

November 9, 2018

The Honorable Stephen J. Pronai
Madison County Prosecuting Attorney
59 North Main Street
London, Ohio 43140

SYLLABUS:

2018-026

1. When personnel from a city fire department, which has not been designated the emergency medical services provider for the city, and emergency medical service personnel of a joint ambulance district, of which the city is a member, respond to a call within the city, the chief of the city fire department has control over the emergency scene to the extent necessary to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or take any other action necessary in the reasonable performance of duties such as those expressly listed in 3B Ohio Admin. Code 1301:7-7-01(D)(11) (2017-2018 Supplement). A chief of a city fire department that has not been designated the emergency medical services provider for the city does not have the authority to direct the administration of emergency medical care and treatment by personnel of the joint ambulance district. (1994 Op. Att’y Gen. No. 94-076 and 2001 Op. Att’y Gen. No. 2001-011 (syllabus, paragraph 2), distinguished.)
2. In a county that has adopted a countywide 9-1-1 system pursuant to R.C. Chapter 128, the personnel in charge of the public safety answering point (PSAP) to which an emergency call is directed have the authority to solicit run cards from the chiefs of each emergency service provider in the county to facilitate the orderly provision of dispatch services. In the event that conflicting run card instructions are submitted to the PSAP, it is within the authority of PSAP personnel to resolve the conflict.



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OPINION NO. 2018-026

The Honorable Stephen J. Pronai
Madison County Prosecuting Attorney
59 North Main Street
London, Ohio 43140

Dear Prosecutor Pronai:

You have requested an opinion regarding the authority of the chief of the City of London Fire Department and the chief of the Madison County Emergency Medical District (MCEMD) to determine the appropriate personnel and equipment to be dispatched to emergency scenes in the City of London, and the authority of each chief at an emergency scene to which both the City of London Fire Department and MCEMD respond.¹ The MCEMD consists of the City of London and six nearby townships.² You have explained that the City of London Fire Department does not operate its own emergency medical or ambulance services, but rather MCEMD provides emergency medical and ambulance services to the City of London. MCEMD, and not the City of

¹ You have also asked whether it is an impermissible conflict of interest for the representative from the City of London who serves on the board of trustees of the MCEMD to participate in discussions and votes pertaining to the potential withdrawal of the City of London from the MCEMD and whether the City of London representative should recuse himself from those discussions and votes. We have addressed this question in 2018 Op. Att’y Gen. No. 2018-020.

² Municipal corporations and townships are authorized to establish a joint ambulance district pursuant to R.C. 505.71. A joint ambulance district is governed by a board of trustees composed of representatives from the municipal corporations and townships that make up the joint ambulance district. The representatives on the board of trustees are appointed by a municipal legislative authority, if representing a municipal corporation, or a board of township trustees, if representing a township. R.C. 505.71. Similarly, the boards of county commissioners of two or more counties may create a joint emergency medical services district for the purpose of providing emergency medical services to the district pursuant to R.C. 307.052. Given the composition of the Madison County Emergency Medical District, which consists of one municipal corporation (the City of London) and six townships, the MCEMD is a joint ambulance district established pursuant to R.C. 505.71 rather than a joint emergency medical services district. Accordingly, we will refer to the MCEMD as a joint ambulance district in this opinion.

London Fire Department, is the designated emergency medical services (EMS) provider for the City of London.

Madison County has established a countywide 9-1-1 system pursuant to R.C. Chapter 128 and the Madison County Sheriff's Office operates the sole public safety answering point (PSAP) for the county. As the county's sole PSAP, the Madison County Sheriff's Office dispatches all emergency services within the county. To facilitate dispatching services, the Madison County Sheriff's Office collects run cards from the chiefs of the various emergency service providers in the county. Run cards contain instructions that explain what emergency equipment and personnel should be dispatched to particular types of emergencies that occur within the county. The instructions are then programmed into computers at the Madison County Sheriff's Office to assist dispatchers in their duties, part of a system known as computer-aided dispatch (CAD).

Under these circumstances, you ask who has the authority to determine what emergency fire and medical personnel and equipment are dispatched to the scene of an emergency within the City of London. You also ask whether the chief of the City of London Fire Department or the chief of the MCEMD controls the scene of an emergency. Specifically, we understand your question to ask which chief has the authority to direct the administration of emergency medical care by joint ambulance district personnel, when both the City of London Fire Department and the MCEMD are called to the scene.³ In answering your questions, we will first review the organization and responsibilities of city fire departments, joint ambulance districts, and countywide 9-1-1 systems. Next, we will clarify the scope of authority of a chief of a city fire department whose department is not designated as the EMS provider for the city at an emergency scene. Finally, we will consider the use of run cards in facilitating the dispatch of emergency medical and fire equipment and personnel to particular types of emergencies within the City of London and who has the authority to resolve any conflicting run card instructions submitted to the Madison County Sheriff's Office, operating as the sole PSAP for Madison County.

³ Although you state in your letter that "[t]here is no question from prior opinions [of the Attorney General] that the Fire Chief is in control of the scene," we nevertheless find it appropriate to address the question of who has the authority to direct the administration of emergency medical care by joint ambulance district personnel in light of the particular situation presented by the relationship between the City of London Fire Department and the MCEMD. As stated above, the City of London Fire Department has not been designated as the EMS provider for the City of London. Prior opinions of the Attorney General, discussed *infra*, have not considered the question of whether the chief of a fire department has authority to direct the administration of emergency medical care by another agency's personnel at an emergency scene when the fire department has not been designated as the EMS provider for the territory in which the emergency occurs.

City Fire Departments

A city fire department “shall be composed of a chief of the fire department and other officers, firefighters, and employees provided for by ordinance.” R.C. 737.08(A). The primary duty of a city fire department is to “protect the lives and property of the people in case of fire.” *See* R.C. 737.11. A city fire department shall also “perform any other duties that are provided by ordinance.” *Id.*; *see also* 2004 Op. Att’y Gen. No. 2004-051, at 2-440.⁴ The chief of the fire department has exclusive control over the stationing and transferring of all firefighters, officers, and employees in the department, in accordance with any rules adopted by the city public safety director. R.C. 737.09. City fire departments are maintained under the civil service system. R.C. 737.11; *see also* R.C. 124.42; R.C. 124.45-.49.

