



BERRIEN COUNTY FIRE CHIEF'S ASSOCIATION

BERRIEN COUNTY, MICHIGAN

Call to Order: By President Myers @ 0832hrs

Date: September 17th, 2025

Department's Present:

- Baroda
- BHDPS
- Bertrand Twp.
- Berrien County Sheriff's Office
- Berrien Springs-Oronoko Twp.
- Bridgman
- Buchanan Twp.
- Chikaming
- Niles City
- Niles Twp.
- North Berrien
- Sodus Twp.
- SJDPS
- SJTWP #1

- SJTWP #2
- Three Oaks

Department's Absent:

- Benton Twp.
- Buchanan City
- Eau Claire/Pipestone Berrien Twp.
- DC Cook Fire Brigade
- Galien
- Lake Twp. (On a call)
- Lincoln Twp. (On a call)
- Royalton Twp.
- Weesaw Twp.
- Watervliet

Presentation(s):

- TeleRad -
- Avive Solutions - Connected AED presentation

Old minutes:

- Old minutes emailed out by Secretary/Treasurer Kazmierzak
- Motion to accept old minutes by: Chief Weich
- Seconded by: Chief D. Flick
- Motion passed: None opposed.

Treasurer's Report:

August Starting Balance: \$5726.14, August Ending Balance: \$5636.14

- Motion to accept treasurer's report by: Chief Phelps
- Seconded by: Lt. Delattore
- Motion passed: None opposed.
- The following departments still owe their 2025 Dues:
 - DC Cook

Bills:

- None

Communications:

- Requesting Tows – FDs should not request tows, unless we are the only ones on scene, or its for a rescue or our operations.
- Chief Ted Chase – Retirement – Sept. 24, 1800-2000, presentations at 1900.
- North Berrien Quarter Auction
- Hager 75th Anniversary – October 18th



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- Suicide Prevention Walk – September 20th
- Nile's Twp. Pancake Breakfast – October 12th, 0800-1100

New Chief/Visitor:

- Joe Conway
- HEI
- Avive

Dispatch/911:

- Unable to attend due to prior commitment

Communication Committee:

- **Pager Testing** – Wednesday/Saturday – Comms Committee recommends doing them
- **Indiana Radio Programming** – need to have them in line for programming by 9/30/25 to redistribute IDs.
- **Moving Talkgroups** – move to UIC/P911/etc to coordinate scene operations.

CAD Committee:

- **CAD Update** - \$8000 for each police agency, \$3000 for each fire agency - will be funded by the county. Each municipality will need to sign an MOU. This is a ONE-TIME funding stream! FDs will be responsible for approximately \$760 / department.

SOG Committee:

- **Mutual Aid Agreement** – still needs legal review
- **MCI/RTF** – Next Meeting, Wednesday, 9/24/25, 0930hrs, BH City Hall
- **High-Incident Policy** – will be reviewed at the October Fire Chiefs Meeting.

BCFFA:

- **Next Meeting** – October 1st at the EOC. Plan is EOC & Dispatch
- Last meeting was Bertrand Twp.
- **Car Show** - \$9000 was given to the Berrien County Sheriff's Department
- Get your resource directory updated

Training:

- **Training Update** – See attached flyers
- Discussion on State Fire CEUs and Recertification – see attachments – GET YOUR TRAINING IN!

Emergency Management/Sheriff's Office:

- **Winter Weather Workshop** – October 17th – 0900hrs – Health Dept.
- **Haz-Mat** – Phelps & Weich met with Dave Albers
 - 1 Haz-Mat Truck
 - 3 Trailers, 1 is a secondary response vehicle
 - Team is very well equipped and was a State Regional Response Team
 - Dave Albers is willing to stay on
 - About \$20,000 budget for the team
 - Need 501C3 for grants
 - 2 Federal Training programs that are free for Tech School



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- Discussed departments with interested members
- **Work Group** – Allen Weich – Chair, Phelps, Albers

MABAS:

- No Report

Other Communications:

- **Benton Harbor Salvation Army** – will provide a rehab vehicle – working on details – looking for volunteers

Old Business:

- **Scene Watcher App:**
 - LaPorte County 18 License Purchase
 - Attending Cass & Kalamazoo Counties as well
 - Have a Scene Watcher App Facebook Page
 - Log all app issues on this Google Doc:
<https://docs.google.com/spreadsheets/d/1JaXuz6lbnKh1PRJuWx1sG0SMcrEs3uFTbMazjbbBd14/edit?usp=sharing>

