From: "Singh, Sandra" <Sandra.Singh@vancouver.ca>
To: "Direct to Mayor and Council
Date: 5/15/2026 10:19:41 AM
Subject: Council Prep Package: Update to VFRS approach to medical call response
Attachments: VFRS - ADM - Memo to Mayor and Council_VFRS Mitigation Strategy Apparatus Call Volume Reduction.pdf

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Dear Mayor and Council,

Further to the memo shared by VFRS Chief Fry on Monday, May 11 regarding VFRS mitigation strategies to reduce medical call volumes at Firehall 02, which has been placing significant strain on firefighter capacity, apparatus availability and overall emergency response coverage in the Firehall's catchment, staff have identified media interest in this topic. In response, staff have prepared a brief package containing key points of information, background context, and relevant Q&As to support conversations with stakeholders and constituents.

Issue in brief

Over the past year, Firehall 02, which services the Downtown Eastside, has continued to experience sustained and elevated call volumes, driven largely by medical incidents, particularly overdoses. This continues to put a strain on fire response capacity, including apparatus availability, response coverage, workload pressures and long-term firefighter mental and physical health.

In response, VFRS is implementing phased changes to its medical call response. In the first phase, starting May 15, VFRS response across Vancouver will focus on higher-acuity emergencies, which will reduce the response to lower-acuity medical calls. In the second phase, starting on June 10, Firehall 02 will further narrow responses to the most urgent, life-threatening incidents.

These adjustments may raise concerns about inequity and may be framed as reduced service levels in the DTES or targeting overdose patients, which would be inaccurate. BC Emergency Health Services (BCEHS) remains the primary provider for ambulance services, patient care and patient transport in Vancouver. VFRS supports the medical response system in a voluntary and supplementary capacity, and there is no formal requirement for fire crews to respond to medical calls.

Overtime, the high volume of medical calls has placed significant strain on firefighter capacity, workload, and long-term physical and mental health. At Firehall 02 in particular, sustained high levels of medical call volumes reduces the availability of crews and apparatus for fires, rescues and other emergencies, resulting in less reliable fire coverage in the DTES compared to other areas of the city. These adjustments are intended to improve the availability and reliability of fire response for the community.

Communications Approach

VFRS will be responding to media inquiries reactively. Staff are coordinating with the Ministry of Health and BCEHS. Chief Karen Fry will be the spokesperson, as needed.

Key Points of Information

- Firehall 02 is experiencing exceptionally high and increasing call volumes, largely driven by medical calls in the Downtown Eastside, which is placing significant strain on firefighter capacity, apparatus availability and overall emergency response coverage.

- Starting May 15, VFRS will begin phased adjustments to its medical call response model to improve the reliability of emergency response across Vancouver and help ensure crews and apparatus remain available for the most critical emergencies. Some targeted changes will also apply to neighbouring Firehalls 01, 02 and 08.

- These changes are intended to help restore emergency response capacity, improve the reliability of fire response for the community, and support the long-term sustainability, health and well-being of firefighters.

- VFRS will continue responding to the most serious and life-threatening medical emergencies, including high acuity calls where rapid intervention is critical or ambulance response times are delayed.

- VFRS values the strong ongoing partnership with BC Emergency Health Services (BCEHS), which remains responsible for ambulance services, patient care and patient transport in Vancouver. VFRS firefighters are licenced First Responders and have a voluntary supplementary role by supporting certain types of emergency calls.

- In particular, Firehall 02 is experiencing exceptionally high and increasing call volumes, largely driven by overdose or poisoning related medical calls. In Q1 2026, Firehall 02 responded to almost 6,000 apparatus runs, a 51% increase compared to the same period in 2025. More than half of all calls were medical-related.

- The updated response model is expected to reduce workload at Firehall 02 by approximately 19 apparatus runs per day and are intended to improve the reliability and long-term sustainability of emergency response in the Downtown Eastside. It will help ensure crews and equipment are

- available when they are needed most.