A city is not required to provide emergency medical services through its fire department. 1979 Op. Att’y Gen. No. 79-042 (syllabus, paragraph 4) (clarified on other grounds by 1980 Op. Att’y Gen. No. 80-023). However, a city may authorize its fire department by ordinance to perform emergency medical and ambulance services. 1967 Op. Att’y Gen. No. 67-078, at 2-135;

⁴ In *Vair v. City of Ravenna*, 29 Ohio St. 2d 135, 279 N.E.2d 884 (1972) (syllabus, paragraph 1), the Ohio Supreme Court wrote that “R.C. 737.11 specifically delineates the duties of firemen ... in a noncharter city and the provision therein that ... firemen shall perform ‘such other duties as are prescribed by ordinance’ refers only to duties which are incident to the performance of a fireman’s duty as a fireman.” Seemingly in partial response to the *Vair* decision, the Ohio General Assembly amended R.C. 737.11 in 1978, changing R.C. 737.11 to read “any other duties that are provided by ordinance” instead of “such other duties as are provided by ordinance.” 1977-1978 Ohio Laws, Part II, 3524, 3527 (Am. Sub. H.B. 835, eff. Mar. 27, 1979) (emphasis added). Accordingly, the General Assembly’s replacement of the word “such” with the word “any” in R.C. 737.11 indicates a legislative intent to provide municipal corporations the authority to assign fire departments a broad range of duties, not merely those duties related to fire prevention, and that authority may include designating the fire department as the EMS provider for the city. *See* 2004 Op. Att’y Gen. No. 2004-031, at 2-281 (“[u]se of the word ‘any’ indicates that the grant of authority is broad, encompassing any or all powers or duties of the type described”); 2000 Op. Att’y Gen. No. 2000-046, at 2-283 (“[w]here a statute uses the word ‘any’ to modify a noun without selection, distinction, or limitation, it is presumed that the legislative intent is that the noun modified by ‘any’ be treated as a whole class without division into smaller classes, and that ‘any’ may be equated to mean ‘all’ or ‘every’ in that context”); 1979 Op. Att’y Gen. No. 79-105, at 2-327 (use of the word “any” should be read to mean “that the General Assembly did not intend that limitations to the statute should be implied”). Indeed, other provisions of the Revised Code imply that municipal corporations have the authority to provide ambulance and emergency medical services. *See, e.g.*, R.C. 4766.09(G) (medical transportation statutes do not apply to “[a]n ambulance, nontransport vehicle, or other emergency medical service organization vehicle owned and operated by a municipal corporation”) (emphasis added).

R.C. 737.11; *see also* R.C. 4765.01(H) (defining “emergency medical service organization” as “a public or private organization using first responders, EMTs-basic, EMTs-I, or paramedics, or a combination of first responders, EMTs-basic, EMTs-I, and paramedics to provide emergency medical services”); R.C. 4765.01(G) (defining “emergency medical service” as “any of the services described in [R.C. 4765.35 and R.C. 4765.37-.39] that are performed by first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics ‘Emergency medical service’ includes such services performed before or during any transport of a patient, including transports between hospitals and transports to and from helicopters”).

Each permanent full-time paid member of a city fire department must be certified to be a firefighter according to Ohio laws and regulations. *See* R.C. 737.08(B) (requiring all full-time paid members of municipal fire departments to complete an appropriate firefighter training program); R.C. 4765.55 (fire service training programs); *see generally* [2017-2018 Ohio Monthly Report, Pamphlet No. 6, at p. 2-1515] Ohio Admin. Code Chapter 4765-20 (describing the requirements to receive firefighter certification). One requirement to obtain firefighter certification is that the applicant “complete emergency medical care training.” [2017-2018 Ohio Monthly Report, Pamphlet No. 6, at p. 2-1515] Ohio Admin. Code 4765-20-02(D)(5). Such emergency medical care training consists of, at a minimum, eight hours of emergency medical instruction in accordance with national guidelines. *See id.*

Joint Ambulance Districts

A joint ambulance district consists of those municipal corporations and townships within a county that have joined together to establish the district for the purpose of providing emergency medical and ambulance services to the district. *See* R.C. 505.71; R.C. 505.72. The governing body of a joint ambulance district is a board of trustees, “which shall include one representative appointed by each board of township trustees and one representative appointed by the legislative authority of each municipal corporation in the district.” R.C. 505.71. “The district may purchase, lease, maintain, and use all materials, equipment, vehicles, buildings, and land necessary to perform its duties.” *Id.* “To provide the services and equipment it considers necessary for the district, the board may levy taxes ... and issues bonds and other evidences of indebtedness” in accordance with R.C. Chapter 5705 and R.C. Chapter 133, respectively. *Id.*; *see also* R.C. 5705.01(A); R.C. 133.01(MM)(6); R.C. 133.01(NN)(4). The board of trustees of a joint ambulance district is also kept apprised of recommendations from the State Board of Emergency Medical, Fire, and Transportation Services regarding the minimum number and type of personnel for the operation of ambulances and the communications systems necessary for the operation of ambulances. R.C. 4765.09(C)-(D).

The board of trustees of a joint ambulance district is authorized to hire a chief to oversee the daily operations of the district and to empower the chief with whatever authority the board finds appropriate, within the bounds of the law. *See* R.C. 505.72(A) (“[t]he board of trustees of a joint ambulance district shall provide for the employment of such employees as it considers best, and shall fix their compensation”). The chief of a joint ambulance district is responsible for

ensuring compliance with various provisions of R.C. Chapter 4765, including ensuring that each ambulance during an emergency run is properly staffed. *See* R.C. 4765.43; *see also* 2013 Op. Att’y Gen. No. 2013-028, at 2-278 to 2-279 (describing the requirements for a person to be qualified to drive an ambulance during an emergency run under R.C. 4765.43(B)). For example, an ambulance traveling to the scene of an emergency must be staffed “by at least one EMT, advanced EMT, or paramedic,” and that EMT, advanced EMT, or paramedic can also serve as the driver. R.C. 4765.43(C). An ambulance that is transporting a patient must be staffed by at least two EMTs, advanced EMTs, or paramedics, if the joint ambulance district “utilizes only paid individuals or utilizes volunteers on a basis that is not considered to be substantially utilizing volunteers.” R.C. 4765.43(D)(1).⁵

Countywide 9-1-1 Systems

A countywide 9-1-1 system is “a system through which individuals can request emergency service using the telephone number 9-1-1.” R.C. 128.01(A). “When a person in Ohio dials 9-1-1, the call is routed to a public safety answering point of a countywide 9-1-1 system.” 2014 Op. Att’y Gen. No. 2014-013, at 2-106. A “public safety answering point” (PSAP) is “a facility to which 9-1-1 system calls for a specific territory are initially routed for response and where personnel respond to specific requests for emergency service by directly dispatching the appropriate emergency service provider, relaying a message to the appropriate provider, or transferring the call to the appropriate provider.” R.C. 128.01(P). “Personnel at the public safety answering point obtain information from the caller regarding the emergency situation and act to dispatch the appropriate emergency service provider to the location of the emergency.” 2014 Op. Att’y Gen. No. 2014-013, at 2-106. “Because an emergency service provider’s seven or ten-digit phone number may not be known or readily obtained in an emergency situation, the General Assembly has authorized the creation of countywide 9-1-1 systems ‘to encourage the establishment of a uniform emergency telephone number system throughout the state.’” *Id.*, at 2-110 (quoting 1985-1986 Ohio Laws, Part II, 4544, 4544 (Am. Sub. H.B. 491, eff. June 18, 1985)). “This uniform emergency telephone number system provides the public a quick and reliable method of requesting emergency service from anywhere in the state. By simply dialing 9-1-1, an emergency caller is automatically connected to the appropriate public safety answering point based on the caller’s location.” *Id.* “Every emergency service provider that provides emergency services within the territory of a countywide 9-1-1 system shall participate in the ... system.” R.C. 128.03(C); *see also* R.C. 128.01(O) (defining “emergency service provider” as “the state highway patrol and an emergency service department or unit of a subdivision or that [*sic*] provides emergency service to a subdivision under contract with the subdivision”); R.C. 128.01(N)

