter-facility or emergency medical care that includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous (IV) therapy, administration of specific medications, drugs, and solutions, utilization of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the Commissioner.

"AHA CPR Guidelines" means the "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" as published by the American Heart Association, National Center, 7272 Greenville Avenue, Dallas, TX 75231-4596, incorporated herein by reference, as amended, and supplemented. A copy of the guidelines is on file and available for inspection at the Office of Emergency Medical Services.

"Basic life support" or "BLS" means a basic level of pre-hospital care that includes patient stabilization, airway clearance and maintenance, cardiopulmonary resuscitation (CPR) (to the level of the Professional Rescuer or Health Care Provider as issued by either the American Heart Association, the American Red Cross, the National Safety Council or other entity determined by the Department to comply with AHA CPR Guidelines), hemorrhage control, initial wound care, fracture stabilization, victim extrication and other techniques and procedures as defined in the United States Department of Transportation (U.S.D.O.T.) EMT-Basic National Standards Curriculum.

"Basic Life Support Ambulance" or "BLS ambulance" means an emergency medical services vehicle validly licensed by the Department and operated according to the standards set forth in this chapter.

"Basic Life Support Ambulance Service" or "BLS ambulance service" means an entity that the Department validly licenses to provide pre-hospital basic life support care and/or BLS inter-facility transfers.

"Certified" or "certification" means official documentation that a person has completed all the requirements of an approved training program and has demonstrated competence in the subject matter to the satisfaction of the certifying agency.

"Emergency" means a person's perceived need for immediate medical care in order to prevent death or aggravation of physiological or psychological illness or injury.

"Emergency medical services" or "EMS" means a system for providing emergency care and transporting persons who are sick or injured and in need of immediate medical care.

"Emergency Medical Technician-Basic" or "EMT-Basic" means a person trained in basic life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Basic certification as set forth at N.J.A.C. 8:40A.

"Emergency Medical Technician-Paramedic" or "EMT-Paramedic" means a person trained in advanced life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Paramedic certification as set forth at N.J.A.C. 8:41A.

"Emergency response" means the provision of pre-hospital basic life support care by crewmembers staffing a basic life support ambulance and includes those services that are provided after a call has been received by a 9-1-1 dispatcher requiring immediate response (for example, automobile accidents, mass gatherings, special events, and stadium/arena EMS services) as well as emergent responses to long-term care facilities that may or may not be routed through a 9-1-1 dispatcher.

"Medical director" means the physician responsible for the medical oversight of the operations of a basic life support ambulance service that provides emergency response. The specific criteria required of a medical director are set forth at 8:40-6.15.

SYSTEM OPTIONS

In contrast to the report submitted to the governing body with recommendations to improve fire protection services in the Township of Hainesport, the options for the provision of local emergency medical services are far more numerous. Each system option has many variables which may be adapted to serve best the needs and desires of the Hainesport Township committee and residents. Some options may allow the current Hainesport Emergency Squad ability to remain relevant to the community, while others may favor the dissolving of the entity altogether.

All things considered, and regardless of the methods ultimately chosen by the Hainesport Township Committee for the provision of Local Emergency Medical Services, the initial step should be the adoption of a municipal ordinance establishing the options in doing so. A sample taken from Lumberton Municipal Code Chapter 12A-4 Emergency Medical Services Policy, follows below:

Sample Municipal Ordinance – Township of Hainesport – *Emergency Medical Services Policy*

##-### - Emergency Medical Services Policy

- A. It is the policy of Hainesport Township to establish standards for and to assist the provisions of emergency medical services to the residents, citizens, and taxpayers of Hainesport Township and to those who are within Hainesport Township temporarily, whether for business or personal reasons or while passing through the Township.
- B. The Township may implement this policy through any technique known to be available, including but not necessarily limited to:
 - 1. The provision of emergency medical services through an agreement with one or more properly licensed medical service providers;
 - 2. Shared services or interlocal services with another municipality or municipalities in sufficiently close proximity to provide those services pursuant to the standards set forth herein;
 - 3. Through competitive bidding;
 - 4. Municipal employees of Hainesport Township; or
 - 5. Through any other technique available to Hainesport Township for the safety and well-being of persons within the Township.

1 - The Provision of Emergency Medical Services through an agreement with one or more properly licensed medical service providers.

This option allows a third-party service to provide emergency medical services to the township. This option is a very popular option across the State of New Jersey, as it removes the municipalities' requirements to manage the entity. Typically, we see this option employed via private non-profit corporations or hospital-based EMS systems. For simplicity, we will review some pros and cons of this type of system.

