



**A Division  
of the  
Kenora District Services Board**

# **DEPLOYMENT PLAN**

**Revised April 2011**

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# **NORTHWEST EMS – DEPLOYMENT PLAN**

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## **INTRODUCTION**

Northwest EMS delivers ambulance services in the District of Kenora and is operated by the Kenora District Services Board with administrative offices in Dryden, Ontario.

The primary mandate of Northwest EMS is to provide the necessary resources to respond to medical emergencies within our service area and, if necessary, non-emergency transportation of patients between facilities or for rendezvous with aircraft. The ability to provide emergency medical response will always be our priority.

Our bases are located in the following communities:

Dryden • Ear Falls • Ignace • Kenora • Pickle Lake • Red Lake • Sioux Lookout • and Sioux Narrows-Nestor Falls

In addition to providing emergency medical services to these communities, our qualified paramedics respond to calls for assistance to any accessible location in the District of Kenora, covering a geographic area of 200,000 square kilometres.

There are twenty-one land ambulance vehicles staffed by a combination of full-time, part-time, and volunteer paramedics that provide care at the Basic Life Support level with additional Advanced Life Support training for defibrillation and the administration of approved medications.

A minimum of one vehicle is staffed at each location, twenty-four hours per day, either by on-site or on-call personnel based on call volume and availability of staff. Additional resources are allocated in situations of high call volume or a significant event involving the possibility of multiple casualties.

The Ambulance Act of Ontario requires all service providers in the province to ensure adequate resources to respond to code 4 emergency calls within the time period established by calls dispatched in 1996, ninety percent of the time.

This plan was developed in consultation with our staff, Central Ambulance Communications Centre, area hospitals and long-term care centres, and other related health care agencies. The objective of this deployment plan is to ensure that emergency medical response is available to the residents of the District of Kenora in a timely and effective manner.

J. Peter Marshall  
Director of Emergency Medical Services

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### **STRATEGY STATEMENTS**

1. The primary objective of Northwest EMS is to provide emergency medical response to all residents within our service area.
2. Strategies will be developed to ensure adequate and appropriate resources are available to maintain emergency coverage in our service area.
3. Resources will be deployed to respond as quickly as possible to any code 4 priority call and emergency coverage re-established as soon as possible.
4. There may be a delay in responding to priority code 3 calls until emergency coverage can be verified.
5. Emergency coverage will not be compromised to respond to non-emergent patient transport requests.
6. On-call crews will not be contacted to respond to a code 1 or 2 priority code call and will not be assigned a code 1 or 2 call while in a call-back situation.
7. Collaborative efforts between the Kenora CACC and Northwest EMS will ensure that non-emergent calls do not incur overtime costs.
8. Collaborative efforts between the Kenora CACC and Northwest EMS will ensure that code 8 calls do not incur unnecessary overtime costs.
9. It is the expectation that the intent and spirit of the NorthWest EMS Deployment Plan will be reflected in the operational policies and utilization of resources initiated by the Kenora CACC.

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## **DEFINITIONS**

**Ambulance:** a conveyance used or intended to be used for the transportation of persons who:

- (a) have suffered a trauma or an acute onset of illness either of which could endanger their life, limb, function; or
- (b) have been judged by a physician or a health care provider designated by a physician to be in an unstable medical condition **and** to require, while being transported, the care of a physician, nurse, other health care provider, emergency medical attendant or paramedic, **and** the use of a stretcher.

**Additional Resource:** An approved vehicle used or intended to be used to provide first or tiered response. These may include, but are not limited to firefighters, police officers, hydro personnel, NorthWest EMS management staff, off duty emergency workers or volunteer first responders.

**Dispatch Priority Codes:** 911 calls and request for patient transfers are received at the CACC and assigned a priority based on patient acuity and/or transport need.