⁵ If the joint ambulance district “is substantially utilizing volunteers or utilizes only volunteers, the ambulance shall be staffed by at least two EMTs, advanced EMTs, or paramedics or by at least one first responder and one EMT, advanced EMT, or paramedic. One of these individuals may serve as the driver, but if the staffing requirement is being met by utilizing a medical first responder, the medical first responder shall serve as the driver.” R.C. 4765.43(D)(2).

(defining “emergency service” as “emergency law enforcement, firefighting, ambulance, rescue, and medical service”).

Callers have the option of either dialing 9-1-1 and being directed to the appropriate PSAP, where the call will be handled by a trained emergency dispatcher, or calling the emergency service provider directly. *See* R.C. 128.03(G) (“[e]ach emergency service provider participating in a countywide 9-1-1 system shall maintain a telephone number in addition to 9-1-1”); 2014 Op. Att’y Gen. No. 2014-013, at 2-110 (“[w]hile the public may request emergency service by contacting an emergency service provider directly, doing so requires a caller to dial the emergency service provider’s seven or ten-digit phone number”). If a caller dials 9-1-1, “[p]ersonnel at the public safety answering point obtain information from the caller regarding the location, nature, and priority of the emergency situation. That information is then used to coordinate, assign, and dispatch appropriate emergency service personnel and resources to the location of the emergency.” *Id.* “A countywide 9-1-1 system and its public safety answering points thus make ambulance service and emergency medical service available to the public by processing emergency calls requesting those services and by dispatching the appropriate response.” *Id.*; *see also* 1998 Op. Att’y Gen. No. 98-032, at 2-180 (“[t]he primary purpose of a countywide 9-1-1 system is to dispatch the appropriate emergency service provider to a location”).

Authority to Control Emergency Medical Equipment and Personnel and Direct the Administration of Emergency Medical Care at Emergency Scene within City of London

Having provided an overview of the organization and responsibilities of city fire departments, joint ambulance districts, and countywide 9-1-1 systems, we now turn to the question of whether the chief of the City of London Fire Department or the chief of the MCEMD has the authority to control emergency medical equipment and personnel, including the administration of emergency medical care by MCEMD personnel, at the scene of an emergency in the city, when the MCEMD is the designated EMS provider for the City of London.

In 1994 Op. Att’y Gen. No. 94-076, we were asked whether a township fire department or the State Highway Patrol controlled the scene of an injury accident that occurred on a state highway located within the township. The township had designated the township fire department as the EMS provider within the township pursuant to R.C. 505.37(A). As the designated EMS provider for the township, the township fire department had a statutory duty to provide emergency medical services at an injury accident that occurred within the township. 1994 Op. Att’y Gen. No. 94-076, at 2-383. The State Highway Patrol, meanwhile, had the responsibility to investigate and report motor vehicle accidents and regulate the movement of traffic at the scene of an accident on a state highway. *See id.* at 2-383 to 2-384; R.C. 5503.02(A). The duties of the State Highway Patrol, however, did not include the delivery of emergency medical services at the scene of the accident, and there was no other express or implied statutory authority for the State Highway Patrol to control the delivery of such services. 1994 Op. Att’y Gen. No. 94-076, at 2-384.

Accordingly, we concluded that the chief of the township fire department or his designee had the authority to control the placement of emergency personnel and equipment at the scene of the injury accident as well as to direct the administration of emergency medical care, while the State Highway Patrol had the authority to protect the public by managing non-emergency traffic at the scene. *Id.* at 2-385 to 2-386. Because townships acting pursuant to their authority to establish rules for fire protection, purchase fire equipment, and hire fire department employees could expand the duties of a fire department to “non-fire-related emergencies,” we concluded that the township fire department could be designated to provide emergency medical services in the township. Once designated, the township fire department had “the authority to accomplish acts necessary and essential to the provision of such services.” *Id.* at 2-385. We noted that “[t]he effective delivery of emergency services requires at a minimum the authority to control the personnel and equipment directly involved in responding to the emergency.” *Id.* This included the physical placement of emergency vehicles and personnel by the township fire chief so that the township fire department could adequately respond to the injury accident. *Id.*

In 1994 Op. Att’y Gen. No. 94-076, we also discussed an administrative rule relevant to the authority of fire chiefs at emergency scenes. That rule, since amended, was codified at 4 Ohio Admin. Code 1301:7-1-03(I) and provided, in full: “Authority at fires and emergencies. The fire chief or his authorized representative shall be in charge at the scene of a fire or other emergency involving the protection of life and/or property, and shall remain in charge until authority is relinquished.” *See* [2000-2001 Ohio Monthly Record] Ohio Admin. Code 1301:7-1-03(I), at p. 1656. We noted that the rule was arguably limited “to emergencies related to fire and explosion, although a sound argument also can be made that [the rule] applies to all emergencies to which a local fire department is legally authorized to respond, either by statute or by authorization of the appropriate local authority.” 1994 Op. Att’y Gen. No. 94-076, at 2-385. We concluded, however, that because townships “have the power to expand the duties of a fire department to non-fire-related emergencies,” it was “not necessary to rely solely on [the rule] as a source of authority for fire department emergency squad personnel at the scene of such a non-fire-related emergency.” *Id.*

In 2001 Op. Att’y Gen. No. 2001-011, we were asked whether a township fire department or a county EMS organization had the authority to “exercise control of the administration of medical care and treatment at the scene of a medical emergency within the township when both respond to a call for emergency medical services.” *See* 2001 Op. Att’y Gen. No. 2001-011, at 2-63. The question, therefore, was not merely who had the authority to control the physical placement of equipment and personnel at an emergency scene, but who had authority to direct the administration of emergency medical care and treatment by personnel at the scene. Both the township fire department and county EMS organization provided emergency medical services in the township and each had a statutory duty to provide emergency medical services within the territory of the township. *Id.* at 2-62. We noted that “[n]o provision of law expressly addresses the relationship that exists between county and township emergency medical services personnel, or the precise hierarchy of authority that governs, when both respond to the scene of a medical emergency.” *Id.* at 2-63 (footnote omitted). We reiterated the point, made in 1994 Op. Att’y

Gen. No. 94-076, that townships acting pursuant to R.C. 505.37(A) had the authority to designate the township fire department as the township's provider of emergency medical services:

[W]hen a board of township trustees, acting pursuant to R.C. 505.37(A), designates a township fire department to serve as the provider of emergency medical services in the township, that designation vests in the township fire department the authority to exercise control of the emergency medical services personnel at the scene of a medical emergency within the township. This authority is not limited to exercising control of township emergency medical services personnel, but also extends to county or other emergency medical services personnel that respond to a medical emergency call within the township. In addition, such authority necessarily includes the related power to exercise control of the administration of medical care and treatment by emergency medical services personnel at the scene of a medical emergency.

