



Corporate *NO: R050*

Report *COUNCIL DATE: March 12, 2001_*

Regular Council

TO:	Mayor & Council	DATE:	March 8, 2001
FROM:	Fire Services Review Task Force	FILE:	
SUBJECT:	First Responder Service		

RECOMMENDATION

1. **Receive Report for information.**
2. **Continue to work with the B.C. Ambulance Service to streamline the First Responder Program.**
3. **Initiate discussions with the Provincial Government to allow the implementation of a pilot project to establish a City owned (private) Ambulance Service.**
4. **Explore the possibilities of establishing a back up 911 dispatch Centre in Surrey.**
5. **Report the findings back to Council within 6 – 8 months.**

BACKGROUND

The Fire Service Review Committee committed to the review of the First Responder Program in view of identifying and discussing areas of overlap between the B.C. Ambulance Service and within the Surrey Fire Service within itself. To also look at how we could better streamline the process and perhaps build a “made in Surrey model”.

The model currently in place within the City of Surrey, (Option A) allows a “Fully layered Response” whereby the Fire Service responds to all medical calls except maternity or where the Fire Service is specifically requested not to attend. Council implemented this option in 1991.

The First Responder Program is designed to be a support service to the B.C. Ambulance Service and the liability and insurance is held by them. All training for this program is delivered through the Justice Institute of B.C. Paramedic Academy. The training time for a First Responder is 24 hours for level 2 per person, 40 hours for level 3

per person and 4 hours for AED endorsement. Desertification occurs every two years, 16 hours for level two, 24 hours for level 3 and 2 hours for AED endorsement.

The B.C. Ambulance Service provides a regional service with two Ambulance Stations primarily serving the City of Surrey. One in Cloverdale and the other at the Surrey Memorial Hospital. The Ambulance Station in South Surrey/White Rock predominantly serves the White Rock Area.

DISCUSSION

Surrey Fire Services attends approximately 16,000 calls per year and of those calls approximately 50% are strictly medicals calls delivered under the First Responder Program in support of the B.C. Ambulance Service.

The Surrey Fire Department calls are generally broken down into categories of Medical Calls – Motor Vehicle Accidents – Structural Fires and other. This City's Fire Service operating budget in 2001 was \$27,745,470. If we were to consider the gross number of calls divided by the budget we could assume that each call would cost \$1,742.04. In the year 2000 – 7,961 calls (yearly total 15,927) were in support of the BC Ambulance at a cost of \$13.9 million dollars.

1996 – 11.5 million – 7232 calls

1997 – 12.2 million – 7362 calls

1998 – 12.3 million – 7312 calls

1999 – 12.8 million – 7451 calls

2000 – 13.9 million – 7961 calls a total 5-year overall cost is 62.7 million dollars.

In 1987 the Emergency Health Services discontinued compensation for some hard costs and appeals from various municipalities have been initiated without success.

The objective of the program is to provide added value, assistance and critical intervention where required (i.e.: heart attack) until the B.C. Ambulance Paramedics arrive on scene.

It was further determined that some duplication of services is taking place whereby:

1. The ambulance arrives prior to the Fire Department or at the same time.
2. Several Fire Services Vehicles would arrive on scene at the same time or within minutes of one another.
3. Fire Services would be dispatched to a location where a doctor – nurse –OFA attendant – life guard, is already treating the patient.

The occurrence of the duplication can be identified and explained as follows:

1. Due to the inadequate dispatch system of the B.C. Ambulance Service, the manual aspects of dispatching contribute to the duplications of services. It would be recommended that the B.C. Ambulance Service adopt a fully functional priority dispatch system and explore the possibilities of locating a back up centre South of the Fraser.
2. Often more than two Fire Stations will respond to a Medical Call, usually this is a Volunteer Station and a

Career Station, causing duplication of vehicles and staff and inadvertently other emergency services such as police and ambulance have difficulty manoeuvring. If this situation occurs over 50% of the time a full review should be undertaken to develop a more effective model.

3. When the Fire Department is dispatched to facilities where medical personnel are already on site, it is determined that little or no value is added. These include doctors' offices, nursing homes and recreation facilities where the medical personnel are trained to a higher level than a First Responder.

Upon reviewing these instances it is clear that streamlining the process would better serve the general public and provide cost efficiencies.

NEW MODEL

Through the Public Safety Committee and the Finance Committee it was agreed that a closer look be given to providing combined services, whereby, Police – Fire and Bylaws would be housed in community buildings or Public Safety Buildings where possible.

In order to properly provide efficient and effective Emergency Services to the city a new model should be looked at. A proper interface between Police, Fire, Bylaws and Ambulance would prove to be more efficient and provide better service to the community.

B.C. Ambulance Paramedics have clearly maintained the position that more Ambulance Stations and Paramedics are required in Surrey to better serve a city of 340,000 residents.

In 1990 the City of Surrey officially requested more ambulance stations. To date none have been built.

The B.C. Emergency Health Act allowed the Province to buy out private ambulance services. Outside B.C., pre-hospital care services may be operated as a City Ambulance Service or a privately owned Ambulance Service.

Given the duplications of service, lack of a fully functional priority dispatch system, lack of Ambulance Stations and Paramedics, a case can be made to meet with the Provincial Government to look at the feasibility of establishing a City operated Ambulance Service.

This service would come under the umbrella of “Surrey Emergency Services” and maintain its own identity along with Police and Fire.

To support the new model for service and given the land mass and population, it would be ideal for a back up 911 dispatch centre to be established. The RCMP and Fire Department are currently looking at the viability of a Joint Services Operation Communications Centre. With the current technology that already exists, the back up centre would be a good fit.

CONCLUSION

There are many issues that need to be fully researched and developed. A sub committee of the Public Safety Committee should be set up to research and review the logistics of this pilot project. Given the climate for change and for governments to become more efficient and effective, it is important to review all areas where duplication exists. Local Government needs to come up with the most efficient model to provide the best Emergency Service possible to

the general public.

Councillor Dianne Watts
Chair Public Safety Committee
Chair Fire Services Review Task Force

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