



# SIRENS

Fall/Winter 2025

## News & Information for Albemarle County Fire Rescue



### Training Division Updates BY LUCIAN MIRRA

It has been a busy year for ACFR's Training Division. As we wind down 2025 and look forward to another year of growth in 2026, we wanted to review some of the highlights from this past year:

**Recruit School 25:** With one of the largest classes to date, RS 25 graduated 22 new Firefighter/EMTs in June, helping to fill new 24/7 service at Station 3 and to staff a second transport unit at Station 18.

**Paramedic Class 5:** In keeping with 2025 being a large year, PM Class 5 graduated 10 paramedics, the largest class to date. Despite a large class and some logistical hurdles, this class was able to maintain a 100% NREMT pass rate on the first attempt!

**Volunteer Certification Classes:** Over the past year the Training Division has facilitated numerous classes supporting both volunteer and career members. These classes include: 2 FF I courses, a FF II course, 2 HazMat Operations courses, 3 EVOC courses, TECC, Regional School, and several other courses such as officer courses, pump operations courses, and train-the-trainer courses.

The Training Division also supports two EMT classes taught through Western Albemarle Rescue Squad by providing course materials and funding for instructors.

We also facilitate ride alongs for EMT and AEMT classes, as well as for members in the system seeking release. If you are in need of ride time, please reach out to EMS Training.

In addition to the numerous academies and certification courses, the Training Division has changed how we deliver continuing education. For the first time since before COVID, EMS continuing education was delivered in person, starting with an in-person PALS class in March, and continuing with a new EMS ConEd model delivered on duty in June. Notably, the recent IDLH burns held in October incorporated an EMS component.

Look for this model to continue in 2026 with in-person EMS ConEd being the standard, and EMS being incorporated into fire training!

The Training Division also has numerous support responsibilities outside of delivering training. In 2025, we assisted with the rollouts of new cardiac monitors and video laryngoscopes. Our staff have also provided input and helped draft several new or fully revised policies, as well as continuing to revise our patient care guidelines. As we move into 2026, our staff is working in conjunction with Operations and IT to help build out FirstDue as our reporting platform. As we migrate to this new system, look for a more robust CQI program as well.

We are always looking for input or assistance. If you have suggestions on training programs or patient care guidelines, please let us know. If you are interested in helping to teach any of the courses we deliver, we are always looking for instructors from both career and volunteer providers. For fire courses, contact BC Ascoli or Capt. Thompson. For EMS courses, contact Lucian.



### NEWS BRIEFS



**Introducing** for the first time, Dr. Lucian Mirra. A group of us were privileged to watch Lucian successfully defend his dissertation. It was an honor to see him achieve such a significant milestone. His sweet mother was there to give him a huge hug.

#### Calls for Service

January 1 - November 30, 2025	
EMS .....	12,567
Fire.....	3,302
HM .....	588
Rescue .....	1,330
Other .....	62
<b>Grand Total .....</b>	<b>17,849</b>

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## A Legacy of Leadership

After more than 40 years of dedicated service in the fire service profession, Chief Dan Eggleston retired from Albemarle County Fire Rescue at the end of October. This marks the end of a truly distinguished career, with Chief Eggleston having spent the last 23 years at the helm of ACFR. His leadership and vision have transformed the department into one of the most respected and innovative fire rescue systems in the nation.

Chief Eggleston's career is a testament to his commitment to the fire service, having been recognized as

the 2015 Career Fire Chief of the Year by the International Association of Fire Chiefs (IAFC). Under his leadership, ACFR evolved into a nationally respected career-volunteer combination system, and the department saw major advancements in staffing, facilities, and resources. Some highlights of his tenure include:

- **Expansion and Modernization of ACFR:** Chief Eggleston led the effort to build four new fire stations and hire over 200 career firefighters, which has significantly reduced response times across the county.

- **Federal Grant Success:** Under his guidance, ACFR secured more than \$10 million in FEMA grants, supporting the department's staffing needs and equipment upgrades.
- **Health and Wellness Initiatives:** Chief Eggleston earned national recognition for ACFR's focus on firefighter health and wellness, ensuring the well-being of all personnel.
- **International Leadership:** As IAFC President and Chairman of the Board, Chief Eggleston represented fire service leaders on Capitol Hill and built international partnerships with fire organizations across Europe, South America, and the Middle East. His efforts were recognized globally, including an honor from the Netherlands Fire Officers Association for his contributions to international fire service leadership.

