

MARSHALL FIRE DEPARTMENT



IMPLEMENTATION PLAN OF EMERGENCY MEDICAL SERVICES

MARSHALL FIRE DEPARTMENT

EMS SERVICE ADDITION PROPOSAL PLAN

Marshall Fire Department EMS Implementation Strategy for the Village of Marshall, Town of Medina, and Town of York

I. Executive Summary

The Marshall Fire Department recognizes that the ongoing discussions about EMS coverage in the Village of Marshall, Town of Medina, and the southern portion of the Town of York come at a time when the cost to retain Sun Prairie EMS for staffing a dual-paramedic ambulance based out of the Public Safety Building has significantly increased. We want to make it clear that we are incredibly proud of our long-standing relationship with Sun Prairie EMS. Their team is highly professional, well-trained, and committed to excellence. The citizens of our communities should be proud of the level of care they have received under Sun Prairie's service.

It is the official stance of the Marshall Fire Department that every reasonable effort should be made by our municipal partners to continue this partnership. The service Sun Prairie EMS has provided is nothing short of outstanding, and retaining that level of care should be a top priority. However, we are also aware that alternative EMS options are being considered due to the financial implications of continuing the current arrangement.

As part of our responsibility to the community, the leadership of the Marshall Fire Department has held internal discussions regarding the possibility of developing a municipal EMS service. Our intention is not to compete with Sun Prairie EMS, but to ensure that there is a well-thought-out and practical "Plan B" should it be determined that the costs of retaining Sun Prairie EMS are no longer feasible. We firmly believe that if an alternative becomes necessary, a locally operated EMS service—under public control—would be a more

community-oriented and transparent solution than outsourcing to a for-profit provider.

In that spirit, the Marshall Fire Department has put forward a comprehensive and phased plan to assume EMS responsibilities. This would begin with a non-transporting EMS model that continues to work in partnership with Sun Prairie EMS while we build the structure necessary to evolve into a full transporting EMS agency operated locally under MFD leadership. Our proposal includes clear staffing strategies, operational coverage, administrative planning, and long-term sustainability. From the very beginning, our focus remains on ensuring that the community receives high-quality care, that taxpayer dollars are used responsibly, and that control over essential emergency services stays in the hands of the people who live here.

HISTORY OF THE MARSHALL FIRE DEPARTMENT

The Marshall Fire Department has been entrusted with the protection of life and property in our community for nearly 120 years. Founded in an era when the dangers of fire loomed large over daily life, the department's story is one of humble beginnings, relentless progress, and enduring dedication to public service.

At the turn of the twentieth century, the Village of Marshall was a rural community where homes and businesses were primarily constructed of wood, heated by potbelly stoves, and lit by open flames such as kerosene lamps and candles. These conditions made fire both a frequent and devastating occurrence. The only line of defense was a loosely organized group of citizens jokingly referred to as the "Broom Brigade," who had little more than buckets and good intentions at their disposal. Early firefighting success depended largely on chance—and sheer determination. One notable moment of early heroism occurred when sparks from the local blacksmith's forge ignited the shop. Volunteers scrambled to contain the fire with a bucket brigade. Upon extinguishing the flames, Dr. G.L. Gibbs, who had been atop the roof, famously crowed like a rooster—an announcement of victory worthy of celebration at the time.

Recognizing the need for a more structured and effective response to fire emergencies, a meeting was held in Bill Sickel's barbershop on January 28, 1907, to begin organizing a formal fire department. Just a week later, on February 5, 1907, twenty-seven men came together to form the Village of Marshall Volunteer Fire Department. These founding members—names like Edwin Hoyt, Jr., Arnie Sanders, William Sickels, and Doc Gibbs—crafted the department's first Charter, Constitution, and By-Laws. They gathered around a wood-burning stove in the bandstand that cold winter night and elected W.H. Raman as President and Edwin Hoyt as Chief. Annual dues were set at \$1.00 per member, and the number of firefighters was limited to fifty.

The department's original inventory was modest, consisting only of several buckets (inherited from the Broom Brigade) and white coveralls for the running team. But through fundraising—including a 4th of July celebration in Bigelow's Park that raised over fifty dollars—and a \$150 appropriation from the Village, the department was able to purchase a horse-drawn, hand-powered pumper. This first real piece of firefighting equipment was stored in a barn on Beebe Street. The fire alarm system of the time was equally primitive: the Baptist Church bell would ring a code to indicate fire locations. Firefighters were fined twenty-five cents for failing to respond to an alarm without the chief's approval.

In the following decades, the department continued to evolve and modernize. A fire bell was added in 1909, a hose cart in 1912, and the department's first motorized unit was constructed in 1913 by mounting a pump onto a Model T Ford chassis. In 1920, the electric siren replaced the hand siren, and by 1929, it was linked to the telephone system for faster alerts.

Throughout the twentieth century, the department kept pace with advancements in firefighting technology. Vehicles such as a 1926 Howe Chemical and Water Pumper, a 1931 Pirsch Special Pumper, and multiple Seagrave units formed the backbone of the fleet. The enclosed cabs of later trucks, such as the 1949 Dodge-mounted Seagrave, were a welcome relief for firefighters during bitter Wisconsin winters. Many of these historic

apparatuses, like the Pirsch and the 1912 hose cart, are still used for parades and community events—living testaments to the department's rich legacy.

The department's sense of community has always extended beyond emergencies. The annual Fireman's Fourth of July event became a cherished tradition in the early years, featuring dances, horse races, and coonhound trials. These community-centered fundraisers helped pay for upgrades and equipment. In 1938, modern festivals began to replace these early traditions, continuing the department's close connection with residents through events like the current Firemen's Truck & Tractor Pull.

The department's facilities have changed over time as well. After years of storing equipment in barns and rented sheds—including space once leased from the Hartwig Brewing Company—a dedicated fire station was constructed on Main Street in 1931. In 1967, the department relocated to the new Municipal Building on Pardee Street. That facility served the community until 2001, when the Public Safety Building was constructed on Industrial Drive. This modern building now houses both the fire department and EMS operations.

Today, the Marshall Fire Department is a dynamic, progressive agency staffed by dedicated one career, and 40 volunteer personnel. Our department has embraced innovation and professionalism while remaining firmly rooted in our core mission of protecting life and property. We continue to honor the legacy of those who founded this department with buckets and grit by ensuring that our community receives the very best in emergency response services—now and into the future.

The same spirit of service that animated those 27 men in 1907 remains alive today in every member of the department. Whether fighting fires, educating the public, or preparing to launch a locally operated EMS system, the Marshall Fire Department is proud of its past and prepared for the future. For nearly 120 years, this community has trusted us with its safety—and we are ready to carry that responsibility forward into the next century.

II. Phase One: Initial Implementation (Non-Transporting EMS Response)

A. Sun Prairie EMS Partnership Extension & MFD First Response Operations

Overview and Strategic Continuity

The Marshall Fire Department (MFD) formally proposes that the Village of Marshall, Town of Medina, and Town of York extend their existing ambulance transport partnership with Sun Prairie EMS through December 31, 2026. This one-year extension ensures continued access to paramedic-level care, providing time for MFD to build out infrastructure, acquire equipment, recruit and train personnel, and prepare for a full transporting EMS operation in 2027.

Under this agreement, all EMS incidents originating within the service area will be dispatched by the Dane County Public Safety Communications Center. MFD personnel will be notified directly and simultaneously with an automatic dual-paramedic ambulance response from Sun Prairie EMS. Although the ambulance will respond from the City of Sun Prairie and experience a slightly longer transport response time, the time from dispatch to medically trained responder on scene will remain the same—or may even improve. That’s because MFD will maintain a 24/7/365 in-station EMR or EMT responder based out of the Marshall Public Safety Building.

