

The crossover between police, fire and emergency providers

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Police, fire and emergency medical providers constitute the big three emergency services throughout much of the world.

A report was presented to the Manitoulin-Sudbury District Services Board by Michael MacIsaac, Chief of EMS (Emergency Medical Services), for information purposes, on the topic of fire response to emergency calls. The report provided a historical perspective on the emerging issues of fire medical response, as they had detailed in a letter from OPSEU to municipal leaders.

In different locales, there can be an overlap or a combination of services. In many American states the role of providing emergency medical services falls to the fire departments. A prime example of this is the New York City Fire Department (FDNY), which provides much of the paramedic services for the city. When the World Trade Centre was attacked on September 11, 2001 and the

FDNY responded, some of the responders were paramedics. Another example is in the area of Utah near Salt Lake City; there was a recent job posting for a Law Enforcement Paramedic. While these two examples show a combination of services, they are clearly separate entities. While clearly separate, the three are wholly responsible for a large component of any municipal budget.

In 2007, the International Association of Fire Fighters (IAFF) produced a paper entitled 'Pre-Hospital 911 Emergency Medical Response: The Role of the United States Fire Service in Delivery and Coordination'. Within this document there was a distinction made between emergency response and emergency transport. This paper clearly outlined the funding in the United States (US) was based on medical transport and not emergency response. The end goal of the document attempted to encourage US law makers to consider fire services as the "most ideal pre-hospital emergency response agency."

Following up on the previous document, the Ontario Association of Fire Chiefs (O AFC) and the Ontario Professional Fire Fighters Association (OPFFA) produced a discussion paper titled, 'Saving a Life in 6.0 Minutes or Less by Utilizing the Efficiencies of the Ontario Fire Service' in November 2008. The point of this discussion paper was clear as it laid out from the start;

"EMS Ambulance funding has increased significantly and demands for even more provincial and municipal funding grow louder, but service hasn't improved accordingly, as critical response time benchmarks continue to go unmet ... The OPFFA and the O AFC, union and management, are joining together on this issue because we believe it's time to seriously look at utilizing the existing resources of the fire service, including fire fighters trained in cardio-pulmonary resuscitation (CPR) and defibrillator use, as a key to efficiency and effectively improving emergency medical response times in Ontario."

Listed within this document were suggested problems with the current EMS model. Cardiac arrest data was discussed, a lack of simultaneous dispatch was reviewed and a generalized statement, which stated the current Ontario approach wasn't working, was made. At the conclusion of the document, the two entities called upon the government of Ontario to undertake three actions; first, to mandate simultaneous dispatch of the community fire department and EMS for life threatening emergencies in communities served by full time professional fire fighters; second, recognize which trained firefighters can provide rapid medical assistance and 'stop the clock.' This should be included in all documentation when it comes to capturing response times. And, thirdly, create an all-stake-holder committee which will design a proposed integrated system of emergency response for life threatening emergency calls, and also to include the fire service in any discussions of a 'fully coordinated emergency response system' which the province may have with stakeholders.

Most recently in July of 2011, the OPFFA began their Send Firefighters campaign. This campaign sets out to inform provincial decision makers on what the OPFFA sees as the statistics on emergency medical response in Ontario. In this campaign the association is advocating for dispatch of professional firefighter to all serious medical emergencies -- in other words, all Code 4 calls. This campaign was purposely launched in time for municipal consideration during budget deliberation.

The Association of Municipal Emergency Medical Services of Ontario's (AMEMSO) position is recognizing its advisory role in support of municipalities on these types of issues, AMEMSO commissioned an evidence-based paper

to investigate what is currently happening and to suggest what sustainable change might lead to better patient care and outcomes.

"Difficult times bring difficult decisions and those decisions need to be evidence-based," as AMEMSO president Norm Gale stated. Feeling some of the information laid out under the OPFFA campaign may not truly be evidence-based, AMEMSO commissioned an independent consulting group to look into the matter. Performance Concepts Consulting LTD. produced a paper entitled 'Informing the Public Dialogue Around Medical Tiered Response in Ontario' in September 2011.

The current DSB position is while this issue is a large one for urban centres with full-time fire fighters, the main points have little relevance here within the Manitoulin-Sudbury DSB area. Every fire model within this area is staffed on a volunteer basis, so an increase in calling out the fire departments does have additional true costs associated with it whereas in urban centres full-time fire fighters are paid on site and must respond when advised to. The current tiered response arrangements within the local area vary greatly dependant on the needs and will of the local community fire departments. These agreements are in place for betterment of the citizens within the communities and for the ability of the fire department's to attract more volunteers.

The issue appears to be gaining steam within the EMS unions, which are taking the stance the increasing tiered fire response for all medical calls as suggested by the OPFFA would be unnecessary and costly to the municipalities.

The bargaining agent for the paramedics within Manitoulin-Sudbury DSB, the Ontario Public Service Employees Union (OPSEU), is suggesting they would like to; 'ensure that there is an efficient and cost-effective high quality tiered emergency response agreement which meet the specific needs of your community.'

Manitoulin-Sudbury DSB has entered into 14 different tiered response agreements with multiple municipalities through their fire departments. In fact, agreements are in place with the Ontario Provincial Police and the United Chiefs and Councils Tribal Police on Manitoulin Island as well. These agreements always attempt to align with the specific needs of the individual municipalities. Continued advancement and assessment on this front is required to achieve a level of success in attempting to assist on calls where a fire response can make a difference. The local area is not an urban EMS system and the distance travelled is great. To have the assistance of the local municipal fire departments is much appreciated by both the DSB and the citizens within the communities who receive care in the quickest possible manner.

This issue or fire response to medical calls is a contentious one, but both sides can agree on one thing; the end goal is better patient care. A review of all pertinent evidence-based information bearing in mind our area coverage is different than most.

When it comes to the unique geographic challenges within the Manitoulin-Sudbury DSB area, often more help the better, but there must be a true need for any service in order to maintain a balanced fiscal responsibility. When entertaining tiered response agreements, many criteria are discussed. Balancing need and municipal desire is at the forefront of the response criteria. Particular community needs are assessed and plans drafted.

In time, as these agreements evolve, there will be greater consistency achieved. There will be a continuous monitoring of this issue with the aim of providing the most pertinent and effective patient care to the citizens of the communities within the DSB catchment area.