- This approach is not new. During significant incidents or periods of sustained high demand, VFRS already temporarily reduces responses to low-acuity and some high-acuity medical calls so crews can remain available for fires, rescues and other critical emergencies.

Key Context and Facts

- BCEHS has a colour classification system to classify medical calls. Of relevance:
    - Orange medical calls are urgent but not immediately life-threatening. Currently, VFRS only responds to orange medical calls related to overdose incidents. After May 15, VFRS will no longer respond to orange medical calls.
    - Red medical calls are urgent and life-threatening. After June 10, Firehall 02 will no longer respond to red medical calls, except where ambulance wait times are longer than the National Fire Protection Association (NFPA) standard of six minutes.
    - Red-BLS calls are a subset of red medical calls where only basic life support is needed without advanced paramedics. Starting May 15, Firehall 01 and 08 will no longer respond to certain red-BLS medical calls.
    - Purple medical calls are the highest-acuity and most immediately life-threatening. All Firehalls, including 01, 02 and 08 will continue to respond to Purple medical calls.

- Overdoses/poisonings makes up 30% of all Firehall 02 apparatus runs. Depending on the severity of the individual's condition, overdoses/poisoning could be classified as any colour category. Firehall 02 will still respond to the most serious life-threatening overdose incidents.

- High medical call volumes can result in crews and apparatus being unavailable for fires, rescues and other critical emergencies.

Q&A

Q: Why is VFRS making these changes?

A: Firehall 02 is experiencing exceptionally high and increasing call volumes, largely driven by medical calls in the Downtown Eastside. Current demand levels are affecting the availability of crews and apparatus for fires, rescues and other critical emergencies that are core to the fire service. These changes are intended to help ensure fire crews and apparatus remain available for fires, rescues and other critical emergencies.

Q: Is this change happening only in the DTES?

A: No. Beginning May 15, VFRS will implement Vancouver-wide changes to its medical call response model that will focus fire response on higher-acuity medical emergencies and reduce responses to lower-acuity calls. Additional targeted changes at Firehall 02 in the Downtown Eastside will begin June 10 due to the exceptionally high and sustained call volumes experienced in that area.

Firehall 02 in the Downtown Eastside experiences the highest medical emergency call volumes in the city. As a result, the Downtown Eastside is experiencing less reliable fire response coverage compared to other parts of the city because crews and apparatus are frequently tied up responding to medical calls. These changes are intended to help restore emergency response capacity and improve the reliability of fire response for the community.

Q: Is this related to the City's budget?

A: No. These operational changes are being made in response to exceptionally high and increasing call volumes at Firehall 02, particularly related to medical emergencies, and the need to ensure crews and apparatus remain available for fires, rescues and other critical emergencies.

The changes are focused on maintaining emergency response reliability and operational sustainability in the Downtown Eastside, where demand levels are significantly impacting resource availability.

Q: What impact will this have on VFRS operating budget? Will there be savings?

A: The changes are expected to reduce workload at Firehall 02 by approximately 19 apparatus runs per day, helping address the exceptionally high and increasing call volumes the hall is experiencing, particularly related to medical emergencies.

This is an operational response to service demand and resource availability, not a budget reduction measure. Firehall 02 experiences some of the highest emergency call volumes in the city. As a result, the Downtown Eastside is experiencing less reliable fire response coverage compared to other parts of the city because crews and apparatus are frequently tied up responding to medical calls. These changes are intended to help restore emergency response capacity and improve the reliability of fire response for the community.

Q: How will this impact ambulance wait times?

A: BC Emergency Health Services remains responsible for ambulance services, patient care and patient transport in Vancouver. VFRS will continue responding to the most serious and life-threatening

medical emergencies, including higher acuity calls where rapid intervention is critical.

These changes are intended to help ensure VFRS crews and apparatus remain available for fires, rescues and other critical emergencies, particularly in areas experiencing exceptionally high call volumes.

