



Alberta Fire Chiefs Association
Professionals Serving Professionals

November 19, 2024

To: AFCA Members

Alberta Fire Chiefs Association
Position Statement
EMS Standby

As leaders in advancing best practices in fire services, the AFCA is committed to fostering excellence, safety, and collaboration throughout our province. Guided by our shared vision of supporting fire services and enhancing community safety, and in alignment with our mission to promote leadership, professional development, and innovative approaches to emergency response, we have developed this position statement to address critical aspects of EMS response protocols. This initiative is aimed at creating a consistent, evidence-based approach to deploying EMS resources efficiently and effectively across Alberta. Together, we can ensure that our fire services and EMS work in partnership for the betterment of our communities, now and into the future.

BACKGROUND

The Alberta Emergency Medical Services Standing Committee (AEMSSC) was established by the Government of Alberta to generate feedback and inform the Minister of Health on issues and solutions related to Alberta's Emergency Medical Services (EMS) system and to serve as the primary point of focus for providing the Minister a comprehensive understanding of the performance of Alberta's EMS system.

In turn, this past year, the Alberta Fire Chiefs Association Board has established its own AFCA Provincial Advisory Committee. The mandate of the AFCA Advisory Committee aligns with the objectives of the GoA AEMSSC and effectively contributes to and influences the EMS system in Alberta, fostering a collaborative approach between fire services and emergency medical services.

The AFCA Committee is to provide a regional perspective of expert advice and recommendations to the AFCA representatives sitting on the GoA AEMSSC, focusing on enhancing Emergency Medical Services (EMS) systems in Alberta.

The Committee's scope is to address strategic issues related to fire service roles in EMS, including emergency response, training, resource allocation, and policy development including:

- Advise on EMS-related matters impacting fire services.
- Propose solutions for challenges faced by fire services in EMS.

- Act as a communication conduit to and from the AEMSSC, ensuring effective information flow between both committees.

CURRENT SITUATION

AEMSSC is currently addressing the recommendations outlined in the [Alberta EMS Provincial Advisory Committee Final Report](#) produced

The recommendation from this report this directive is to address is:

3. Make sure the fire departments are appropriately requesting EMS resources for fire rescue and other calls. *Currently, EMS is automatically dispatched for support to fire department calls, even if it turns out EMS resources are not required. A review of criteria for these requests will help ensure that EMS resources only requested in situations when they are needed.*

A consensus developed from AFCA and AHS EMS Working Group in response to the recommendation made by the Alberta EMS Provincial Advisory Committee that a review be undertaken of the types of events to which an ambulance is automatically dispatched, a subcommittee was formed consisting of EMS and fire rescue representatives from across the province. Following several meetings in which the dispatch codes were reviewed, it was determined that there was no universally agreed on code in with risk to patients and responders would always be so low that EMS would not need to initially respond. It was recommended that scene command, once having evaluated the situation, may determined that in some cases EMS would not be required. Greater awareness of this opportunity may result in increased EMS resources in the community.

Resulting from this review ideologically the following has been created by the AFCA Provincial Advisory Committee and endorsed by the AFCA Board of Directors:

EMS Response Protocol and Resource Optimization

Whereas:

- Ambulances are a critical resource required to serve all people in emergency situations.
- Fire services also play a significant role in protecting and caring for people during emergencies.
- Evidence-based decision-making is essential in determining the appropriate allocation of resources in emergency situations.
- The Occupational Health and Safety (OHS) Code places a duty on employers to provide ambulance services for firefighters involved in high-risk scenarios.
- EMS response is necessary in certain circumstances, but it is recognized that when an ambulance is dispatched, it removes that resource from other potential calls within the community.
- There is a clear distinction between the needs of urban and rural EMS, with some rural communities facing issues of undercapacity.
- At structure fires, an ambulance is required to be on standby for the entire duration of the event, with EMS willing to monitor firefighter rehabilitation, recycling, and overall care at dangerous incidents. If resources are unavailable, fire departments should plan accordingly to provide this support.
- Incident Command decisions regarding EMS involvement carry liability and must be made carefully.
- EMS resources must remain on scene during municipality evacuations unless safety permits their release.
- EMS should not leave a scene if there is a potential patient, but if conditions determine no reasonable risk to individuals, the ambulance can be released. However, EMS must be able to leave the fire scene, and be able to respond to high-priority Echo calls when available.