2001 Op. Att'y Gen. No. 2001-011, at 2-64 (emphasis added). In other words, to fulfill the township fire department's duty as the township's EMS provider, the chief of the fire department was required to have the authority to control emergency medical equipment and personnel and the authority to direct the administration of emergency medical care by personnel involved in responding to the scene of an emergency. We noted that there was "no similar grant of authority conferred upon an emergency medical services organization operated by a county pursuant to R.C. 307.05." *Id.* A county was "not statutorily authorized to establish and operate a county fire department" and, therefore, rule 1301:7-1-03(I) authorizing fire chiefs to control emergency scenes did not authorize an EMS organization "operated by a county pursuant to R.C. 307.05 to take command at the scene of a fire or other emergency." *Id.* at 2-64 n.3. Therefore, we concluded that under R.C. 505.37(A) and rule 1301:7-1-03(I), "when county and township emergency medical services personnel respond to a call for emergency medical services within the township, the township's emergency medical services personnel are authorized to exercise control of the administration of medical care and treatment at the scene of the medical emergency." *Id.* at 2-64.

We concluded in both 1994 Op. Att'y Gen. No. 94-076 and 2001 Op. Att'y Gen. No. 2001-011 that the fire chief of a township fire department that has been designated as the township's EMS provider has the authority to control the placement of all emergency medical personnel and equipment at the scene of a medical emergency within the township as well as the authority to direct the administration of emergency medical care and treatment by emergency medical personnel at the scene. We determined that the township fire chief had such authority even when a county EMS provider responded to the scene. 2001 Op. Att'y Gen. No. 2001-011, at 2-64. In both opinions, the township fire department had been designated by the board of township trustees as the township's EMS provider pursuant to R.C. 505.37(A). This designation of the township fire department as the township's EMS provider required that the township fire chief have the authority to assume control over the operations necessary to accomplish the provision of emergency medical services at emergency scenes to which his department was dispatched, including control over the physical placement of equipment and personnel as well as

the administration of emergency medical care by emergency medical personnel at the scene. *See* 1994 Op. Att’y Gen. No. 94-076, at 2-385 to 2-386.

There are two primary differences between the situation described in your letter and the situations we considered in 1994 Op. Att’y Gen. No. 94-076 and 2001 Op. Att’y Gen. No. 2001-011. First, in both previous opinions, the township fire department was designated as the township’s EMS provider pursuant to R.C. 505.37(A); this made provision of emergency medical services part of the fire departments’ statutory duties, requiring the fire departments to have control over both the placement of EMS personnel and the administration of emergency medical care by EMS personnel to fulfill that duty. In your situation, the City of London Fire Department has not been designated as the EMS provider within the City of London; MCEMD provides those emergency medical services.⁶ Second, the administrative rule in effect at the time the previous opinions were issued, rule 1301:7-1-03(I), differed significantly from the current administrative rule that describes the authority of fire chiefs at emergency scenes. Current rule 1301:7-7-01(D)(11) is plainly more narrow than former rule 1301:7-1-03(I). We must, therefore, determine whether the advice provided in 1994 Op. Att’y Gen. No. 94-076 and 2001 Op. Att’y Gen. No. 2001-011 applies to a situation where a city fire chief manages a fire department that has not been designated the city’s EMS provider and where a different administrative rule is in effect. In making this determination, we will look to the statutory authority given to fire chiefs and fire departments by the General Assembly as well as administrative guidance promulgated by the State Fire Marshal.

As noted above, the primary duty of a city fire department is to “protect the lives and property of the people in case of fire.” *See* R.C. 737.11. At its creation, a fire department is thus limited to providing fire protection services. *See* 1967 Op. Att’y Gen. No. 67-078, at 2-135. A city may,

⁶ The City of London has not adopted an ordinance designating the City of London Fire Department as the city’s EMS provider. Rather, the Madison County Emergency Medical District is the designated EMS provider for the city. London Codified Ordinances Section 242.14, provides, in full:

Fire Department Response to Disasters

The City Council hereby grants approval for the Fire Department to provide fire protection and emergency services, as determined by the Fire Chief, or officer on duty, upon request of any political subdivision located within the State of Ohio. This authority is hereby granted without the need for pre-existing contracts or agreements with the jurisdiction requesting these services.

This ordinance gives authority to the City of London Fire Department to assist other political subdivisions, upon request, to provide fire protection and “emergency services” to those subdivisions. The plain language of the ordinance does not designate the City of London Fire Department as the EMS provider for the City of London.

however, grant a fire department additional authority as “provided by ordinance.” R.C. 737.11. A city may, for example, designate its fire department as the EMS provider for the city, granting the department the authority to operate ambulance and emergency medical services even in non-fire-related emergencies. 1967 Op. Att’y Gen. No. 67-078, at 2-135. Without an enlargement of the duties of the fire department, however, the department is limited by R.C. 737.11 to providing fire protection services.⁷

The General Assembly has directed the State Fire Marshal to adopt and enforce a state fire code. R.C. 3737.22(A)(1)-(2); R.C. 3737.82; R.C. 3737.83; R.C. 3737.84; R.C. 3737.86. The fire code “shall consist of rules relating to all aspects of fire safety” and “shall be the minimum standards for safeguarding life and property from fire and explosion.” R.C. 3737.82. In adopting fire code rules, “the fire marshal may ... incorporate by reference existing published standards as well as amendments thereto subsequently published by the same authority.” *Id.* The State Fire Marshal has adopted such a fire code, located at 3B Ohio Admin. Code Chapter 1301:7-7. One of the provisions of the fire code relating to the authority of fire chiefs and fire departments, the successor to former rule 1301:7-1-03(I), states as follows:

Authority at fires and other emergencies. The fire chief or officer of the fire department in charge at the scene of a fire or other emergency involving the protection of life or property or any part thereof, *shall have the authority to direct such operation as necessary to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or take any other action necessary in the reasonable performance of duty.* In the exercise of such power, the fire chief is authorized to prohibit any person, vehicle, vessel or thing from approaching the scene and is authorized to remove, or cause to be removed or kept away from the scene, any vehicle, vessel or thing which could impede or interfere with the operations of the fire department and, in the judgment of the fire chief, any person not actually and usefully employed in the extinguishing of such fire or in the preservation of property in the vicinity thereof. (Emphasis added.)

