



CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139

TEL 349-4300

FAX 349-4307

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

March 31, 1997

Timothy J. Toomey, Jr.
Kathleen L. Born, Vice Mayor
Anthony D. Galluccio
Sheila T. Russell, Mayor
Michael A. Sullivan
City Councillors
City Hall

Dear Councillor Toomey, Vice Mayor Born, Councillor Galluccio, Mayor Russell
and Councillor Sullivan:

In response to Council Order #23 of March 3, 1997 regarding who is responsible for the bill when a private ambulance company responds to a 911 call instead of the fire rescue, please find attached a report from Deputy Chief Gerald Reardon of the Fire Department.

Very truly yours,

Robert W. Healy
City Manager

Attachment



CITY OF CAMBRIDGE
FIRE DEPARTMENT
HEADQUARTERS
491 BROADWAY, CAMBRIDGE, MA. 02138



KEVIN J. FITZGERALD
CHIEF OF DEPARTMENT

GERALD R. REARDON
DEPUTY CHIEF
TECHNICAL SERVICES

(617) 349-4920
FAX (617) 349-4912

RECEIVED
MAR 27 AM 9:56
OFFICE OF THE CITY MANAGER

Memorandum

To: City Manager Robert W. Healy
From: Deputy Chief Gerald R. Reardon *GR*
Re: Council Order # 23
Date: 03-24-97

Attached you will find a incident report dated March 30, 1996 of a medical call at 218 Broadway involving the Minavich residence.

The Rescue vehicle was disabled during this time period. The medical call received the nearest Fire company available at that time (Ladder Co. 3) from the Lafayette Square Fire Station.

Due to the type of call received the correct response was provided by the Emergency Communications Department dispatchers, in this case a Level A response.

A Level "A " response consists of the nearest Fire Company , along with a Professional Ambulance BLS (Basic Life Support) unit, as well as a ALS (Advanced Life Support) Cataldo Ambulance paramedic unit. (The Professional Ambulance ALS units were on previous calls.)

Mr. John Minavich was transported by Cataldo ALS to the hospital.

The patient is responsible for their own medical bills as to both ambulance, hospital, labs and any physicians fees that may apply.

The Cambridge Fire Department Rescue also charges for transportation as is the typically the case in most of the Commonwealth.

However, in this particular case Mr. Minavich was critiqued as an ALS transport, and would not have been transported by the Fire Rescue because the Fire Department only provides BLS non paramedic service.

However, in this particular case Mr. Minavich was critiqued as an ALS transport, and would not have been transported by the Fire Rescue because the Fire Department only provides BLS non paramedic service. Mr. Minavich had a Blue Cross Blue Shield policy that had a \$ 500.00 dollar deductible. Blue Cross applied this deductible to the ambulance bill, however it should be noted that the \$500.00 deductible would have to be satisfied by Mr. Minavich before Blue Cross paid any bill.



MASSACHUSETTS FIRE INCIDENT REPORT

DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE STATE FIRE MARSHAL
1010 Commonwealth Avenue Boston, Massachusetts 02215



1-3

(A) 10	FDID#	17049	Department	Cambridge	Revised Report	FORM FP-32
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Incident #	8223	If Exposure Fire Only	DATE	3-31-96	Day Of Week	1 Sun 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri 7 Sat	Alarm Time	1424	Arrival Time	1428	Back in Service	1434
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(B) SITUATION FOUND	11 <input type="checkbox"/> Structure fire	17 <input type="checkbox"/> Outside spill with fire	SEE MANUAL FOR OTHER CALLS	ACTION TAKEN	1 <input type="checkbox"/> Extinguishment	5 <input type="checkbox"/> Stand by	MUTUAL AID
	13 <input type="checkbox"/> Vehicle fire	18 <input type="checkbox"/> Other fires not classified			2 <input type="checkbox"/> Rescue or Assistance	6 <input type="checkbox"/> Salvage	
	14 <input type="checkbox"/> Brush, grass, leaves	47 <input type="checkbox"/> Chemical spill		3 <input type="checkbox"/> Investigation only	7 <input type="checkbox"/> Ambulance	2 <input type="checkbox"/> Given	
	15 <input type="checkbox"/> Trash, rubbish	44 <input type="checkbox"/> Power line down		4 <input type="checkbox"/> Remove Hazard	8 <input type="checkbox"/> Fill in, Move to	N/A	
	16 <input type="checkbox"/> Explosion, No after fire	45 <input type="checkbox"/> Arcing electric equipment					