BCEHS and VFRS work closely together as part of an integrated emergency response system, and medical calls will continue to be triaged and prioritized through BCEHS' clinical dispatch process to ensure the appropriate response is sent based on the severity of the incident.

Q: What has been done to engage with community groups and the Province?

A: VFRS has been coordinating closely with BC Emergency Health Services and provincial partners as part of the integrated emergency response system. Importantly, Firehall 02 will continue responding to fires, rescues and the most serious medical emergencies.

Q: Are the medical calls primarily overdose related?

Overdoses/poisonings make up 30% of all apparatus runs from Firehall 02.

Q: What is the City doing to support overdose prevention?

A: Overdose prevention is the jurisdiction of the Province and VCH. For more information, please contact them directly.

Q: Did VFRS take equity considerations into account when making this decision?

A: Yes. These operational changes are intended to help improve the reliability and availability of fire and rescue emergency response resources in the DTES and help ensure the community has access to timely response for the most critical emergencies.

Q: What kinds of calls will Firehall 02 no longer attend?

A: Beginning May 15, VFRS will no longer respond to urgent but not immediately life-threatening medical emergencies. Beginning June 10, responses at Firehall 02 will be further focused on the most serious and life-threatening emergencies.

Q: Why is VFRS responding to medical emergencies at all? Isn't that the role of ambulances?

A: BCEHS is responsible for ambulance services, patient care and transport in British Columbia. VFRS supports the medical response system in a voluntary and supplementary capacity, and there is no formal requirement for fire crews to respond to medical calls. VFRS supports the emergency health response system by acting as a medical first responder for certain emergencies, particularly high-acuity incidents where rapid intervention can save lives.

Q: Will this put people at risk?

A: No. Residents will continue to receive emergency medical response services through BC Emergency Health Services (BCEHS), which is responsible for ambulance services, patient care and patient transport in Vancouver. VFRS will continue responding to the most serious medical emergencies and will continue supporting urgent calls when ambulance response times are delayed. The changes are intended to improve the reliability of overall emergency response in the Downtown Eastside.

CITY OF VANCOUVER

Vancouver Fire Rescue Services
Office of the Fire Chief

# MEMORANDUM

May 11, 2026

TO: Mayor and Council

CC: Donny van Dyk, City Manager
Armin Amrolia, Deputy City Manager
Karen Levitt, Deputy City Manager
Sandra Singh, Deputy City Manager
Chris Freek, Director of Civic Engagement & Communications
Katrina Leckovic, City Clerk
Teresa Jong, Administrative Services Manager, City Manager's Office
Mellisa Morphy, Director of Policy, Mayor's Office
Trevor Ford, Chief of Staff, Mayor's Office

FROM: Karen Fry
Fire Chief and General Manager

SUBJECT: VFRS Mitigation Strategy: Apparatus Call Volume Reduction

RTS #: N/A

## PURPOSE

To inform Council of planned adjustments to medical response protocols within Firehall 02's district, and to outline the operational context and rationale for these decisions.

## BACKGROUND

Firehall 02 continues to experience sustained and elevated call volumes, driven largely by medical incidents—particularly overdoses—within its response area. Firehall 02 responded to 5,969 apparatus runs in Q1 2026, representing a 51% increase compared to Q1 2025. RED medical calls alone account for approximately 31 responses per day. Despite previous response adjustments and the addition of resources, demand remains at a level that is not operationally sustainable.

## DISCUSSION

### Response Model Adjustment

Phase 1 (Effective May 15, 2026): VFRS will no longer respond to ORANGE medical call types city-wide and will implement additional targeted reductions in specific RED-BLS call types within the district of firehall 02, and the two adjacent fire districts - 01 and 08.

Phase 2 (Effective June 10, 2026): Within Firehall 02's district, VFRS will no longer attend RED (including RED-BLS) medical call types, except when BCEHS is unable to arrive within 6 minutes, including travel time. VFRS will continue to respond to all PURPLE (highest acuity) medical calls. These changes are expected to reduce workload by approximately 19 runs per day.