### A Career Defined by Service

Chief Eggleston's career has spanned several critical moments in fire service history, including operations during Hurricane Floyd, post-9/11 efforts in New York City, and the August 12, 2017, civil unrest in Charlottesville-Albemarle. Through it all, he remained steadfast in his commitment to the safety of both the community and his team.

## Crisis Intervention BY KEVIN FREIER

It's been nearly a year since I joined HART and let me tell you, it's been a heck of a ride. A ride that has been chock full of interesting interactions, unique perspectives, and valuable lessons. Out of all the skills I have picked up over the course of my time with HART though, few pale in comparison to crisis intervention. And for those of you that have no idea what I am talking about, pay close attention because it is an invaluable skill that can be used on and off the job.

Anyone that has taken Crisis Intervention Training (CIT) knows exactly what crisis intervention is. But for those of you who haven't, crisis intervention is exactly what it sounds like; it's intervening when someone is in crisis. Easy enough, right? Wrong. Things can go sideways very quickly if you don't know what you are doing. (Contrary to popular belief, yelling "calm down" has never once actually helped someone "calm down.") So, what is the secret to crisis intervention? How

can we help calm our patients that are in crisis?

First and foremost, you can take CIT training. It's a 40-hour class taught by ACPD, CPD, and even some ACFR members and is an absolute wealth of knowledge. But if you aren't interested in that, because you are too busy taking silly TRT classes or something, at least take a gander at the "4 Plays" of CIT listed at right. As elementary as they might sound, they just might be the difference between a quiet ride to the hospital and the need for physical restraints.

And that's it, you are now CIT certified! Just kidding, there is so much more that goes into this class and again, I cannot recommend it enough. But, really, that's it for the 4 Plays. It's as easy as that. Next time you find yourself in a pinch with a squirrely patient, try these four steps and see if they get you anywhere. Because they might not solve your patient's problems, but they at least show you care and are there to help.

### 4 Plays of CIT

- **Introduce yourself**  
This one is pretty self explanatory.  
"Hi, my name is Kevin and I am a paramedic with the county."
- **Ask them their name**  
Again, self explanatory.  
"What's your name?"
- **Label their emotions**  
Say what you see and hear.  
"You sound rather agitated, what's bothering you today?"
- **Paraphrase**  
After letting the patient talk, paraphrase what they said to show you are engaged and actively listening.  
"So I hear you saying you lost your job, your girlfriend, and your dog all in one week...."

## ACFR Releases

Rob Combs	ALS
Ben Noble	ALS
Kristopher Bland	FF/EMT
Anthony Price	FF/EMT
Jake Ford	FF/EMT
Craig Siler	FF/EMT
Austin Matt-Beal	FF/EMT
Charles Dennison	FF/EMT
Michael Chambliss	FF/EMT
Alexis Jackson	FF/EMT
Logan Frye	FF/EMT
Connor Berner	FF/EMT
Matthew Hodyno	FF/EMT
Casey Broadbus	FF/EMT
Zachary Harpin	FF/EMT
Samantha Chasse	FF/EMT
Dakota Stone	FF/EMT
Hunter Humbles	FF/EMT
Joshua Meehan	FF/EMT
Dustin Degnan	FF/EMT
Michael Bunner	FF/EMT
Ivy Schumaker	FF/EMT

Grant Brown	FF/EMT
Carter Lloyd	FF/EMT
Eric Sadlon	DAO
Jordan Vitt	Fire Tech 1
Robert Green	Fire Tech 1
Justin Lloyd	Fire Tech 1
John Taravella	Fire Tech 1
Jordan Pouzar	Fire Tech 1
Tanner Amburgey	Fire Tech 1
Stuart Dalton	Fire Tech 1
Caleb Shetler	Fire Tech 1
Justin Spanka	Fire Tech 2
James Stuart	Fire Tech 2
Chris Hein	Fire Tech 2
Chris Oakley	Fire Tech 2
James Williams	Fire Tech 2
James Mason	Fire Tech 2
Nathaniel Chiarappa	TRT
Angelo Markantonatos	TRT
Robert Kluba	TRT
Josh Loving	TRT
Ryan Erbe	TRT
Jacob Jordan	TRT
Robert Greene	TRT