New Business:

- **Facebook Page** - Berrien County Fire Chiefs Facebook Page to replace Facebook Page
- **Weekly Pager Testing** – Is there really a reason for pager testing? All were in favor of doing away with it
- **November Chiefs Meeting** – not cancelling it during hunting season
- **AFG Grant Update**
- **Non-Emergency/Transfer/Wheelchair Van Lift Assists**
 - Motion by Weich, Second by Kazmierzak to no longer respond to prescheduled medical transport lift assists. Discussion on nursing home lift assists and the lack of proper staffing by nursing facilities.
 - All in favor

Next Meeting:

- Wednesday October 15th, 2025, 0830hrs, Lake Twp. FD

Adjourn:

- Motion to adjourn by: Chief Dwan
- Seconded by: Chief Phelps
- None opposed. Meeting adjourned @ 0958

DATE: SEPT 17 2025

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[illegible]

**Region 5 Medical Control Authority Network
System Protocol**

PERSONNEL REHABILITATION DURING SCENE OPERATIONS

Initial Date: 9/1/25
Revised Date:

Section 8.28

Application: This protocol applies to Advanced Life Support (ALS) EMS Agencies requested by Fire Departments to provide rehabilitation and medical support to emergency incidents and training where elevated risk for fatigue or injury exists.

Procedure: ALS EMS agencies are expected to comply with this protocol unless otherwise directed by Medical Control.

1. Dispatched agencies will respond non-emergency to the designated location unless otherwise directed by Incident Command.
2. Upon arrival, ambulance personnel will report to Incident Command.
3. Ambulance personnel will establish a rehab area as directed by the Incident Commander.
4. Additional ambulance resources may be requested to the location at the direction of First arriving EMS Provider and Incident Command.
5. Any personnel requiring medical treatment will be identified as a patient and require a patient care record (PCR).
6. The Rehab Unit Leader will provide periodic updates to Incident Command or designee regarding the status of personnel being evaluated in rehab.
7. Based on the information provided by the Rehab Unit Leader, Incident Command or designee will determine the ability of personnel to return to emergency incident or training.
8. Should the operation encompass multiple operational periods, records and a verbal report of Rehabilitation Operations will be provided to successive Rehab Unit Leaders.

A. Rehab Operations

1. All emergency services personnel involved in emergency operations should be routinely evaluated in the rehab area as deemed necessary.
2. Company Officers, Group Supervisor, Safety Officers, and the Incident Commander may determine when crews are to be rotated through Rehab. In most cases, this should occur between 30-60 minutes.

**Region 5 Medical Control Authority Network
System Protocol**

Initial Date: 9/1/25
Revised Date:

PERSONNEL REHABILITATION DURING SCENE OPERATIONS

Section 8.28

3. When Self Contained Breathing Apparatus (SCBA), ballistic vests, or ordinance disposal equipment are being used, the two 30-minute bottle rule shall apply, however, extreme weather or strenuous working conditions may decrease/increase these intervals.
4. Any person complaining of chest pain or shortness of breath, or found to have abnormal vital signs (see Vital Signs Guideline) or any other emergent condition, should be removed from active duty for further evaluation. In these cases, treatment should be initiated and local prehospital protocols followed.

B. Vital Signs guidelines for those actively engaged in scene operations

1. When crews arrive at Rehab, they should have their vital signs assessed prior to receiving fluids. This is done to prevent erroneous oral temperatures from being measured.
2. Mental status shall be determined using typical EMS protocols for orientation to person, place, and time.
3. Visual signs and symptoms are some of the best indicators to evaluate firefighters in the rehab area. If any emergent conditions exist, the EMS crew will immediately coordinate transportation of the injured firefighter using a transport ambulance from the scene if available.

C. Return to Duty Guidelines for those actively engaged in scene operations

The following criteria serve as a guideline for **releasing** personnel from Rehab to another incident assignment:

After 20 minutes of rest with gear removed in climate conditions warranting removal:

1. Systolic blood pressure must be less than 160
2. Diastolic blood pressure must be less than 100
3. Heart rate must be less than 110
4. Temperature must be less than 100.6 (Consider temperature of fluid intake affecting this measurement)
5. Firefighters have been re-hydrated as indicated with at least 8 oz of water or a non- caffeinated fluid containing glucose and electrolytes such as Gatorade, power aid or liquid IV.
6. Firefighters are not exhibiting signs and symptoms of distress, and have no medical complaint