Pros:

- The municipality is not required to manage the entity providing emergency services. These types of operations provide the municipality the ability to provide services to the community in a “turnkey” fashion, whereas the municipality determines expectations, and a service provider is responsible for taking necessary actions to fulfill the needs.
- The municipality has “options” in who provides the service. The township sets expectations and, should they not be met, could replace the service provider. For example, suppose the ABC hospital group signs an agreement to provide services to the municipality and fails to do so. In that case, the town can competitively seek a different system based on competitiveness, and a service provider may work harder to meet the town's needs.
- This option, as with the option for shared services (a very similar option), allows the township to set one price for the services, and the burden of operating remains with the service provider. For example, the service provider is responsible for recruitment, retention, benefits (where applicable), etc.

Cons:

- Lack of day-to-day control. If the governing body desires to control the day-to-day operations of emergency medical services, employing this method would greatly limit them.
- This option poses retention and recruitment challenges. A non-municipal-based EMS provider lacks some of the major advantages public employees are afforded; private employees are not afforded options like public health benefits or access to the state’s public employee retirement system. The lack of government employee benefits is a major challenge for these agencies. Often, these agencies lack full-time employees or have a high turnover rate due to employees desiring public benefits, etc.
- Lack of public funding – Oftentimes, agencies in this style are awarded their contract via either a bid for services or, oftentimes, the low bid wins. The ability to “low bid” a township for EMS Services results in the agency solely being funded on revenue from EMS services. If an agency falls into a pattern of prioritizing funding over providing high quality service, the public suffers. *The low bid may not always be in the public’s best interest.*

As with any options presented throughout this report, the system must be constantly monitored and reviewed to ensure efficiency. The Emergency Service Coordinator (should the position be created) should be mindful of the potential issues that may occur and be prepared to overcome these issues. Hospital-

based systems may try to favor transporting patients to their hospital systems, and private non-profit agencies may focus on maximizing patient transport for profit. These are just two examples of the rare “negatives” associated with non-municipal public safety. **Providing high-quality medical care and ensuring a commitment to public safety MUST remain the paramount concern.**

2 - The Provision of Emergency Medical Services through a municipal department established within Hainesport Township.

Pros:

- Township has direct control and insight into the providers providing emergency medical care to its residents and visitors.
- Retention and recruitment are sometimes “easier” due to employees' access to state benefits and pension plans.
- The township directly monitors and controls finances.
- Access to funding via state and federal grants is often easier to be obtained by municipal governments. This is especially true for equipment and staffing grants.

Cons:

- The financial burden of maintaining a staff of municipal employees is large and complex. The pros of employees receiving access to health benefits and pension plans come with a large price tag.
- Loss of shared services advantages in the municipal budget
- Hiring may be complex to meet the requirements of civil service and pension plans, including residency, enrollment agencies, etc.

HAINESPORT EMERGENCY SQUAD RECOMMENDATION REPORT

The studies completed by the PSI Group for Hainesport Township involving Fire and Emergency Medical Services were conducted concurrently; however, despite the similarities, they have several major differences. The largest factor that separates the two studies is the number of options available for Emergency Services compared to the Fire Service. This study will explore the several potential options available to improve Emergency Medical Services in the Township; however, the Administration of the Township will ultimately be responsible for determining which option they believe will best suit the needs of the community.

The solutions presented in this section of this report are based on the training and experience of the authors; this recommendation is only one potential option available to the Township Governing Body.

Recommendation 23-01 – *Establish a shared services agreement for Emergency Medical Services with a neighboring community.*

As seen throughout this report, Burlington County is rich with public safety agencies providing 24/7 staffing for Fire and Emergency Medical Services. With the increase in call volume, declining availability of volunteers and overall town growth, the current model utilized to provide emergency medical care has been outgrown. To ensure a 24/7 response to emergencies, the best option for the public is to have a staffed ambulance prepared to respond. Unfortunately, the only way for administrators to ensure 24/7 staffing is to either greatly incentivize volunteer membership or to have salaried staff. Both options present a financial burden for the township, and without constant work, neither can ultimately assure staffing.

Fortunately for the administrators of Hainesport Township, the neighboring community of Lumberton has staffed basic life support ambulances available 24 hours a day, 7 days a week. Within 30 days of this report, it is recommended the Township of Hainesport formally contact Lumberton Township and the Lumberton Emergency Squad to determine the feasibility of a shared service agreement for Emergency Medical Services.

A shared services agreement with Lumberton Township for the 24/7 use of the Lumberton Emergency Squad should contain specific language to ensure adequate protection for the Hainesport Township.