EMS Responder Deployment Model

MFD will staff a dedicated department vehicle with a single EMR or EMT-level provider on duty at all times. This vehicle will be fully equipped with emergency lighting, communication systems, and dual-stocked “jump bags” containing:

- Airway management tools
- Bleeding control materials

- Oxygen equipment
- Trauma care supplies
- AED and basic life-saving medications within EMT scope

This responder will immediately deploy to all EMS incidents, initiate care, perform assessments, and stabilize the patient pending ambulance arrival. On rare occasions such as community events (Firemen's Festival, Riverfest, etc.), a second responder vehicle may be placed in service for redundancy.

In cardiac arrest situations—classified as “Echo-level” responses—the remainder of the fire department will also be dispatched. This mirrors existing protocol and demonstrates our established coordination with Sun Prairie EMS, where MFD personnel are already providing critical support during high-acuity events.

Dual-Response Integration with Fire Operations

To ensure efficiency and full utilization of staffing, the EMS responder SUV will also respond to all fire calls. When the on-duty provider is a cross-trained firefighter (as is often the case), they will transition into a fireground role when EMS is not needed. This dual-role flexibility maximizes operational impact and reduces strain on volunteers.

In structure fire incidents, MFD will continue to rely on MABAS mutual aid agreements to ensure that the first-arriving ambulance provides rehab services to fire personnel in accordance with NFPA 1584 rehabilitation standards. These arrangements are already in place and will remain effective during the transition year.

Incident Management and Resource Allocation

MFD's non-transport EMS model is built for operational flexibility. If two EMS incidents occur simultaneously:

- The staffed responder will remain with the first-dispatched call if already on scene.
- If both calls are received within a short timeframe, the responder may divert to the higher-priority call based on dispatch severity.
- The ambulance may then be directed to the alternate call, and additional fire personnel—especially those who are medically trained—may be mobilized to assist.

As the department continues to expand internal EMS certification, we will have a broader pool of cross-trained firefighters/EMRs/EMTs available to handle multiple incidents with skill and speed.

Clinical Standards and Medical Oversight

All care delivered under this plan will conform to the State of Wisconsin EMS protocols and scope of practice. MFD has a long-standing commitment to professionalism and accountability. The same discipline and courtesy we bring to every fire response will extend to EMS operations.

Marshall Fire Department will operate under the supervision of a licensed Medical Director and a full-time Fire/EMS Chief, ensuring quality assurance, regulatory compliance, and continuous improvement. Routine QA reviews, equipment checks, and continuing education will support high standards of care at every level.

Equipment and Logistics

MFD will maintain its own independent supply of EMS gear and consumables. Replacement and resupply procedures will be managed by department staff with proper tracking and accountability. A second jump bag will remain in reserve to guarantee redundancy in the event of a secondary call or equipment loss.

In addition, MFD will maintain the ability for fire personnel to drive or assist with the ambulance crew from Sun Prairie EMS if requested—just as we do under the current system.

Community Engagement and Public Presence

The Marshall Fire Department has a proud and ongoing tradition of engaging with our community. We will continue to support not-for-profit community events, fairs, and sporting events with EMS standby services at no additional cost, on a non-dedicated basis. Our personnel are already integrated into the fabric of the Village and surrounding towns, and that relationship will only grow stronger as we expand into EMS response.

Licensing and Readiness Commitments

If this proposal is approved, MFD will immediately begin the process of securing all required EMS licenses from the Wisconsin Department of Health Services. Our administrative team has already begun preliminary preparation and is fully committed to ensuring the department is compliant and operational by the proposed 2026 start date.

C. Staffing Model

Full-Time Personnel Structure and Operational Oversight

To implement a sustainable, high-quality non-transporting EMS service in 2026, the Marshall Fire Department proposes maintaining two full-time personnel: a newly hired Fire & EMS Chief (Paramedic Certified) and the currently serving Lieutenant/EMT. These two professionals will provide consistent leadership, reliable daytime EMS response, and ensure the continuity of all fire department administrative functions.

Fire & EMS Chief (Paramedic Certified)

The Chief will serve as the department's EMS leader, managing all aspects of fire and EMS operations including:

- Regulatory compliance and EMS licensing
- Personnel supervision and scheduling
- Quality assurance, clinical oversight, and medical direction liaison
- Strategic planning and execution of the department's 2027 transition to a transporting paramedic-level EMS agency

In addition to emergency response during scheduled shifts, the Chief will continue to oversee fire department administrative duties such as fire inspections, grant writing, public education, budgeting, interagency planning, and policy development.

Retention of Full-Time Lieutenant/EMT

The current full-time Lieutenant and Fire Inspector will continue to operate in both an administrative and EMS capacity. This individual will provide daytime EMS coverage and remain responsible for vital non-emergency duties including:

- Ongoing fire prevention activities
- Code enforcement
- Fire inspections
- Community safety presentations
- Internal training coordination
- Data collection and reporting

Both the Chief and Lieutenant may also elect to sign up for additional paid-on-call EMS shifts beyond their standard work schedules. Fire incident responses outside of scheduled hours will continue to be considered volunteer. Both positions will be salary.

Full-Time Daytime Coverage Schedule

MFD's full-time Fire/EMS team will work alternating 12-hour daytime shifts (6:00 AM – 6:00 PM) using the following repeating schedule to ensure seven-day-a-week coverage:

- 2 Days On, 3 Days Off
- 2 Days On, 2 Days Off
- 3 Days On, 2 Days Off

This structure provides continuous EMS leadership, predictable scheduling, and an equitable workload distribution across both full-time positions.

Overnight EMS Coverage and Use of Part-Time EMTs

From 6:00 PM to 6:00 AM, EMS coverage will be provided through paid-on-call part-time and LTE EMTs. These personnel will respond from the Public Safety Building using the fully equipped department SUV (Marshall Car 1). This overnight model is built to provide reliable service while remaining cost-effective.

- Total Overnight Hours Annually: 4,380
- Hourly Rate: \$20.00
- Total Part-Time Wages: \$87,600
- Contingency Buffer (200 hours): \$4,000
- FICA Employer Contribution (7.7% of \$91,600): \$7,053.20

We fully recognize that reliance on part-time staffing for EMS response may raise concerns among elected officials and the public. To address this, the Marshall Fire Department will take the following proactive steps:

- Launch aggressive regional recruitment efforts

- Offer competitive pay and flexible scheduling
- Leverage the department's strong internal culture to cross-train firefighters as EMTs
- Provide opportunities for advancement and consistent engagement to retain part-time staff

Emergency Contingency and Response Protocol

Although every reasonable effort will be made to ensure round-the-clock EMS staffing, we acknowledge that coverage gaps may occasionally arise due to illness, last-minute call-outs, or unfilled shifts. If this occurs:

- A "fire" response will be dispatched instead, notifying all Marshall Fire Department members via tone-out.
- While the responder may not be medically licensed, all MRFD personnel are CPR-certified and trained in AED use.
- This ensures that early defibrillation and CPR will still occur, meeting basic life-saving benchmarks until an ambulance arrives.
- Simultaneously, a paramedic ambulance from Sun Prairie EMS will be en route per the existing automatic dispatch protocol.

Let us be clear: every possible effort will be made to staff the station 24/7/365 with a medically licensed EMR or EMT responder. This includes calling in available part-time personnel, shifting coverage hours when necessary, and using cross-trained fire members to step in when appropriate.

