

British Columbia Emergency Health Services First Responder Program Changes

The Cariboo Regional District currently has a First Responder Agreement (Consent and Indemnity) with the Province of British Columbia, dated March 2010, under which several Cariboo Regional District Volunteer Fire Departments are registered to provide First Responder services.

The 108 Mile Ranch, 150 Mile, Bouchie Lake, Forest Grove, Interlakes, Lone Butte, Miocene and Wildwood Volunteer Fire Departments (VFDs) serve as First Responders within their respective fire protection areas.

First Responders in BC

British Columbia Emergency Health Services (BCEHS) is responsible for the British Columbia Ambulance Services First Responder program. The First Responder (FR) program was designed to close gaps in medical response times and resources to increase favorable patient outcomes as First Responders provide basic life-saving techniques, such as cardiopulmonary resuscitation (CPR), defibrillation and administration of naloxone before BCEHS paramedics take over a patient's care.

The FR program is, in part, a coordination at the dispatch level to deploy medically trained, licenced and equipped VFD members to 9-1-1 medical calls if there are expected delays in deploying BC ambulance crews to the scene. When a patient calls 9-1-1 for an ambulance, paramedics are dispatched based on the caller's description of their medical condition or injury. BCEHS emergency medical call-takers (dispatch) assess the severity of the patient's condition and assign paramedics, ambulances and other resources such as VFD First Responders to the call.

Changes to the BCEHS First Responder Program

Over the past several years, BCEHS has been taking measures to improve the British Columbia Ambulance Service (BCAS) which are resulting in changes to the First Responder program delivery model.

These changes may have noticeable impacts on rural and remote FR program delivery throughout the Cariboo region.

Initially, the FR program was promoted as a supported and sustainable low-cost emergency response program. While it was understood that CRD FR departments would cover the costs of sending fire crews to emergency medical calls, it was also understood that there would be a provincially funded consumables/soft supply resupply program. Policy changes over the past three years have reduced rural VFD FR access to oxygen tanks and other soft supplies as the costs are shifted from the province to the VFDs; increasing the cost of the program directly borne by the fire protection area residents receiving the service.

While BCEHS has reported committing to reviewing policies and working to address these impacts through revisions to revisit supply of oxygen, etc. once again, there is no set date for roll out of these policy changes. In the mean time, as VFD FR departments require additional supplies, they are encouraged to contact their local BCAS unit to have case by case discussions to outline needs and potential solutions in the short term.

A second noted change to the First Responder program is the 2018 BCAS Clinical Response Model (CRM). The CRM is the model for determining the need for dispatching specific resources based on the type of medical call received. This change has been resulting in decreased call volumes to VFD FR departments as the model has been implemented. This decrease is initially estimated up to 40 % in some areas.

These changes are the result of BCEHS policy reviews and modifications. It is understood that additional changes are anticipated as BCAS programs are evaluated and patient outcomes improve. It is important to note that research models are based on lower mainland response areas, and do not fully reflect rural/remote areas such as the Cariboo region.

BCEHS Clinical Response Model



BCEHS

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



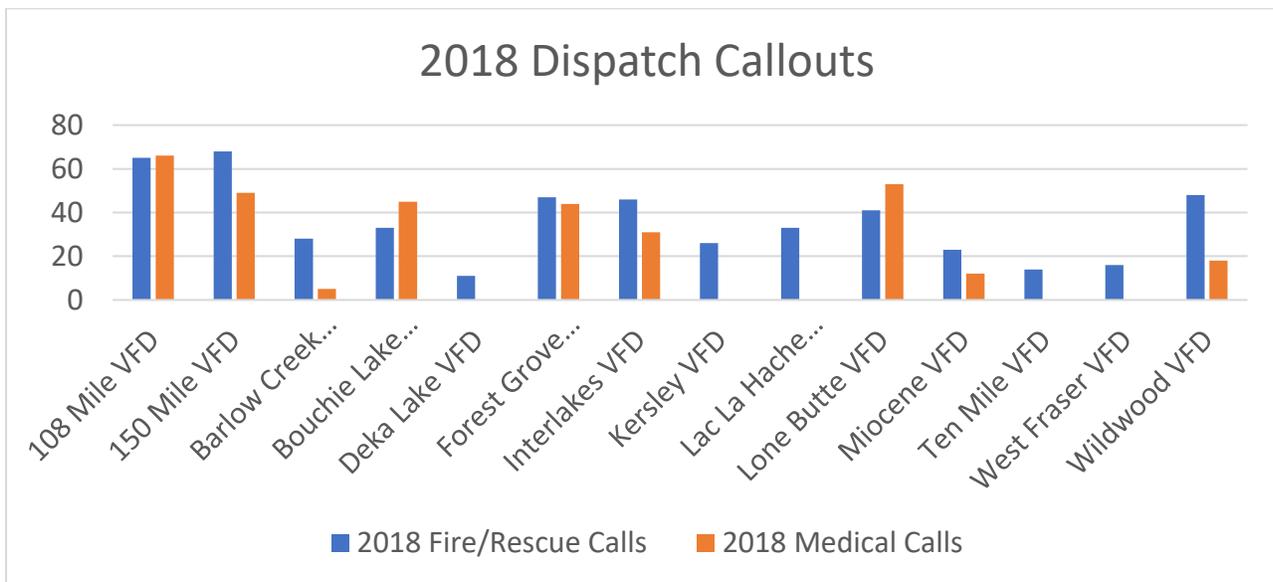
BCEHS FR Program Challenges

Communication. Some CRD VFD FR departments have reported significant challenges as the CRM is implemented in their rural remote communities. Reduced deployment of the FR service

can be confusing to the local community, who, in the absence of clear and defined key messages on the part of the province, believe that the local VFD department is not willing, able and ready to respond. In fact, CRD VFD FR departments are prepared, trained and equipped to respond - the dispatch model changes are reducing opportunities for response.

Mental Health. BCEHS data indicates that after changes were introduced in May 2018, first responder notifications across the province dropped by 40% in aggregate – reducing the number of low acuity calls may increase responder exposure to critical incident stress and the need for mental health supports beyond the standard post response department level debrief currently in place.

Cost. CRD Protective Services staff have not yet fully analyzed the financial impacts of the First Responder program independent of the fire protection service costs in each. It is understood that the costs include training, practices, licencing, provincial exams, initial supply and resupply of equipment to provide the service, and response costs, critical incident debrief and any associated long-term critical incident stress related WorkSafe claim costs.



Addressing Challenges

As staff continue to assess overall FR program delivery costs and investigate solutions for supporting mental health and wellness to reduce critical incident stress and first responder related workplace injuries; it is important to address the information needs of CRD FR communities.

Going forward, aiming to ensure that service area residents understand the overall changes to the FR Program is imperative to support responders throughout the BCEHS program and policy changes. The CRD Communications and Protective Services departments are working together with the fire departments to help communicate these changes to their communities.