- **Mutual / Automatic Aid**

It is generally understood that even with staffed units, an EMS system can be overwhelmed during high-volume periods. Some of these high-volume periods may be predicted based on analysis of long-term incident data; however, some of these high-volume periods may occur without warning.

Verbiage should be drafted into the shared service agreement stating that whenever LEMS units are unavailable to respond due to being committed to an emergency, Burlington County Communications shall assign the closest available and staffed unit to the emergency.

- **Unit Availability**

Verbiage should be included in the Shared Services Agreement to ensure that the ambulance responsible for providing BLS services to Hainesport Township is staffed and “in-service” no less than 95% of the calendar year. This verbiage should be drafted in a manner to discuss the ambulance being **staffed** and available for emergencies. However, no fault shall be awarded for time the unit is unavailable due to being assigned to other emergencies.

Fault **should** be awarded for any time the unit primarily responsible for providing Emergency Medical Services to Hainesport Township is out of service or unavailable due to mechanical-related issues, the inability to staff a unit with personnel, or equipment-related issues.

Whenever the agency contracted to provide Basic Life Support Services to Hainesport Township is unavailable to respond to an emergency within Hainesport Township, Burlington County Communications shall assign the **closest available and staffed unit** to the emergency.

For the purpose of this report, the term “**Closest available and staffed unit**” shall describe a basic life support ambulance staffed with two qualified Emergency Medical Technicians. The use of a support vehicle, “fly car,” “first responder vehicle,” etc. does not qualify as an adequate available and staffed unit.

- **Billing**

Currently, the residents of Hainesport Township do not receive a bill when transported by the township's ambulance provider (HEMS); this rule is only true when HEMS transports the resident, which, as of late, is not always the case. Any agency or municipality that accepts a shared service agreement for Emergency Medical Services is going to need to be compensated in some way, and often, that will be using medical billing.

Any shared service agreement that is enacted for EMS Services in Hainesport Township should include a stipulation that billing for Hainesport Township residents will be the **same** as the residents of the entity providing the service. For example, if the Lumberton Emergency Squad only “softbills” residents of Lumberton, then the same should be true for residents of Hainesport. The Township of Hainesport should adopt a fee schedule for ambulance billing via municipal ordinance; this fee schedule should reflect the same as the home municipalities municipal ordinance.

Recommendation 23-02 – Establish an Emergency Services Coordinator.

The burden of monitoring the effectiveness of Emergency Medical Services cannot fall solely on the Township Administrator or Township Committee. Neither the Township Administrator nor the Township Committee are experts in Emergency Medical Services, nor should they be. However, there needs to be a representative of Hainesport Township responsible for monitoring the Emergency Medical Services being provided in the township. The most effective way to make this possible is to create a position, such as an Emergency Services Coordinator. It is important to note this position should be created to monitor the day-to-day functions of the Emergency Medical Services within the township and should not be confused

with an Emergency Management Coordinator, whose role involves recovery and mitigation during disaster-related efforts.

The most feasible option for the township would be to create a position that encompasses dual roles, being responsible as both a coordinator of Emergency Medical Services and a Fire Administrator.

As related to the role of the Emergency Medical Services Coordinator position, specific responsibilities should include (but are not limited to):

- Provides technical expertise to Township Officials as it relates to Emergency Medical Services.
- Assures interoperability between township emergency service agencies, specifically the Hainesport Township Fire Department, New Jersey State Police, and agencies providing Emergency Medical Services.
- Represents Hainesport Township in meetings.
- Plans, organizes, directs, and evaluates emergency medical service functions and programs.
- Responsible for short and long-range planning to develop goals and objectives for the administration of Emergency Medical Services.
- Analyzes township's needs and makes recommendations.
- Serves as township representative with various external agencies and township-wide teams and working groups. Attends and participates in professional group meetings.
- Provides information as appropriate to citizens, township departments, and other agencies.
- Receives monthly reports from the agency contracted to provide Emergency Medical Services to Hainesport Township. Reviews analyzes and makes recommendations based on the findings of these reports.
- Receives monthly reports from Burlington County Communication Center referencing Emergency Medical Services calls for service in Hainesport Township. Reviews analyzes and makes recommendations based on the findings of these reports.
- Maintain knowledge of:
 - Operational characteristics, services, and activities of Emergency Medical Services
 - Incident Command, NIMS, and modern emergency management principles
 - Management principles and practices, including leadership, supervision, and problem analysis.
 - Knowledge of medical billing and collection practices
 - State and federal privacy and security requirements related to patient confidentiality.
- Skills in:
 - Strong oral communication skills
 - Independent judgement and decision-making skills.
 - Works cooperatively and collaboratively with staff, citizens, and other governmental departments.