Recruitment and Training Strategy

To sustain a dependable EMS workforce and reduce reliance on outside support, MFD will prioritize both external recruitment and internal development:

- Targeted recruitment of regionally certified EMTs
- Outreach to nearby EMS academies and technical colleges
- Use of social media, professional networks, and direct engagement with neighboring departments
- In-house onboarding, orientation, and mentorship for new EMTs
- Monthly continuing education sessions
- Partnership discussions with other EMS providers to increase joint training opportunities

Internally, MFD will encourage current non-EMS-certified personnel to become licensed EMTs. The department will support this process with:

- Tuition reimbursement for certification programs
- Shift flexibility to accommodate class schedules
- Structured mentorship and ride-along experiences during clinical hours

This investment not only expands our staffing pool, but also improves departmental resilience and fosters a team-oriented culture where emergency response is everyone's priority.

Standards for Professional Conduct

The EMS system we are proposing will reflect the same professionalism and pride that Marshall Fire Department already brings to fire protection:

- All EMS staff—full-time, part-time, or volunteer—will be expected to conduct themselves professionally and courteously at all times
- Staff will be properly certified, physically capable, and trained in the tasks assigned to them
- A written dress code will govern appearance and hygiene, ensuring that the public is served by clean, identifiable, and respectful professionals

- MFD will bear the cost of any required ongoing education, certification renewals, and policy or medical updates

These standards are not new for us—they are already in place for fire operations and will extend seamlessly to EMS.

By maintaining a dedicated core of full-time leadership, aggressively building a qualified part-time staff, and preparing all department personnel to assist in life-saving response, the Marshall Fire Department is fully prepared to deliver a reliable, scalable, and community-centered EMS service in 2026. This foundation will position us for a smooth and successful transition to a full transporting paramedic-level operation the following year.

D. Training

If the proposed EMS first response model is approved, all assigned EMS personnel—both full-time and part-time—will participate in structured onboarding, orientation, and initial training prior to the official program launch in 2026. This pre-launch training will be mandatory and serve to ensure operational consistency, reinforce expectations, and prepare all providers for service readiness.

The initial training program will include an orientation session focused on departmental expectations, response protocols, and administrative requirements. This will include overviews of reporting procedures, response documentation, scheduling expectations, use of protective equipment, and key policies governing EMS operations. The purpose is to establish consistency and professionalism across all levels of staffing from the beginning.

Personnel will also receive hands-on familiarization with the department's EMS equipment and patient care gear. This includes walkthroughs of response bags, oxygen systems, AEDs, and communication tools. At least one or two practical department-wide EMS training will be conducted before launch, allowing staff to run through simulated calls, equipment deployment, and

scene coordination to ensure seamless integration of part-time and full-time responders.

After program activation, all EMS personnel will be required to participate in regular monthly EMS training sessions hosted by the Marshall Fire Department. These trainings will reinforce patient care skills, refresh protocol knowledge, and ensure compliance with EMT-Basic scope of practice. Attendance will be tracked, and members will be expected to sign up for each session to maintain operational status.

To enhance the quality and diversity of training content, the department will explore establishing a training partnership with one or more neighboring EMS agencies. This partnership may allow for joint attendance at their existing monthly EMS trainings, providing greater exposure to clinical scenarios, instructors, and continuing education topics. These cross-agency collaborations will strengthen regional EMS cohesion while supporting the professional development of Marshall's EMT personnel.

Overall, the training program will serve as a cornerstone of operational readiness, ensuring that all EMS responders—regardless of employment status—uphold the high standards of care and preparedness expected by the Marshall Fire Department and the communities it serves.

III. Phase Two: Transition to Transporting Flex-Paramedic Service (2027)

Overview and Commitment to Paramedic-Level Transport

As the final step in the phased EMS implementation plan, the Marshall Fire Department fully intends to launch a transporting, paramedic-level EMS service beginning in January 2027. This expansion will complete the transition to a fully integrated local EMS system, offering 24/7/365 Advanced Life Support (ALS) coverage to the Village of Marshall, Town of Medina, and Town of York.

Under this model, a fully staffed ALS ambulance will be stationed at the Marshall Public Safety Building, supported by a Paramedic staffing configuration—with at least one licensed paramedic and one EMT-Basic on duty at all times. This allows the department to provide high-level clinical care while optimizing scheduling and resource utilization.

This new service will operate under a license from the Wisconsin Department of Health Services as a transporting EMS provider, capable of responding to emergencies, delivering advanced pre-hospital interventions, and transporting patients directly to hospitals. MFD will be responsible for managing the ambulance fleet, purchasing medical supplies, maintaining equipment, and staffing the service with certified professionals.

Dispatch and Communications

All EMS calls will be dispatched by the Dane County Public Safety Communications Center, which already provides dispatching services for MFD. Incidents will be paged out via tone alerts and pushed through CAD software—systems already used daily by the department. Ambulance response times will remain consistent with current standards, given the local stationing of the EMS unit.

MFD will supply and maintain all required vehicle and portable radios, fully compatible with the MABAS Communications Plan and all mutual aid agency frequencies. This ensures uninterrupted, interoperable communication with all regional emergency responders.

Clinical Standards and Performance Expectations

As a transporting ALS provider, Marshall Fire Department will uphold the highest standards of clinical performance as required by the State of Wisconsin EMS protocols. These expectations include:

- Consistent adherence to all approved ALS care guidelines

- Regular clinical performance reviews and incident audits
- Ongoing continuing education for paramedics and EMTs
- An unrelenting focus on quality improvement, including early detection of deficiencies, protocol refinement, and rapid correction of any operational lapses

Equipment failure and human error will be minimized through proactive maintenance, standardized training, and clear operational procedures. The department will invest in reliable, modern ambulances, monitors, and life support equipment to ensure the safety of both patients and crews.

Response to Multiple Incidents and Resource Management

Marshall Fire Department is preparing for the operational reality that more than one EMS call may occur simultaneously. In such cases:

- The primary staffed ALS ambulance will respond to or remain on scene at the first-dispatched call.
- If a second incident occurs, an automatic mutual aid request will be sent to the closest ALS-capable ambulance through prearranged agreements.
- Simultaneously, a page will be issued to MFD fire personnel. If a medically trained firefighter is available, they may respond in a fully equipped department SUV to begin care until an ambulance arrives. This mirrors the department's 2026 model and maintains continuity of care.
- In cases where both the Chief (Paramedic) and Inspector (EMT-B) are on duty during weekdays, and a second ambulance is available, they may staff and deploy the backup ambulance to respond. This reduces reliance on external agencies for secondary incidents and leverages in-house medical leadership.

MFD will also continue to transport patients to all hospitals within a reasonable distance, based on patient condition, protocol, and receiving facility capabilities.

Leadership and Oversight

The Fire & EMS Chief, hired at the close of 2025, will serve as the strategic lead in transitioning MFD into a transporting EMS provider. Throughout 2026, the Chief will:

- Finalize budget and staffing models
- Lead the DHS service licensure process
- Develop medical protocols and policies
- Acquire necessary ambulances and equipment
- Foster mutual aid partnerships
- Coordinate community and interagency planning

Beginning in 2027, the Chief will transition into a primarily administrative and operational command role, acting as weekday Incident Commander, interagency liaison, and compliance officer. This adjustment allows the ambulance crew to focus on field operations while leadership handles high-level planning, staffing, training coordination, and administrative continuity.

Staffing Integration and Cross-Training

A core component of MFD's transporting EMS model is cross-training fire personnel to enhance operational flexibility and resilience. All eligible members will receive ambulance driver training, and medically licensed firefighters will be integrated into EMS operations where appropriate.

This approach allows MFD to:

- Maximize the usefulness of on-duty fire personnel
- Provide initial EMS care on-scene when the primary ambulance is unavailable
- Support ambulance staffing during high-volume periods
- Reduce dependency on outside agencies for non-critical transports

As outlined in the department's staffing section, the full-time Chief and Lieutenant will not serve as regular ambulance crew members but will remain operationally ready to assist with backup response, particularly during weekday hours.