(C) FIXED PROPERTY USE (Occupancy)	Single Family	IGNITION FACTOR	Not a fire
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(D) CORRECT ADDRESS (Up to maximum of 21 characters)	218 BROADWAY	ZIP CODE	02139	CENSUS TRACT	
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(E) 11 OCCUPANT NAME (LAST, FIRST, MI)	N/A	TELEPHONE		ROOM or APT.	
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(F) 12 OWNER NAME (LAST, FIRST, MI)		ADDRESS		TELEPHONE	
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(G) 13 METHOD OF ALARM	1 Telephone direct	7	CO. INSPECTION DISTRICT	23	ES	(H) NO. FIRE SERVICE PERSONNEL RESPONDED	4	NO. ENGINES RESPONDED	0	NO. AERIAL APPARATUS RESPONDED	1
	2 Municipal alarm system		SHIFT	2	HAZARDOUS MATERIAL PRESENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NO. TANKERS RESPONDED	0	NO. OTHER VEHICLES RESPONDED	0		
	3 Private alarm system		NO ALARMS	0	SUBSTANCE						USE FP 33 FOR ALL CASUALTIES
	4 Radio		Special Equipment Used?								
	5 Verbal										
	6 No alarm rec'd										
	7 Tie-line (911)										
	8 Voice signal municipal alarm signal										
	9 Not classified above										
	0 Undetermined or not reported										

(I) 20 FIRE SERVICE	NUMBER OF INJURIES	NUMBER OF FATALITIES	NUMBER OF INJURIES	NUMBER OF FATALITIES	RESCUES
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(J) MOBILE PROPERTY TYPE	VEHICLE STOLEN?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11 AUTO. VAN	22 TRUCK UNDER 1 TON	ESTIMATED TOTAL DOLLAR LOSS
12 BUS	41 BOAT, UNDER 65'	Insurance Co
13 MOTORCYCLE		Total Insurance \$
21 TRUCK OVER 1 TON	28 NONE	Claim Paid \$

30	YEAR	MAKE	MODEL	COLOR	LICENSE NO.	VIN#
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40	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.
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(K) COMPLEX	AREA OF ORIGIN	EQUIPMENT INVOLVED IN IGNITION
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(L) FORM OF HEAT IGNITION	MATERIAL IGNITED	FORM	TYPE
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(M) METHOD OF EXTINGUISHMENT	1 <input type="checkbox"/> Self extinguished	LEVEL OF FIRE ORIGIN	1 <input type="checkbox"/> Grade level to 9 ft.	Number of Stories	CONSTRUCTION TYPE
	2 <input type="checkbox"/> Make shift aids		2 <input type="checkbox"/> 10 to 19 feet		
	3 <input type="checkbox"/> Portable extinguisher		3 <input type="checkbox"/> 20 to 29 feet	2 <input type="checkbox"/> 2 story	2 <input type="checkbox"/> Heavy timber
	4 <input type="checkbox"/> Automatic ext. system		4 <input type="checkbox"/> 30 to 43 feet	3 <input type="checkbox"/> 3 to 4 stories	3 <input type="checkbox"/> Protected noncombustible
	5 <input type="checkbox"/> Pre-connect hose tank only		5 <input type="checkbox"/> 43 to 49 feet	4 <input type="checkbox"/> 4 to 6 stories	4 <input type="checkbox"/> Unprotected noncombustible
	6 <input type="checkbox"/> Pre-connect hose hydrant draft standpipe		6 <input type="checkbox"/> 50 to 70 feet	5 <input type="checkbox"/> 6 to 12 stories	5 <input type="checkbox"/> Protected ordinary
	7 <input type="checkbox"/> Hand-laid hose hydrant draft standpipe		7 <input type="checkbox"/> Over 70 feet	6 <input type="checkbox"/> 13 to 24 stories	6 <input type="checkbox"/> Unprotected ordinary
	8 <input type="checkbox"/> Master stream device		8 <input type="checkbox"/> Objects in flight	7 <input type="checkbox"/> 25 to 49 stories	7 <input type="checkbox"/> Protected wood frame
			9 <input type="checkbox"/> Below ground level	8 <input type="checkbox"/> 50 stories or more	8 <input type="checkbox"/> Unprotected wood frame
			0 <input type="checkbox"/> Not classified above		9 <input type="checkbox"/> Not class. fire above
			1 <input type="checkbox"/> Undetermined or not reported		0 <input type="checkbox"/> Undetermined or not reported

