

Discussion Paper— Working Together to Modernize BCEHS and First Responder Collaboration Agreements

BCEHS First Responder Program

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2. PURPOSE OF DISCUSSION PAPER

First Responder Agreement Background

BC Emergency Health Services, as part of the Provincial Health Services Authority, is responsible for the delivery of emergency health services across the province. The *Emergency Health Services Act* (the *Act*) stipulates that a person acting under the consent of BCEHS is authorized to provide services outlined in the *Act*, including the provision of care by a first responder not employed by BCEHS.

This legislative authority forms the basis of the BCEHS First Responder (FR) program. The FR program enables BCEHS to work closely with FR agencies to ensure that BC residents have access to emergency health services when they are most in need. FR agencies play a vital role in the delivery of emergency health services, particularly in rural and remote areas of the province.

Since 2016, the FR program has been working to modernize the historical consent and indemnity agreements currently in place with 93 per cent of the nearly 300 FR agencies across the province. While these consent agreements provided the consent and indemnification required for FR organizations to perform emergency medical services in BC, they do not define responsibilities of the parties or address local capacity and regional variations.

There is a desire to transition from a consent agreement to a collaboration agreement, to better reflect the collaborative partnerships between BCEHS and FR agencies. The BCEHS FR Program attempted to introduce the collaboration agreement for the first time in 2016, but this resulted in concerns being raised. Since BCEHS introduced the collaboration agreement in 2016, eight agreements were signed and the program then undertook a period of review and conducted a pilot project with a revised agreement. Of the 15 pilot locations identified in early 2018 to pilot the revised version, only one of those groups signed the agreement.

Over the past few years, BCEHS has established several ways to engage with FR agencies across the province to review the agreements, including with the Regional Administrative Advisory Committee, the Fire Chiefs Association of BC, the Greater Victoria Fire Chiefs Association, and several municipal governments.

However, modernizing the agreement has been challenging due the large number of FR groups across the province with varying capacities, interests and concerns. The key questions, concerns and feedback raised include:

- The previous collaboration agreement was too complex and overly legal.
- The language is more directive to FR agencies rather than collaborative.
- The responsibilities and expectations of all parties need to be clearly and mutually defined.
- There are ongoing inquiries on the ability for FRs to practice at a license level higher than EMA FR.
- There is a need to address variations in rural and urban support requirements.

Intent of this Discussion Paper

In BC, as with many other jurisdictions, multiple public agencies have a role to play in providing great first responder care. This has the potential to lead to a need for clarity in roles and responsibilities – this is exceptionally important when responding to emergencies.

The intent of this Discussion Paper is to engage with our partners in this area to have a meaningful dialogue and come to a shared agreement on how we collaborate – all through the lens of providing the best possible care for patients.

BCEHS and the MOH are proposing to approach the development of the replacement for existing collaboration or consent agreements utilizing a two-tiered approach. We propose co-developing a provincial framework, under which local needs can be achieved through a community specific operational response plan:

- Collaboration Agreement Framework: when completed, this document will outline the agreed upon principles for collaboration, BCEHS' authority under the *Act*, and the suggested responsibilities/expectations of all parties, including indemnification and oversight/authority between BCEHS and the local government and first responder group.
- Operational Response Plans: these will be developed in collaboration with each FR group and the municipal government, and will address specific details, operational needs and/or unique circumstances.

This discussion paper is intended to help guide the consultations. Feedback on the paper will help BCEHS develop the final collaboration agreement framework document.

3 KEY CONSIDERATIONS FOR FRAMEWORK AND ESTABLISHING COLLABORATION AGREEMENTS

BCEHS Responsibilities under the *Emergency Health Services Act (British Columbia)*

The *Act* makes BCEHS responsible for providing emergency services in British Columbia and ensures that only a person acting under the consent of BCEHS is authorized to provide any of the purposes outlined in the *Act*, including the provision of care by a first responder not employed by BCEHS.

BCEHS is also responsible for collaborating with other agencies and municipalities to set expectations and facilitate the safe and effective provision of care by first responders in urgent and emergency situations.

