THE CORPORATION OF THE MUNICIPALITY OF PORT HOPE

BY-LAW NO. 12/2016

Being a By-law to enter into an Emergency Medical Services Tiered Response Agreement between the County of Northumberland (Northumberland Paramedics) and the Corporation of the Municipality of Port Hope.

WHEREAS the *Municipal Act, 2001*, Section 11 provides in part that a lower-tier municipality and an upper tier municipality may provide any service or thing that the municipality considers necessary or desirable for the public,

AND WHEREAS the terms of the Emergency Medical Services Tiered Response Agreement between the County of Northumberland (Northumberland Paramedics) and the Corporation of the Municipality of Port Hope is hereby attached hereto as Schedule "A";

NOW THEREFORE THE COUNCIL OF THE CORPORATION OF THE MUNICIPALITY OF PORT HOPE ENACTS AS FOLLOWS:

1. That the Emergency Medical Services Tiered Response Agreement between the County of Northumberland (Northumberland Paramedics) and the Corporation of the Municipality of Port Hope attached hereto as Appendix "A", is hereby authorized and approved.

2. That the Mayor and Municipal Clerk are hereby authorized and directed to execute the said Agreement and any related documentation to carry out the purpose of this by-law.

3. That this By-law shall come into force and take effect February 29, 2016.

4. That By-law 54/2012 and By-law 81/2008 are repealed effective February 29, 2016.

READ a FIRST, SECOND and THIRD time and finally passed in Open Council this 16th day of February, 2016.

_____
R.J. Sanderson, Mayor

_____
B. Gilmer, Municipal Clerk

Appendix "A" to By-law 12/2016

This Agreement made

BETWEEN

The Municipalities within Northumberland County

- and –

The County of Northumberland (Northumberland Paramedics)
(the "County")

(each a "Party and together the "Parties")

WHEREAS the Corporation has expressed desire to partner with the County of Northumberland in a County Medical Tiered Response Program;

AND WHEREAS the Corporation and the County have mutually agreed upon the terms hereinafter set out to determine when, where and under what circumstances the Municipality shall participate with public and/or private safety agencies and call upon each other for assistance;

NOW THIS AGREEMENT WITNESSETH that in consideration of the mutual covenants hereinafter provided the Parties hereto agree as follows:

1. <u>County Medical Tiered Response Program</u>

Introduction

The Ministry of Health and Long Term Care – Emergency Health Services, the Ministry of Community Safety and Correctional Service – Office of the Fire Marshal and the Ontario Association of Fire Chiefs support the implementation of formal tiered response agreements between public and/or private safety agencies. Such written agreements provide a framework for cooperation between, and coordination of, emergency services on a local level. The coordination of safety agencies is a teamwork approach that improves upon the response to specified emergency situations and overall level of public safety in the community.

2. <u>County Medical Tiered Response Program</u>

This Plan sets out the Notification, Activation and Response Criteria for local fire departments and other agencies participating in the Medical Tiered Response Program for the County of Northumberland.

The Program is based on the following principles:

- To ensure the timely availability of staff and resources to safely and efficiently mitigate a life threatening/public safety incident;
- To establish a common coordinated approach to arbitrate disputes;
- To identify that involvement is on a voluntary basis and may be terminated at anytime (See Item # 7 of This Document);

3. **County Criteria for Tiered Response**

This letter of agreement between the County of Northumberland and partnering public safety agency, the Fire Services authorizes the activation of the "Medical Tiered Response Criteria" as outlined below.

