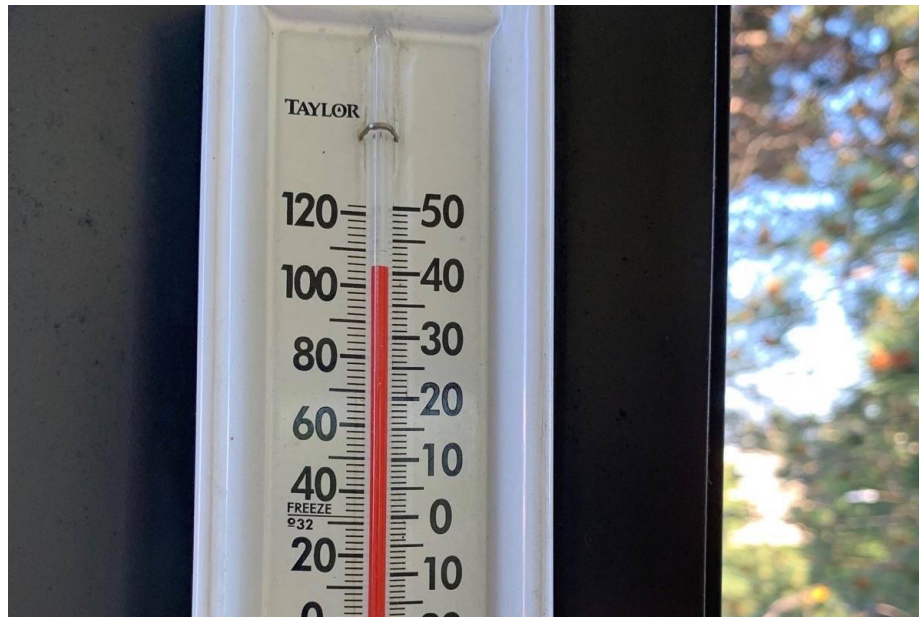




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Quadruple Threat:

British Columbia Emergency Health Services (BCEHS) Response to The Heat Emergency



AMBULANCE PARAMEDICS & EMERGENCY DISPATCHERS of B.C.

Briefing Document to the Honourable Adrian Dix, Minister of Health

5 July 2021

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Forward

For almost a week between June 24th and June 29th, 2021, British Columbia experienced a severe heat emergency. Described as a “heat dome” by Environment Canada, extreme temperatures impacted the southern part of the Province, particularly Vancouver Island, the Lower Mainland, the Thompson, Columbia, Kootenay-Boundary and most devastatingly; the Village of Lytton.

Through multiple warnings and statements, Environment Canada was forecasting temperatures to reach the mid to high 30's for the Island and Metro Vancouver and mid to high 40's for other select areas. It is important to note that, these forecasted temperatures were before the humidex values were applied and also included very high night-time temperatures. The village of Lytton recorded the all-time record for highest recorded temperature in the Nation, *three separate days*. On June 28th it was 46.6 degrees, June 29th was 47.5 degrees and on Wednesday June 30th, the incredible temperature of 49.5 degrees.

Prior to this extreme environmental event, The British Columbia Emergency Health Service (BCEHS) operations were already under significant strain, dealing with the on-going increases in call volumes due to opioid use and the COVID pandemic restart plan. This was in addition to the significant staffing challenges both for Full Time unit vacancies in Urban and Metro operations as well as On-Call staff in rural and remote stations. Multiple negative events had been reported, both internally, externally and in the media due to record high out of service numbers and the inability to provide timely paramedic response. These factors all came together, layered on top of very high metro and urban workloads (UHU/UU) during normal operations, to create a catastrophic disaster and the collapse of the ability for BCEHS to receive, dispatch and respond to calls. This also resulted in negative impacts to our public safety partners (ECOMM, police and fire, etc.). Unfortunately, in parallel to this, massive wildfires broke out, with one completely destroying the Village of Lytton.

At the time of writing, the British Columbia Coroner is reporting over seven hundred (700) deaths, in a one-week period, related to the heat. It should be noted, that while the temperatures have decreased, it is still very hot, wildfires continue to burn out of control and staffing and workload issues still remain. Without immediate intervention and long-term planning, the likelihood that another catastrophic-level event will occur in the near future.

