

Report

City of Merritt
REGULAR Council Meeting
March 26, 2024

File Number: XXXX

To: Cynthia White, Chief Administrative Officer

From: David Tomkinson, Fire Chief

Date: March 6, 2024

Subject: Provision of First Responder Services by Merritt Fire Rescue Department

RECOMMENDATION:

THAT Council direct staff to send an invoice to the province to recover expenses, including staff costs, related to providing an elevated level of emergency medical services;

And

THAT Council direct staff to engage the provincial government in reviewing and updating the service agreement and to include a fee for service to be paid by the provincial government.

Historical Context - First Responder Program (FR):

The First Responder Program was established in July 1989 in response to recommendations from a report prepared by Chief Coroner Vince Cain. The primary objective of the FR program is to enhance the continuity of patient care throughout the province during pre-hospital emergencies. Basic medical training equips firefighters with the knowledge and capability to address critical situations involving airway, breathing, and/or circulation until British Columbia Ambulance Service (BCAS) Paramedics can take over. There are currently 275 agencies, mostly fire departments, across BC with agreements in place with BC Emergency Health Services (BCEHS). Recognizing the critical nature of timely medical assistance, fire departments have been instrumental in providing first response services, leveraging their trained personnel, and strategically located stations to bridge gaps in coverage. Firefighter response times typically outpace those of ambulances, ensuring that patients in need of critical interventions receive swift

assistance. This collaborative effort not only enhances the overall emergency response capacity but also underscores the interconnectedness of emergency services. By seamlessly integrating with the BC Ambulance Service, fire departments contribute significantly to the provision of rapid and effective medical care, ultimately bolstering the province's emergency response capabilities.

Background:

The Merritt Fire Rescue Department (MFRD) is a crucial emergency response entity in our community, primarily recognized for its firefighting capabilities. However, since 2011, through a voluntary agreement with the BCEHS and the implementation of the Work Experience Program, the department expanded its services to include First Responder capabilities to meet community demands, enhancing its role in providing immediate medical assistance during emergencies within municipal boundaries.

Rationale:

Consent and Indemnification Agreement

It is widely recognized that municipal firefighters have a duty to respond and therefore are not covered by the Good Samaritan Act, and without a form of indemnity coverage, results in both the City of Merritt and its firefighters being exposed to risk. Entering into a *Consent and Indemnification Agreement* with the BCEHS offered liability coverage and legal protection beyond the City's own for the services that have historically been accepted in the daily operations of the MFRD.

Through the nature of their work, Merritt firefighters are required to enter dangerous atmospheres, work at elevations, confined spaces, and execute complex technical rescues where other emergency responders, police officers and paramedics, can't enter due to limitations in training and personal protective equipment. In these circumstances basic life support and spinal immobilization is often required prior to the patient's first contact with BCAS paramedics.

WorkSafe BC First Aid Compliance:

Since 1992, the Merritt Fire Rescue Department has maintained EMA First Responder Licensing to fulfill WorkSafeBC requirement for first aid attendants. The department is required to maintain a minimum of 25% of its firefighters to be EMA-FR licenced to meet this requirement.

Enhanced Emergency Response Time:

The integration of First Responder Services within the MFRD has ensured our citizens receive the quickest response to medical emergencies. Dispatched in unison with BCAS, routinely, firefighters are the first on the scene, allowing for immediate assessment and initiation of life-saving measures before the arrival of BCAS

Paramedics. Only over the past few years has an eye been given to the staffing crisis faced by the BC Ambulance Service, exacerbated by emergency room closures and how fire departments have played a pivotal role in supplementing emergency medical services which is ultimately a provincial responsibility.

Nevertheless, the absence of a Plan B underscores the critical role played by the MFRD, serving as the ultimate line of defense and the vital glue that holds the community's safety net together in terms of pre-hospital care. Due to the operational structure of the BC Ambulance service as a Provincial Service, there are instances where they are not readily available and may be responding from another community causing extended wait times for patients. By having First Responder Services, the fire department fills critical response gaps during these periods, ensuring the best outcome for citizens.

Without alternative measures in place, the fire department stands as the final safeguard, leaving citizens with no choice but to rely on our firefighter's dedicated efforts. The prospect of citizens receiving no care remains a less desirable and impractical option, further emphasizing the indispensable role of the MFRD.