Nick Ludwig	TRT
John Taravella	TRT
Shane Corpolongo	TRT
Marvin Tapia-Arze	TRT
Aaron Putney	DPO
Matthew Snead	DPO
Nick Ludwig	DPO
Maxwell Morgan	DPO
Tyler Graves	DPO
David Millhouse	DPO
Tyler Graves	DPO
Maxwell Morgan	DPO
Nick Ludwig	DPO
Matthew Snead	DPO
Aaron Putney	DPO
Mark Mancini	DPO
Dustin Degnan	DPO
Colin Bohanon	DPO
Phillip Paul	DPO
Matthew Friday	DPO

### Station 2

Wylan Marsh	BLS
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## Put a Freeze on Winter Holiday Fires

### Did You Know?

- **More than 1 in 5 Christmas tree fires were caused by a heat source too close to the tree.**
- **Read manufacturer's instructions for the number of light strands to connect.**
- **Have tree at least 3 feet away from heat sources like fireplaces, radiators and space heaters.**

# The Heavy Lift of Light Duty

BY DEBORAH RUTTER

Hardly 3 weeks into Recruit School 25, and I was already out. Officially "recycled," but I still had surgery ahead of me, months of recovery, and entire year of waiting for the next recruit school. I was beyond grateful to be recycled—and fearful of what comes next. It wasn't part of my plan. Also? I didn't know what CR&R did, or even where the office was. And I spent weeks not really walking (or doing much of anything)...something I had zero experience with.

If you work with your body in any way, you're bound to be sidelined at some point—it's a fact of life. Even more so as a firefighter. Whether an on-the-job injury, an off-the-clock mishap, or a planned procedure, getting out of the field (and often behind a desk) is usually not on anyone's priority list. You didn't sign up to be inside an office for days, weeks or months. It's not who you are, not how you see yourself and often not part of your skillset.

## NFPA National Fire Protection Agency (NFPA) stats from a December 2024 report:

- An estimated 63,175 firefighters were injured in the line of duty in 2023.
- Firefighters were more likely to be injured at fireground operations than during any other duties.
- In 2023, an estimated 18,875 injuries, or 30% of all reported firefighter injuries, occurred on the fireground.
- The non-fireground injuries included 13,275 injuries at non-fire emergency incidents; 10,700 injuries sustained while responding to or returning from an incident; 8,525 injuries during training activities; and 11,800 injuries during other on-duty activities.
- Strains, sprains, or muscular pain injuries were the leading type of injury during all non-fireground activities, particularly training, where it accounted for 57% of the injuries.
- In 2023, an estimated 19,225 collisions involved fire department emergency vehicles responding to or

returning from incidents, resulting in 1,450 injuries. Another 550 collisions occurred in firefighters' personal vehicles, which resulted in 75 injuries.

But the fire service is known for its resilience, ability to act quickly, solve never-seen problems with aplomb and get back to work, and being on light duty (LD) is no different.

Getting assigned to LD for most firefighters is not forever, so it's a great time to take advantage of several opportunities you might not ever have access to otherwise. Where you get assigned, who you report to and the things you do may be consistent or change over the course of your LD status.

Depending on your restrictions, the time off you require, your capabilities and department needs, you might be doing desk work, working with the public, making deliveries and in any case, learning a bunch of new skills—the list is potentially endless because the possibilities are endless. Projects that ACFR needs to get done often go to the backburner because of the "tyranny of now," and a LD person can often be instrumental in getting long-delayed projects started, continued or even finished. It's also an amazing opportunity to get a very inside look at the under-

pinnings of how the departments runs: the how and why of decisions getting made and implemented, who does what and why. Being on LD is an incredible learning opportunity if you embrace it.