Community Engagement and Mutual Aid

Marshall Fire Department's EMS personnel will remain deeply engaged in the community, continuing to provide:

- Standby EMS coverage for local events
- School presentations and public education
- CPR and AED training
- Participation in health fairs and outreach events

The department places a high value on its relationship with residents and is committed to maintaining trust through transparency, responsiveness, and continuous engagement.

Mutual aid agreements will also be maintained and expanded with neighboring communities. MFD will participate in paramedic intercepts where neighboring departments do not offer ALS care, thereby enhancing regional service capacity and ensuring better outcomes across municipal lines.

This 2027 expansion marks a new era of locally managed, fully integrated EMS service—an effort grounded in community values, operational readiness, and a relentless drive to improve. Marshall Fire Department is committed to

delivering paramedic-level prehospital care with the same reliability and professionalism that has defined our fire service for nearly 120 years.

Staffing Plan and Budget Summary

Overview of Staffing Needs

To deliver consistent, high-quality Advanced Life Support (ALS) ambulance transport services in 2027, the Marshall Fire Department proposes a comprehensive full-time staffing model that balances operational readiness, leadership oversight, and fire response capacity.

This plan includes:

- Three full-time Firefighter/Paramedics (new hires)
- One full-time Fire Inspector/Lieutenant (EMT-Basic) (existing position)
- One full-time Fire & EMS Chief (Paramedic) (hired in late 2025)

These five full-time positions will provide the foundation for 24/7/365 ambulance staffing, day-to-day fire station operations, and long-term administrative continuity. The proposed model also provides the flexibility needed to reduce reliance on unpredictable part-time staffing while supporting a scalable fire/EMS integration strategy.

ALS Ambulance Coverage – 24/7 Paramedic Staffing

The department will operate one ambulance around the clock, following the Flex-Paramedic model, with the following standard crew configuration:

- One licensed Paramedic (full-time Firefighter/Paramedic)
- One EMT-Basic (part-time or on-call staff)

To maintain this schedule, the three full-time Paramedics will work on a 48-hours on / 96-hours off rotation. This ensures:

- Continuous paramedic-level care

- Predictable coverage for all days, nights, weekends, and holidays
- Operational simplicity that minimizes shift handovers and enhances crew familiarity

Each Paramedic will staff the ambulance for two consecutive days and be off for the following four, rotating in sequence with the other two full-time medics. This cycle ensures that one paramedic is always on duty.

EMT-Basic Coverage: Part-Time and Contingency Planning

The EMT-Basic position on the ambulance will be filled through an open part-time shift system. This allows qualified EMTs—both from within the department and externally—to select shifts that fit their availability.

However, it is anticipated that weekday EMT-Basic shifts (especially during business hours) may be difficult to fill consistently due to external employment conflicts. To mitigate this:

- The Fire Inspector/Lieutenant, a certified EMT-Basic who is already scheduled at the station weekdays, will serve as a backup to fill any unclaimed EMT-B shifts during the weekday.
- The department will build this coverage flexibility into the Lieutenant's regular schedule, adjusting non-emergency administrative tasks when required. (average a 48/hr work week)
- Every effort will be made to ensure that both EMS positions on the ambulance are filled through scheduled staff, but this structured fallback provides a seamless way to avoid service interruptions.

The Lieutenant's ability to serve in dual fire/EMS capacities ensures no lapses in response capability—even if all other scheduling options are exhausted.

Handling Paramedic Vacancies: Time Off, Kelly Days, and Emergency Gaps

The department recognizes that the full-time medics will require scheduled time off, including vacations, sick leave, and Kelly Days (built-in time off required under the 48/96 schedule). When such absences occur, the department will take the following steps in order:

1. Attempt to backfill with part-time or LTE paramedics from an established call pool.
2. Offer voluntary overtime to one of the other two full-time Paramedics.
3. If unfilled, the Fire & EMS Chief, a licensed Paramedic, will be available to step in and staff the ambulance during that open shift.

By keeping the Chief off the primary ambulance rotation, the department preserves strategic coverage flexibility, allowing seamless operational fill-in while preserving administrative continuity. The Chief's operational availability is a vital safeguard in this model, ensuring the ambulance remains in service even during challenging staffing situations.

Daytime Fire Response Enhancement

When the ambulance is fully staffed with scheduled EMS personnel, both the Chief and Lieutenant will be present at the station during standard business hours (typically Monday through Friday, 7:00 AM – 4:00 PM). This results in three trained (maybe four, depending on firefighter certification of the EMT on the ambulance), full-time personnel in the station during the daytime, significantly strengthening:

- Fire response times, especially for initial turnout during known daytime volunteer shortages
- Command and incident management, with the Chief available to serve as on-scene incident commander for larger events
- Apparatus staffing, including drivers and operators for additional fire units

- Redundancy for simultaneous calls, improving the department's ability to send medically trained responders to secondary incidents when needed

This daytime presence addresses a long-standing vulnerability in volunteer response capability and enhances the department's capacity to handle increased call volume and complexity.

Role Clarification and Administrative Responsibilities

Fire & EMS Chief (Paramedic)

- Oversees all EMS and fire operations, including service delivery, compliance, training, logistics, and personnel
- Coordinates DHS licensing and reporting requirements
- Maintains the department's quality assurance and clinical performance system
- Fills in for operational coverage as needed, including ambulance Paramedic shifts
- Responds to fire incidents as command-level officer during daytime hours
- Works closely with the Lieutenant to manage inspections, public education, and department planning

Fire Inspector/Lieutenant (EMT-Basic)

- Leads department inspection and fire prevention programs
- Assists in public education, grant writing, training logistics, and recordkeeping
- Serves as backup EMT-B on ambulance if shifts are unfilled
- Responds to fire incidents as firefighter or driver/operator

- Manages station readiness and assists with equipment oversight

Both individuals are integral to ensuring continuity between fire and EMS operations. They provide administrative depth and incident-level support, reducing pressure on volunteers and maintaining high standards of service delivery.

Reducing Dependence on Part-Time Staffing

This full-time staffing model is purposefully designed to reduce the department's reliance on part-time or LTE staffing, particularly for the critical Paramedic position on the ambulance. While part-time staff will still be essential to covering the EMT-Basic role and providing operational depth during busy periods, this model establishes:

- A stable core of full-time responders
- Redundancy for both EMS and fire response
- A staffing system that ensures ambulance availability even when the part-time pool is limited

This reliability is essential to preserving public confidence in the department's ability to deliver timely and effective emergency medical care.

Strategic Benefits

By implementing this model, the Marshall Fire Department will:

- Maintain 100% ALS ambulance availability 24/7/365
- Increase daytime fire response capacity through station-based staffing
- Preserve administrative integrity while ensuring operational flexibility
- Allow volunteers to continue contributing without burnout or overreliance

- Provide career advancement pathways for staff and stability for the department
- Sustain community outreach, education, and inspection programs with no disruption

This staffing plan is central to the department's broader goal of restoring a locally managed, high-performance EMS system for the Village of Marshall, Town of Medina, and Town of York—anchored by dedicated career professionals and strengthened by committed volunteers.

V. Equipment and Infrastructure Considerations

In preparation for launching a community-based EMS program, the Marshall Fire Department has developed a phased equipment recovery and capital acquisition strategy. This plan leverages previously purchased municipal assets, outlines expectations for equipment repatriation, and identifies key capital investments needed to support both the non-transporting EMS model in 2026 and the transporting paramedic-level service beginning in 2027.

When Marshall Area EMS was disbanded in 2023, a significant portion of its medical equipment—originally purchased with public funds from the Village of Marshall, Town of Medina, and Town of York—was transferred to Sun Prairie EMS to support their interim role as the contracted EMS provider. As the transition back to locally managed EMS service approaches, it is the expectation of the Marshall Fire Department that local elected officials will take appropriate steps to recover this equipment for its original intended use: emergency medical response within the Marshall area.