Utilization of Existing Resources:

Leveraging the existing infrastructure, training, and expertise of the MFRD to deliver first responder services optimizes resource allocation. The department has implemented a cost-effective approach, largely shouldered by Work Experience Program firefighters, ensuring that the community receives prompt medical assistance, regularly and in times where BCAS Paramedics are delayed.

Work Experience Program (WEP)

The symbiotic relationship between the First Responder program and Work Experience Program (WEP) firefighters is crucial for operational success. The WEP's sustainability relies on call volume and experiential learning. Integrating first responder responsibilities into the program enhances its viability, as the effectiveness and longevity of our program depend on cultivating essential skills and enriching participant experiences, maintaining its attractiveness to applicants.

Medical Priority Dispatch System (MPDS)

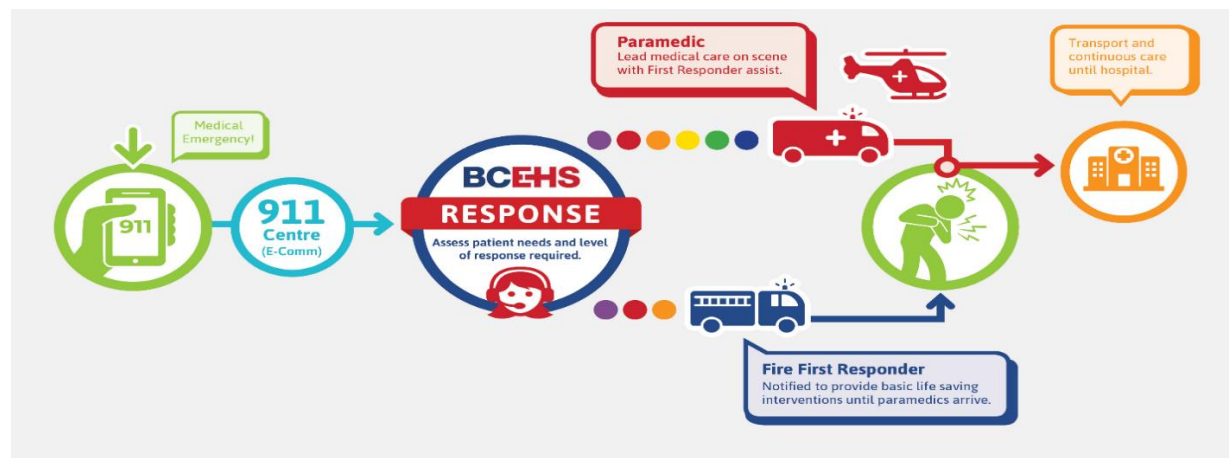
The MPDS is a protocol used by emergency medical dispatchers to prioritize medical emergencies. This system helps dispatchers assess the severity of a medical situation and allocate appropriate resources under the Clinical Response Model (CRM). CRM responses include six colour codes. The colour indicates the resource and response type for an event, and it also indicates the relative priority of the call, with Purple being the highest priority, Blue being the lowest. In the context of the MFRD, the department's strategically located resources are dispatched immediately based on the perceived urgency and severity of the medical condition reported by the caller. Coinciding with the

CRM color-coding system, the MFRD has proactively limited our response to only the highest of acuity medical emergencies, Purple and Red.

By limiting response, the MFRD prioritizes our resources for only the most critical situations where timely intervention is crucial. This strategic approach helps ensure that we allocate resources efficiently and ensure core services can be maintained. First Responder services are only provided within municipal boundaries for the benefit of our citizens and those visiting our community. As a first responder agency, the MFRD decides what events we will attend call-to-call, often based on timing and available resources.

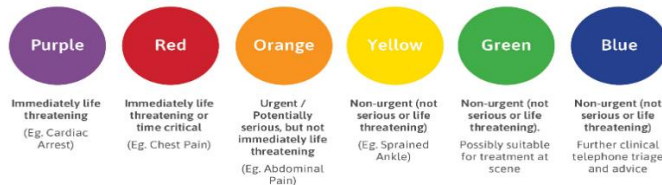
Purple Level: In the MPDS, Purple represents the most critical and life-threatening emergencies. These are situations where there is an immediate threat to life, and rapid response is essential. Purple-level emergencies often include cardiac arrest, severe respiratory distress, overdose, or other critical medical conditions that require immediate attention.

