

# MEDICAL TIERED RESPONSE AGREEMENT

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BETWEEN:

Essex Windsor EMS

(EWEMS)

-and-

Town of Kingsville Fire Services

(Fire Services)

The following agreement defines the criteria for EWEMS to initiate a Medical Tiered Response request for Fire Services. It is understood that the Windsor Central Ambulance Communications Centre (W-CACC) is the communication link between EWEMS and local Fire Services. W-CACC is responsible for all Medical Tiered Response communication between the agencies.

It is assumed that Fire Services will be tiered to calls in which their assistance is required as part of their responsibilities identified in the Fire Protection and Prevention Act, 1997 and any other applicable provincial and municipal legislation.

The Medical Tiered Response Agreement is a separate document that encompasses the following Emergency Call Types, Response Criteria Table and associated definitions;

## **Emergency Call Types**

- a) Multi-Casualty Incidents
- b) Industrial Accidents
- c) Entrapment, Extrication and other Rescues
- d) Motor Vehicle Collision requiring EWEMS

## Response Criteria Table

Fire Service	Cardiac Respiratory Arrest	Airway Obstruction	Unconscious Unresponsive	Limited Resource	When requested by Paramedics
Windsor					
Lakeshore					
LaSalle					
Amherstburg					
Essex					
Kingsville					
Tecumseh					
Leamington					

### Definitions:

Fire Services include:

- City of Windsor
- Town of Lakeshore
- Town of LaSalle
- Town of Amherstburg
- Town of Essex
- Town of Kingsville
- Town of Leamington
- Town of Tecumseh

## 1. Industrial Accident

An injury at an industrial or construction setting that meets what is defined or perceived as a *critical injury* or involves entrapment.

*\*\* Ford Canada, accessed from Henry Ford Boulevard is not included in Windsor Fire & Rescue Response area. Ford Security must be contacted*

## 2. Critical Injury

Places life or limb in jeopardy including, but not limited to;

Patient is unconscious **or**

Possibility of substantial loss of blood **or**

Possibility of fracture to leg or arm but not finger or toe **or**

Amputation of leg, arm, hand or foot, but not finger or toe **or**

Consists of burns to major portion of body **or**

Causes loss of sight in an eye

## 3. Motor Vehicle Collision (MVC)

Code 4 EMS response for a MVC including;

Air bag deployment **or**

Entrapment of occupants **or**

Hazards including but not limited to; electrical wires down, vehicle fluids leaking, natural gas leaks and ice or water rescue

#### **4. Cardiac/ Respiratory Arrest**

Cardiac Arrest is the sudden, unexpected loss of heart function (pulse rate), breathing (respiratory rate) and consciousness (awareness of self and surroundings). Respiratory Arrest is the sudden, unexpected loss of breathing (respiratory rate) and consciousness (awareness of self and surroundings) but will still have a palpable pulse rate.

#### **5. Airway Obstruction**

Is the partial or complete blockage of the breathing passages to the lungs. Without intervention, will lead to Cardiac/respiratory Arrest

#### **6. Unconscious Unresponsive**

Is the Interruption of awareness of oneself and one's surroundings, lack of the ability to notice or respond to stimuli in the environment. Without intervention, may lead to Cardiac/Respiratory Arrest.

#### **7. Limited EMS Resource Deployment**

Normal EMS Resource deployment is when twelve (12) ambulances are strategically located in the twelve (12) ambulance stations located throughout the region. When volumes demand increases, resources are deployed and ultimately EMS can move to limited status.

EMS has coded resource status as follows;

Yellow is when EMS Resources (ambulances) are equal to or less than six (6) available ambulances in the region.

Red is when EMS Resources (ambulances) are equal to or less than two (2) available ambulances in the region

Black is when EMS Resources (ambulances) are depleted and zero (0) ambulances are available in the region

Fire Service can be tiered on a Life or Limb initial response (Code 4) when EMS resources are in Red or Black Status only. Fire will not be tiered to long term care residents at any time or due to Code 3 delay in response enacting.

#### **8. When Requested by Paramedics**

When an EMS resource is on scene and requires the assistance of the Fire Services for the following, but not limited to;

Lift assistance that overwhelms the resources of the EMS Crew **or**

Extrication for a scene that requires the expertise and resources of the Fire Services **or**

Access and egress to the scene utilizing the staff and resources of the Fire Services **or**

MVC that is not identified upon receipt of response **or**

Hazardous scene

## 9. Exceptions

Fire Services shall not be Tiered for medical response when the following apply;

- When CACC is made aware the patient is to have a Do Not Resuscitate Validity Form **OR**
- The response is to a Long Term Care facility or Health Care facility where the staff are able to provide the same level of service or higher than as the responding Fire Service. Please refer to Schedule A

NOTE: Schedule A is a list of organizations and location which Fire Services should not be tiered for a Medical Assist. Schedule A is compiled from the Erie St. Clair LHIN. The schedule, although comprehensive, may not be reflective of the entire list of organizations. This list may be amended, expanded or lessened upon review of the status of ESCLHIN data set.