2026: Equipment Required for First Response Launch

For the initial non-transporting EMS response service scheduled to begin in 2026, the Marshall Fire Department will require the return of the following

essential medical equipment items currently in use by Sun Prairie EMS but previously owned by Marshall Area EMS:

- 1 LUCAS Chest Compression Device
- 1 Portable Suction Unit
- 2 Glucometers
- 2 Pulse Oximeters
- 2 Manual Blood Pressure Cuff Sets
- 2 Stethoscopes
- 2 Oxygen Bottles
- 2 Thermometers

These core items will be stored and maintained within the EMS response SUV (Marshall Car 1) and are critical to delivering Basic Life Support (BLS) care during EMS incidents. The department will integrate this equipment into its response workflow immediately upon return, ensuring safe and effective prehospital care for all patients in 2026.

2027: Return of Remaining MAEMS Equipment

As the department transitions to full ALS transporting EMS service in 2027, it is expected that the remaining inventory of equipment used under Marshall Area EMS and now with Sun Prairie EMS will be returned to the Marshall Fire Department. This includes, but is not limited to:

- 2 Additional LUCAS Devices
- 1 Additional Suction Unit
- 2 Stair Chairs
- 2 Ambulance Cots
- Backboards and Immobilization Equipment

- Full Splinting Kits and Trauma Packs
- Any other on-ambulance equipment that was transferred.
- All EMS training props and manikins purchased under MAEMS

These assets were acquired using tax dollars and community contributions and should be reintegrated into the Marshall Fire/EMS system to minimize duplication of purchases and ensure that public resources are used efficiently and as originally intended.

Required Capital Purchases

While the recovery of existing equipment will significantly reduce startup costs, two major capital investments will still be required to support the full implementation of paramedic transport services in 2027:

1. Cardiac Monitors (2 Units)

Marshall Fire Department will need to procure two advanced cardiac monitors for ALS-level care—one for the frontline ambulance and one for a reserve or backup unit. These monitors must support:

- 12-lead ECG capability
- External pacing and synchronized cardioversion
- Capnography
- Defibrillation and cardiac event trending

These monitors will be purchased during 2026, ahead of the EMS transport launch in early 2027.

2. New Ambulance Purchase

Given the aging condition and limited long-term reliability of the ambulances previously used by MAEMS—and now operated by Sun Prairie EMS—a new

frontline ALS ambulance will need to be ordered immediately. Current lead times for new ambulance builds range from 2 to 2 ½ years.

To ensure timely delivery, installation of equipment, and crew training before transport operations begin in 2027, the ambulance purchase must be approved and placed by late 2025. A secondary ambulance, potentially retained from the existing MAEMS fleet pending evaluation, may serve as a reserve or backup unit.

Fiscal Responsibility and Strategic Planning

To support the equipment recovery and capital investment effort, Marshall Fire Department and its governing municipalities will:

- Work collaboratively with Sun Prairie EMS to retain former Marshall Area EMS equipment in a manner that works best for the municipalities and City of Sun Prairie.
- Pursue grant funding opportunities (e.g., FEMA AFG, WI EMS Flex Grants) for high-cost equipment like cardiac monitors and power cots
- Utilize cooperative purchasing agreements to reduce unit costs and secure priority delivery slots
- Incorporate capital planning into the 2026 and 2027 intergovernmental EMS budget cycle
- Continue evaluating in-service EMS gear for safety, life cycle, and suitability for long-term use

This equipment and capital plan ensures the department is fully prepared to assume non-transporting EMS duties in 2026, while also positioning itself for a seamless and cost-effective transition to ALS transport service in 2027. It reflects a strong commitment to fiscal responsibility, operational readiness, and the effective use of community-owned assets.

VII. Enhanced Clinical Capabilities: Paramedic vs. EMT-Advanced

One of the key goals of this transition is to elevate the standard of emergency care provided within the Marshall Fire/EMS service area. Transitioning from EMT-Basic and EMT-Advanced services to Paramedic-level operations offers significant clinical, operational, and community health advantages.

A. Clinical Scope of Practice

- EMT-Advanced providers can offer limited airway management, IV therapy, glucose administration, and a few select medications.
- Paramedics can:
 - Interpret 12-lead ECGs
 - Perform advanced airway control (e.g., intubation)
 - Administer over 30 medications
 - Conduct IV and IO access
 - Manage cardiac arrest, stroke, sepsis, and trauma using full ALS protocols

B. Real-World Benefits of Paramedic Care

- Stroke: Immediate stroke recognition and pre-notification to hospitals
- Cardiac: ECG-based STEMI alerts to initiate bypass-to-cath-lab protocols
- Trauma: On-scene pain control and fluid therapy before arrival at trauma centers
- Respiratory/Sepsis: Early airway support and sepsis treatment

C. Operational Efficiency and Readiness

- Avoids reliance on paramedic intercepts

- Allows MFD to be the single-source care provider
- Improves care continuity and reduces treatment delays

D. Community Trust and Clinical Confidence

- Shows commitment to highest clinical standards
- Increases recruitment appeal to career-level EMS professionals
- Improves service branding and public recognition

E. Public Health and Outreach

- Enables programs like:
 - Home safety visits
 - Preventative health screenings
 - Behavioral crisis intervention

VII. Benefits of a Localized Fire/EMS System

One of the most significant advantages of this transition is the return to a locally operated, community-centered ambulance service—designed, staffed, and led by those who live in and care deeply about our area.

This service will reflect our community’s identity and values, proudly bearing the names of Marshall, Medina, and York. The people staffing our ambulances will be familiar faces—your neighbors, coworkers, and friends—responding with urgency, professionalism, and compassion during your time of need.

A locally operated ambulance service also strengthens our existing relationships with fire, police, and regional EMS partners. The Marshall Fire Department already maintains strong, cooperative connections across the area, and a combined fire/EMS department will only enhance those ties. Shared training programs, unified command structures, and improved

communication systems will allow for faster, more coordinated emergency responses.

The integration of EMS into our fire department brings important operational benefits. With full-time EMS personnel on duty, our fire department gains a reliable staffing resource that supports fire operations as well. By cross-training firefighters and EMTs, we create a versatile, flexible team capable of meeting a wide range of emergency needs. The two staffing pools—fire and EMS—can support each other, reducing pressure on our volunteers while boosting overall response readiness.

For every fire incident, an ambulance would also be dispatched, allowing the ambulance crew to assist with fireground operations when appropriate. In a time where the future of volunteer fire departments is uncertain, this model represents a proactive step toward long-term staffing sustainability and operational resilience.

From a community perspective, the benefits are equally strong. Residents will take pride in seeing ambulances in their neighborhoods that reflect their own communities—Marshall, Medina, and York—staffed by dedicated individuals who care deeply about serving locally. This pride extends beyond emergency response. We will continue building relationships through public education in our schools, outreach to local youth organizations, and collaboration with elected officials and law enforcement to keep public safety efforts coordinated and responsive.

Marshall Fire Department already has a successful fundraising tradition, this is due to the amazing community support we receive. We believe this support will grow with the addition of EMS services.

Additionally, our department has a strong record of grant success. Over the years, we have secured federal, state, and private grant funding for gear, safety equipment, and operational improvements. We will continue to pursue these opportunities aggressively to reduce financial pressure on local taxpayers while maintaining a high level of service.

By bringing EMS services under the same roof as our fire department, we create a system that is more responsive, compassionate, and connected to the people it serves. It is a model built on community values, operational efficiency, and shared responsibility. Together, we can build a public safety system that the community is proud of—today and for generations to come.