Red Level: The Red level is also indicative of a high-priority emergency. While not necessarily as immediately life-threatening as Purple-level, Red-Level emergencies still require prompt and urgent response. Examples of Red-level emergencies may include severe injuries, strokes, or other conditions that could quickly worsen without intervention.



BCEHS

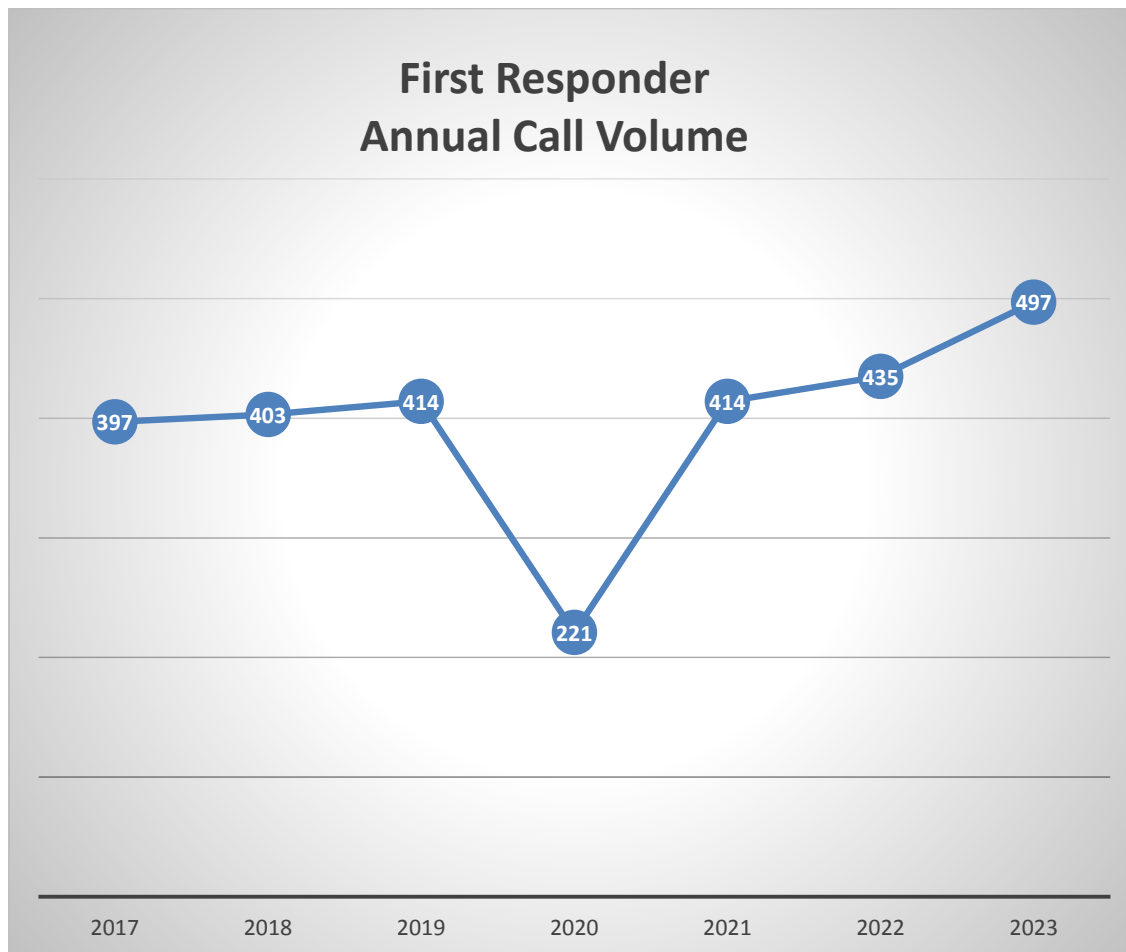
The Clinical Response Model (CRM) and how we work with First Responder Partners.



