

**From:** "Mochrie, Paul" <Paul.Mochrie@vancouver.ca>  
**To:** "Direct to Mayor and Council - DL"  
**Date:** 7/11/2022 3:00:00 PM  
**Subject:** Memo - VFRS Operational Response Adjustment – Medical Incidents  
**Attachments:** VFRS - ADM - Council Briefing VFRS Operational Response Adjustment Medical Incidents\_2022-07-11.pdf

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Dear Mayor and Council,

Please see the attached memo from Fire Chief Karen Fry regarding VFRS Operational Response Adjustment – Medical Incidents. A brief summary is as follows:

- This briefing is to provide background on some temporary adjustments within VFRS response protocol for medical incidents.
- BCEHS has reported an unprecedented increase in calls, staffing shortages, and ambulance turnaround times, which impacted VFRS firefighters in waiting for hours at medical calls.
- On an ad hoc basis, VFRS has been scaling back response to low-acuity medical calls in order to maintain sufficient capacity to respond to fires and other emergencies. BCEHS currently requests Fire dispatch to low-acuity calls where the ambulance response time is expected to exceed 10 minutes.
- For a trial period commencing immediately and extending through to Sept 30, VFRS will not be dispatched to lower-acuity medical calls (calls coded Orange, Yellow, and non-emergency incidents). VFRS will continue to respond to higher-risk calls (calls coded red and purple) as well as medical calls that requires Fire response for other support (e.g. vehicle accidents, hazmat, tech rescue).

Should you have any questions, please contact Karen Fry at [Karen.Fry@vancouver.ca](mailto:Karen.Fry@vancouver.ca).

Best,  
Paul

**Paul Mochrie (he/him)**  
City Manager  
City of Vancouver  
[paul.mochrie@vancouver.ca](mailto:paul.mochrie@vancouver.ca)



The City of Vancouver acknowledges that it is situated on the unceded traditional territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations.

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## MEMORANDUM

July 11, 2022

TO: Mayor and Council

CC: Paul Mochrie, City Manager  
Armin Amrolia, Deputy City Manager  
Karen Levitt, Deputy City Manager  
Katrina Leckovic, City Clerk  
Lynda Graves, Administration Services Manager, City Manager's Office  
Maria Pontikis, Chief Communications Officer, CEC  
Anita Zaenker, Chief of Staff, Mayor's Office  
Neil Monckton, Chief of Staff, Mayor's Office  
Alvin Singh, Communications Director, Mayor's Office

FROM: Karen Fry, Fire Chief/General Manager, Fire Rescue Services

SUBJECT: Briefing: VFRS Operational Response Adjustment – Medical Incidents

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This briefing is to provide background to Council for their information on some temporary adjustments within Vancouver Fire Rescue Services "VFRS" service responses.

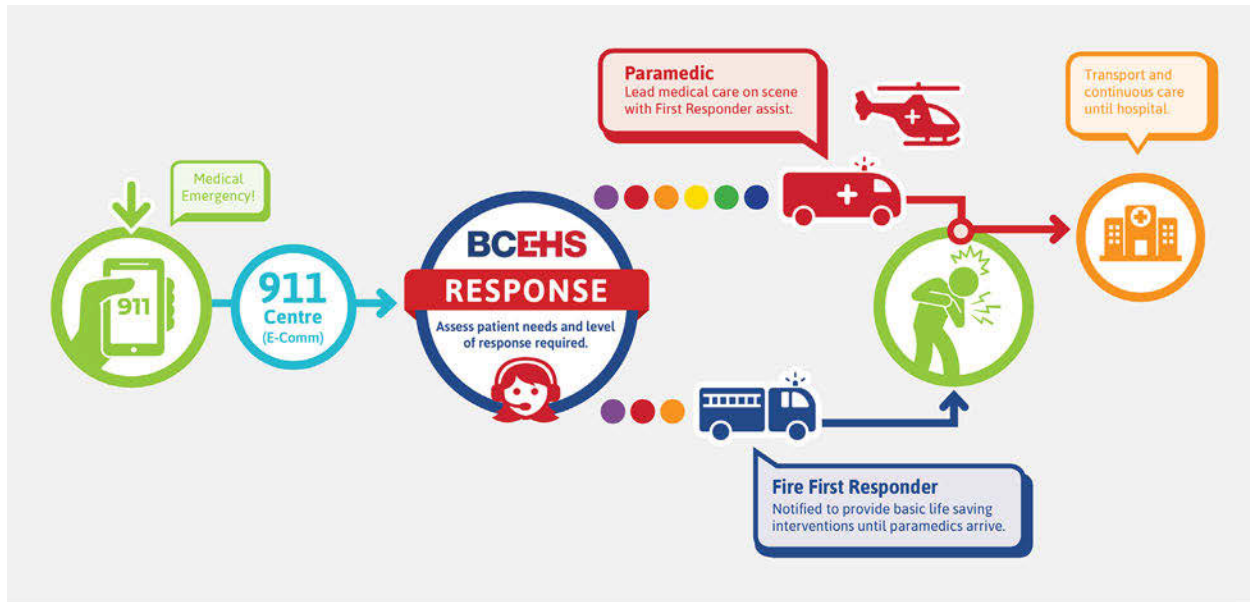
VFRS has been an integral part of the pre-hospital care system, through the first responder program since its inception, and has been providing first aid to the citizens of Vancouver for well over 100 years. Under the EMERGENCY HEALTH SERVICES ACT [RSBC 1996], the ambulance services (BCEHS) is responsible for providing emergency services in BC.