BCEHS is responsible for ensuring that British Columbians receive the best urgent health care services possible. This includes setting expectations and working collaboratively to ensure that all paramedics and first responders, whether working directly for BCEHS or for a different organization, provide the highest level of urgent care possible. BCEHS strives to provide all emergency responders with the provincial standards required to sustain this level of care, either directly or through collaboration with other organizations.

Role of the BC Emergency Medical Assistants Licensing Board

The Emergency Medical Assistants Licensing Board (the Board) is responsible for examining, registering and licensing all emergency medical assistants (EMAs) in BC, including paramedics and first responders.

The Board, under the authority of the *Act*, sets licence terms and conditions. In addition, the board investigates complaints and conducts hearings where necessary.

It is expected that all paramedics and FRs in BC will be currently licensed with the Board and will comply with any requirements necessary to maintain that licence.

4 PROPOSED FRAMEWORK FOR DEVELOPING COLLABORATION AGREEMENTS

Proposed Principles Informing/Underpinning the Agreement:

BCEHS and local governments wishing to provide FR services through the BCEHS FR program mutually agree that they:

1. Value working collaboratively to provide high quality emergency health services in all areas of BC.
2. Have a mutual desire to continue, strengthen and maintain a pro-active working environment among BCEHS, local governments and FR agencies.
3. Are committed to ensuring that all patients receive quality emergency health services, regardless of their location in the province.
4. Are committed to working together in an open and collaborative manner for the benefit of patients in British Columbia in accordance with these principles and in accordance with the *Act*.
5. Acknowledge that BCEHS has the authority under the *Act* to grant consent to other entities to provide services for which the *Act* authorizes BCEHS to provide.
6. Acknowledge that FR agencies and their administration or municipal governments are responsible for the decision to participate in the program.
7. The BCEHS FR program is voluntary and sets out minimum requirements and processes to ensure effective medical oversight and to assist FR Agencies in providing a provincial standard for medical first response.

Proposed process for co-developing a collaboration agreement framework and operational response plan:

1. In consultation with local governments and FR agencies, collaboratively develop a Framework for FRs, BCEHS and the Ministry of Health.
2. Framework agreed upon and signed off by administration or municipal government.
3. Operational response plans to be developed in collaboration with each FR agency.
4. It is proposed that an escalation process also be developed for situations where agreements can't be reached collaboratively between all parties involved.

Proposed Responsibilities and Expectations of BCEHS, Municipalities and FR agencies

The table below proposes the roles and responsibilities of each organization. The table is intended as a starting point for a continued dialogue.

Responsibility/Expectation	BCEHS	Municipalities	FR agencies
Medical Oversight	<p>Medical oversight via policies, procedures and clinical guidelines. BCEHS is responsible for providing all municipalities and FR agencies with timely notifications of current and updated policies, procedures and guidelines. This includes providing educational opportunities when appropriate.</p> <p>The expectation is that all FR's are aware of, and follow, all relevant BCEHS policies, procedures and clinical guidelines.</p>	<p>Reinforce the expectation that all medical FRs are to be familiar with, and follow, all BCEHS policies, procedures and clinical guidelines. Provide a mechanism for all medical FRs to have access to BCEHS policies, procedures and clinical guidelines as they evolve.</p> <p>Facilitate attendance at education sessions as required.</p>	<p>Reinforce the expectation that all medical FRs are to be familiar with, and follow, all BCEHS policies, procedures and clinical guidelines. Provide policies, procedures and clinical guidelines to all medical FRs. Provide opportunities for all FRs to be familiar with policies, procedures and clinical guidelines as they evolve.</p> <p>Facilitate attendance at education sessions as required.</p>
Quality Assurance Process	<p>Provide quality improvement processes that are fair, non-punitive, educational in focus, and that protect participants under Section 51 of the <i>BC Evidence Act</i>.</p>	<p>Collaborate with the BCEHS quality improvement process as required. Provide education about the process as appropriate.</p>	<p>Collaborate with the BCEHS quality improvement process as required. Provide education about the process as appropriate.</p>
Data Sharing*	<p>Collaborate with municipalities and dispatch centers to ensure a process and guidelines are in place for sharing of data between BCEHS and FR agencies</p>	<p>Collaborate and adhere to the guidelines and processes established for data sharing.</p>	<p>Adhere to guidelines established for data sharing that impact FR agencies.</p>
Complaints	<p>Maintain a complaints process that is fair and</p>	<p>Cooperate with BCEHS complaints process</p>	<p>Cooperate with BCEHS complaints process upon</p>

