

Background:

Traditionally, this fire service has and continues to be mandated with the task of fire suppression and rescue activities in our municipality. However, the vast geographic area that we are responsible for as well as our diverse work force has allowed us to embark on a Fire Based Emergency Medical Responder Program. The intent of this program is to enhance the Chain of Survival for those persons suffering from life threatening medical or traumatic emergencies. In conjunction with the North East Health Association, Springfield Fire and Rescue First Responders will respond to all those medical incidents that are deemed to be of a serious nature.

Scope:

The Fire Based Emergency Medical Responder program has been designed to provide our customers with the best possible response to medical emergencies. The geographic dispatch boundaries are identical as those for fire responses. Two teams of three (3) responders made up of firefighters from Station #1 (Oakbank) and Station #2 (Anola). Each team member will be equipped with a complete trauma medical kit, portable Fleet Net Radio and clipboard with documentation to respond directly in their private automobile to medical incidents.

Responders will be dispatched to all those medical incidents that are regarded as a high priority (RED). The fire service will also respond to medical emergencies when the responding EMS unit has made the request through the Communications Center. An example would be a minor incident where the local paramedic unit may be out of the jurisdiction causing an extra response time. It is acceptable for the responding paramedic unit makes a request through the Communication Center to have responder dispatched to improve response .

Springfield Fire and Rescue Service
Standard Operating Procedure

With the onset of the Responder program, fire apparatus will no longer respond to those incidents involving vehicle collisions with wildlife or dirt bike/quad accidents unless extrication is requested by the caller to the 911 Center. Only Medical Responders will attend to these incidents at which time they will call for fire apparatus if needed. The purpose of this procedure is to keep fire apparatus available for other responses as well as conserving the fire-operating budget.

Dispatch Procedures

On receipt of a medical emergency incident in the R.M. of Springfield, the provincial 911 center will determine which EMS service is dispatched to the incident. Firefighters should keep in mind that there are at least four potential locations that a paramedic unit will respond from. For example, fire crews can expect to have Springfield, Beausejour, Ste. Anne or Selkirk EMS services dispatched to our area for incidents. With the onset of the new medical dispatch center, fire crews can expect to see paramedic crews from other jurisdictions other than those noted above. The 911 center based on the 911 database will determine which team of firefighters will be dispatched. As previously stated, the team dispatched will be based on the geographic boundaries similar to the fire dispatch protocol. On receipt of an incident, a firefighter of the team dispatched will immediately respond to the page on Fleet Net Radio to receive dispatch instructions. Due to the fact that medical pages will be transmitted on all fire personnel pagers, it is vital that the on call responders immediately answer the first page so as to reduce the inconvenience to fire personnel who are not on call or involved in the program. Normal call out procedures will be completed similar to the fire dispatches. In the event that responders are not available from the first assigned team after completing the second set of pages, the 911 center will initiate an emergency page for the other team to summon responders similar to the mutual aid request for fire incidents.

Eg. Anola responders out of service, Oakbank responders will be dispatched and vice versa.

Springfield Fire and Rescue Service
Standard Operating Procedure

Each Fleet Net Radio is clearly marked with the call sign assigned to it.

Anola Responders will be known as Fire Medic 201, Fire Medic 202, or Fire Medic 203.

Oakbank Responders will be assigned as Fire Medic 101, Fire Medic 102, or Fire Medic 103.

Fire 9 will always be known as Fire 9.

When communicating with the 911 center, EMS units or other Team Member responders will prefix their conversations and clearly state which call sign they are assigned to.

For example, to acknowledge an emergency page and receive dispatch instructions the following should occur:

Fire on Channel A1-“911 from Anola Fire Medic 201”

911-“Anola Fire, go to your talk group and stand by” Channel B1

911- “Anola Fire, report of a male short of breath at 30123 Cedar Lake Road”

Fire-“Anola Fire Medic 201, Copy that. (Confirm Message from 911) Male short of breath at 30123 Cedar Lake Road. We are responding. Can you tell me which EMS service is responding and are they on Interagency Channel? (1D)

Fire will arrive and establish command. Conduct scene size up to ensure firefighter safety, assess patient and report pertinent medical information to responding EMS unit on Interagency Channel. Fire crews will relinquish patient care upon arrival of the first arriving paramedic unit. Fire crews will then continue to assist paramedics with patient care until cleared by the senior paramedic or attending technician.

