



BACKGROUND

07 February, 2008

BC Ambulance Service

PROGRESS ON RECOMMENDATIONS – SULLIVAN MINE CORONER’S INQUEST

The following steps have been taken to address the jury recommendations following the July 2007 Coroner’s inquest into the 2006 deaths of four people, including two paramedics, at Sullivan Mine in Kimberley.

1. To follow question #3 on the EMD (Emergency Medical Dispatch) protocol with the further question “is the victim inside or outside a building?” This could lead to card #22 Confined Spaces. This could then be expanded as to what type of building. REVIEW COMPLETED, IMPLEMENTATION COMPLETED

The BCAS Provincial Dispatch Quality Committee tasked a small group of BCAS dispatch experts to review and enhance dispatch protocols to better identify calls involving confined spaces as well as other potential safety hazards. The review team fully supported the intent of the recommendation but felt that the specifics were too limited in scope. For example knowing whether or not the patient is inside or outside a building will not help identify an inaccessible incident or other hazardous locations. Asking this specific question may lead to a tunnel vision approach where the Dispatcher thinks of just protocol #22 when in fact there may be a more appropriate protocol, e.g. protocol #8 hazardous locations. The review team concluded that the existing internationally agreed Medical Priority Dispatch System (MPDS) questions would better identify a broader range of potential hazards or contributing factors when used to their full extent and level of detail.

As a result BCAS developed new training materials to clarify and enhance the MPDS questions regarding patient location and recognition of scene hazards, to ensure dispatchers capture the necessary level of detail through MPDS. For example detailed questioning on patient location should help identify; is the address a workplace or residence, is the person inside or outside a building, if they are inside a building - what type of building, where are they within the building, where are the entrances, etc. This new and revised educational material was distributed to all dispatch centre staff and was incorporated into the training package for new dispatchers. In addition dispatch centre staff received the safety bulletin sent to all staff about the definition and description of a confined space and both Dispatch Centre Supervisors and Quality Improvement staff have been tasked with ensuring dispatchers understand confined space issues.

2. Dispatch should have access to mine rescue telephone number 24 hours/day similar to CANUTEC (Canadian Transport Emergency Centre) for advice on rescue protocol regarding abandoned mine sites. REVIEW COMPLETED, IMPLEMENTATION UNDERWAY

The Ministry of Energy, Mines and Petroleum Resources has been working on creating the necessary processes and procedures to staff and support a 24/7 emergency contact phone number.

BCAS has been in regular contact with the Ministry on the issue and Dispatch Centre staff are working with Ministry staff on finalizing the new procedures to implement the 1-800 number.

3. Install sound proofing/deadening materials on the walls and ceiling to cut down on ambient noise in the dispatch centre. REVIEW COMPLETED, IMPLEMENTATION COMPLETED

BCAS engaged the services of a specialist acoustics consultant to assess and recommend practical options that BCAS could implement in the existing interim Interior and Northern BC Communications Centre (INBCCC) facility.

This led to the complete sound proofing of ceilings and walls through new ceiling tiles, wall panelling and insulation measures, and the reconfiguration of the physical layout of the workstations to reduce ambient noise. Sound proofing/deadening measures will also be incorporated into the future renovation/re-build model for the INBCCC.

4. Enforce that communication centre dispatchers take entitled breaks away from their work stations. REVIEW COMPLETED, IMPLEMENTATION COMPLETED

Currently, BCAS dispatch centre employees take breaks during slower periods, but all are available during periods of high demand. This recommendation highlights the importance of balancing work – to ensure patients receive timely and quality care - and breaks – to ensure staff receive some downtime. Following consultation with charge dispatchers and managers the INBCCC undertook a trial of more formal breaks away from workstations.

The trial has now been completed and a procedure for dispatch staff to take more formal breaks has been implemented in the INBCCC. Dispatch Centre Supervisors will track and monitor employee breaks as part of the new procedure.

5. Issue one oxygen sensor per ambulance mandatory to be worn by the senior person at all times while on shift. Appropriate training along with the issue of the sensor be provided. REVIEW COMPLETED

BCAS has undertaken a comprehensive review of the types of oxygen sensors that are available on the market and what emergency medical service providers in other jurisdictions use. Although there are a broad range of oxygen sensors on the market, BCAS did not find any examples of these sensors being used by Emergency Medical Service (EMS) personnel, the only examples of any oxygen sensors being used by medical responders were by those EMS personnel who have a dual ambulance/fire role. BCAS research of other EMS providers across Canada showed that 100% of respondents have a mandate similar to BCAS in that EMS personnel are not to engage in search and rescue activities.