Responsibility/ Expectation	BCEHS	Municipalities	FR agencies
	reasonable and complies with the current BCEHS standards for the complaints process.	upon reasonable request by BCEHS. Provide education about the process as appropriate.	reasonable request by BCEHS. Provide education about the process as appropriate.
Licensing	Set the clear expectation that any person working as a first responder must be appropriately licenced with the EMALB.	Create a system to ensure that any person working as a FR is appropriately licenced with the EMALB. This includes ensuring that all FR's keep their licence current and providing annual compliance reports to BCEHS	Ensure that any person working as a FR is appropriately licenced with the EMALB.
Patient records and information	Work with municipalities to establish reasonable expectations and an effective process for managing and sharing appropriate patient records and information for the well-being of all patients.	Work with BCEHS to establish reasonable expectations and an effective process for managing and sharing appropriate patient records and information for the well-being of all patients.	Implement the process established by municipalities and BCEHS to ensure that records and information required for safe patient care is collected and shared appropriately.
Operational Plan	Collaborate with municipalities and FR agencies to develop an operational plan to accompany this framework that outlines clear expectations for the specific operational needs and requirements of each specific FR agency.	Collaborate with BCEHS and FR agencies to develop an operational plan to accompany this framework that outlines clear expectations for the specific operational needs and requirements of each specific FR agency. Ensure that all FRs and other relevant persons are aware of and follow these operational expectations once established.	Collaborate with municipalities and BCEHS to develop an operational plan to accompany this framework that outlines clear expectations for the specific operational needs and requirements of each specific FR agency. Ensure that all FRs and other relevant persons are aware of and follow these operational expectations once established.

**BCEHS has established a BCEHS First Responder working group to review the options for data sharing and providing recommendations with respect to a broader process for data sharing between BCEHS and First Responder agencies.*

Term

It is proposed that the initial term of the operational plans be three years. Six months prior to the end of the term, it is proposed the parties meet to review, evaluate and revise the agreement as necessary.

Indemnification

BCEHS will provide indemnity for the local government and the FR agency under the circumstances outlined in this framework and the relevant operational response plan.

Consent and Acknowledgement

Once a mutual understanding of the elements set out above is achieved, BCEHS will consent to local governments providing FR services and enable them to provide training for their personnel to provide EMA FR services.

Outstanding Issues

While this consultation process is intended to result in an agreed upon collaboration framework document, there are still some significant issues with respect to rural FRs and BCEHS that will continue to be informed and hopefully resolved as part of this collaborative process. Some of these issues are outlined on page nine of this document.

5 PROPOSED FIRST RESPONDER OPERATIONAL RESPONSE PLAN

Purpose of Operational Response Plan

The FR operational plan is intended to address the specific details, operational needs, unique circumstances, and/or regional variations of how each FR agency will support response to medical emergencies in BC.

The operational response plan supports the BCEHS FR collaboration framework, which provides overall accountability for all parties involved. The operational response plan may be signed between BCEHS and the respective fire department fire chief with review and confirmation by the local government. It is proposed that the operational plan for each FR agency will specify the following:

Service provision by the FR Agency

- Requirement for EMA FR license as per EMA Regulations.
- Requirement for emergency medical responder (EMR) License and class four driving license for patient transportation services in rural/remote isolated communities and relevant details on the patient transport services

Notification to medical events/protocols

- Response is guided by the Clinical Response Model and how FRs are notified of medical calls.
 - In rural/remote communities, the response model may look different due to geographical challenges and extended ambulance response times (a BCEHS rural FR working group has been established to address these challenges)
- How the FR group will be notified of emergency events (i.e. dispatch center, manual notification via phone call)
 - For those notified by a centralized dispatch center (i.e. Surrey Fire Dispatch), the responsibility of each fire department to make any changes to the calls they wish to not receive through their dispatch center will be specified.
- Response area map for FR group.

