



STAFF REPORT TO COUNCIL PUBLIC SAFETY AND CIVIC FACILITIES

1100 Patricia Boulevard, Prince George, B.C., V2L 3V9

DATE: May 2 2012
TO: MAYOR AND COUNCIL
FROM: FIRE CHIEF JOHN LANE
SUBJECT: Emergency Medical Responder (EMR) Pilot Program
ATTACHMENT(S): None

RECOMMENDATION(S):

1. THAT a draft policy be prepared for Council's consideration that allows Prince George Fire Rescue personnel to provide emergency medical care at their license level, as permitted by provincial regulation.

PURPOSE:

To update Council on a City trial project and seek Council direction to prepare a draft policy for Council's consideration at a future meeting.

POLICY / REGULATORY ANALYSIS:

The statutory authority to provide the Emergency Medical Responder (EMR) program is contained within the Community Charter. The City's Fire Services Bylaw enables Prince George Fire Rescue personnel to provide emergency medical services. The Emergency Medical Assistants (EMA) Regulation provides the ability for personnel to practice at their license level, and EMA Licensing Branch policy compels EMAs to practice to their license level at all times.

STRATEGIC PRIORITIES:

Organizational Excellence - provide cost effective, people centered service delivery that meets customer needs.

FINANCIAL CONSIDERATIONS:

EMR certification is very cost effective compared to First Responder (FR) due to increased license duration (5 years versus 3 years) and very low renewal costs (\$50 every 5 years per person, average \$10/year). Initial training and additional equipment costs were achieved over 4 years within the approved operating budget, and were one-time costs only. This compares very favourably with FR, as the training funding from the British Columbia Ambulance Service (BCAS) that had existed for many years was abruptly discontinued in 2009. This significantly increased training costs for Fire Services that remained at the FR level. Consumable supply costs are comparable with FR.

OTHER CONSIDERATIONS:

Background

Changes to the Emergency Medical Assistants (EMA) Regulation in 2005 enabled Fire Departments and other non-ambulance emergency services to increase the level of emergency medical service they provide beyond the First Responder (FR) level. In 2006, Prince George Fire Rescue began training its personnel to the Emergency Medical Responder (EMR) level to improve the level of patient care provided to Prince George citizens and to reduce training costs. Despite the regulatory change, the Emergency and Health Services Commission insisted that a trial program be conducted. Global Medical (Dr. Allan Holmes) continued as our medical oversight. The trial began in July 2010 and has continued to the present. The additional skills and treatment included enhanced patient assessment, administration of nitroglycerin and Aspirin for patients with diagnosed angina, administration of Entonox (nitrous oxide or “laughing gas” mixed with oxygen) for pain relief, blood glucose measurement, emergency childbirth, and packaging to prepare patients for transport. Fire crews were also trained in intravenous line maintenance to assist Paramedics with more advanced treatment.

Trial Program Results

In the 22 months of the trial, Prince George Fire Rescue responded to a total of 9795 calls, of which 5,870 (60%) were for medical assistance. An automatic electronic interface between Fire and Ambulance dispatch system was not in place for the first 5 months of the trial period. This interface commenced on December 1, 2010, after which time Fire crews arrived first at medical scenes in 58% of cases.

Since the trial began, Prince George Fire Rescue crews have administered the following number of treatments:

Glucometry	309
Aspirin	17
Nitroglycerin	6
Entonox	22
Childbirth	2
IV Maintenance	238
Packaging	20 at least

These numbers reflect a significant increase in the quality of care provided to Prince George citizens. In particular, the ability to provide analgesia (pain relief) with Entonox has afforded patients experiencing prolonged scene times due to entanglement, difficult rescue situations, or ambulance delay with much better emergency care. Also, the ability and equipment to package patients for transport has allowed Fire crews to significantly improve patient comfort and reduce their on-scene times once an ambulance arrives. This has been particularly important in the winter months when patients have fallen outside and ambulance arrival has been delayed, or when ambulance crews have deemed the scene too risky to enter. Examples include an assault in front of the Courthouse, and most recently the Lakeland Mill explosion and fire, where Fire crews were required to evacuate and actually transport several patients to hospital.

Data also indicates that Fire crews at the EMR level provide greater assistance to BCAS Paramedics upon their arrival, improving the overall administration of patient care. Firefighters often accompany Paramedics in the ambulance with the patient en route to hospital to continue that assistance.

ALTERNATIVES:

Revert to a First Responder level program.