The first responder program is meant to provide critical life saving interventions prior to BCEHS arriving on scene and to have a seamless hand-over from VFRS to BCEHS for transport to hospital. BCEHS on scene target time (response times) is 9:00 for the most critical patients.

BCEHS has reported an unprecedented increase in calls for service, staffing shortages and ambulance turnaround times at hospitals all contributing to delays and backlogs in responses. In Vancouver, this peaked with the Heat Dome on June 27-29 2021, with firefighters waiting for hours at many medical calls. The BC Ministry of Health, began measures to build up their staffing and invested funding. While recruitment has been ongoing for BCEHS, the long delays are still occurring regularly and BCES are not anticipating having sufficient resources in the very near future.

BCEHS identifies the type of incidents that are down-streamed to first responders and in 2018 made a massive change to their response model, adjusting calls by 'colour' priority. This was an immediate reduction for VFRS of 22% in medical responses.

As a result, medical incidents are now coded by colour:



## BCEHS

### The Clinical Response Model (CRM) and how we work with First Responder Partners.



Additionally, in March 2020 with the CoVid pandemic, further adjustments to reduce the first responder program (in order to reduce the transmission of CoVid) to down-stream only 'purple' incidents were made by BCEHS. An adjustment to reinstate and include first responders to attend overdoses was made when overdose deaths began increasing at an alarming rate. In 2022, red calls were re-introduced and after the heat dome, orange and yellow calls where a delay of ambulance was greater than 10 minutes were re-introduced.

Below, demonstrates the increase in the number of incidents and the 'average' time waiting on scene.

#### VFRS Total Medical Incident Responses

2018	25,288
2019	25,198
2020	15,136
2021	31,172
2022	34,166 ( <i>projected</i> )

#### VFRS Average Time on Scene

2018	18:26
2019	18:14
2020	19:43
2021	23:32
2022	25:42

In 2018, VFRS would have been committed at medical incidents for 7,769 hours.

In 2022, it is anticipated, if nothing changes, VFRS will be committed at medical incidents for 14,634 hours.

Purple and Red medical calls are the most critical and considered immediately life threatening. VFRS, in the first half has responded to 10,951 of these coded calls, with an average on scene duration of 21:43 and 90% within 33:38. For the Orange, Yellow and other 'call over' calls, (n=6,137) the average time on scene is 32:21 and 90% within 53:47. In other words, the lower acuity incidents impact the ability of VFRS to respond to other incidents. As a reminder, first responders are not permitted to assess and release patients or provide an alternative transport option. Once on scene, they must remain with the patient until BCEHS arrives or the patient leaves on their own accord.

#### **The impacts to VFRS:**

VFRS routinely is experiencing long delays, delays of over 30 minutes and many over 1 hour. When firefighters are waiting for an ambulance to take over care for release or transport, they are unable to respond to fires, alarms and other emergencies. This will impact the number of resources arriving on scene at a fire within the response standard goals for VFRS.

Additionally burnout and fatigue to responders, where low acuity individuals are merely waiting for transport or a ride to the hospital.

#### **What occurs now:**

VFRS regularly advises BCEHS we are not able to respond to orange, yellow and other non-emergency incidents at many times when we have a large fire or other large incident. This has been common practice.

#### **Changes that will be occurring:**

As a trial, until September 30 2022, we will be advising BCEHS that we are not responding to Orange, Yellow or non-emergency incidents where we do not have a speciality. We are hoping that we will be in a position to better evaluate any impacts to our community, our overall response times and service levels.



VFRS will continue to provide medical responses to life threatening calls, red and purple, overdoses and any call involving burns, hazmat or a motor vehicle accident and any call with a clinical or operational need for first responder expertise, such as an environmental or safety risk (e.g. technical rescue)

Patients are queued regularly by BCEHS and are reassessed. If the patient's condition degrades to a point where the call would be upgraded to immediately life threatening (red or purple), VFRS will respond and provide the critical interventions until BCEHS arrives. We are committed to working with BCEHS to address any unintended impacts this may have.

Again, we continually monitor and adjust our responses and will continue to do so, to ensure that we are providing the best care to our community and able to respond to fires and other emergencies.

A handwritten signature in black ink, appearing to read 'Karen Fry', with a stylized flourish at the end.

Karen Fry  
Fire Chief / General Manager

604.665.6051 | [karen.fry@vancouver.ca](mailto:karen.fry@vancouver.ca)