

Region 1 – ACP Deployment outside of Victoria Post

Rationale

ACP resources outside of Victoria Post are not as readily available, and dispatchers must take extra consideration into ensuring deployment of these resources is done with best patient care in mind. The aim is to protect communities by sending the right resources to the right patients the first time. This document will serve as a guideline for EMDs when making these critical deployment decisions.

It must be pointed out that there will always be exceptions to these considerations, and ultimately the dispatch team is responsible for the deployment of resources after consideration of logistical and clinical challenges.

Current Resources

Regional Resources
122A1: 24h paired ACP car, has transport capability. Stationed in Nanaimo, operating out of STN122. 108P: lone responder, 7 days a week, daytime only. Is not transport capable. Stationed in Campbell River.
Provincial/CP Resources
180A1/180A2: CCP, deployed by PTCC. Primary focus is critical IFT work. Rotary and road response capable. 129CP: Community Paramedic, Tue-Fri daytime only. Is not transport capable. Stationed in Port McNeill.

NOTE: All current practices in place regarding use and requesting of both CCP and CP resources must still be followed. Ultimate deployment decisions for these resources do not lie with Regional dispatch.

References

Rural ACP practice update

Requesting CCP

Requesting CP

Deployment

CRM PURPLE: Deploy without delay

- 122A1: regional boundaries remain unchanged, outside of Nanaimo continue to consider for beats 138, 130, and 159.
- 108P: Consider for beats 131, 170, 108, 155

CRM RED: Deploy without delay in the following beats

- 122A1: 120, 122
- 108P: 108

AUTOLAUNCH CRITERIA MET

On all events where an air response is being considered, the EMD will also consider sending an advanced care ground resource with the following considerations:

- Response time to scene in relation to ETA of critical care air resource
- Driving conditions
- Logistical considerations (are ferries, water taxis, access, SAR, rescue etc required?)
- Trauma bypass guidelines
- Clinical Hub collaboration for clinical oversight
- Who else is available in the area (Quebec, Mike units etc).

It is the expectation that documentation will be added by the EMD regarding actions taken, logistical challenges faced, and what the deployment decision is regarding ground ACP resources.

OTHER CONSIDERATIONS

- Consider operational & logistical constraints/circumstances in partnership with Charge EMD
- Consider clinical constraints/circumstances in partnership with Clinical Hub (SIGPS with appropriate documentation about what we are requesting)

Communication

On all HLA calls within ACP response areas, EMDs will provide an accurate picture of ACP availability for responding crews.

- For high acuity medical events (CRM PURPLE, RED) outside of *automatic* response areas, local crews will still be advised of ACP availability. If a crew requests an available ACP unit, the EMD will deploy without delay.
- For events where CCP crews are in the area, but regional resources are tied up, the EMD will advise crews that we will check on availability.
ie: "122A1 is unavailable, I am checking on 180's availability"