

## Wreck Beach Standard Operating Guideline

This document serves to act as a guide for BCEHS Paramedics responding to emergencies within Wreck Beach, it has been developed in partnership with colleagues from the Vancouver Fire Rescue Service and the Royal Canadian Mounted Police.

Wreck Beach, nestled within Metro Vancouver's Pacific Spirit Regional Park, is celebrated for its beauty and social allure. Extending 7 kilometers along ancestral unceded Musqueam land, and wrapping around Vancouver's Point Grey peninsula, it ranks among the world's largest clothing-optional beaches. However, its popularity and remote location pose safety challenges. Despite its charm, the beach's isolation and increasing visitation create challenges, particularly in handling medical emergencies. Effective coordination among emergency responders, including the RCMP (UBC Detachment), Vancouver Fire Rescue Services (VFRS), BC Emergency Health Services (BCEHS), and the Canadian Coast Guard, is crucial in addressing these challenges.

Time sensitive decision making is based on multiple factors and is often a nuanced decision balancing risks and benefits. Decisions on the urgency of extrication may include but are not limited to, patient factors, responder factors (ex. crew fatigue), mechanism of injury, medical condition, and environmental state. This does not lend itself well to a specific scoring system and is best discussed in consultation with the Paramedic Specialist desk and/or EPOS.

### Operational Specifics

1. BCEHS – PICK UP WRECK BEACH KIT inside station **262** next to the vehicle bay entrance in locker 231 – (please call dispatch for padlock code).
2. SWITCH TO CE-VAN 1 (**Combined Event**) on one of your portables to connect with Vancouver Fire (VFRS) to confirm ETA.
3. Once connected, MUTUALLY DECIDE IF YOU ARE GOING TO WAIT for each other before heading down based on incident information, time of day and weather. If either agency is delayed, then head down to the beach instead of waiting.
4. When 10-7 at scene, LEAVE VEHICLE KEYS on the floor inside the ambulance to allow VFRS to drive it over to Spanish Banks.
5. VFRS, please remember to take the BASKET STRETCHER with you.
6. BCEHS, please take the clam shell along with your **Wreck Beach Kit and O2**.
7. PARK RANGERS activation, call 604-451-6610 (24hr Emergency). They know a lot about what goes on down at the beach and can provide excellent help should you need it (direction, crowd control, etc.).
8. Should you need assistance from JRCC (Coast Guard – Hovercraft) for transport, you **MUST** call CliniCall (PS/EPOS) arrange for response. **Do not** assume that someone else will call on your behalf (e.g. park rangers, police, fire, UBC security, etc.).
9. The Hovercraft will then take you to the "CONCESSION STAND" (or sometimes referred to as the Bath House) at Spanish Banks where your ambulance should be awaiting your arrival.



**All recommendations and assessments on scene by BCEHS paramedics must be relayed to CliniCall for consultation with the Paramedic Specialist and/or EPOS**

### **Low Acuity/Able to Self-Extricate**

Examples:

- laceration without neurovascular compromise
- upper limb injury closed without neurovascular compromise
- drug intoxication, GCS 15
- allergic reaction not anaphylaxis

Extrication Plan: Patient walks out by self, escorted by VFRS +/- BCEHS medical escort as able

### **Low Acuity/Unable to Self-Extricate**

Examples:

- Lower limb injury, unable to ambulate
- Acute intoxication, unable to ambulate
- Compromised vision

Extrication Plan: VFRS collaborates on effecting extrication; BCEHS provides medical escort as able  
If conditions do not permit stair egress: Consideration of JRCC assistance with CliniCall- PS/EPOS consultation

### **High Acuity/Able to Self-Extricate**

Examples:

- Head injured but GCS 15
- Limb injury open/Neurovascular compromise
- Post-ictal GCS 15

Extrication Plan: If time allows, VFRS effects extrication; BCEHS provides medical escort as able  
If time sensitive\*\*, JRCC assistance may be requested via CliniCall - PS/EPOS consultation

### **High Acuity/Unable to Self-Extricate**

Examples:

- Post cardiac arrest with ROSC
- Drowning
- Respiratory compromise
- Stroke
- Chest pain
- Agitation/acute psychosis
- Drug use with agitation
- Unstable vital signs\*

\*Unstable Vital Signs:

GCS <15  
Temp < 35 or >38.5  
HR < 45 or >130  
SBP <90  
O2 Sats <92%  
BG < 4 or >15

Primary Extrication Plan: VFRS/BCEHS with assistance from JRCC  
Secondary Extrication Plan: VFRS/BCEHS up stairs