Indemnification

- To the extent that the local government is not indemnified under a valid and collectible policy of insurance, BCEHS will indemnify the local government against and from all claims which may be brought up or made by any person (other than the local government of its FRs)
 - BCEHS will provide indemnification based on the services that the local governments FRs are providing (i.e. remote EMA FR/EMR patient transport service)

Volunteer First Responder Training

- While each local government will ensure that their FRs receive the required training, BCEHS may provide EMA FR/EMR training support for volunteer departments located in rural/remote communities as appropriate.

BCEHS Medical Supplies/Equipment Support

- Each local government is responsible for equipping FRs however, BCEHS may provide some support such as replacement of soft supplies used at the scene and additional support for volunteer rural/remote FRs as set out in the operational response plan.

6 DISCUSSION OF OUTSTANDING ISSUES

The following issues have been identified as ones which would benefit from discussion and resolution. It is expected that regional districts or municipalities, FR agencies and BCEHS will work together to resolve these issues through this consultation process.

6.1 ITEM # 1: EMPLOYEES/VOLUNTEERS OF FIRST RESPONDER AGENCIES PERFORMING ACTIVITIES BEYOND MEDICAL FIRST RESPONDER LEVEL

The BCEHS FR program has operated based on FRs providing care at the FR scope and license level. It is currently expected that FRs who are licensed at the FR level will not perform any activity outside the EMA FR license category without the express consent of BCEHS.

A difficult issue arises, however, when employees of FR agencies are licensed in higher license categories but are only permitted to work as FRs based on their employment. If the FR on the scene is licensed as an EMR or higher, it is acknowledged that it does not seem reasonable for that person not to perform services beyond FR if the patient requires it urgently and an ambulance has not yet arrived, particularly given distance and access issues in certain remote parts of the province.

From the perspective of quality and patient safety, BCEHS requires a clear chain of command on scene, medical oversight and clarity of roles. MOH and BCEHS suggest that a broader discussion is required by the parties to identify how and if this situation can be addressed going forward.

Key Discussion Areas

- Under what circumstances would it be appropriate to have a FR with a higher license level performing tasks beyond the EMA FR level?
- How would BCEHS ensure the FR with the higher license level had a valid license and the necessary training and clinical skill needed to ensure public safety and quality patient care?

- How would protection be provided for the FR with the higher license level if they were injured performing tasks beyond the EMA FR level?
- How would BCEHS and/or the FR agency address WorkSafe BC requirements for the FR in this type of situation?

6.2 ITEM # 2: FIRST RESPONDER TRANSPORT AND EXTRICATION OF PATIENTS IN RURAL/REMOTE/ISOLATED COMMUNITIES

Schedule 2 of the EMA regulations outlines lifting/loading, extrication/evacuation and transportation as activities that can be performed by licensed EMR's and above in BC.

However, in remote regions of province FR agencies engage in these activities despite a lack of adequate license level and formal consent from BCEHS. Historically it has been conceded by BCEHS that in extenuating circumstances FRs would move patients in order to preserve life. Often the rural and remoteness of some communities has made transporting/extricating patients by FRs necessary.

As such, BCEHS established a remote patient transport policy and associated transport agreement through engagement with operational leaders within the organization to enable FRs to safely transport patients with formal consent from BCEHS if the group had met all regulatory and other operational requirements. The current criteria have been outlined below:

Community Inclusion Criteria:

- No local ambulance presence (i.e. station)
- Extended ambulance response times due to remoteness, isolation or geography
- Has a qualified FR group or society
- Has a dedicated rendezvous point or a typical meet point for BCEHS crews (i.e. the local wharf)

First Responder Group Expectations

- Existing and current consent/collaboration agreement with BCEHS or willingness to sign one
- EMR, or higher trained FRs for medical calls
- Transport capable vehicle approved by BCEHS (i.e. donated ambulance)
- Drivers endorsed with Class 4 unrestricted licenses required to operate an ambulance
- Adequate vehicle insurance and liability coverage
- Appropriate patient transport equipment
- Ability to stay in contact with BCEHS by radio or phone where possible

Since the introduction of this policy in 2017, BCEHS has engaged with several FR groups where it has been identified that the FR group is transporting patients without the appropriate license level or consent from BCEHS. However, there has been minimal uptake on utilizing the policy established. Some of those reasons are outlined below:

- In most cases, the FR members are local volunteers and obtaining an EMR license is seen as a big undertaking and commitment (time commitment, cost, continuing competence requirements under the regulations)
- While BCEHS has been seeking to provide formal written consent once a FR group has met the regulations, FR organizations note the ongoing request from BCEHS dispatch to transport patients, implying consent

- Concern from FRs that they will be held liable should anything unfortunate occur during emergency patient transport
- Challenges coordinating off-island transport for patients needing to get from some islands to a hospital, including unavailability of air medivacs
- BCEHS needs to define extrication versus transportation of patients

Key Discussion Areas:

- Level of required training for FRs participating in patient transport/extrication activities.
- Explore options and opportunities for providing greater support to rural FR agencies. This may include support for individual EMA FRs in rural areas to pursue higher levels of licensing.
- Explore options to enable BCEHS to give consent and oversight for patient transport in exceptional circumstances when there is no one available to perform the transport who meets the criteria set out above. Review policies and procedures in place in other jurisdictions with respect to patient transport and support for FRs in rural areas for reference and potential solutions.

6.3 ITEM #3: CLINICAL RESPONSE MODEL IN RURAL BC

On May 30, 2018 BCEHS introduced a new Clinical Response Model (CRM) to guide dispatch in assigning resources to a call. The CRM is considered a worldwide best practice which shifts from a strictly time-based response model that assumed ambulance transport for every patient to a clinically determine model.

The CRM places each Medical Priority Dispatch System code into one of six colour categories:

PURPLE	Immediately life threatening (cardiac arrest/respiratory arrest)
RED	Immediately life threatening or time critical (severe chest pain, difficulty breathing)
ORANGE	Urgent/potentially serious, but not immediately life threatening
YELLOW	Non urgent
GREEN	Non urgent, suitable for treatment at scene. Will be used when BCEHS introduces Treat and Release and Treat and Refer
BLUE	Non urgent, further telephone triage appropriate

Under the CRM, BCEHS notifies FRs to attend calls that meet the following criteria:

- All calls triaged as PURPLE or RED (immediately life threatening or time critical)
- All calls involving motor vehicle accident, Hazmat, drowning, or fire
- All calls with a clinical or operational need for FR expertise, such as an environmental or safety risk, or in the case where the paramedic crew requests FR backup
- Subset of ORANGE calls where an ambulance response is likely to take more than 10 minutes to arrive. This 10-minute guideline considers an average of three minutes to appropriately process the call (gather adequate call information and assign resource(s)) and an average of seven

minutes from the time we assign the closest paramedics and ambulance(s) to the time of arrival on scene.

This model helps ensure FRs are available for the critical Purple/Red calls. However, it is recognized that in rural communities across the province, there may be no ambulance station or an extended response time due to geography and the model has had different impacts than in urban communities.

BCEHS recognizes the different opportunities and challenges for FRs in metropolitan versus rural settings and has recently formed a rural FRs working group that will take into consideration the unique geographical and service delivery challenges in rural and remote areas.

Key Areas for Discussion:

- Opportunities to review current emergency response practices in communities across the province to ensure FR Agencies are optimally utilized in responding to identified patient needs
- Understanding community needs and interests of FR groups and their local government on the extent of response in rural communities
- 10-minute rule, and notification of Orange calls

7 CONCLUSION

BCEHS and the MOH will be undertaking a series of consultations across the province to better understand feedback on this proposed discussion paper.

This discussion paper is intended to elicit dialogue and propose an outline for a potential new approach for developing a collaboration agreement framework that is based on collaboration principles, responsibilities and expectations of the parties, which more appropriately reflects the needs of municipalities and incorporates feedback received to date on how to create agreements that work well for all parties involved.

Things to consider:

- Does this address specific considerations for FR services in rural, remote or isolated communities?
- Does this more clearly articulate a collaborative approach?
- Does this provide the opportunity to address outstanding questions/issues?
- What in this document do you feel needs further discussion?

Please provide your feedback by April 30, 2020 on this paper to:
Provincial.Services.Engagement@gov.bc.ca