Rules for Response:

The service will attempt at all times to have provincially licensed Technicians responding on medical emergency incidents. However, in cases where Technicians are not available, it is acceptable to have firefighters who hold current First Aid/CPR Certificates respond so long as one technician is assigned to the incident. Only licensed technicians have the authority to provide treatment to patients under provincial legislation. That is not to say that firefighters will not be a valuable asset at the medical incident assisting the technician. Firefighter/first aiders should be wary of entering an emergency medical scene prior to the technician arriving. Good radio communication would be an asset in a situation such as this.

The fire and rescue service will strive to send three medical responders to every medical incident. In saying that, the service recognizes that one cannot expect to be at every incident and has built in flexibility to the program. It is acceptable to send one responder to a medical incident so long as that individual is at the Technician level and licensed to practice. The service will strive to send a minimum of two personnel to all medical incidents.

In the event that one technician is not available to form part of the responder team, the fire chief shall be notified immediately. The fire chief will report that to the 911 center and have that appropriate team taken out of service until such time that a technician is available. The second responder team will deal with all medical incidents in the municipality. Eg. Anola responders are short a technician for a short period of time. That team will be taken out of service until such time that a technician becomes available again. Oakbank responders will respond to medical incidents in the Anola area. The same would occur in reverse order if a technician was not available in Oakbank. The system is designed to have responder teams back each other up in times of multiple calls or personnel shortages

Springfield Fire and Rescue Service
Standard Operating Procedure

Firefighters will respond directly to the incident in their personal vehicles in accordance with the departments Standard Operating Procedure Driving Policy. Mileage will be paid in accordance with the Standard Operating Procedure.

Firefighter/responders will not respond from within City of Winnipeg boundaries to medical incidents in the municipality. Firefighter/responders are expected to communicate with team members making notifications of being away from the area for any length of time. Firefighters/Responders will schedule among themselves, which members will be on call for medical incidents. It is the responsibility of medical personal to ensure that equipment is passed on to those who are available for response when they are away and not available.

Firefighter/Responder will use extreme caution when attending to medical calls that are caused by violent actions. Members will not attend directly to the scene of such medical emergencies until the area has been secured by the police service. Members will communicate among themselves via radio to meet at a staging area designated by the first arriving firefighter/responder. Our safety must remain our top priority. It is vital to communicate with the responding paramedics the designated staging area. In the event that a Emergency Medical Responder finds himself in a situation that compromises his/her safety, they will withdraw from the area immediately. To communicate a hostile situation to other responding firefighters, the member at the scene will key his mic on the portable radio so as to allow for the situation to be transmitted over the air. The responder can also verbally transmit via portable radio **“Code 69”**. This will alert responding members that the situation is dangerous and that RCMP should be notified immediately.

Firefighter/Responders will adhere to Provincial Regulation and treatment guidelines as it pertains to the Technician Level. Firefighter/Responders are only authorized by N.E.H.A. to practice at the Technician Level.

Firefighters will adhere to The Personal Health Information Act and The Standard Operating Procedure of this service as it pertains to PHIA.

Springfield Fire and Rescue Service
Standard Operating Procedure

Firefighter/Technicians will be expected to complete appropriate information on the Provincial Patient Care Report Form as to patients' condition and treatment rendered by the medical responder. The PCR will become the property of NEHA. Responders will be required to complete a Springfield Fire and Rescue Service Medical Incident Report and forward the completed report to the fire chief within 24 hours of the incident.

In the event that the fire and rescue service is dealing with a major fire or other emergency, Officers are authorized to contact the 911 Communications Center and strike the medical responder program off duty until such time that the fire or other emergency has been dealt with. This should only occur in emergencies that require all hands from both Stations 1 and 2.

First responders will replenish supplies used from their trauma kits from the paramedic unit that has been assigned to the incident. O2 cylinders will be replenished when needed from the stocked supply in Fire Station #1.

Under no circumstances are firefighters allowed to operate ambulances. Firefighters will do what is necessary to free up a paramedic crewmember to drive the ambulance. If firefighters are required to attend with the paramedic unit to assist with patient care while being transported to the hospital, a team member shall notify the fire chief to make arrangements for pick up of that member.