### Clinical Context

Under the BCEHS Clinical Response Model, PURPLE calls are immediately life-threatening, while RED calls are immediately life-threatening or time-critical. RED calls are lower acuity relative to PURPLE, but remain serious and require a medical response, RED-BLS calls are a subset of RED calls where only a Basic Life Support (BLS) crew is initially dispatched, reflecting an assessment that the patient's condition can be appropriately managed without requiring advanced care paramedics.

### Operational Rationale

System Capacity and Availability: Current call volumes significantly reduce apparatus availability for fire suppression, rescue, and other core responsibilities. Reducing specific call types will restore capacity and improve readiness for critical incidents.

Responder Health and Safety: Sustained high call volumes are contributing to significant workload pressures. Reducing exposure supports firefighter health, including heart health and cancer risk mitigation associated with cumulative operational demands.

### Equity and Service Considerations

Council should be aware that this decision introduces a differential response approach across the city. Residents in Firehall 02's district will receive a modified response to certain RED medical calls, which may create a perception of reduced service levels.

BCEHS is the primary medical response provider for RED and PURPLE calls. The VFRS role is supplementary and intended to support patient outcomes where it adds value. The revised response model focuses VFRS deployment on the highest acuity calls and those where ambulance response is delayed, ensuring fire resources are available where they have the greatest operational impact.

Importantly, an inequity already exists: exceptionally high call volumes in Firehall 02's district reduce the availability of fire apparatus for core fire suppression and emergency response. This results in less reliable fire response coverage compared to other areas of the city. This adjustment improves availability and reliability of fire response for that community.

## IMPACTS

Positive Impacts: Reduced call volume, improved fire response availability, enhanced operational sustainability, and improved responder health and safety.

Considerations: Perception of differing service levels and reliance on BCEHS performance for RED call response. VFRS leadership will continue to work with our partners at BCEHS to ensure that patient outcomes are met.

## CONCLUSION

This adjustment is a targeted, data-informed decision addressing sustained operational pressures, prioritizing core emergency response, and maintaining firefighter health and system sustainability.

## NEXT STEPS

Implement Phase 1 on May 15, 2026, Phase 2 on June 10, 2026, continue coordination with BCEHS and E-Comm 911, and monitor impacts for reporting to Council.

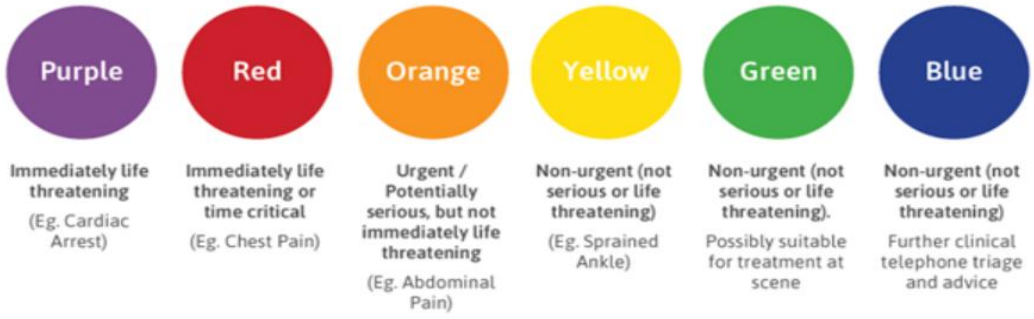
## APPENDIX

**Table 1.** Firehall 02 Apparatus Run History

| Q1 Comparison | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| **Total Runs** | 3,388 | 4,320 | 4,520 | 5,285 | 3,940 | 5,969 |
| **% Change** | - | +28% | +5% | +17% | -25% | +51% |

### BCEHS Clinical Response Model – Patient Condition

The key distinction between RED and RED-BLS subset call type, is that RED-BLS does not require an ALS (Advanced Life Support) unit to respond. Both send Priority 1 – Code 3 Response.

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