

MEDICAL TIERED RESPONSE AGREEMENT

BETWEEN:

Essex Windsor EMS

(EWEMS)

-and-

Corporation of the Town of Amherstburg
(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 (CACC) is the communication link between EWEMS and local Fire Services. 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	Industrial Accident/ Critical Injury	MVC	EMS Code Black Status	When requested by Paramedics
Windsor							
Lakeshore							
LaSalle							
Amherstburg							
Essex							
Kingsville							
Tecumseh							
Leamington							

Fire Services include:

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

Critical Injury places life or limb in jeopardy including, but not limited to:

- Possibility of substantial loss of blood or
- Amputation of leg, arm, hand or foot,
- Consists of burns to major portion of body

3. Motor Vehicle Collision (MVC)

Code 4 EMS response for an MVC where it is known to have:

- Air bag deployment, or
- Entrapment of occupants where extrication or stabilization of the scene or vehicle is required, 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 lack of ability to notice or respond to verbal/painful stimuli in the environment. Without intervention, may lead to Cardiac/Respiratory Arrest.

7. EMS Code Black Status (Limited EMS Resources)

Normal EMS Resource deployment is considered balanced emergency coverage. This is when a minimum of eleven (11) ambulances are strategically located in the eleven (11) mainland ambulance stations located throughout the region. When resources are depleted less than eleven (11), balanced emergency coverage is compromised. At this point resources are deployed in a strategic manner to maintain adequate coverage for the region.

The three statuses of balanced emergency coverage are noted below.

Code Status Yellow occurs when the number of available ambulances is greater than or equal to four (4) and up to or equal to ten (10) throughout the mainland service area. (No code status based tiering required.)

Code Status Red occurs when the number of available ambulances is greater than zero (0) but less than or equal to three (3) throughout the mainland service area. (No code status based tiering required.)

Code Status Black occurs when the number of available ambulances is zero (0) or less throughout the mainland service area. "Or less" indicates that emergency (life or limb) responses are being delayed greater than 15 minutes. (Fire services will be tiered for emergency responses (life or limb) when the expected arrival of an EMS resource is greater than 15 minutes.)

8. When Requested by On-Scene 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, or

- Multi-casualty incident that overwhelms the resources of the EMS

9. Exceptions

Fire Services shall not be tiered for medical response when the following apply:

- When CACC is made aware by the caller that 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 reduced 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
- Safe Injection Site(s)

10. Disclosure

This agreement recognizes that 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 annually:

- City of Windsor
- Town of Tecumseh
- Town of LaSalle
- Municipality 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 (if the identical type of defibrillator pad is utilized by the Fire Service as EWEMS uses)
- Oxygen Masks
- Bag Valve Masks
- Hepa Filters
- Oropharyngeal airways
- Burn gel dressings
- Suction canisters

Defibrillator pads will continue to be replaced under the current agreement until such time EWEMS transitions to the Zoll products (Jan 1st). In the event the Fire services decide to change defibs to Zoll then EWEMS would continue with the current agreement. Following the change over to Zoll those departments remaining with LP1000's would be required to purchase their own pads.

Replacement of supplies will occur upon receipt of CACC Medical Run

Number, or if the item is due to expire within six (6) months. Any items that have expired, are the responsibility of the Fire Service to replace.

When supplies are required, Fire Services are to contact the Equipment Maintenance Supervisor with the required information including Run Numbers. No supplies will be requested or removed from in-service EMS resources while on scene of a response.

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 provide the contact information for any contracts related to the EWEMS defibrillators to have the defibrillators inspected by the manufacturer biometrics department. It is the responsibility of the Fire Department to have a Preventative Inspection Program (PIP) with the appropriate manufacturer. Reports shall be available to be presented to EWEMS on an annual basis if requested.

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

Continuing Quality Assurance (CQI)

1. Training

The local medical director, in collaboration with EWEMS and Fire Services will review the current International Liaison Committee On Resuscitation (ILCOR) guidelines, the current MOH<C 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 to the respective fire services.

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

The local medical director and Fire Services agree to train the trainers to allow for the local Fire Services to schedule, maintain and review the training provided. The local medical director has oversight of all training being delivered to the local Fire Services.

EWEMS agrees to share any resources or equipment to support 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 attempt to arrange for a defibrillator loaner while the download

process is complete

- Submit for any expendable supply replacement to EWEMS

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

- Review the MAR form and attach to the corresponding ePCR
- Review the AED download and attach to the corresponding ePCR
- 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 _____ 2023

Chief Essex Windsor EMS

Bruce Krauter

Town of Amherstburg Mayor

Michael Prue

Municipal Clerk
Kevin Fox