## What else can you do on LD in between duties and assignments?

- Finish up your remaining CE's for your EMS recertifications
- Become an instructor: Stop the Bleed, CPR/AED with the American Heart Association, The American Red Cross, Narcan delivery, or all of them!
- Take one of the hundreds of free, online certificate classes in everything from wildland firefighting, CR&R, Search and Rescue, Traffic Management, FF Mental Health, Public Presenting, HazMat/TRT. Classes are with FEMA, IFSTA, NFA, TEEX, USFA, IAFF, VDP, Transcaer, CAPSE, US Dept of Homeland Security, CR&R Academy among so many others
- Ask to take the week-long Crisis Intervention Team(CIT) Training
- Volunteer to help with the promotional processes, Public School education, Fire Prevention Week, upcoming recruit schools and the ongoing community teaching events

Figure 1 Fireground Injuries by Nature of Injury: 2023

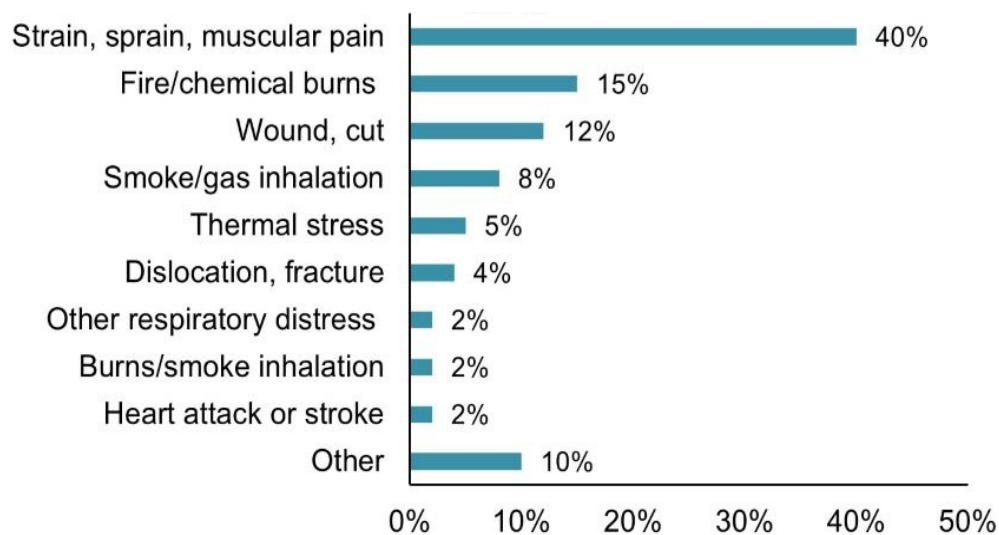
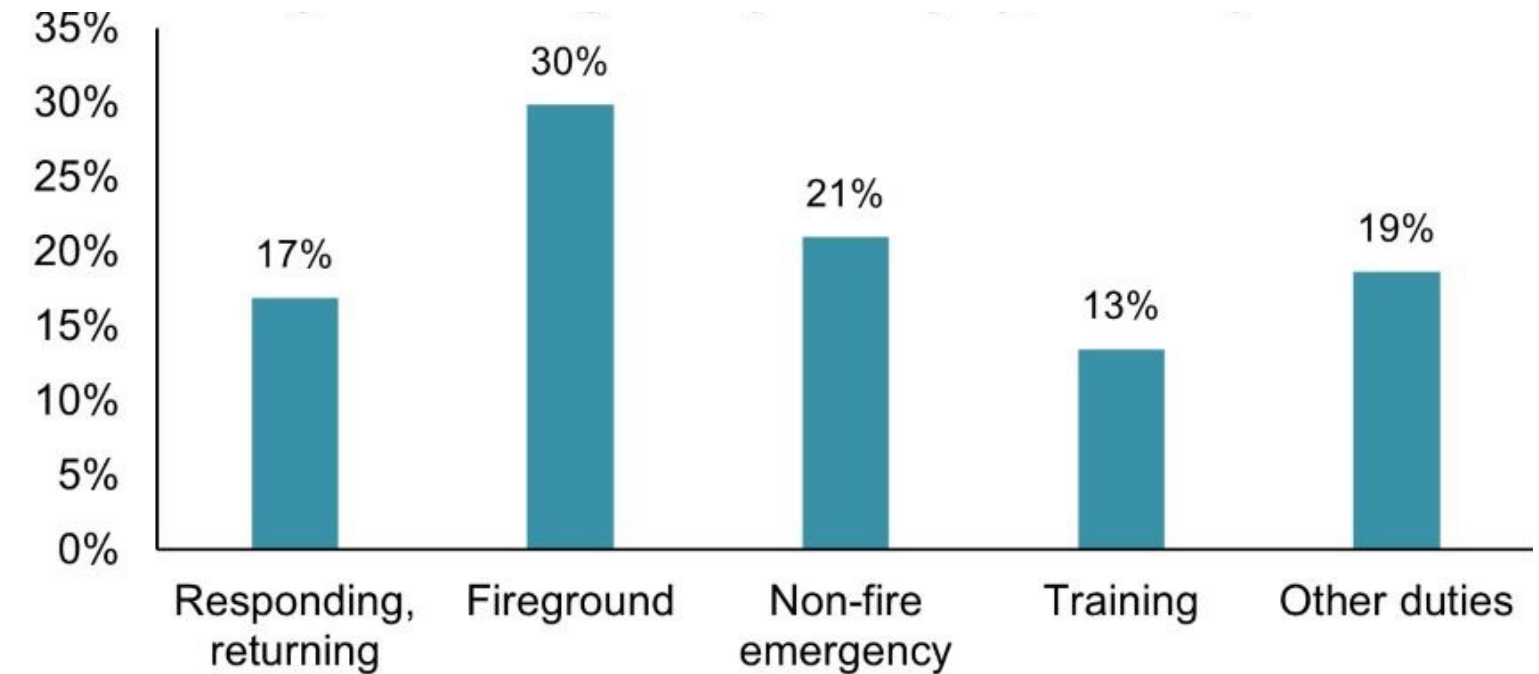