Life Threatening Emergency	EMS	Port Hope	Cobourg	Hamilton	Alnwick / Haldimand	Cramahe	Brighton	Trent Hills
Respiratory Arrest (absence of breathing); Airway Obstruction	X	X	X	X	X	X	X	X
Cardiac Arrest (absence of pulse)	X	X	X	X	X	X	X	X
Multi-System Blunt Trauma	X	X	X	X	X	X	X	X
Penetrating Trauma to Head/Neck/Truck Groin	X	X	X	X	X	X	X	X
Unconscious	X	X	X	X	X	X	X	X
Drowsy or Confused with Difficulty Breathing	X	X	X	X	X	X	X	X
Other Life Threatening conditions as deemed by Ambulance Communication Officers best Judgment	X	X	X	X	X	X	X	X

Additional Fire Responses	EMS	Port Hope	Cobourg	Hamilton	Alnwick / Haldimand	Cramahe	Brighton	Trent Hills
Multi Casualty Incident	X	X	X	X	X	X	X	X
Motor Vehicle Collision	X	X	X	X	X	X	X	X
Industrial or Farm Accident with confirmed or possible entrapment	X	X	X	X	X	X	X	X
Symptoms resulting from noxious gases or possible Carbon Monoxide	X	X	X	X	X	X	X	X
Confirmed Hazardous Materials/Chemical Exposure	X	X	X	X	X	X	X	X
Remote or Difficult access to patients i.e. County Forest, Water Access, Weather Related Condition etc.	X	X	X	X	X	X	X	X
Impeded building access with key box program or requirement for forced entry	X	X	X	X	X	X	X	X
CACC ACO Judgment when Ambulance > 15 minutes ETA	X	X	X	X	X	X	X	X

EXCEPTIONS & DELAYED EMS PROTOCOL:

A Tiered Response will be requested within one (1) minute of dispatching EMS **when the estimated EMS response is greater than 15 minutes** for the following requests for emergency service:

1: **Acute** chest pain

- *Exception: Fire not tiered to chest pain calls originating from long-term care homes/facilities, medical clinics/facilities or any location with an on-site emergency first responder program or higher level of medical care on-site; and/or*

2: **Acute** shortness of breath/difficulty breathing

- *Exception: Fire not tiered to shortness of breath/difficulty breathing calls originating from long-term care homes/facilities, medical clinics/facilities or any location with an on Exception: Fire not tiered to chest pain calls originating from long-term care homes/facilities or any location with an on-site emergency first responder program or higher level of medical care on-site; and/or*
- *-site emergency first responder program or higher level of medical care on-site; and/or*

3: Profuse and un-controlled bleeding

- *Exception: nose bleed, vaginal bleed, rectal bleed or bleeding from catheter site;*
- *Exception: Fire not tiered to profuse and un-controlled bleeding calls originating from long-term care homes/facilities or any location with an on-site emergency first responder program or higher level of medical care on-site; and/or*

4: Unconscious patient, non VSA

- *Exception: Fire not tiered to unconscious patient calls originating from long-term care homes/facilities or any location with an on-site emergency first responder program or higher level of medical care on-site.*

Calls received by Fire Department Control:

Paramedics will be dispatched in these circumstances based on appropriate patient prioritization if known patient; or otherwise for an incident stand-by:

1. Structure Fire
2. Hazardous Materials Incident/CBRNE
3. Evacuations
4. Any Medical Call, Including lift assists
5. Rescue – Water, Confined Space, Etc.
6. Motor Vehicle Collisions

Quality Assurance and Incident Analysis

As part of the tiered response program, The Fire Services and Northumberland Paramedics shall meet on regular intervals to review response criteria and evaluate effectiveness of this plan. Adjustments to this plan will be based on current medical evidence in the interest of best patient care and effective partnership.

4. System Notification/Activation

In order for a medical tiered response program to provide the greatest benefit to the public, all appropriate participating agencies need to respond to life threatening incidents, when there is a clear response time advantage in scene arrival, over the usual primary agency response time.

The effectiveness of the medical tiered response program is dependent upon prompt notification of participating agencies and the activation of the appropriate emergency response unit, regardless of agency affiliation. The Fire Services will be notified within (1) **one minute** of call committal or information update of an Ambulance to a life-threatening incident 90% of the time or greater.

This agreement recognizes that the participating agency may not be able to respond when occupied with another emergency or for any other reason as determined by their senior on-duty officer.

Participants making adjustments to their defined response areas must notify in writing the Chief/Director of Northumberland Paramedics. Local fire department(s) will be notified by means of the most efficient and effective method available, in accordance with the Medical Tiered Response Criteria and other such applicable governing Policies and Legislation.