The skills and job requirements needed to adequately fulfill the role of the Hainesport Township Emergency Services Coordinator are extremely similar to those required to fulfill the role of Fire Administrator, as recommended in the Fire Department study. For simplicity, the option of having this position fulfill both roles would make the most sense. In the future, if call volume and the role of this position greatly expands from as it currently stands it is recommended that the township split the duties to ensure a priority of fire and emergency medical services.

Recommendation 23-03 – *Keep the Hainesport Emergency Squad relevant.*

Removing the responsibility of responding to medical emergencies does not mean that the Hainesport Emergency Squad cannot have a future in Hainesport Township. HEMS is an organization rich with history, deeply embedded into the foundation of the Town of Hainesport, and the Township should provide opportunities for that rich history to continue to improve the quality of life for the residents and visitors of the town.

It might be hard to imagine how an Emergency Squad can exist without responding to emergencies; however, there are several critical, less time-sensitive duties in which HEMS volunteers can still be involved.

Public Education - Public education plays a critical role in healthcare. The role HEMS can play in educating the public in life-saving skills may prove to keep the emergency squad in existence for years to come, paying homage to the countless lives saved by the squad over the years. Public education events such as CPR and Stop the Bleed are just examples of education the squad can organize.

Educating the public on life-saving actions is not the only education HEMS may provide. The public can be taught skills that may save their own lives in case of an emergency; examples of these skills include:

- Maintaining a list of medications and medical conditions available for first responders during a medical emergency
- Education on properly lighting and marking house numbers to allow first responders the ability to locate a resident during an emergency accurately.
- Maintaining a cache of food, supplies, and medications to live on for up to 48 hours after a disaster.

This list is just a short example of public education the Hainesport Emergency Squad may elect to provide to the public in the future.

Event Standbys – Emergency Medical Services are not only needed during an emergency, often times it is appropriate to have an ambulance on standby for pre-determined events. These events range from sporting events, community fairs, races, or weather emergencies. Should the HEMS maintain a roster of personnel and adequate equipment, these events would be greatly suited for the HEMS to standby at. While emergency calls are unpredictable, these style events may allow members to plan to be available, rather than needing to be available at a moment's notice.

Fire Rehab – Firefighting is an inherently dangerous job, and the need for ambulances to standby at fires is an industry standard. The number of ambulances standing by at a fire must be adequate

to handle several factors of the emergency, including civilian illness/injuries, firefighter illness/injuries and the rehabilitation of firefighters and emergency personnel.

Firefighter rehab is required under state law, however tying an emergency ambulance up at the scene of a fire may greatly impact the EMS system in the area. A solution to this problem is to have the HEMS work to provide fire rehabilitation (rehab) services.

Examples of Fire Rehab services include:

- Medical Monitoring
 - Blood pressures
 - Heart Rates
 - Respirator Rates
 - Carbon Monoxide Monitoring
 - Blood Oxygen Monitoring
- Hydration
- Cooling or Warming

Although response to fires is still an emergency in nature, the number of fires in Hainesport Township is much smaller than the number of calls HEMS members are currently needed to handle. This option may keep HEMS members relevant in the community.

Overall, although the Township may offer the Hainesport Emergency Squad a place in the Township's future, it will be up to the Squad's membership to determine if that's what they want. To make future partnerships work, the HEMS leadership must commit to transparency with the Township. Transparency must include the Townships' ability to access reports, personnel, and training records. Additionally, the Township is urged to require the HEMS to complete an annual independent financial audit, which should be available to the Township upon completion.

Note: Upon submission of the first draft of this report an inquiry was made as to the potential benefits of transitioning the HEMS to a Community Emergency Response Team (CERT). A Community Emergency Response Team (CERT) offers a range of benefits to enhance community resilience and response capabilities during emergencies and disasters. Key benefits of creating a Community Emergency Response Team (CERT) include:

1. Improved Community Preparedness:

- CERT teams help to ensure that communities in New Jersey are better prepared for emergencies, disasters, and other unexpected events. Training community members in basic disaster response skills can assist others and help manage disaster situations until professional help arrives.