**Region 5 Medical Control Authority Network
System Protocol**

PERSONNEL REHABILITATION DURING SCENE OPERATIONS

Initial Date: 9/1/25

Section 8.28

7. If any personnel exhibit signs, symptoms or conditions that in the opinion of the on-scene EMS Personnel, Fire Agency Leader or on-scene emergency physician will affect their safety and survival, that person(s) will remain under observation of EMS Personnel until a determination is made jointly by the Fire Agency Leader and EMS regarding transportation to hospital or relief from the incident scene.
8. If any personnel exhibiting vital signs outside of the values stated above, a mandatory extension of an additional 15 minutes in the rehab area will be required. After 15 minutes the firefighter will be reevaluated using the above criteria.
9. If vital signs have not returned to the acceptable ranges after the additional 15 minutes, the firefighter shall be considered to be injured and will not be permitted to return to active duty. The IC will be notified. The supervisor or department will then be contacted and transportation directions will be given.

D. Conditions Requiring EMS Transport from Rehab Area to local Hospital

The following criteria serves as guidelines for **transporting** personnel involved in emergency operations to the hospital for further evaluation after at least 35 minutes in the Rehab area and with the EMS Provider's judgement.

In these cases, treatment shall be initiated according to local medical control authority protocols or as directed by online medical control.

Patients who are symptomatic and/or

1. Diastolic blood pressure greater than 130
2. Diastolic blood pressure greater than 110 and symptomatic
3. Systolic blood pressure is less than 110 and symptomatic
4. Systolic blood pressure greater than 200 and remains greater than 200 after 15 minutes of rest
5. Heart rate above 140 after 15 minutes of rest or less than 60 with accompanied hypotension
6. Symptoms of CO exposure. (Headache, nausea, vomiting, LOC) w/ elevated CO level.
7. Any other emergent condition not outlined above

Haz Mat Team Work Group

After touring the existing Haz Mat team's equipment, it was found that the team is well-equipped. Sgt. Albers was able to show Chief Weich and I all of the equipment that would be transferred to the Fire Departments if this moves forward in that direction.

Equipment:

The equipment that would be transferred is a Haz Mat truck and 3 trailers with equipment. The main vehicle is on a custom fire truck chassis with an equipment body for equipment storage. 1 trailer that is currently used as a secondary response vehicle and is equipped similarly to the truck. The second trailer is set up for mass decontamination. The third trailer contains booms for containment during a water-related spill.

Much of the equipment would need to have ownership transferred because it was procured from the Department of Homeland Security (DHS). This equipment would have to be maintained as part of the agreement with DHS.

All equipment is well-maintained and functioning. The Haz Mat truck was recently completely serviced and is in great shape. Graphics would need to be adjusted to reflect the fire departments as well as BCSO.

Team:

The current members of the team intend to stay on the team at this time. This will be beneficial in allowing new members to get the necessary training to become Hazardous Materials Technicians. The current members will also be great mentors for the new members. I would recommend no change in the team leadership.

Budget:

The Sheriff has stated that he would leave the current amount of \$20,000 from the Public Safety millage to fund the team. This would cover nearly all costs for the current needs of the team.

The team would need a fiduciary to keep funds. This will also be important for the eligibility for grants. I would recommend the Fire Chiefs Association take this role since it is a 503c organization.

Team Oversight:

I would recommend a board to oversee the team. The team leader would report to the board, and financial approval for the needs would be obtained from this board. This would allow for communications to flow back to the Association and eventually back to the municipalities in the county.

Short Term Needs:

- Housing for the equipment being transferred
- MOUs for members of the team
- MOUs from the municipalities in the county
- Policy or form for reimbursement for equipment and wages of team members in the event of an incident.
- Secure funding
- Creation of an oversight board and determination of who will sit on this board

Long Term Needs:

- Funding plan
- Plan for retention of team members
- Investigate RRTN funds if they become available in the future