3B Ohio Admin. Code 1301:7-7-01(D)(11) (2017-2018 Supplement). As discussed above, in evaluating the authority of a fire chief at an emergency scene, 1994 Op. Att’y Gen. No. 94-076 and 2001 Op. Att’y Gen. No. 2001-011 took into account the language of a predecessor rule, found at 4 Ohio Admin. Code 1301:7-1-03(I), which contained language significantly different than the current rule. As set forth previously, rule 1301:7-1-03(I) stated that “[t]he fire chief or

⁷ If, while responding to a fire emergency, a firefighter encounters a person in need of emergency medical care, that firefighter may render those emergency medical services that he or she is trained and certified to provide. See [2017-2018 Ohio Monthly Report, Pamphlet No. 6, at p. 2-1516] Ohio Admin. Code 4765-20-02(D)(5) (requiring firefighters to receive, at a minimum, eight hours of emergency medical care training in accordance with national guidelines).

his authorized representative shall be in charge at the scene of a fire or other emergency involving the protection of life and/or property, and shall remain in charge until authority is relinquished.”

Administrative rules are read, applied, and, if necessary, interpreted, in the same manner as statutes. See *McFee v. Nursing Care Mgmt. of Am., Inc.*, 126 Ohio St. 3d 183, 2010-Ohio-2744, 931 N.E.2d 1069, at ¶ 27; *State v. Williams*, 4th Dist. No. 17CA8, 2017-Ohio-4455, 93 N.E.3d 90, at ¶ 23. In reading rule 1301:7-7-01(D)(11), we turn to well-established canons of statutory construction and other provisions of the Ohio Revised Code and Ohio Administrative Code to determine the scope of authority that the rule grants to a fire chief. Specifically, we must determine whether rule 1301:7-7-01(D)(11) grants a city fire chief of a fire department that has not been designated the EMS provider for the city the authority to direct the administration of emergency medical care by joint ambulance district personnel.

First, rule 1301:7-7-01(D)(11) states that a fire chief shall have authority to direct the operations at an emergency scene “as necessary to” do the following: (1) extinguish or control any fire; (2) perform any rescue operation; (3) investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations; or (4) take any other action necessary in the reasonable performance of duty. Thus, a fire chief’s control at the scene of an emergency extends so far as necessary to complete those four actions. Actions (1) and (3) clearly relate to extinguishing or controlling any fire or investigating any potential fire, gas leak, or other hazardous situation. We must, therefore, determine whether actions (2) and (4) can reasonably be interpreted as granting a city fire chief authority to direct the administration of emergency medical care by personnel of a joint ambulance district when the fire chief manages a department that is not the designated EMS provider for the city.

Under action (2), a fire chief has authority to control an emergency scene “as necessary to ... perform any rescue operation.” Although “rescue operation” is not defined in the Ohio Revised Code or Ohio Administrative Code, the meaning of the phrase can be gleaned from the use of the phrase elsewhere in the state fire code and common definitions of the word “rescue.” For example, the fire code states that placard warning symbols on certain vacant premises “shall mean that structural or interior hazards exist and *interior fire-fighting or rescue operations* should be conducted with extreme caution.” Rule 1301:7-7-03(K)(5)(d)(ii) (emphasis added).⁸

⁸ Amendments to the state fire code that were promulgated in December 2017 have not yet been included in the Ohio Administrative Code or Ohio Monthly Reports. Accordingly, citations to those rules are to the rules as they appear on LawWriter online, at <http://codes.ohio.gov/oac/>. The rules promulgated in 2017 may also be found in the online edition of the Register of Ohio, available at <http://www.registerofohio.state.oh.us/jsps/publicdisplayrules/processPublicDisplayRules.jsp?ageagencyNumberStr=1301&actionType=all&doWhat=GETBYFILINGAGENCY&Submit=Search> (last visited Oct. 29, 2018). It should be noted that, on October 18, 2018, the State Fire Marshal filed new proposed rules to the state fire code, which are also available at the

This rule suggests that the fire code contemplates that “rescue operations” will be performed inside a structure primarily in connection with fire-fighting, rather than in connection with providing emergency medical care. The placard on certain vacant buildings must indicate that fire officials should proceed with caution in the event a rescue operation is needed inside the structure.

In addition, “rescue” has been defined as “to free or save from danger,” *Webster’s New World College Dictionary* 1235 (5th ed. 2014), “to free from confinement,” *Webster’s Third New International Dictionary of the English Language* 1930 (unabridged ed. 1993), and “[t]he act or an instance of saving or freeing someone from danger or captivity.” *Black’s Law Dictionary* 1499 (10th ed. 2014). The ordinary meaning of “rescue” thus denotes removal or extraction of a person from a situation that poses a risk to the person’s health or safety. A common example of a rescue operation involves a situation in which a person is unable to extract themselves from a burning building, vehicle, or other structure. Accordingly, action (2) means that a fire chief has authority to control an emergency scene insofar as necessary to extract or remove persons (or animals) from a situation that poses a risk to the person’s health or safety.

Turning to action (4), the phrase “or take any other action necessary in the reasonable performance of duty” must be read in relation to the enumerated actions that precede it. The Ohio Supreme Court has set forth the general rule to be followed:

Under the rule of *ejusdem generis*, where in a statute terms are first used which are confined to a particular class of objects having well-known and definite features and characteristics, and then afterwards a term having perhaps a broader signification is conjoined, such latter term is, as indicative of legislative intent, to be considered as embracing only things of a similar character as those comprehended by the preceding limited and confined terms.

State v. Aspell, 10 Ohio St. 2d 1, 225 N.E.2d 226 (1967) (syllabus, paragraph 2). *Accord Akron Home Med. Servs., Inc. v. Lindley*, 25 Ohio St. 3d 107, 109, 495 N.E.2d 417 (1986) (“[u]nder the canon of statutory construction commonly referred to as *ejusdem generis* (literally ‘of the same kind’), whenever words of general meaning follow the enumeration of a particular class, then the general words are to be construed as limited to those things which pertain to the particularly enumerated class”). Rule 1301:7-7-01(D)(11) grants a fire chief authority to direct an emergency scene “as necessary to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or *take any other action necessary in the reasonable performance of duty.*” The latter, general phrase that follows the specific list of enumerated circumstances over which a fire chief has control should thus be interpreted in light of the specific circumstances that precede it.

preceding link. The proposed rules will not alter the analysis or conclusions in this opinion should they go into effect.

Accordingly, the phrase “or take any other action necessary in the reasonable performance of duty” should be understood to refer to those duties necessary to control the kind of circumstances that precede the phrase. It should not be understood to authorize a fire chief to direct the administration of emergency medical care by personnel of other agencies when a city fire chief manages a fire department that is not the designated EMS provider for the city.⁹

Second, the significant differences in the language of former rule 1301:7-1-03(I) and current rule 1301:7-7-01(D)(11) shed light on the meaning of the current rule. Former rule 1301:7-1-03(I) stated that a fire chief “shall be in charge at the scene of a fire *or other emergency involving the protection of life and/or property, and shall remain in charge until authority is relinquished.*” (Emphasis added.) By contrast, current rule 1301:7-7-01(D)(11) states that a fire chief “at the scene of a fire or other emergency involving the protection of life or property ...