Benefits of Paramedic-Level Care

The implementation of a transporting EMS service at the paramedic level offers substantial clinical and operational benefits for the community. With licensed paramedics on board, Marshall Fire Department will be able to provide Advanced Life Support (ALS) interventions immediately upon arrival—without needing to wait for intercepts or external assistance. This translates to faster, more effective treatment for critical emergencies like cardiac arrest, respiratory distress, trauma, stroke, and diabetic emergencies.

Paramedics are trained to perform advanced airway management, interpret 12-lead ECGs, administer a wide range of medications, initiate IV and IO access, and make rapid clinical decisions that can significantly improve patient outcomes and save lives. Whether it's identifying a heart attack in the field and activating a cath lab before arrival, or administering life-saving interventions during a severe allergic reaction, paramedics bring hospital-level care to the patient's side.

From a preparedness standpoint, having paramedic-level care available 24/7 within the community adds a new layer of resilience and readiness. This level of service will bring Marshall, Medina, and York in line with best practices for prehospital care, ensuring our residents receive the highest quality treatment available in the field. It also increases the department's attractiveness to highly skilled EMS professionals and enhances opportunities for advanced training, protocol development, and clinical partnerships in the future.

Most importantly, it reinforces our mission: to provide exceptional, compassionate care when our residents need it most—delivered by local

professionals who are invested in the health and safety of the community they serve.

IX. Next Steps and Timeline

Timeline	Action
Q2 2025	Initiate contract discussions with Sun Prairie EMS
Q3 2025	Hire Fire/EMS Chief; begin EMT staff scheduling
Q3 2025	Apply for non-transporting EMS license and prepare EMS vehicle
January 1, 2026	Begin EMS first response operations (non-transporting)
Q2–Q3 2026	Begin planning and licensing for transporting EMS
Q3 2026	Conduct needs assessment for ambulances and infrastructure
Q4 2026	Secure staffing for 2027 transport model; finalize budget
January 1, 2027	Launch Marshall-based transporting EMS service

X. Formation of an Intergovernmental Agreement and Oversight Commission

In order to successfully operate a community-based EMS transport service, an essential step will be the formation of an intergovernmental agreement (IGA) between the Village of Marshall, Town of Medina, and Town of York. This agreement will establish the framework for shared responsibility and

governance and define how fire and EMS services will be funded, staffed, and managed across all three municipalities.

As part of this agreement, a new Fire, EMS, and Building Commission would be formed to oversee the general operations of fire suppression, emergency medical services, and the Public Safety Building. This commission would function similarly to the existing EMS/PSB commission but with expanded authority. It would include appointed representatives from each municipality and meet on a regular schedule to review budgets, evaluate operational performance, monitor staffing and resource allocation, and ensure policy compliance across all three service areas.

Importantly, transitioning to this new model would also require a structural change for the fire department. In order to assume EMS responsibilities as a public entity, Marshall Fire Department would no longer operate as a private corporation, but instead become a fully municipal department under shared governance. This change offers an added benefit: local elected officials will once again have direct control over their emergency medical services—restoring accountability and responsiveness to the people they represent.

This commission model promotes collaboration, transparency, and long-term planning, while ensuring that fire, EMS, and building operations are aligned under a unified vision. By working together under a single commission, the municipalities can share resources, reduce administrative duplication, and provide consistent oversight—all while maintaining high standards of care and service delivery.

To preserve continuity, morale, and effective operations during the transition to a district-governed model, the Marshall Fire Department shall retain key internal stipulations. These include the development and enforcement of bylaws created by the membership that establish the internal organizational structure of the department. These bylaws will outline the processes by which new members are recruited and brought into the department, how probationary status is completed, how volunteer fire officers are elected, and how full-time staff—including the Fire & EMS Chief—are selected. As a

stipulation, the department membership shall continue to play an active role in selecting both volunteer and full-time personnel. This member-led structure reflects current practices and is intended to ensure strong morale, smooth transitions, and continuity of the department's longstanding culture and operational excellence.

XI. Conclusion and Call to Action

This proposal represents more than just a plan to provide emergency medical services—it represents a pivotal opportunity to shape the future of public safety in the communities of Marshall, Medina, and York. With the dissolution of Marshall Area EMS and the increasing costs—and shifting priorities—of contracted EMS providers, we are faced with a critical decision: do we go down a path that puts essential emergency care in the hands of a for-profit entity, or do we take back control and create something stronger, more accountable, and deeply rooted in our community?

The Marshall Fire Department respectfully asks our elected boards to strongly consider our proposal for a locally operated, community-based EMS system. A system that reflects the values, priorities, and needs of the people we serve every day. For nearly 110 years, our department has been entrusted with fire protection for these communities. That trust has been built on transparency, professionalism, dedication, and reliability. Now, we are ready to expand that mission to include EMS—offering not just a service, but a commitment to excellence and compassion.

This is not a leap into the unknown. It is a well-planned, phased transition that starts with a non-transporting EMS response model in 2026 and evolves into a full, paramedic-level transporting service by 2027. Throughout this journey, we have laid out the staffing structure, funding strategies, training components, operational plans, and governance model needed to ensure success. Our proposal is both realistic and scalable—built to serve the needs of today while positioning us for the demands of tomorrow.

Most importantly, this model allows us to put the community first. Unlike for-profit EMS agencies that may prioritize interfacility transfers and revenue-generating calls, our focus will be entirely on the citizens of Marshall, Medina, and York. Our responders won't be chasing profit margins—they'll be focused on providing life-saving care with compassion, urgency, and professionalism.

Having a locally operated ambulance service means control stays in your hands—the hands of elected officials and community leaders who understand the unique needs and challenges of the area. It means faster, more reliable service. It means better coordination with fire and police departments. And it means that when a resident dials 911, the person responding is a trained professional who lives nearby, knows the community, and treats every patient with the respect and dignity they deserve.

This plan also proposes the creation of a Fire, EMS, and Building Commission—a formal intergovernmental agreement between Marshall, Medina, and York. This commission would oversee general operations, budgeting, and policy-making across all three services, ensuring consistent oversight and fair representation. Through this structure, local leaders will have a direct say in how services are managed, maintained, and funded—a benefit that does not exist under outsourced EMS contracts.

We also recognize that this transition requires resources and investment. That is why we have outlined a detailed staffing and financial plan that includes the phased hiring of full-time firefighter/paramedics, while also leveraging part-time and LTE staff to maintain flexibility and cost-efficiency. The addition of full-time EMS staff will not only benefit our ambulance operations, but will also strengthen our fire department, reducing reliance on already overburdened volunteer firefighters and allowing for shared responsibilities in inspections, public education, equipment checks, and emergency response.

In addition to operational benefits, this transition enhances our community engagement. As we've done for years, we will continue to build relationships with local schools through career education programs, support groups like the Boy and Girl Scouts through tours and learning opportunities, and develop

cooperative partnerships with neighboring departments for joint training, shared staffing, and mutual aid—strengthening regional resilience and sustainability.

We also want to emphasize our strong history of fundraising and grant writing. Marshall Fire Department has successfully secured funding for gear, and technology through grants, and that same level of dedication will be applied to EMS. We may explore that, with community support, we can raise funds for EMS-specific equipment like cardiac monitors, stretchers, and advanced airway tools—just as we’ve done for fire suppression needs. We will continue to make every reasonable effort to minimize costs to taxpayers while still delivering a top-tier service.

A locally operated EMS system also means that equipment and vehicles bear our community’s name, a symbol of pride and ownership. It’s a service the community can rally behind and one that reflects our shared values of public service, compassion, and unity. This is not just an ambulance—it’s a representation of who we are.

Paramedic-level care elevates the quality of treatment available to our residents. Our ability to deliver advanced life support—cardiac monitoring, IV administration, airway management, and rapid medical decision-making—ensures our community receives the same level of care found in larger metropolitan areas, without the delays or limitations often seen in rural contracting models. This enhanced level of care will save lives, improve outcomes, and provide peace of mind to every family in our jurisdiction.