As a result of discussions with the Minister of Health, and at his request, we provide this briefing package for his review.

We do so with extreme gratitude for all the call-takers, dispatchers, paramedics, supervisors and support staff that went well above and beyond to try and do everything possible, in the face of unbelievable adversity. They continue to do that every day.

Thank you,

The Provincial Executive Committee
Ambulance Paramedics and Emergency Dispatcher of BC
CUPE Local 873



We present the following proposed solutions, grouped by rural/remote (numbers) and Urban/Metro (letters), divided into **immediate/short term (tactical)** and **medium/long term (strategic)** timeframes. They are further bucketed into four (4) important lines of effort (LOE):

Wellness, Operational Response & Workload, Recruitment & Retention and Public Confidence

LOE #1 -Wellness:



- A** In collaboration with the CISM team, develop a self-access, public safety relevant video from a mental health professional to address psychological injury.
- B** CISM team support to the dispatch centres.
- C** Utilizing DTA or other appropriate staff, institute multiple hydration/food delivery to crews and dispatchers.
- 1, D** Provide timely, frequent and honest communication to employees on challenges and solutions, including realistic timelines for implementation.
- E** The utilization of Irregular, Regular Part-Time and On-Call staff to strategically rotate through units, stations by platoon to provide a decompression block off for incumbents.
- 2, F** Work with logistics staff and vendors to produce and distribute a summer weight uniform issue. Transition to summer and winter weights for issue to all staff. Modernize the entire uniform supply and ordering system.
- 3, G** A modernization, shift conversion and additional recruitment of CISM peer members.
- 4, H** Create a workforce management and payroll review and implement changes.
- 5, I** Expand the awards and recognition program to be BCEHS specific and institute a COVID uniform device.



LOE #2 - Operations Workload & Response:

1. A. B. C. D. E. 2. F. G. H.

I. 1. J. 3. K. 4. L. 5. M. 6. N. 7. 8. P. 9. R. Q. 10. S. 11. T. 12. U. 13. V. 14. 15.

- A** The immediate addition of significant resources both on the street and in our dispatch operations to address call volume and workload.
- B** The immediate recruiting and training of Emergency Medical Call Takers (EMCT) and Emergency Medical Dispatchers (EMD's). The Union will agree to movement between the classifications while on probation.
- C** Scheduling **paired** ACP units utilizing all available rates of pay. Communicate this initiative widely to the ACP staff.
- D** A temporary utilization of all out of post employees (PCP/EMR) within Vancouver Post. (The Union will temporarily waive the EMR restriction on a WOP/WOP basis).
- 1, E** A service-wide, standing approval for holiday recall and double time to fill vacancies. Temporarily allow Alpha shift employees to have pre-approved, first right to their own ESA OT shift (rotational Alpha shift every fifth (5th) block).
- 2, F** Immediate posting and filling of paramedic and dispatch positions, particularly in the Lower Mainland, outside of the normal posting timeframes. Temporary postings for cooling centres, jails, reception centres. (The July 2, 2021 posting for Metro Vancouver went up, positions should be filled and start dates should be scheduled as early as possible).
- G** The pairing and placement of any Excluded Manager with a paramedic license onto an additional resource on an Alpha pattern when staffing levels become critical (the Union will temporarily waive any bargaining unit work arguments WOP/WOP).
- H** The utilization of any Excluded Manager who is able to call-take/dispatch within the dispatch centre when staffing becomes critical (the Union will temporarily waive any bargaining unit work arguments WOP/WOP).
- I** Additional postings for additional Irregular Full-Time staff into Vancouver with staggered and on-going intake on a monthly basis to address capacity and anticipated movement out of post in next 6 months.
- 1, J** Onboarding of additional preceptors to clear up the backlog of students that need to be signed off.
- 2, K** Enhance and expand secondary triage in dispatch to allow non emergent alternative transport and referrals.
- 3, L** Return to a public safety rank and reporting structure, including a review and transformation of senior leadership positions to better address Operations, Public Safety and Emergency Management areas.



of service. A shifting from administrative/LR/HR focused leadership to a more balanced operational leadership model.

