



Staff Report

Report Title: Tiered Medical Response Policy – Criteria Amendment

Prepared By: Chris Cleave, Fire Chief

Department: Fire & Emergency Services

Date: Feb. 6, 2023

Report Number: FIRE-2023-02-6

File Number: C11 FIRE23

Attachments:

Recommendation:

That the Township of Huron-Kinloss Committee of the Whole hereby receives for Report Number FIRE2023-02-6 prepared by Chris Cleave, Fire Chief;

AND FURTHER authorises the appropriate by-laws be brought forward to amend the Medical Tiered Response Policy Criteria as detailed in this report.

Background:

In 2020 the Council of the Corporation of the Township of Huron-Kinloss adopted a Tiered Medical Response Policy that details the level of Medical Response assistance that the Township will provide to the County EMS providers.

Before 2020 there was an inconsistent application of the response criteria throughout the Fire Response jurisdictions.

The 2020 Medical Tiered Response Policy eliminated this inconsistent application by providing for a regulated response criteria that best fit the “immediately life threatening” response standard.

Through discussions and recommendation of the County EMS providers they have indicated that they feel Fire should only be responding to calls for service where it is deemed an “Obvious Immediate Threat” to a person’s life or serious bodily harm.

Discussion:

Since 2020 we are noticing a trend of calls for service for “shortness of breath” where Fire will respond but no medical intervention is required.

The Ontario Ministry of Health and our EMS providers have changed their medical protocols where Oxygen Administration is no longer an immediate medical treatment for shortness of breath calls. Instead, we now use Pulse Oximetry to monitor blood oxygen levels. The new provincial medical response protocol states that oxygen administration is not required until the Blood Oxygen level is less than 92%

Since 2020, we have responded to 117 Shortness of Breath Calls (both stations combined). Of those 117 calls for service there has not been one where the recorded blood oxygen level has been less than 92%. Of those 117 Calls Oxygen was only administered as a comfort to the patient 15 times.

In conversation with Huron and Bruce EMS Chiefs it has been discussed that we should amend our medical response agreement criteria to keep the Shortness of Breath line active but to apply an EMS time delay to the call criteria. Meaning Fire would only be dispatched to a Shortness of Breath call if EMS was delayed by 20 minutes or more.

As the Fire Chief I have had comments from the members that these calls are consistent and when we respond we are immediately turned back or not at all needed by EMS or the patient. As such I agree with the Chiefs of EMS and I recommend we amend the Medical Response Policy to add the EMS time delay to this specific response item.

Additionally, as a resolve to a previous public complaint in regard to EMS response times and Fire not responding when needed, discussion was held on the topic of Falls and Traumatic Bleeds. These items are not selected on the current medical response criteria however the Chiefs of EMS felt that we could add these but also assign the EMS time delay of 20 minutes to the criteria. Meaning Fire would only be dispatched if EMS was delayed by 20 minutes or more. I further recommend this be added as well. It is not anticipated that adding these will have any significant impact on our call volumes increasing, in fact it is my opinion that we will see a reduction in calls for service overall.

Financial Impacts:

None

Strategic Alignment / Link:

We are an accessible community that offers opportunities for everyone by having services and amenities nearby.

Respectfully Submitted By:

Chris Cleave, Fire Chief

Report Approved By:

Mary Rose Walden, Chief Administrative Officer