Modern-Day Influences / Call-volume

Across the Country, the landscape for firefighting services has evolved significantly due to a confluence of challenges. Within our community, the opioid crisis has necessitated specialized training for responding to overdose incidents, while the rise in

homelessness has increased medical and fire-related incidents. Hospital emergency room closures have heightened the importance of rapid response, and an aging population adds complexity to emergency services. The COVID-19 pandemic has introduced additional health and safety concerns, requiring adaptability in strategies and resource allocation. To address these challenges, firefighting services must collaborate with healthcare, social services, and community organizations, emphasizing resilience and adaptability to ensure community safety.



*2020 anomaly: The Provincial Health Officer curtailed the response of fire departments to specific medical incidents during the COVID-19 pandemic.

Additional Scope of Practice

July 2021, the BC Minister of Health asked the Emergency Medical Assistants Licensing Branch (EMALB) to conduct a review of EMS delivery in British Columbia, and to make recommendations for enhanced scope of practice for each license level (First Responder, Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic, Critical Care Paramedic). The EMALB submitted their recommendations in September of that year, and the Minister of Health formally announced the upgrades that December. These changes were officially passed into law in 2022, with the goal of having all license holders upgraded to the new standard of care by September 2024.

Amendments to the new scope of practice include:

First Responder Schedule One – Core Services:

- Nasopharyngeal Airways (NPA)
- Wound management not requiring tissue perforation or indentation (including wound packing)
- Fracture management and immobilization (including pelvic binding)
- Lifting / Loading and Extrication / Evacuation

The MFRD is currently certifying our firefighters to meet Schedule One mandatory requirements and have not committed to adopting Schedule Two endorsements.

First Responder Schedule Two – Vital Signs Endorsement:

- Use and interpretation of pulse oximetry (SPO2)
- Use and interpretation of CO oximetry
- Use and interpretation of non invasive blood pressure measurement
- Use and interpretation of glucometers

First Responder Schedule Two – Medications Endorsement:

- Assist patients with their own prescribed medication
- Administer Epinephrine by intramuscular auto-injector or intranasal or sublingual preparations
- Intramuscular and intranasal administration of opioid antagonists (i.e. Naloxone)
- Intramuscular and intranasal administration of anti-hypoglycemic agents (i.e. Glucagon)
- Administration of oral analgesics
- Administration of Acetylsalicylic Acid (ASA)
- Topical administration of pro-coagulants and anti-fibrinolytics

Operational Costs

The service is primarily operated by the WEP firefighters, with either a paid-on-call Officer or Career member responding as oversight. The city does not receive any reimbursement for our emergency response efforts, except for the replacement of "soft items" such as bandages, dressings, cervical collars, oral airways, bag-valve masks, defibrillator pads, and similar supplies.

Actual Operating Cost for 2023 (497 incidents):

- 1125 staff hours X \$49/hr = \$56,257.00
- Consumables: Medical Oxygen, Naloxone, etc. = \$1132.06
- Initial Training cost per individual firefighter: \$2275.00
 - Tuition: \$750.00
 - Licencing Fee: \$65.00
 - 40 staff hours X \$49/hr = \$1960.00

Firefighters are required to recertify their licence at 3-year intervals.

- Tuition – 3-year Recertification: \$365.00 + \$65.00 licencing fee

Recognizing the health care system as being taxed, many communities, such as the City of Kamloops, are considering options to alleviate the impact of an ever-increasing number of medical calls. The plans include significant investment to set up fire department staffed medical response units to free up the front-line engine companies, allowing them to focus on fire protection, training, and other core services, while other communities lobby for the province to fully fund their program's operating costs.

Union of British Columbia Municipalities (UBCM) Resolutions – Program Funding

Below is a list of resolutions brought forward to UBCM urging the province to fully fund local government first responder programs, citing that many cannot afford to do so, creating health care inequity across different regions of our Province.

Year	Title	Convention Decision	Sponsor
2009	First Responder Program Funding	Endorsed	Revelstoke
2016	Sustained Funding for First Responder Agencies	Endorsed	Columbia Shuswap RD
2022	First Responder Program Funding	Endorsed	Chase
2022	Fire Department Medical First Responder Program	Endorsed	Fraser-For George RD
2023	Funding for Rural and Remote Volunteer Fire Department First Responder Programs	Endorsed	Okanagan-Similkameen RD

Respectfully submitted,

Dave Tomkinson
Fire Chief