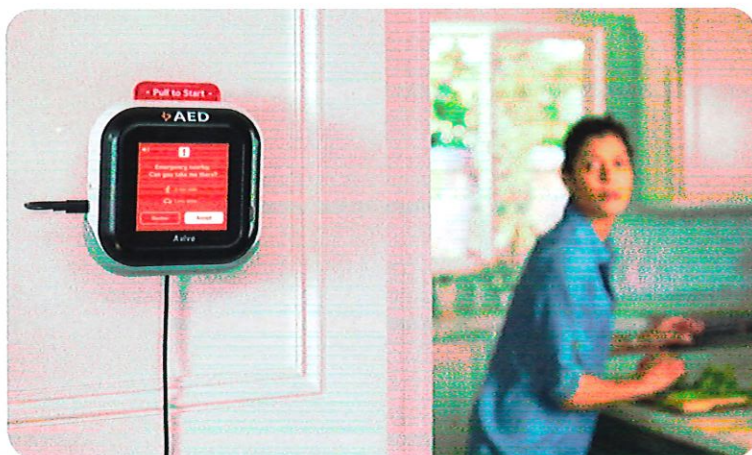
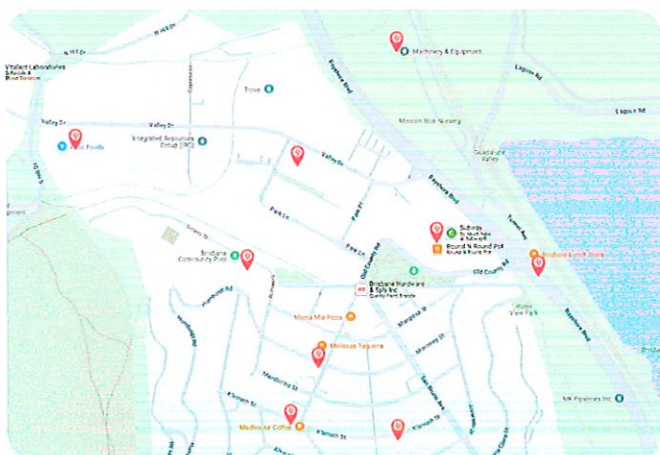


4 Minute Community™

Lifesaving AED tech that tells you when and where it's needed.

Avive strives to move the needle on out-of-hospital-cardiac arrest (OHCA) survival with a community-based, 911-connected AED program that gets defibrillators where they're needed—fast.

Despite widespread AED placement and billions of dollars invested in public access defibrillation programs, OHCA survival rates have stagnated at 10% for decades. The 4 Minute Community Program aims to shift the paradigm in OHCA response and give more patients a chance to benefit from early defibrillation.



“The 4 Minute Community Program has the potential to save more lives than I will have saved in my entire career and life’s work as an emergency responder.”

Dr. Dan Bledsoe | EMS Medical Director, UPMC

The status quo isn't working.

7+ MINUTES

The average EMS response time in the U.S. is seven or more minutes.¹

10%

Survival chances decrease by 10% for every minute that immediate CPR and use of an AED is delayed.²

2%

Only 2% of cardiac arrest patients receive bystander AED treatment.³

70+%

More than 70% of OHCA's occur in the home, where AEDs are not readily available today.⁴

Introducing the 4 Minute Community

a holistic approach to out-of-hospital cardiac arrest (OHCA) management.

Avive's 4 Minute Community Program strives to provide lifesaving care within crucial minutes following an OHCA emergency through first-of-its-kind, connected AED technology, strategic, data-driven placement, community-wide training and robust program management.



The 4 Minute Community helps bridge the efforts of bystanders, 911 telecommunicators, first responders, and healthcare providers to create a unified prehospital response system. Avive Connect AED®s are seamlessly integrated with 911 and strategically placed in the hands and homes of everyday citizens throughout the community.

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5831456/>

2. <https://pubmed.ncbi.nlm.nih.gov/8214853/>

3. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3008654/>

4. <https://pubmed.ncbi.nlm.nih.gov/37725020/>

avive.life/4mc | Scan to learn more.





Buchanan Township

Firefighters Fish Fry

SATURDAY October 25th, 2025

3pm - 8pm (or until gone)

Where: Buchanan Twp. Fire Department

15301 North Main Street, Buchanan, MI.

All you can eat fish or chicken strips, fries, coleslaw, beverage, and one dessert.

****Cost: *\$14.00 adults, \$9.00 ages 6-12, 5 & under are free.***

Please come out and let us serve you. Carry – out available.

Call ahead and we will have it ready for you to pick up. (269) – 695-9385

****Price increase due to rising food costs. ****





Join us for a celebration!!

Open House

October 18th, 2025 2pm-4pm

3601 Coloma Rd, Benton Harbor, MI, 49022

75th Anniversary of our Hagar Station!

**1950-1974: Lake Michigan Beach
Fire**

1974-2004: Hagar Township Fire

2004-Present: North Berrien Fire Rescue

Join us in celebrating 75 years! We would love to have you with us to help honor our station's history! Also help us welcome our brand new Fire truck! Light Refreshments will be provided!