⁹ We recognize the phrase “at the scene of a fire or other emergency involving the protection of life or property” in rule 1301:7-7-01(D)(11) indicates that a fire chief has the authority to respond to any fire-related or non-fire-related emergency involving the protection of life or property. This language authorizes a fire chief to respond to a medical emergency that does not involve a fire. A fire chief’s authority to control the operations at the scene of the emergency, however, is limited to those actions that are necessary to control or extinguish any fire, perform any rescue operation, investigate suspected or reported fires and gas leaks or other hazardous conditions, or take any other action related to extinguishing or controlling a fire or risk of fire. In other words, if a fire chief responds to an emergency and that emergency involves a fire or any of the other enumerated situations in rule 1301:7-7-01(D)(11), then the fire chief has authority to control the scene as needed to extinguish or control the fire or confront the other enumerated situations.

We emphasize that a fire chief in charge of an emergency scene generally has the authority to control the placement of emergency service personnel and equipment at the scene of an emergency as necessary to complete the actions listed in rule 1301:7-7-01(D)(11). Such authority extends to the placement of “ropes, guards, barricades, or other obstruction across any street, alley, place or private property in the vicinity” of the emergency scene “so as to prevent accidents or interference with the lawful efforts of the fire department to manage and control the situation and to handle fire apparatus.” *See* rule 1301:7-7-01(D)(11)(a). Moreover, a fire chief may command any person not to obstruct the operations of the fire department. *See* rule 1301:7-7-01(D)(11)(b). A fire chief in charge of an emergency scene may also “order the immediate evacuation of any occupied building or premise deemed unsafe when such location has hazardous conditions that present life threatening danger to building or premise occupants.” Rule 1301:7-7-01(D)(11)(d). The authority over the physical placement of bystanders, personnel, and equipment at the scene of an emergency, however, does not grant a fire chief of a department that is not the designated EMS provider for the jurisdiction the authority to direct the administration of emergency medical care by personnel of a joint ambulance district.

shall have the authority to direct such operation *as necessary* to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or take any other action necessary in the reasonable performance of duty.” (Emphasis added.) Amendments to statutes and administrative rules are “presumed to have been made to effect some purpose.” *See Canton Malleable Iron Co. v. Porterfield*, 30 Ohio St. 2d 163, 175, 283 N.E.2d 434 (1972). The current administrative rule is significantly different and narrower than the former rule. The addition of the phrase “as necessary to,” followed by four enumerated actions, limits a fire chief’s authority to control an emergency to the extent necessary to complete those enumerated actions. Moreover, whereas the fire chief had authority under the former rule to control a scene until he relinquished that authority, the current rule limits that authority to control a scene only as necessary to extinguish or control any fire or take the enumerated actions listed in the rule.

An interpretation of rule 1301:7-7-01(D)(11) that grants a fire chief authority to direct the administration of emergency medical care by joint ambulance district employees even if the fire department is not the designated EMS provider for the subdivision in which the medical emergency occurs would go beyond the authority provided to fire chiefs by the rule. Although firefighters are required to receive at least eight hours of emergency medical care training, *see* [2017-2018 Ohio Monthly Report, Pamphlet No. 6, at p. 2-1515 to 2-1516] Ohio Admin. Code 4765-20-02(D)(5), such training does not thereby make the fire department the EMS provider for the city and its inhabitants. Indeed, firefighters are not required to be certified as first responders, EMTs, or paramedics.¹⁰ Thus, rule 1301:7-7-01(D)(11) cannot be construed to grant a fire chief the authority to direct the administration of emergency medical care by joint ambulance district personnel.

Accordingly, we conclude that, pursuant to rule 1301:7-7-01(D)(11), the chief of a city fire department that has not been designated the EMS provider for the city has the authority to control an emergency scene to the extent necessary to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or take any other action necessary in the reasonable performance of duties such as those expressly listed in rule 1301:7-7-01(D)(11). Thus, the fire chief may exercise authority over the physical placement of emergency equipment and personnel at an emergency scene to the extent necessary to resolve the situations expressly enumerated.¹¹ However, the chief of the City of

¹⁰ It is immaterial that firefighters of a city fire department may have greater emergency medical training than is required to be certified as a firefighter. Namely, some firefighters might also be certified as EMTs-basic, EMTs-intermediate, or paramedics. Such certification of individual firefighters, however, does not thereby grant the city fire department status as the city’s designated EMS provider. Rather, the fire department continues to act in its capacity as a fire department under R.C. 737.08 - .11.

¹¹ Determining when the situations enumerated in rule 1301:7-7-01(D)(11) are under control is a matter committed to the reasonable discretion of the fire chief. In exercising this

London Fire Department lacks the authority to direct the administration of emergency medical care by personnel of the joint ambulance district when the fire chief manages a department that has not been designated the EMS provider for the city.¹²

Our conclusion is consistent with the policy decisions of the elected representatives and voters of the City of London. By virtue of being a member of the MCEMD and not designating the City of London Fire Department as the city's EMS provider, the City of London has chosen the MCEMD to be the EMS provider for the city. Thus, it is the duty of the MCEMD to provide emergency medical and ambulance services to city residents. The City of London may, at any time, decide to withdraw from the MCEMD and designate the City of London Fire Department as the EMS provider for the city. See R.C. 505.71 (“[a]ny municipal corporation or township may withdraw from a [joint ambulance] district by the adoption of a resolution ordering withdrawal. On or after the first day of January of the year following the adoption of the resolution of withdrawal, the municipal corporation or township withdrawing ceases to be a part of the district”); 2018 Op. Att’y Gen. No. 2018-020, slip op. at 2-3. By remaining in the district and not designating the fire department as the EMS provider for the city, the City of London has chosen the MCEMD to be the primary provider of emergency medical care and treatment for the city and its inhabitants, rather than the City of London Fire Department.¹³

discretion, it is presumed that the fire chief will act in good faith. See *State ex rel. Speeth v. Carney*, 163 Ohio St. 159, 186, 126 N.E.2d 449 (1955) (“in the absence of evidence to the contrary, public officers, administrative officers and public authorities, within the limits of the jurisdiction conferred upon them by law, will be presumed to have properly performed their duties in a regular and lawful manner and not to have acted illegally or unlawfully”); *State ex rel. Maxwell v. Schneider*, 103 Ohio St. 492, 498, 134 N.E. 443 (1921) (“[t]he action of a public officer ... within the limits of the jurisdiction conferred by law, is not only presumed to be valid but it is also presumed to be in good faith and in the exercise of sound judgment”).