2. Enhanced Disaster Response:

- *In the event of a disaster, CERT members can provide immediate assistance to victims in their community, helping to minimize harm and damage. The presence of an organized and trained team can enhance the effectiveness and efficiency of disaster response efforts.*

3. Increased Public Awareness:

- *CERT programs help to raise public awareness about the risks and potential emergencies that may affect the community. They can deliver public education and outreach to ensure citizens are informed about disaster preparedness, response, and recovery.*

4. Augmentation of Professional Resources:

- *CERT teams support local emergency services by providing manpower and assistance during disaster operations. This augmentation of resources allows professional responders to focus on more complex tasks and emergencies.*

5. Community Networking and Integration:

- *The CERT program in New Jersey fosters community integration and networking by bringing people together with a common purpose. It encourages community members to work together, promoting unity and cooperation in addressing local challenges and hazards.*

6. Training and Skill Development:

- *CERT members receive training in areas such as first aid, search and rescue, and disaster response planning, which can be invaluable in both emergency and non-emergency situations. These skills can be beneficial in everyday life and contribute to personal and community safety and security.*

7. Improved Coordination:

- *CERT teams in New Jersey will improve coordination between community members, local authorities, and emergency service providers during a disaster. Effective coordination is essential for managing and mitigating the impact of emergencies.*

8. Risk Reduction:

- *By identifying local vulnerabilities and risks, New Jersey CERT teams contribute to community efforts to reduce these risks, helping to prevent or mitigate the impact of future disasters and emergencies.*

Overall, the goal of CERT is in line with the opinion of this team to keep the Hainesport Emergency Squad relevant, even if primary BLS services transition to another provider. Reorganization of the squad to a CERT Team should be reviewed to clearly articulate to the public and membership the transitional role.

Short- & Long-Term Benchmark and Objectives	
Within 1 Month of Report	<ul style="list-style-type: none"> • Hainesport Township Officials should open an appointment process for an Emergency Medical Services Coordinator. This role should be filled prior to making any changes to emergency response, as to provide the Township with a singular point person handling future projects and changes. • Hainesport Township Officials should open communication with the Lumberton Emergency Squad and Lumberton Township. This discussion should include any financial impact which a shared service agreement may bear upon the Township. • An immediate contingency plan shall be established should the HEMS squad be unable to handle an emergency incident. This contingency plan should be discussed with automatic and mutual aid partners. It should be relayed to these partners that any increase in covering emergency calls in Hainesport Township will be temporary and that the Township is presenting a plan for a long term-solution. <p><i>Remember: Even after a permanent solution is put into place, a working relationship must be maintained with surrounding communities EMS providers, as no one agency will be able to handle 100% of their emergencies, 100% of the time.</i></p>
Within 3 Months of Report	<ul style="list-style-type: none"> • Hainesport Township Officials should formally notify the Hainesport Emergency Squad that the Township seeks to outsource response to emergency medical Emergencies in Hainesport Township. Should the Township feel HEMS has a future in Hainesport, outside of responding to emergencies, this thought should be expressed at this time. <ul style="list-style-type: none"> ○ During this time HEMS should be questioned on their intent to handle emergencies during the transition phase. Public safety is of utmost importance, and any potential changes to response must be well calculated. • Should HEMS choose not to maintain a relationship with the Township or to immediately no longer answer emergency calls, immediate action should be taken to assure any Township owned apparatus,

	<p>equipment, or funding is returned. Notification should be made to Burlington County Communications to stop the transmission of dispatch notifications to the HEMS, including any CAD information or dispatch information.</p> <ul style="list-style-type: none"> • A comprehensive public education campaign should be rolled out, educating the public on the changes to Emergency Medical response in Hainesport Township. The public should be assured that any changes made are to improve the level of care they receive during an emergency. The public should additionally be assured that public safety is of the township's upmost concern.
Within 6 Months of Report	<p>A long-term solution to emergency medical services response in the township should be implemented.</p> <p>Under the direction of the Emergency Services Coordinator, monthly reports should be analyzed to assure compliance with the Township's goals and objectives.</p> <p>The Emergency Services Coordinator shall review the status of the repurposed or inactive Hainesport volunteer Emergency Squad, identify any outstanding matters of concern, and make recommendations to the Township administrators for the resolution of the same.</p>
Within the First Year	<p>The Emergency Services Coordinator shall generate a data-driven annual EMS report documenting successes and failures, areas of improvement needed, and recommendation for the upcoming year.</p>

HAINESPORT TOWNSHIP COMMITTEE
June 2023



-Presiding Township Committee at the conclusion of the Study-
(Pictured from left to right) Committeeman Bruce Levinson, Committeewoman Leila Gilmore, Mayor Gerard Clauss, Deputy Mayor Ken Montgomery, Committeewoman Anna Evans

It is hoped this report will be helpful in some meaningful way to the Township governing body and its stakeholders in determining the wisest planning strategies, managing the inherent risks, and forging courses of action that shall best serve the public safety interests of the community at-large now and in the future.

Thank you – Don Huber, President, Public Safety Institute Group



“THE BEST WAY TO PREDICT THE FUTURE IS TO INVENT IT”