5. Terms and Conditions

Fire Emergencies and Rescues shall take precedent over request for medical tiered response notifications. No liability shall be incurred by any Participant or Fire Chief for failing to respond to a tiered response request.

***Participating fire departments* shall:**

1. Ensure that all personnel in charge of patient care have completed NFPA Fire Fighter 1 (Emergency Medical Care for Fire Department First Responder) training and
2. Ensure that all personnel in charge of patient care have completed and are certified to perform defibrillation if said fire department is a part of the defibrillation program.
3. Have all defibrillators certified as per manufacturer instructions. This certification will be made available upon request by the County Paramedics.
4. Each fire service should ensure that, as of November 15 every year, each fire fighter who is in charge of patient care shall,
    a) Possess a valid certificate signed by a physician that states that he or she has been immunized against influenza, Tetanus Diphtheria, Polio, Pertussis, Varicella (Chickenpox), Measles, Mumps, Rubella, Hepatitis B, or that such immunization is medically contraindicated; or
    b) Has on file with their Fire Chief/Fire Department that he or she has not been, and does not intend to be, immunized against influenza.
    c) Firefighters should be free from communicable diseases as set out in the document entitled "*Patient Care and Transportation Standards*", published by the Ministry, as that document may be amended from time to time.

Each fire service shall ensure that, responding fire fighters perform routine practices and additional precautions for preventing the transmission of infection, especially infectious respiratory diseases. These routine practices and additional precautions may include,

(a) Routine hand hygiene,

(b) Wearing of disposable gloves,

(c) At a minimum the use of fluid resistant particulate respirator masks (N95 is designed to filter up to 95% of airborne particles in a size range of 0.1 to > 10 microns and provides a better facial seal),

i. In the event that the fire service uses the N95 masks, qualitatively fit testing to ensure maximum mask effectiveness is required (once the fit testing is complete, fire fighters should be aware of the size of mask required for adequate protection).

All Parties agree that upon request they will provide documentation detailing all emergency responses for a given period.

The County of Northumberland will not financially reimburse local fire department (s) for participating in the agreement.

Fire Services should make all efforts to ensure that all equipment is compatible with those of the Emergency Medical Services.

6. Dispute/Issue Arbitration

Concerns/Issues arising between the parties to this agreement shall be in writing addressed to the Joint Emergency Services Operational Advisory Group.

- Incidents and/or issues shall be documented stating the time, date, location and all parties involved.
- The problem and/or issue shall be clearly stated

7. Termination

Discussions surrounding termination of this agreement shall first take place at a meeting of the Joint Emergency Services Operational Advisory Group.

90 days written notification is required for any participant who wishes to terminate their involvement in this program.

Written notification must be sent to applicable Fire Chief and Municipal Clerk as well as the Chief/Director of Northumberland Paramedics.

This agreement will be reviewed annually.

8. **Authorization**

By authorized signature each partner agency agrees to adhere to the criteria as set out within this agreement.

IN WITNESS WHEREOF, the parties have signed and affixed their corporate seals under the hands of their proper officers duly authorized in that behalf.

SIGNED, SEALED, AND DELIVERED
In the presence of

Port Hope Clerk	_____	Date:_____
Port Hope Mayor	_____	Date:_____
Cobourg Clerk	_____	Date:_____
Cobourg Mayor	_____	Date:_____
Hamilton Township Clerk	_____	Date:_____
Hamilton Township Mayor	_____	Date:_____
Alnwick/Haldimand Clerk	_____	Date:_____
Alnwick/Haldimand Mayor	_____	Date:_____
Cramahe Clerk	_____	Date:_____
Cramahe Mayor	_____	Date:_____
Brighton Clerk	_____	Date:_____
Brighton Mayor	_____	Date:_____
Trent Hills Clerk	_____	Date:_____
Trent Hills Mayor	_____	Date:_____

The County of Northumberland

Northumberland Warden	_____	Date:_____
Northumberland County Clerk	_____	Date:_____