¹² This opinion does not discuss the authority of the fire chief of a city fire department that has been designated as the EMS provider for the city. For example, this opinion does not address the authority of the chief of the City of London Fire Department at the scene of an emergency within the City of London in the event the city designates the fire department as the EMS provider for the city while also remaining a member of the MCEMD.

¹³ In 1994 Op. Att’y Gen. No. 94-076, we noted that “R.C. 9.60, which authorizes various political subdivisions to contract for fire protection services, provides that ‘[f]ire protection[] includes the provision of ambulance, emergency medical, and rescue service by the fire department of a firefighting agency.’” 1994 Op. Att’y Gen. No. 94-076, at 2-383 (quoting former R.C. 9.60(A)). Compare R.C. 9.60(A)(2) (“[f]ire protection means the use of firefighting equipment by the fire department of a firefighting agency or a private fire company, and includes the provision of ambulance, emergency medical, and rescue services by those entities”). That definition presumes that the fire department is authorized to provide ambulance

It bears mentioning that the interactions between the chief of the City of London Fire Department and chief of the MCEMD “should be marked by cooperation, rather than competition for control.” 2001 Op. Att’y Gen. No. 2001-011, at 2-64 (quoting 1994 Op. Att’y Gen. No. 94-076, at 2-386). Attorneys General in other states have written on the need for cooperation among emergency service officials when it is possible those officials have overlapping jurisdiction. The South Carolina Attorney General, for example, has opined that the chief of a fire department and director of an EMS organization may both have jurisdiction at an emergency scene, depending on the circumstances: “[D]epending on the nature of the emergency and the locality, there may be a number of officials who would have jurisdiction for varying reasons; the [State Emergency Powers Act] does not appear to address the manner in which various officials should cooperate when such jurisdictions overlap.” 1991 S.C. AG LEXIS 232, at *3 (citation omitted). The South Carolina Attorney General later noted that the law did not set forth a “chain of command” between the chief of a fire department and the chief of a local law enforcement agency at an accident scene, and recommended that the two departments “develop some protocol for dealing with such emergency situations.” 2001 S.C. AG LEXIS 220, at *5-6; *see also* 2010 Ala. AG LEXIS 72, at *6 (opinion of the Alabama Attorney General that a “municipality and ... fire district should cooperate with each other in areas where the municipality and the fire district are both authorized to answer fire calls”) (citation omitted). Accordingly, we recommend that a written protocol or memorandum of understanding be developed by the City of London and MCEMD that outlines the chain of command at the scene of various types of emergencies, in accordance with the advice provided in this opinion.

We recognize there may be situations in which the City of London Fire Department is the first agency to respond to a scene where it is apparent that a victim requires immediate medical care. The fire chief may direct the administration of such care by his firefighters until MCEMD personnel arrive at the scene. As noted above, firefighters are required to receive at least eight hours of emergency medical care training in accordance with national guidelines, but are not required to be licensed as first responders, EMTs, or paramedics. *See* [2017-2018 Ohio Monthly Report, Pamphlet No. 6, at p. 2-1515 to 2-1516] Ohio Admin. Code 4765-20-02(D)(5). Individual firefighters might receive additional training resulting in certification to practice as a first responder, EMT, or paramedic, and thus may provide emergency medical care in accordance with their certification level. It is beyond the scope of an Attorney General opinion to enumerate all the situations when the fire chief of the City of London Fire Department may direct the administration of medical care. Such situations should be outlined in the memorandum of understanding entered into by the City of London and the MCEMD. We note, however, that the parties should keep in mind the primary responsibility of the London Fire Department, which is to protect lives and property in the case of a fire. *See* R.C. 737.11. Such responsibility should at all times be balanced against the need to ensure the welfare of the city’s inhabitants in cases of

and emergency medical services. *See* R.C. 737.11 (a city fire department shall perform duties apart from fire protection when authorized by ordinance). We further noted that the definition of fire protection as used in R.C. 9.60 is limited to that section. 1994 Op. Att’y Gen. No. 94-076, at 2-383.

non-fire-related emergencies and the need to preserve firefighting resources for fire-related emergencies.

Run Cards and the Authority to Determine the Emergency Equipment and Personnel Dispatched to an Emergency Scene within the City of London

We now turn to your remaining question regarding the respective authority of a city fire chief and chief of a joint ambulance district to develop run cards to facilitate the dispatching of emergency fire and medical equipment to particular emergencies within the city. As mentioned above, run cards are completed by the heads of each agency whose equipment and personnel are dispatched by the Madison County Sheriff's Office operating as the Madison County PSAP. The cards are then programmed into computer-aided dispatch (CAD) software by staff at the sheriff's office. This software assists dispatchers in sending the appropriate emergency equipment and personnel to the scene of an emergency, depending on the nature and location of the emergency. The county sheriff operates the PSAP for all of Madison County and dispatches equipment and personnel for all of the emergency service agencies in the county, including the City of London Fire Department and the MCEMD.

A county sheriff, like other public officials, may exercise those powers expressly provided by statute, by common law, or necessarily implied thereby. *See* 1994 Op. Att'y Gen. No. 94-081, at 2-402. It follows, therefore, that a county sheriff's office that has been designated as a PSAP should have all those powers necessary to effectively administer dispatching services at the PSAP. *See State ex rel. Preston v. Ferguson*, 170 Ohio St. 450, 459, 166 N.E.2d 365 (1960) (“[w]here a statute clearly confers power to do a certain thing without placing any limitation as to the manner or means of doing it, and no statute can be found prescribing the exact mode of performing that duty or thing, the presumption is that it should be performed in a reasonable manner *not in conflict with any law of the state*”) (emphasis in original); *Jewett v. Valley Ry. Co.*, 34 Ohio St. 601, at 608 (1878) (“[w]here authority is given to do a specified thing, but the precise mode of performing it is not prescribed, the presumption is that the legislature intended the party might perform it in a reasonable manner”). In determining the appropriate emergency equipment and personnel to dispatch to a particular emergency scene, personnel at the Madison County PSAP solicit run cards from the heads of the emergency service agencies within the PSAP's jurisdiction. This practice is a reasonable exercise of the PSAP's authority to dispatch emergency service providers to emergency scenes.

Indeed, soliciting run cards from the heads of emergency service providers is an advisable method of gathering the expert views of the officials who are in charge of the daily operations of the agencies. An integral responsibility of an emergency service agency, like a fire department or joint ambulance district, is resource planning. *See, e.g., Nat'l Fire Protection Ass'n, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*, Standard A.4.1.1, at 1710-17 to 1710-18 (2016 ed.) (the authority having jurisdiction over a fire department “has the responsibility to determine the (1) [s]cope and level of service provided by the fire department; (2) [n]ecessary level of funding; (3) [n]ecessary level

of personnel and resources, including facilities” for the department); *see also id.* at Standard 4.1.1, at 1710-8 (the authority having jurisdiction over a fire department shall maintain an organizational statement establishing expectations to and resource allocation to the department). Part of such planning involves providing instructions to the agency responsible for dispatching emergency service equipment and personnel within the jurisdiction and being able to rely on dispatchers to dispatch equipment and personnel in accordance with such pre-submitted instructions. The chiefs of each emergency service agency are knowledgeable about the resources of their respective departments and are best positioned to instruct dispatchers on what equipment and personnel should be sent to particular types of emergency scenes. Each chief is not, however, in the best position to instruct dispatchers on the equipment and personnel from other agencies or departments to be dispatched to particular emergency scenes. Chiefs should, therefore, limit their run card instructions to the equipment and personnel under their purview; they should not, in other words, provide run card instructions regarding other agencies’ equipment and personnel.