As a basic rule, Fire Services should not be tiered for a Medical Assist to;

- Doctor Offices
- Dentist Offices
- Family Health Teams
- Nurse Practitioner Led Offices
- Hospitals
- Hospice
- Community Health Centres

## 10. Disclosure

This agreement recognizes that the fire services may not be able to respond when occupied with a fire or for any other reason as determined by the senior on-duty fire officer. Further, Fire Service response is based upon circumstances and resources available at the time of the occurrence. This Medical Tiered Response Agreement will be maintained, reviewed and revised as required by the agencies involved.

Windsor CACC will not be held responsible for any associated financial cost with the application or interpretation of this agreement.

## **11. Tiered Medical Response Fire Service Grant**

As per the Essex County Council Report 2007-R0005-LA-07-18-BB (attached), Fire Service Annual Grant, Essex Windsor EMS will grant the following Fire Services One Thousand dollars (\$1,000) per defibrillator;

- City of Windsor
- Town of Tecumseh
- Town of LaSalle
- Town of Lakeshore
- Town of Amherstburg
- Town of Essex
- Town of Kingsville

The grant funding is intended for the ongoing preventative maintenance programs of each defibrillator, replacement of defibrillators, ongoing supplies and associated training. At the commencement of each calendar year, each Fire service must submit an inventory list of Tiered Response Defibrillator to determine eligibility for the grant funding.

## **12. Expendable Medical Equipment/Supplies**

Essex Windsor EMS will supply expendable medical supplies used by the Fire Service partners at medical response incidents. Such items include;

- Medical oxygen cylinders
- Defibrillator Pads
- Oxygen Masks
- Oropharyngeal airways
- Burn gel dressings
- Suction canisters

Replacement of supplies will be on a one for one basis and must be associated to a medical response. A Windsor CACC Ambulance Run Number must be placed with any orders. In some circumstances Fire Service may replace from the EMS Ambulance, understanding this should not delay transport or reduce stock in the ambulances below Standard.

If expendable supplies are scheduled to expire, EWEMS will exchange such equipment no later than six (6) months prior to the expiry date. Any items expiring within six (6) months or have expired, are the responsibility of the Fire Service to replace.

EWEMS will share vendors' lists and pricing to ensure the Fire Services experience the same pricing template as EWEMS.

### **13. Defibrillators**

It is understood that the Fire Service defibrillators are the property of the individual Fire Services. Replacement or enhancement of defibrillators is also the responsibility of each Fire Service. EWEMS will provide guidance and consultation on the selection of any defibrillators to ensure compatibility and compliance, with both EMS and Public Access Defibrillation (PAD)

EWEMS will ensure Fire Services are aware of any future EWEMS replacement plans or decisions to ensure compatibility and compliance and to ensure any replacement is fiscally responsible to all parties.

### **14. Defibrillator Preventative Inspection Program (PIP)**

EWEMS will coordinate a contract to ensure each Fire Service defibrillator is inspected by the manufacturer biometrics department. Preventative Inspection Program (PIP) reports on each defibrillator listed in the Grant Funding Inventory must be submitted annually to EWEMS for verification of Grant Funding responsibilities.

Ongoing maintenance and damage repair is the responsibility of the Fire Service.

## **Continuing Quality Assurance (CQI)**

### **1. Training**

EWEMS, in collaboration with the Fire Services and local medical direction will review the current International Liaison Committee On Resuscitation (ILCOR) guidelines, the current MOH&LTC Standards of Practice in Resuscitation, the Ontario Base Hospital Group (OBHG) protocols and the direction of the Provincial Medical Advisory Committee (MAC) to determine the current and future best practice in developing a robust, comprehensive and consistent resuscitation training curriculum to be delivered the respective fire services.

The intent is to deliver comprehensive, seamless and consistent resuscitation to the residents and visitors of Windsor and Essex County.

EWEMS, local medical direction and the fire services agree to train the trainers to allow for the local fire service to schedule, maintain and review the training provided. The medical director has oversight of all training being delivered to the local fire services.

EWEMS and the local fire services agree to utilize and share any resources or equipment to provide the ongoing annual training.

Training shall be completed annually and be comprised of:

- CPR
- AED Operation
- Review of current ILCOR and Provincial Protocols
- Review of local Protocols and equipment

Costs associated for all training is the responsibility of the individual Fire Service.

## 2. Call Response Audit

Upon completion of any Medical Assist Response (MAR), the Fire service shall, as soon as operationally feasible;

- Complete a MAR form and submit to EWEMS
- Download the applicable AED data and send to EWEMS, if available
- If Download is not available, Professional Standards Division will arrange for a defibrillator loaner while the download process is complete.
- Submit a expendable supply replacement form to EWEMS

Upon receipt of the above, EWEMS will, as soon as operationally feasible;

- Review the MAR form and attach to the corresponding eACR
- Review the AED download and attach to the corresponding eACR
- Review the AED download and complete a CPR Process report and submit to the applicable Fire Service
- Review and complete a restocking of the resupply order and notify the applicable Fire Service.

This agreement shall remain in force until any party provides written notification of their intent to change or discontinue the practices herein referenced. This Agreement shall be reviewed by all parties at the request of any participating agency.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 2018

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Chief Essex Windsor EMS  
Bruce Krauter

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Mayor, Nelson Santos

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Clerk, Jennifer Astrologo