And finally, perhaps most importantly, we remind our boards: you know us. You know our commitment. You’ve seen it on fire calls, in parades, at pancake breakfasts, during trainings, and in moments of great community need. We’re not a business seeking profit, we’re your neighbors, your friends, your first responders. Our loyalty is to this community and this community alone.

In closing, we ask you to weigh this proposal not only by its numbers, but by its values. Ask what kind of EMS system best reflects the character of Marshall,

Medina, and York. Ask what system offers the greatest accountability, flexibility, and potential for growth. Ask who is best suited to carry forward the responsibility of emergency care in this community.

We believe the answer is clear. Let's build something we can all be proud of. Let's say yes to a locally run EMS system. Let's bring EMS back home, under the leadership of a department that has already proven its dedication for more than a century.

Entrust us with EMS—just like you have with fire for the past 110 years.

Let's give our residents the service they deserve. Let's do this together.

COSTS

Financial Considerations and Cost Strategy

Introduction

The Marshall Fire Department’s proposal for phased EMS implementation is structured to provide sustainable, community-controlled emergency medical services without unnecessary financial burden. This transition will require investment—both operational and capital—but is carefully designed to minimize long-term costs through phased roll-out, equipment recovery, grant-seeking, and shared resource strategies.

The financial plan outlined here reflects a pragmatic and proactive approach to budgeting that incorporates:

- Realistic estimates based on regional benchmarks and internal modeling
- A flexible staffing structure that evolves over time
- A focus on reusing previously purchased public assets
- Readiness to pursue grants, collaborative cost-sharing, and conservative revenue projections

This section includes pre-launch costs in 2025, detailed cost projections for Phases 1 and 2, anticipated capital needs, intergovernmental cost-sharing logic, and comparisons to alternative EMS models.

2025 Pre-Implementation Costs and Contingency Planning

To ensure operational readiness for EMS go-live in January 2026, several critical expenses are anticipated before the end of 2025:

1. EMT-Basic Certification for Firefighters

To build internal EMS capacity, MFD is budgeting for seven current firefighters

to attend EMT-Basic certification training. This training will provide the department with a reliable internal pool of EMS responders and reduce long-term dependence on external staffing.

- **Estimated cost:** \$7,900
- **Funding source:** Current Public Safety Building (PSB)/MFD operating funds

2. EMS Startup Supplies and Equipment Preparation

In order to be operational on Day 1 of 2026, MFD will need to begin acquiring startup EMS supplies before the calendar year turns. These include consumables, basic airway and trauma gear, uniforms.

- **Estimated timing:** Q4 2025
- **Funding source:** PSB/MFD budget, pending spending review

3. Fire & EMS Chief Early Start

To ensure successful program development and adequate leadership preparation, it is proposed that the full-time Fire & EMS Chief begin employment in December 2025, roughly three weeks ahead of the official service launch. This short transition will allow the Chief to:

- Familiarize with MFD operations
- Establish EMS systems and processes
- Finalize licensing and coordination
- Begin staffing outreach and onboarding

The first payday for the Chief would occur in January 2026 and would be paid using early 2026 funds.

Contingency Planning: While all 2025-related costs are expected to be absorbed within the existing MFD/PSB budget, the department acknowledges that unforeseen expenses or overlapping facility/department needs could occur. If so, a contingency plan will be developed and coordinated with the

governing municipalities to ensure financial stability without compromising readiness.

Phase 1 – 2026: Non-Transporting EMS Service

Projected MUNI Contributions MFD Budget Increase: \$265,000 – \$277,000

This increase covers:

- Routine fire department operating increases
- EMS implementation costs: staffing (Chief, Lieutenant, POC EMTs), licensing, insurance, training, and equipment recovery

Expected Returned Equipment from Sun Prairie EMS (originally from MAEMS):

- 1 LUCAS device
- 1 suction unit
- 2 glucometers
- 2 pulse oximeters
- 2 BP cuff sets
- 2 stethoscopes
- Oxygen bottles
- 2 thermometers

This reclaimed equipment reduces start-up costs and reuses taxpayer-funded assets efficiently.

Phase 2 – 2027: Full ALS Transporting EMS Service

Additional MUNI Contributions Increase Over 2026 Baseline: \$230,000 – \$245,000

Covers:

- Three full-time firefighter/paramedics (48/96 shift)
- Full ALS ambulance operations
- Expanded supply usage, medication, maintenance, and oversight
- DOES NOT INCLUDE 2027 BILLING SHORTFALLS DUE TO NO Q4 2026 BILLING RECEIVED.

EMS Revenue Expectations:

- Projected billing revenue: **\$240,000 annually**
- **Revenue shortfall in 2027 is expected as billing begins with no previous-year volume. Total in 2027 is expected to be \$45,000-\$60,000 less.**
- Revenue stabilizes by 2028, supporting long-term cost recovery

Capital Equipment Investments

Ambulances

Preferred Option:

- **Order a new ambulance immediately after plan approval (2025)**
- Estimated cost: **\$375,000–\$425,000**
- Delivery by **2028**
- Both 2013 and 2018 Lifeline ambulances retained through 2027; 2018 becomes reserve in 2028
- Second ambulance purchase planned for **2033**

Alternative Option:

- **Remount the 2018 Lifeline in Q1 2027**

- Estimated cost: **~\$200,000**
- Still requires new ambulance purchase by 2029 for long-term fleet sustainability

Cardiac Monitors

- Two monitors required for ALS (primary and backup units)
- Estimated cost: **\$40,000–\$60,000 each**
- Refurbished options may be considered short-term but are not preferred for reliability

“Jump” Car

- We would like to minimize the use of current FD vehicles for use as the fly car. We are anticipating getting one of the ambulances back. May look into that as the option for responding to emergencies in. If a non-FF is on duty, they may use that to respond.
- Marshall FD is further developing a need for a second SUV anyways for our operations as a support vehicle. Vehicle would be used to transporting firefighters to classes, delivering supplies to scene, traffic control, etc. We spend funds annually on reimbursement for members that travel for classes, this would reduce that cost.
- This may be something we request down the road anyways, and this may be a good time for that.
- Estimated cost: \$50,000 - \$90,000 (fully outfitted)
- May be cost sharing opportunities out of fundraising funds.

Cost-Sharing Between Municipalities

Proposed Cost-Sharing Formula

To ensure the fair and sustainable funding of fire and EMS services across the Village of Marshall, Town of Medina, and Town of York, the Marshall Fire

Department is proposing a comprehensive cost-sharing formula that distributes annual expenses in a balanced and data-driven manner.

This proposed formula is the result of careful analysis and deliberation, taking into account the need for consistency with current fire department funding methods, while also recognizing service demand patterns and community impact as the department expands into a full-service EMS provider.

The cost-sharing structure breaks the total annual fire and EMS district budget into three distinct components, each weighted based on a specific, measurable factor:

1. Equalized Property Value – 34.20% of Total Budget

A portion of the total fire and EMS budget—34.20%—will be shared between the three municipalities based on their equalized property value percentages as determined by the Wisconsin Department of Revenue.

This segment of the formula is designed to reflect each municipality's relative tax base and financial capacity, and is intended to fund the fire department portion of the overall budget. This structure maintains continuity with the existing fire department cost-sharing model, ensuring a consistent and predictable approach to fire-related expenses, including apparatus maintenance, training, turnout gear, and facility operations.

By tying this portion of the budget to wealth and assessed value, the formula ensures that the municipalities contribute equitably based on their financial size, without placing a disproportionate burden on less-resourced communities.

2. Population – 43.86% of Total Budget

The largest share of the budget—43.86%—will be allocated based on each municipality's percentage of the total district population.