In the event conflicting run card instructions are submitted to the Madison County PSAP, the county sheriff’s office, as the dispatcher for Madison County, is in the best position to resolve those conflicts. The county sheriff’s office employs trained telecommunicators and personnel who have a broad view of the emergency service landscape in the county. Each PSAP is required to provide emergency medical dispatching by establishing an emergency medical dispatching protocol. *See* 16B Ohio Admin. Code 5507-1-09(A)(1)-(2) (2017-2018 Supplement).¹⁴ “Any person who answers 9-1-1 requests for service shall be trained in the agency’s emergency medical dispatching protocol before handling such requests without direct oversight.” Rule 5507-1-09(C). PSAP telecommunicators must meet minimum training standards within six months of employment to handle 9-1-1 requests without direct supervision. Rule 5507-1-07(A)-(C). The minimum training program for telecommunicators includes training on following the policies established by the telecommunicator’s PSAP, knowledge about the emergency service providers and the resources of those providers in the PSAP’s jurisdiction, *see* rule 5507-1-07(D)(1), as well as training on various call-taking skills. *See* rule 5507-1-07(D)(5)(b) (ability to obtain complete information during a call); rule 5507-1-07(D)(5)(c) (ability to properly classify and prioritize the request for service); rule 5507-1-07(D)(5)(d) (ability to process available information to identify conditions that may affect safety); rule 5507-1-07(D)(5)(f) (ability to accurately verify, document, and relay initial dispatch information); rule 5507-1-07(D)(5)(g) (ability to handle or control hostile, hysterical, or difficult callers to obtain information). Telecommunicators must also complete at least two hours of continuing training each year. Rule 5507-1-08(C); *see also* R.C. 128.021. Further, each PSAP is required to provide its telecommunicators “with software, including mapping, to assist in initiating calls for service, dispatching, and maintaining the status of responding resources in the field and the archiving of incident information.” Rule 5507-1-14.

¹⁴ All cited provisions of 16B Ohio Admin. Code Chapter 5507-1 are located in the 2017-2018 Supplement to volume 16B of the Ohio Administrative Code.

If a PSAP does not comply with state regulations, the state 9-1-1 administrator may cause moneys to be withheld from that PSAP. *See* rule 5507-1-19; *see also* rule 5507-1-01 (“9-1-1 public safety answering points ... in the state of Ohio shall comply with technical and operational standards and recognize and promote best practices that will provide consistent, quality service by well trained personnel utilizing a high level of secure technology”). Therefore, in the event conflicting run card instructions are submitted to the county sheriff, the sheriff, as the sole PSAP for Madison County, is in the best position to decide, and has the ultimate authority to determine, what emergency fire and medical personnel and equipment are dispatched to a particular emergency scene that is the subject of the conflicting instructions.¹⁵

In sum, the persons in charge at the public safety answering point to which an emergency call is directed have the authority to solicit run card instructions from the chiefs of the emergency service agencies in the PSAP’s jurisdiction to facilitate the orderly provision of dispatching services. The head of an emergency service agency only has the authority to instruct, on a run card, what equipment and personnel from his agency shall be sent to a particular type of emergency. In the event that conflicting run card instructions are submitted to the PSAP, it is within the authority of PSAP officials to resolve the conflict.

¹⁵ Opinions of other state Attorneys General support the conclusion that personnel at a PSAP to which emergency calls are directed have the authority to resolve conflicting run card instructions. *See* 2010 Ala. AG LEXIS 72, at *6 (opinion of the Alabama Attorney General concluding that the agency charged with dispatching emergency services in a county “has the authority to determine if a municipal or volunteer fire department, or both, are to receive dispatch calls, and if the latter, whether the departments are dispatched as primary, secondary, or third responders”); 2006 Ala. AG LEXIS 125, at *7 (opinion of the Alabama Attorney General that a dispatching agency “has the sole authority for determining which ambulance providers receive dispatch calls”); 1989 Wisc. AG LEXIS 16, at *7-10 (opinion of the Wisconsin Attorney General concluding that “[w]here the sheriff has been delegated the authority to perform dispatch duties in furtherance of his or her law enforcement functions, it is the sheriff’s prerogative to instruct all deputies how those functions will be carried out,” including the authority to establish a dispatching policy whereby dispatchers should alert both tribal and village law enforcement authorities to respond to certain emergency situations); *see also Bull Lake Fire Dist. v. Lincoln Cnty.*, 2013 MT 342, ¶¶ 21-22, 372 Mont. 469, 313 P.3d 174 (opinion of the Montana Supreme Court determining that, under Montana law that permits PSAP personnel to, “as appropriate, directly dispatch public or private safety services or transfer or relay 9-1-1 calls to appropriate public safety agencies,” it is “the responsibility of the PSAP to determine ... which emergency service provider to actually dispatch in each instance”).

Conclusions

Based on the foregoing, it is my opinion, and you are hereby advised as follows:

1. When personnel from a city fire department, which has not been designated the emergency medical services provider for the city, and emergency medical service personnel of a joint ambulance district, of which the city is a member, respond to a call within the city, the chief of the city fire department has control over the emergency scene to the extent necessary to extinguish or control any fire, perform any rescue operation, investigate the existence of suspected or reported fires, gas leaks or other hazardous conditions or situations, or take any other action necessary in the reasonable performance of duties such as those expressly listed in 3B Ohio Admin. Code 1301:7-7-01(D)(11) (2017-2018 Supplement). A chief of a city fire department that has not been designated the emergency medical services provider for the city does not have the authority to direct the administration of emergency medical care and treatment by personnel of the joint ambulance district. (1994 Op. Att’y Gen. No. 94-076 and 2001 Op. Att’y Gen. No. 2001-011 (syllabus, paragraph 2), distinguished.)
2. In a county that has adopted a countywide 9-1-1 system pursuant to R.C. Chapter 128, the personnel in charge of the public safety answering point (PSAP) to which an emergency call is directed have the authority to solicit run cards from the chiefs of each emergency service provider in the county to facilitate the orderly provision of dispatch services. In the event that conflicting run card instructions are submitted to the PSAP, it is within the authority of PSAP personnel to resolve the conflict.

Very respectfully yours,

A handwritten signature in blue ink that reads "Michael Dewine". The signature is written in a cursive, flowing style.

MICHAEL DEWINE
Ohio Attorney General