- K. Fire services may clear EMS from the scene, but EMS retains the authority to decide if they are able to clear themselves, and this process is recorded in the incident data.

Therefore, it is recommended by the Board and this committee that:

1. The AFCA encourages all fire departments to examine the use of EMS resources in their community to develop a response plan centered around very specific, sustained IDLH environments requiring direct EMS involvement in patient care or rehabilitation of fire fighters. Incident commanders are encouraged to release EMS resources at the earliest opportunity recognizing the importance of EMS availability in their communities.
2. The AFCA will develop and distribute an educational package to its members, providing tools to assist in performing risk-benefit analyses when determining the necessity of EMS response. Departments will be encouraged to review their response plans and assess whether EMS resources are genuinely required in specific scenarios.
3. An evidence-based approach will be supported, recognizing that local experiences and EMS capacities vary across different regions.
4. AFCA supports a structural adjustment to EMS response protocols, suggesting that fire-related calls be classified as Delta responses, allowing EMS to prioritize Echo responses when necessary. This would enable the flexibility to dispatch ambulances to higher-priority incidents.
5. When fire services request an ambulance, EMS will respond, but upon assessment by Incident Command, EMS may be released if it is determined that there are no patients or no immediate danger to individuals. Incident Commanders, Platoon Chiefs, and EMS crews will collaborate closely on this decision.
6. Fire services will not hold up dedicated EMS resources unnecessarily and will release them to ensure they are available for higher-priority calls. If transport is required later, EMS can always be called back.
7. This position statement will not interfere with the ability of individual communities to negotiate contracts with Alberta Health regarding EMS services, as such negotiations remain out of scope.
8. AFCA requests that the government continue to make every effort to staff EMS services adequately to meet the needs of all communities.
9. The AFCA encourages EMS supervisors and staff directly involved in supporting fire responses to inform incident commanders of immediate challenges locally that EMS is facing. Incident Command must have the appropriate resources and communication tools to coordinate with EMS deployment managers, ensuring that responses are efficient and based on real-time needs. This collaboration can be initiated by either EMS or fire, depending on the situation, and must focus on teamwork between both services, with an understanding that time is critical.

In conclusion, the AFCA reaffirms its commitment to optimizing EMS resource deployment and enhancing collaboration between fire services and EMS across Alberta. By supporting evidence-based, scenario-specific response plans and prioritizing EMS resources for high-need situations, we aim to promote safety and efficiency in emergency response. This structured approach not only addresses the unique challenges of urban and rural EMS but also underscores the importance of releasing EMS resources promptly when safe, ensuring broader community access.

APPENDIX

Please see below data received from AHS EMS. It supports overall the assertion that fire departments generally are not using EMS to care for firefighters and ties up resources for long periods of time. Most transports are not related to fires but rather calls that fire requests EMS to attend such as MVCs, CO etc. This data supports the goal of calling for EMS when there is a known patient and encouraging fire departments who chose to still call for EMS to release them asap.

Fire Department Initiated Requests for EMS

Operational Events by Fiscal Year

	Fiscal Year 2021/22			Fiscal Year 2022/23			Fiscal Year 2023/24		
Zone	Events (count)	Transports (count)	P50 Event Duration (minutes)	Events (count)	Transports (count)	P50 Event Duration (minutes)	Events (count)	Transports (count)	P50 Event Duration (minutes)
Calgary	2835	105	15.9	2845	103	14.8	3098	146	14.6
Central	802	25	38.8	789	34	36.4	737	25	33.3
Edmonton	3332	269	36.6	3545	265	34.1	3947	297	33.2
North	866	18	32.9	828	30	33.5	826	28	34.5
South	1826	115	15.6	2189	137	14.8	2408	139	13

Patients with MCP - Firefighter Assessment Tool			
Zone	2021/22 Patients	2022/23 Patients	2023/24 Patients
Calgary	9	4	6
Central	11	4	5
Edmonton	5	6	6
North	13	9	6
South	2	2	

Note: All figures were sourced by AHS

Note: Includes motor vehicle accidents where Fire requests an EMS co-response. Does not include motor vehicle accidents where EMS requests a Fire co-response.

Note: Does not include EMS generated events with a request for Medical First Responder or Fire co-response.

Note: EMS patient transports may or may not be firefighters.