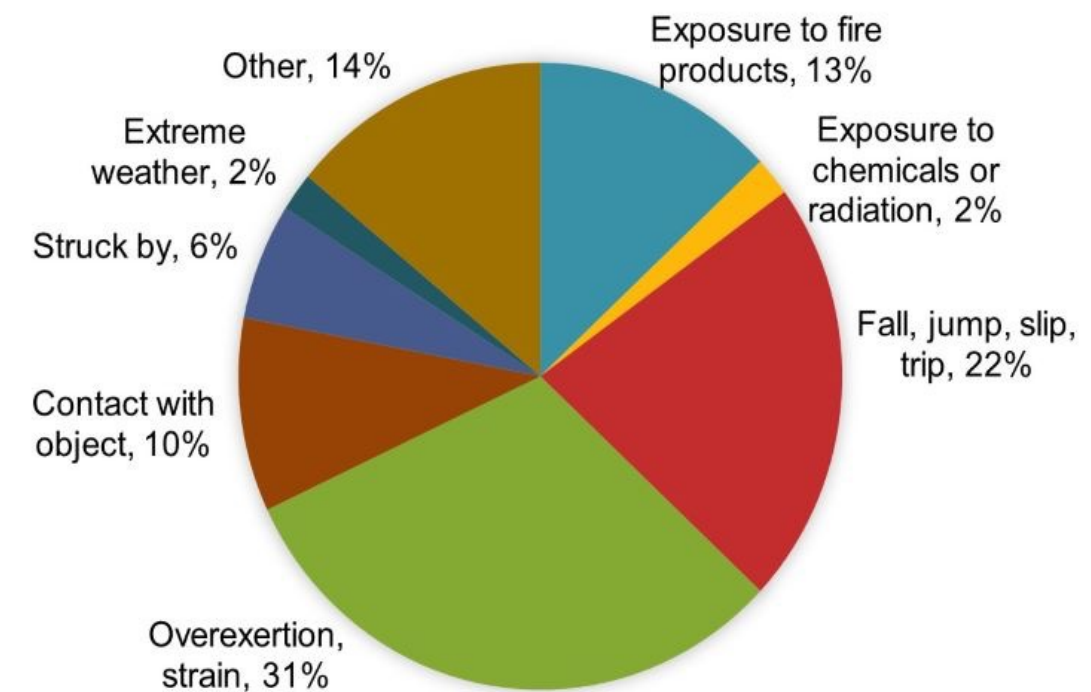
Figure 2 Firefighter Injuries by Type of Duty: 2023



For many, if not most firefighters, being on light duty is as hard mentally and emotionally as it is physically. Your routine is shot, you are likely getting out of shape, you may not have contact with your duty crew very much and there can be a lot of general anxiety. It can be frustrating and sad. Will I heal? When will I get back to regular work? Am I going to miss out? It's important to call that out for yourself, acknowledge it, do what keeps you grounded and keeps your mind in the game while your body heals: peer support, mental health caretaking, connecting with your crew, family and friends.