- 4, M A review of current, unit by unit, Unit Hour Utilization (UHU) and framing them in the context of other Canadian Paramedic Services KPI's (response times/UHU, etc).
- 5, N A temporary conversion of all On-Call units to an Alpha pattern under the existing CA language, this can be done for a period of up to 6 months (or longer with agreement between the parties.) Early activation of all posted FT spots to spareboard capacity (at minimum, upgrade all 23 high call volume Urban stations (not slated for SOC). They should have two (2) Alpha units to assist in mitigation of call volumes in both Rural and Urban areas).
6. O An ESO-type review of each unit/community to work on implementing the above.
- 7 Upgrade the twenty-two (22) high end SOC proposed communities to Full Time Alpha cars.
- 8, P Reverting to local scheduling by Bargaining Unit Supervisors in all three (3) dispatch centres. Reverting to local scheduling by Bargaining Unit Supervisors in non-Metro PSO scheduled posts, including advance scheduling using 7 day and monthly windows as opposed to daily.
- Q Implement a Metro Community Paramedic program to allow demand mitigation.
- 9, R A joint effort to produce and execute a comprehensive disaster plan and emergency management division with BCEHS. The appointment of a Director-level SME to oversee BCEHS-specific emergency management.
- 10, S The establishment of strike forces/task forces by region to preplan for disaster response.
- 11, T Preplanning strike teams and taskforces, by operational region, for disaster response include DEOC and PREOC and EOC establishments internally and with partners.
- 12, U Restore specialty teams (CBRNE, ITSU, bikes, gators, etc.) to address demand mitigation. *Mass gatherings/LE operations will continue through summer and fall regardless of if BCEHS is ready or not. We need to be ready to support other public safety agencies while reducing the demand on the regular fleet from mass gathering and specialized responses.
- 13, V A modernization of the supervisory structure, including enhanced Bargaining Unit Supervisory roles. Re-establish public safety liaison (deconfliction) meetings and positions.
- 14 Joint review and transformation of temporary surge resources to support current situation and operations.
- 15, W Review the utilization of an IHOP program.



LOE #3 - Recruitment & Retention:

1, 2, A, 3, B, 4, C

5, D, 6, E, 7, F, 8, G, 9, F, 10, G, 11, H,

- 1 Immediate recruitment drive with funding and localized/targeted programs for Indigenous, rural and remote communities.
- 2, A Work with EMALB to increase exam capacity and decrease licensing throughput time.
- 3, B Immediate funding and resources to streamline recruitment TA/HR processing time and enhance pre-employment screening (higher level than current PHSA).
- 4, C Enhance capacity in TA/HR with the utilization of local supervisors.
- 5, D Proposed labour market adjustment similar to the recent RCMP/NPA.
- 6, E Seek funding partnerships with ISC, INAC for Indigenous PCP/CP education and resources.
- 7, F Institute a recruiting officer and fund public safety specific recruiting initiatives.
- 8, G Develop and deploy a modular system of educational upgrading and incorporate into annual CPD cycles.
- 9, F Revert to internal, funded education to build PCP and ACP capacity. There is already existing language with the Collective Agreement and can be actioned immediately. Utilize existing Collective Agreement language to tap into the pool of seven hundred (700) Emergency Medical Responders (EMRs) to hire into communities and then train. The Union would consider discussion on lock in language.
- 10, G Work with Advanced Education to increase cap on subsidized training seats.
- 11, H Explore instituting “hierarchy of needs” type benefits (childcare, fitness, etc.).
- 12, I Explore living differential type benefits (CAF PLD, Northern ACP, etc.).



LOE #4 - Public Confidence:



- 1, A PSAs to restore public confidence in 911 and Paramedic service.
- 2, B Joint media communications on progress to improve service.
- 3, C Develop a public facing dashboard and annual report on BCEHS performance.
- 4, D Increase BCEHS media presence.
- 5, E Develop ongoing public educational media on proper use of 911 and paramedic services.