This method acknowledges that the demand for EMS services correlates strongly with population size. More residents result in more 911 calls, higher call volume potential, and greater need for service coverage. Allocating this portion of the budget by population ensures that each community contributes relative to the number of people served by the fire and EMS system.

This approach is commonly used in regionalized service models and provides a clear, data-based link between population size and proportional cost responsibility.

3. Previous Year Call Volume – 21.94% of Total Budget

To ensure that resource use and actual service demand are accounted for, 21.94% of the total fire and EMS budget will be shared based on each municipality's call volume for EMS incidents from the previous calendar year.

This part of the formula creates a direct connection between service utilization and cost, rewarding communities that use fewer services and fairly charging those with higher incident volume. It reflects the principle that cost responsibility should, in part, follow demand.

Call volume will be tracked using incident data from the department's CAD and ePCR reporting systems and reviewed annually to update the allocation.

Transitional Formula – 2026 Only

To allow for a simple and stable financial transition during Phase 1 (non-transporting EMS service), a temporary formula will be used only for the 2026 budget year:

- 49% of the total 2026 fire/EMS budget will be allocated based on equalized property value
- 51% of the total 2026 fire/EMS budget will be allocated based on population

This interim formula simplifies the cost-sharing process during the non-transport year by excluding call volume, which will only become relevant once transporting EMS data is available in 2027. It maintains consistency with past fire budgeting while beginning to reflect EMS demand through population metrics.

Funding Strategies & Collaborative Cost Reduction

Grant Opportunities

- AFG (Assistance to Firefighters Grant) – vehicles, gear, monitors
- WI EMS Flex/Rural EMS Equipment Grants
- WI EMS FAP Funds
- HUD CDBG Loan Programs – eligible for ambulance or facility upgrades

MFD Grant Success to Date:

- Nearly \$50,000 in grants awarded over the past two years for:
 - PPE
 - PPV ventilation fans
 - Airbags
 - Fireground equipment
 - Drone program

Regional Cost-Saving Collaborations

In addition to its internal financial planning, the Marshall Fire Department recognizes the importance of regional cooperation as a critical strategy for cost control, resource optimization, and long-term sustainability. The department is committed to actively pursuing collaboration with neighboring fire and EMS agencies to reduce duplication, increase buying power, and enhance service delivery across community lines.

These efforts will not only help offset local costs but also strengthen relationships with neighboring departments, improve interoperability, and provide shared benefits to taxpayers throughout the region.

Key collaboration areas being explored include:

- **Shared EMS Billing Platform**

By working with nearby EMS providers to utilize a common billing and revenue recovery system, departments can reduce administrative overhead, streamline patient account handling, and potentially secure better contract terms through collective volume. A unified billing model could also make it easier for residents to understand and resolve invoices, improving public satisfaction.

- **Joint Purchasing for EMS Supplies and Fire Equipment**

The department will seek bulk purchasing agreements with other agencies for commonly used items such as medical supplies, PPE, turnout gear, fire hose, and medications. Buying as a regional group can dramatically lower per-unit pricing, secure volume discounts, and create more predictable inventory cycles.

- **Shared Staffing Pools**

MFD will explore forming or joining a regional part-time staffing pool, where EMTs, paramedics, and firefighters are pre-cleared to work shifts in multiple departments. This allows agencies to fill gaps more easily, manage unexpected absences, and share highly skilled personnel—particularly during low staffing periods or high call volumes.

- **Shared Maintenance Contracts and Mechanics**

The department supports the idea of cooperative vehicle maintenance agreements, including shared contracts with certified ambulance and fire apparatus mechanics. This could reduce downtime, lower repair costs, and ensure consistency in fleet maintenance. Additionally, access to specialty repair services (e.g., hydraulic rescue tools, onboard electronics) could be coordinated regionally.

- **Mutual Training Programs and Shared Props**

MFD is committed to co-hosting joint fire and EMS training events with surrounding departments. This includes the development or joint use of training props such as burn containers, forcible entry simulators, vehicle extrication frames, and EMS simulation mannequins. Shared training improves inter-agency coordination during emergencies and stretches local training budgets further.

By prioritizing these collaboration strategies, Marshall Fire Department aims to maximize every tax dollar, avoid unnecessary equipment and service duplication, and promote a regional culture of cooperation. These partnerships will help ensure that both current and future fire and EMS operations remain fiscally responsible, resilient, and community-focused.

"Apples-to-Apples" Comparative Pricing

If this plan is not adopted, expected costs for fire department will be the following, The EMS alone price is how our EMS cost would compare to other EMS options that may be on the table.

- **Fire Budget Alone: (anticipated MFD budget cost if were to remain a fire-only entity)**
 - 2026: **\$252,400**
 - 2027: **\$263,000**
- **EMS Alone:**
 - 2026: **\$267,000-\$275,000**
 - 2027: **\$495,000-\$515,000**

Risk of State Revenue Loss – ACT 12

Wisconsin's 2023 Act 12 requires municipalities to report EMS spending and maintain current service levels. Downgrading EMS service could result in up to a 25% reduction in State Shared Revenue, creating additional budget pressure across all three communities. This proposal is ensuring paramedic level care continues to be provided to our community.

Sample TOTAL (Fire & EMS) Budget Breakdown

The following are ESTIMATES ONLY of the budget impacts minus billing revenue for Marshall, Medina and York. These are based on equalized value and population from 2024. We also are using budget prediction, may be subject to change.

2026 Formula							
	Total EV	Total Population	% OF EV	% OF POP.	49% Cost	51% Cost	TOTAL
Village of Marshall	\$405,461,400.00	3,822	55.41%	68.35%	\$138,475.12	\$177,772.21	\$316,247.33
Town of Medina	\$254,163,100.00	1,395	34.74%	24.95%	\$86,803.00	\$64,885.46	\$151,688.46
Town of York	\$72,093,996.00	375	9.85%	6.71%	\$24,621.89	\$17,442.33	\$42,064.21
TOTAL	\$731,718,496.00	5,592	100.00%	100.00%	\$249,900.00	\$260,100.00	\$510,000.00

2027 Formula										
	Total EV	Total Population	Call Volume	% OF EV	% OF POP.	% of VOL.	34.2% Cost	43.86% Cost	21.94% Cost	TOTAL
Village of Marshall	\$405,461,400.00	3,822	374	55.41%	68.35%	74.80%	\$142,793.71	\$225,875.77	\$123,656.15	\$492,325.63
Town of Medina	\$254,163,100.00	1,395	114	34.74%	24.95%	22.80%	\$89,510.10	\$82,442.88	\$37,691.98	\$209,644.97
Town of York	\$72,093,996.00	375	12	9.85%	6.71%	2.40%	\$25,389.76	\$22,162.07	\$3,967.58	\$51,519.41
TOTAL	\$731,718,496.00	5,592	500	100.00%	100.00%		\$257,693.58	\$330,480.71	\$165,315.71	\$753,490.00

	FIRE PERCENTAGES	EMS PERCENTAGES	TOTAL
MARSHALL	55.41%	70.50%	65.34%
MEDINA	34.74%	24.23%	27.82%
YORK	9.85%	5.27%	6.84%
	100.00%	100.00%	100.00%

These are the total percentages put together, may be used for when purchasing capital items. Fire expenses (fire trucks, airpacks, etc) would use the fire percentages, and EMS expenses (ambulances, monitors, etc) would use the EMS percentages. This is based off of 2027 numbers

Conclusion

This cost plan reflects a balanced, forward-thinking investment in public safety. It provides:

- Predictable phase-based budget growth
- Responsible reuse of existing assets
- Flexible capital planning
- Clear funding pathways
- Collaborative cost-saving strategies

By acting now, the Village of Marshall, Town of Medina, and Town of York can secure a modern, efficient, community-led EMS service that avoids long-term cost escalation, preserves local control, and enhances emergency response for years to come.