

# BRIEFING NOTE

## Expanding Community Paramedics into Metropolitan Areas



### Message Boxes

Our message boxes speak directly to the three vital roles that Metro Community Paramedics (MCPs) can address:

1. Dynamic Deployment & Response
2. Toxic Drug Prevention, Education & Harm Reduction
3. Delivering Access to Care to Under-Served Demographics

Our paramedics, dispatchers, support staff and ambulance stations are well-positioned to respond to emergency and non-emergency calls throughout BC, 24 hours a day, 7 days a week, 365 days a year. Currently, our Community Paramedics are stationed in various smaller communities throughout the province, providing exceptional care to people in need, reducing hospital transports, and providing support care to multiple at-risk demographics.

**The Ambulance Paramedics of BC are promoting Expanding Community Paramedics into Metropolitan Areas to bridge ongoing healthcare gaps.**

We believe that Metro Community Paramedics (MCPs) can address major service delivery gaps in multiple areas, including (but not limited to) providing enhanced harm reduction services in high-risk and high-call volume areas to support the unhoused, those with addictions, mental health issues, at-risk seniors, and other under-served populations who don't have appropriate access to care.

### 1 Dynamic Deployment & Response

- a. Our members and ambulance stations are already tactically deployed in Metro Communities throughout BC. Costs will be low to install MCPs into these pre-existing stations.
- b. As MCPs will use single responder units (SRUs), they are mobile, agile, and easy to deploy, with better response times and smaller environmental footprints.

### 2 Toxic Drug Prevention, Education & Harm Reduction

- a. A trial has already been done where MCPs were stationed at a high-risk housing project and re-routed dozens (if not hundreds) of ambulance calls, thereby reducing transports, hospital visits and reducing ER volumes.
- b. Providing compassionate "frontline" outreach, education, and other harm reduction strategies (such as Naloxone kits) can and will save even more lives.

### 3 Delivering Access to Care to Under-Served Demographics

- a. MCPs have a vital role to play in supporting many demographics who are currently under-served, such as seniors living on their own, the unhoused, and those suffering from addictions and/or mental health issues.
- b. Delivering trauma-informed, collaborative and inclusive care, MCPs will be well-positioned and trained to support Indigenous members of society and those who feel unseen.



# BRIEFING NOTE

Help us gain access to better Mental Health and Wellness supports for our Paramedics and Dispatchers. Have BC included in the Public Safety Personnel Network (PSPnet).

## Message Boxes

1. Currently 6 other provinces already provided access to online clinician support to their Public Safety Personnel.
2. More than 90% report increased confidence in managing their mental health challenges, including symptoms of CIS/PTSD.
3. More than 95% of users believe PSPNet was worth their time and would refer the service to a friend.

Our members are suffering increasing symptoms of Critical Incident Stress (CIS) injuries and Post-Traumatic Stress Disorders (PTSD). Now more than ever, we are in need of quality, clinician-based supports that we can access immediately.

That's where the Public Safety Personnel Network (PSPNet) resource comes in. Administered by the Canadian Institute of Public Safety Research and Treatment (CIPSRT), this program was developed by a team of expert researchers and clinicians at the University of Regina, led by Dr. Heather Hadjistavropoulos, one of Canada's leaders in Internet Based Cognitive Therapy (IBCT).

Currently, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Québec, and Saskatchewan have access to the PSPNet, and-

**With your help, we are hoping to add British Columbia to the PSPNet online clinician support system.**

*\* Potential Costs: Approximately \$250,000 per year, shared across all of public safety, however, the costs of delayed access to mental health supports, time-loss WSBC injuries, and disconnection from the workplace, can easily be multiplied above and beyond this investment.*