Being on Light Duty is the beginning of your healing process and may be instrumental for the department to tackle some much-needed projects. But it can also be the beginning of gaining a unique education about how the departments works, discovering new talents you didn't know you had and finding novel ways to share your strengths!

Figure 3 Firefighter Injuries by Cause of Duty: 2023



Rutter, report to Chief Pelliccia in CR&R.

ACFR's policy on Light Duty Status is outlined in Lexipol in section 1205

# Rethinking How We Measure Fire Department Performance: Part 1

The Emergency Services Consulting International (ESCI) staffing study has finally been released. If you haven't had the chance to look at the recommendations, I'd like to orient you to the very first recommendation in the study which entails a fundamental change in the way we judge our performance. Specifically, the recommendation suggests adding geographic "zones" where performance is scored differently within each zone. To understand why this shift matters, we need to examine why we measure response times at all, rather than direct outcomes.

## The Problem with Outcome Data

The measured performance of our fire suppression and EMS services reflects the outcomes of the incidents and disasters our organization is responsible for mitigating. For fire calls, outcome data includes the count of civilian casualties, approximate property damage in dollars, the categorized "extent" of the fire spread from the origin, and acres burned. While these metrics represent outcomes it does not necessarily indicate performance in a way that is actionable. For example, what if we didn't get called until the structure was burning for 20 minutes? Does the advanced state of the fire have any bearing on performance? We end up comparing apples to oranges.

For EMS calls, outcome-specific measurements are even less useful. We can track metrics like return of spontaneous circulation (ROSC)—patients who were clinically dead that medics revived—but these don't capture whether patients survived to discharge or their quality of life afterward.

## Response Time as a Better Proxy

However, response time and Effective Response Force (ERF) time - the response time elapsed when the full planned dispatch arrives on scene - are backed by the NFPA as the most appropriate data points regarding system performance. The measurement of response time and turnout performance, while not an "outcome" metric,

strongly correlates with outcomes in major call types like cardiac arrest (Damdin et al. 2025; Huang et al. 2021), trauma (Hsieh et al. 2022; Newgard et al. 2015), and structure fires (Kerber 2012; Challands 2010). We define response time as the time between the point of dispatch and the arrival of the first appropriate unit. Despite not being an outcome metric, it's more useful for measuring performance of our organization rather than the outcome metrics previously mentioned.

## The Staffing Study Recommendation: Four Geographic Categories

This leads us to the staffing study recommendation. When you have a 720-square-mile county with a wide range of different population densities, we must make decisions about which areas should receive faster responses than others. The National Fire Protection Association's manual, NFPA 1710 (for majority career departments), assumes uniform population distribution and therefore does not delineate response time standards based on geography. On the other hand, the staffing study consultant, ESCI, cites NFPA 1720 (for combination volunteer/career systems) in their recommendation to change to 4 distinct geographical categories, based on population density. These categories are "Urban" (>1000 people per square mile), "Suburban" (500 to 999), "Rural" (<500), and "Remote" (very low to no density). Although Albemarle County Fire

Rescue falls in the category of NFPA 1710 because we have more than 50% career staff (changed by the NFPA from 85% to 50% in 2020), our geographical context justifies the use of 1720's framework given our population density varies dramatically across the county's 720 square miles—from dense urban areas near Charlottesville to sparsely populated remote regions.