Although BCAS are not primarily responsible for search and rescue BCAS do recognize that at times paramedics are in dangerous situations and require the best safety knowledge, skills and tools. However there is a concern that an O2 sensor could give a false sense of security to paramedics as it would not detect instances where other lethal gases are present but with normal oxygen levels. BCAS are also concerned that a focus on an imperfect tool will detract from the more important skills of assessing all risks and making safe and balanced decisions.

BCAS believes that a more broad based and multifaceted solution is preferable. As a result BCAS are significantly enhancing the education and training delivered to all paramedics to improve their ability to recognize potential hazards, particular in closed spaces, and to understand how to make better decisions in stressful situations with competing priorities. As a result BCAS is focusing on paramedic education and is investing in improved training to provide paramedics with critical thinking and decision making skills regarding their safety. BCAS will be investing a million dollars in rolling out a new face-to-face **‘SAFER – Situation Awareness For Emergency Responders’** training course in April 2008 which will be provided to over 3,000 paramedics across the Province to support paramedics in making critical decisions during stressful situations.

BCAS also provides specific training on common regional hazards to all paramedics new to a region, and have instituted a 24/7 telephone program of support for paramedics by advanced care paramedics with specialized and high level training in the broad range of hazards.

Although the decision has been made not to equip ambulances with oxygen sensors, BCAS is committed to continuing to review other options to improve paramedic safety and will examine what role a comprehensive multi-gas sensor may have, their potential added value and appropriate implementation.

6. Make it mandatory for all BCAS staff to review the WorkSafeBC website and take the confined space course annually and have the supervisor record and track their progress. REVIEW COMPLETED, IMPLEMENTATION COMPLETE

BCAS has issued an update to all paramedics that outlines WorkSafeBC’s definition of “confined space”. The memo also states “...the focus for employees of the BCAS should be on the ‘identification and recognition’ of confined spaces. The BCAS is not in the business of search and rescue; paramedics are not to “enter” confined spaces”....

BCAS has issued a safety bulletin on confined spaces and has a system in place to ensure that all staff read and demonstrate they understand the definition and description of a confined space. An information package has also been developed to support the safety bulletin and ensure all Unit Chiefs and Dispatch Centre Supervisors facilitate discussions with staff to aid and confirm understanding.

When paramedics join BCAS, they must successfully complete two on-line Occupational Safety and Health (OSH) training programs during their first two months of probation. Each program has a component on recognizing confined spaces: Controlling Workplace Hazards and Controlling Workplace Exposures.

Both of these programs have been revised to include additional information on confined space and hazard recognition and the principles of risk assessment and risk management. BCAS will be investing over \$700,000 to fund all paramedics to re-take the new, revised OSH1 and OSH2 courses, starting in the Spring of 2008.

The new full day face-to-face ‘SAFER – Situation Awareness For Emergency Responders’ training course being rolled out in the Spring of 2008 will build on the above work and support paramedics in making critical decisions during stressful situations.

7. The Kimberley station assign a full time unit chief to ensure training and compliance are maintained to a high standard. POLICY REVIEW UNDERWAY PRIOR TO INQUEST, IMPLEMENTATION UNDERWAY

The Kimberley Ambulance Station has had an Acting Unit Chief assigned to the role while a review of Full Time Unit Chiefs in rural stations has been conducted by BCAS.

The Kimberley Unit Chief position will now be filled by a permanent appointment, along with 21 other permanent Unit Chief positions in rural Ambulance Stations across the Province – positions which were previously filled by Acting Unit Chiefs. BCAS believes that Unit Chiefs play a key role in providing local leadership, provide a community service focus, and assist in paramedic recruitment and retention. BCAS hopes to appoint paramedics dedicated to living and working within rural communities to the unit chief positions and ensure that those rural ambulance stations have a long term sustainable future via the leadership of a dedicated full time unit chief.

By providing dedicated full time unit chief positions at rural ambulance stations, both BCAS and local communities will benefit by: providing long term stability to stations, ensuring new recruits get the support they need, and ensuring stations have the capacity to work with their local community to find innovative solutions to recruitment and retention challenges.

8. BCAS designate a contact for the families of the deceased to provide periodic updates on the progress and state of implementation. RECOMMENDATION COMPLETED

BCAS has contacted the families of the deceased paramedics and has set up a process for the Executive Director of the Interior region to provide regular updates on the progress of the recommendations and state of implementation.

The BCAS Director of Clinical Education is also in contact with the deceased paramedics' families to facilitate their input and involvement into how BCAS may recognize the paramedics through a new training bursary.