(N) EXTENT OF DAMAGE	1 Confined to the object of origin	F flame <input type="checkbox"/>	S smoke <input type="checkbox"/>	(P) DETECTOR PERFORMANCE	1 <input type="checkbox"/> Det. in room or space of fire origin - oper	SPRINKLER PERFORMANCE	1 <input type="checkbox"/> Equipment operated
	2 Confined to part of room or area of origin				2 <input type="checkbox"/> Det. in rm. or space of fire origin - oper		2 <input type="checkbox"/> Equipment not operated - not
	3 Confined to room of origin			3 <input type="checkbox"/> Det. in rm. or space of origin - no oper	3 <input type="checkbox"/> Equipment present, but fire too small to oper	3 <input type="checkbox"/> Undetermined or not reported	
	4 Confined to the fire-rated comp. of origin			4 <input type="checkbox"/> Det. not in rm. or space of origin - no oper	4 <input type="checkbox"/> Equipment present, but fire too small to oper	4 <input type="checkbox"/> Not classified above	
	5 Confined to floor of origin			5 <input type="checkbox"/> Det. in rm. or space of origin but not in room or space	5 <input type="checkbox"/> Not classified above	5 <input type="checkbox"/> Undetermined or not reported	
	6 Confined to structure of origin			6 <input type="checkbox"/> Det. in room or space of origin but not in room or space	6 <input type="checkbox"/> Not classified above	6 <input type="checkbox"/> No equipment present - N/A	
	7 Extended beyond structure of origin			7 <input type="checkbox"/> Not classified above			
	9 No damage of this type - N/A			8 <input type="checkbox"/> Undetermined or not reported			
				0 <input type="checkbox"/> No detectors present - N/A			

(Q) IF SMOKE SPREAD MATERIAL GENERATING MOST SMOKE BEYOND ROOM OF ORIGIN	FORM	TYPE
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(R) WEATHER CONDITIONS	1 <input type="checkbox"/> Clear	2 <input type="checkbox"/> Partly cloudy	3 <input type="checkbox"/> Overcast	4 <input type="checkbox"/> Fog	5 <input type="checkbox"/> Snow	6 <input type="checkbox"/> Ice	7 <input type="checkbox"/> Wind	8 <input type="checkbox"/> Other
	AVENUE OF SMOKE TRAVEL 1 <input type="checkbox"/> Air handling duct 2 <input type="checkbox"/> Corridor 3 <input type="checkbox"/> Elevator shaft 4 <input type="checkbox"/> Stairwell 5 <input type="checkbox"/> Opening in construction 6 <input type="checkbox"/> Utility opening - wall 7 <input type="checkbox"/> Utility opening in floor 8 <input type="checkbox"/> Not classified above 9 <input type="checkbox"/> Undetermined or not reported 0 <input type="checkbox"/> No avenue of smoke travel - N/A							

MEMBER MAKING REPORT	DATE
MIT Luciano & Padkitt	3-30-96

Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent most likely and most probable cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire Marshal's office is the member's responsibility.

STATE FIRE MARSHAL
FM 1010 Commonwealth Avenue, Boston, MA 02215

Responded to 218 BROADWAY FIRE
POSSIBLE C.V.A. PRO ON SCENE DISMISSED
BY PRO RETURNED IN SERVICE



City of Cambridge

23.

IN CITY COUNCIL

March 3, 1997

COUNCILLOR TOOMEY
VICE MAYOR BORN
COUNCILLOR GALLUCCIO
MAYOR RUSSELL
COUNCILLOR SULLIVAN

WHEREAS: It has come to the attention of this City Council that a resident who dialed "911" in an emergency was taken to the hospital by a private ambulance; and

WHEREAS: This resident has now been billed by this private ambulance company; now therefore be it

ORDERED: That the City Manager be and hereby is requested to provide to the City Council the following information:

- Why did a private ambulance company respond to this "911" call instead of the fire rescue?
- Who should be responsible for this bill when the resident called "911?"

In City Council March 3, 1997

Adopted by the affirmative vote of eight members.

Attest:- D. Margaret Drury, City Clerk.

A true copy;

A handwritten signature in cursive script that reads "D. Margaret Drury".

ATTEST:-

D. Margaret Drury
City Clerk

Councilor Gorney

Whereas:

It has come to the attention of this City Council that a resident who dialed 911 in an emergency, was taken to the hospital by a private ambulance; and

Whereas:

This resident ~~has~~ has now been billed by this private ambulance company; now therefore be it

Ordered:

That the City Manager be and hereby is requested to provide to the City Council the following information:

- why did a private ambulance company respond to this 911 call instead of the fire rescue?
- ~~Who should the city be respon~~
- Who should be responsible for this bill when the resident called 911?

JT

911 resume

(Q) ambulance & billed

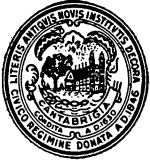
Q ✓ (P as of 16 9 22

✓ n. 911 & P, b.

x ? ✓ (P of 16 26

JT.

SUB-P Frank Calore



City of Cambridge

23.

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Boen, Galluccio, Russell, Sullivan

Consent Order #23

CM-120

Councillor Toomey re: Why was a
resident who dialed "911" in and
emergency taken to the hospital
by a private ambulance company?

36

In City Council March 3, 1997

ORDER ADOPTED