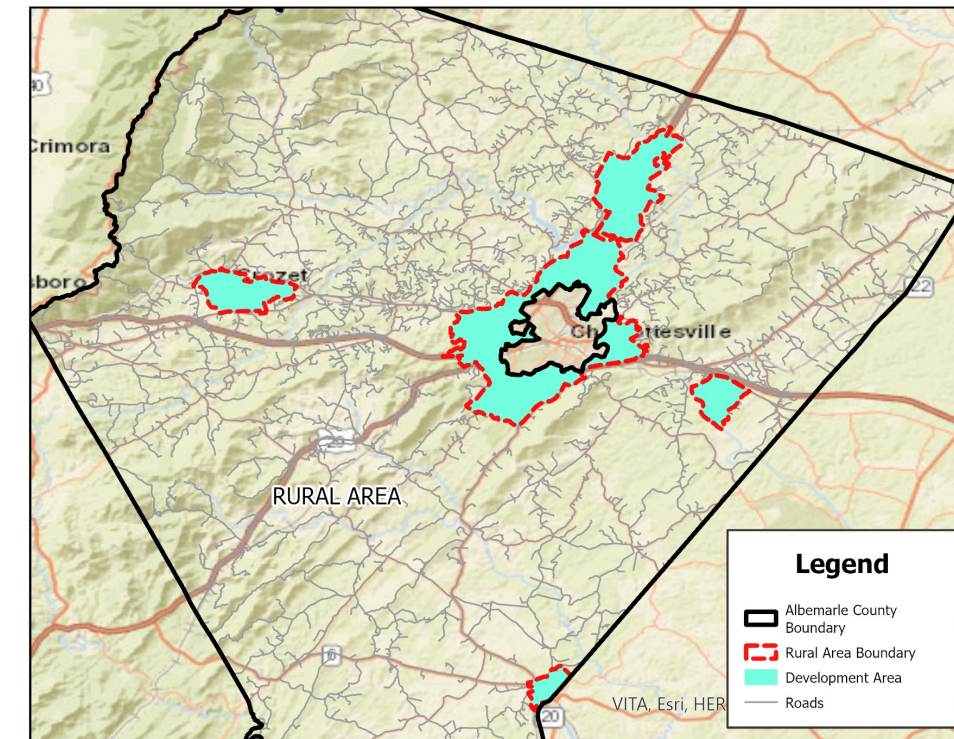
## The Problem with Our Current Framework

We currently assess and report on our performance using something like a hybrid of NFPA 1710 and NFPA 1720. Response time standards are divided into either the development area (which consists of the urban ring around Charlottesville, Hollymead, Crozet, Glenmore, and the town of Scottsville) or the rural area (everything else). The border of these areas was determined by the Albemarle County Comprehensive Plan, which designates where future development should be concentrated for planning and zoning purposes, but this likely isn't the most useful geographical border for our performance standard. The standards in NFPA 1720 are meant for structure fire incidents and assess our ability to deploy adequate staffing to a single incident. There is currently no recommended standard for EMS incidents in NFPA 1720, but NFPA 1710 specifies a travel time (travel time + turnout time = response time) of 90% in 4 minutes or under for BLS, and 90% in 6 minutes or under for ALS.

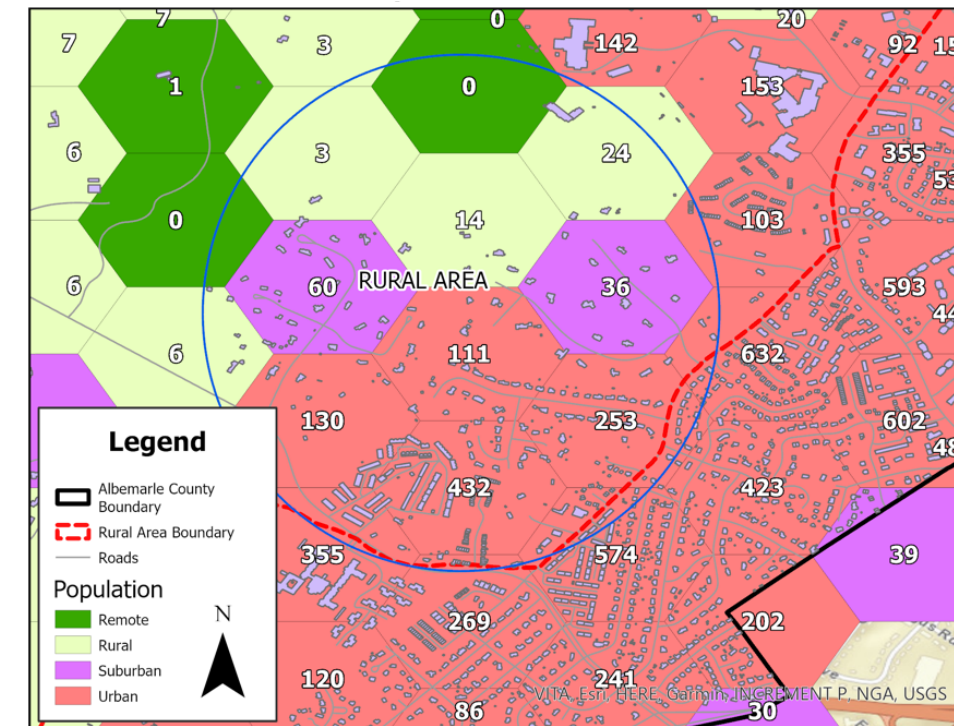
## NFPA 1720 Performance Guidelines (Fig. 1)

Demand Zone	Demographics	Minimum Staff to Respond	Response Time (minutes)	Meets Objective (%)
Urban Area	>1000 people/mi <sup>2</sup> (2.6 km <sup>2</sup> )	15	9	90
Suburban Area	500-1000 people/mi <sup>2</sup> (2.6 km <sup>2</sup> )	10	10	80
Rural Area	<500 people/mi <sup>2</sup> (2.6 km <sup>2</sup> )	6	14	80
Remote Area	Travel distance ≥ 8 mi (12.87 km)	4	Travel Dependent	90

Current Performance Boundaries (Fig. 2)



Example Problem Area (Fig. 3)



## References

Challands, N. (2010). *Fire Technology*, 46(3), 665-676.  
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 Kerber, S. (2012). *Fire Technology*, 48(4), 865-891.  
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 NFPA 1720 (2020). NFPA.  
 Newgard, C. D., et al. (2015). *Ann Emerg Med*, 55(3), 235-246.

To clarify the problems with our current framework, let's examine the current borders, which can seem relatively arbitrary in several places, such as in the map below where everything in the blue circle is designated "rural." In other words, it is not a designated development area in the Comprehensive Plan. We score ourselves on calls that occur in this circle based on our local "rural" response standard of 90% under 21 minutes. Just across the street, at the Colonnades nursing facility and on the east side of Georgetown Road, our performance is judged by the local "development area" standard of 90% of response times under 8 minutes. Our current scoring methods are not useful for understanding our performance in this area, a relatively dense cluster of Albemarle County in which we score performance with a rural standard. While that does not mean we respond slower to the rural areas just outside the development area border, it does mean we call these response times "rural" in our calculation of the 90th percentile response time. The typical response time to this area is around 8-10 minutes. This results in a "padding" of both our rural scores (by counting a large group of response times that easily pass the rural standard), and our development area scores (by not counting a large group of response times that don't make the 8 minutes standard). This pattern repeats throughout the county as development has sprawled beyond the original comprehensive plan boundaries. The current methods simply do not capture the unique needs of the various pockets of Albemarle County

Now that we've established the current borders don't serve our needs in assessing performance, the question becomes: where should these four new zones be drawn? In Part 2 of this series on reforming our performance scoring framework, I'll walk you through the options and methodologies leadership is considering for drawing these new borders, as well as how our performance numbers will look compared with the current framework. See you then!



# GET CONNECTED

## Sign up for Community Connect so first responders can help you WHEN EVERY SECOND COUNTS.



Albemarle County Fire Rescue is excited to launch Community Connect, a free and secure platform designed to help first responders arrive fully prepared when every second counts.

By creating a household profile, you can share important information that could make a difference in an emergency, such as details about family members with medical conditions or mobility needs, where your pets are typically located, and information about utility shutoffs, entrances, and other key features of your home.

Your information stays private and protected and is only accessible to verified first responders. With this knowledge, responders have the full picture before they even arrive, helping them protect what matters most.

**Sign up and start building your household profile at [ACFireRescue.org](http://ACFireRescue.org).**

**SIRENS** is the official newsletter of Albemarle County Fire Rescue and is published three times yearly.

Newsletter is available online at [acfirerescue.org](http://acfirerescue.org) with hardcopies distributed to each station.

**SUBMISSIONS:** Articles, feature stories, cartoons, photographs, upcoming training, station news, and station events and functions are welcome at any time and can be submitted to [ACFRSirens@albemarle.org](mailto:ACFRSirens@albemarle.org).