- Code 1 Deferrable Call: A non-emergency call which may be delayed without being physically detrimental to the patient.
- Code 2 Scheduled Call: A non-emergency call which must be done at a specific time due to the limited availability of special treatment or diagnostic/receiving facilities. Such scheduling is not done because of patient preference or convenience.
- Code 3 Prompt Call: An emergency call which may be responded with moderate delay. The patient is stable or under professional care and not in immediate danger.
- Code 4 Urgent Call: An emergency call requiring immediate response. The patient is life, limb or function threatened, in immediate danger and time is crucial.

**Emergency Call:** A request for service for an emergency (code 3 or 4), regardless of originator (911, police, LTC facility, Ornge, etc.). This patient is in an unstable or uncontrolled environment.

**Emergency Coverage:** Ambulance deployment such that ambulances are available to provide emergency response within the immediate community/area/region.

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**Emergency Coverage Statement:** Describes the strategies for the deployment of ambulances within the service area. This will also identify the minimum number of ambulances the dispatcher will attempt to keep available for emergency coverage.

**Emergency Response:** The deployment of resources to respond to a situation which has been assigned a code 3 or 4 priority.

**Emergency Transfer:** The movement of a medically unstable patient between pre-determined locations at a specified time for a diagnostic and/or other medical purpose. This patient will be originating from a stable or controlled environment.

**Emergency Support Unit (ESU):** A vehicle brought to a major incident site containing additional EMS equipment for use by paramedics.

**Minimum Emergency Coverage:** The minimum number of emergency vehicles required to be maintained in the service area to ensure reasonable capability to respond to an emergency.

**Non-Emergency Transfer:** The movement of a medically stable patient between pre-determined locations at a specified time for a diagnostic and/or other medical purpose.

**Canadian Triage & Acuity Scale – CTAS**

**Triage Level 1 – Resuscitation**

Definition: Conditions that are threats to life or limb (or imminent risk of deterioration) requiring **immediate aggressive interventions**.

Summary: Abnormal Vital Signs with signs of hypoperfusion (VSA, major trauma, severe respiratory distress, unconscious, seizures, third trimester vaginal bleeding)

**Triage Level 2 – Emergent**

Definition: Conditions that are a potential threat to life limb or function, requiring **rapid medical intervention or delegated acts**.

Summary: Abnormal Vital Signs without hypoperfusion (Altered mental state (GCS  $\geq$  13), severe trauma, ischemic chest pain, head injury with LOC > 5 minutes or amnesia > 15 minutes, dyspnea (not severe), anaphylaxis, neonates, severe eye pain, overdose (conscious), severe abdominal pain, GI bleed, CVA with major deficit, Diabetes with hypo/hyperglycemia, labour pains q 2 minutes, fever in less than 3 months, acute psychosis/extreme agitation, signs of abuse/neglect, neonate  $\leq$  7 days old)

**Triage Level 3 – Urgent**

Definition: Conditions that could potentially progress to a serious problem requiring emergency intervention. **May be associated with significant discomfort or affecting ability to function at work or activities of daily living.**

Summary: Potential to deteriorate, severe extremity pain (head injury, alert but with high-risk mechanism of injury, moderate trauma, chronic mild SOB, atypical chest pain (not severe), GI bleed not actively bleeding, moderate abdominal pain, severe extremity or chronic pain)

**Triage Level 4 – Less Urgent**

Definition: Conditions that related to patient age, distress, or potential for deterioration or complications would benefit from **intervention or reassurance within 1-2 hours**.

Summary: Needs attention but can wait 1-2 hours (Minor head injury, moderate chronic abdominal pain, moderate ear ache, corneal foreign body, URI symptoms, vomiting and diarrhea >2 years old, moderate muscle-skeletal pain, laceration requiring sutures)

**Triage Level 5 – Non Urgent**

Definition: Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration.

Summary: **Minor pain, can wait several hours** (Minor trauma not requiring closure, minor URI symptoms, vomiting alone, diarrhea alone without signs of dehydration and greater than 2 years old)

References: The Canadian Triage and Acuity Scale (CTAS) manual, Version 6, Ontario Ministry of Health and Long Term Care Implementation Guidelines for the Canadian ED Triage & Acuity Scale

# NORTHWEST EMS – DEPLOYMENT PLAN

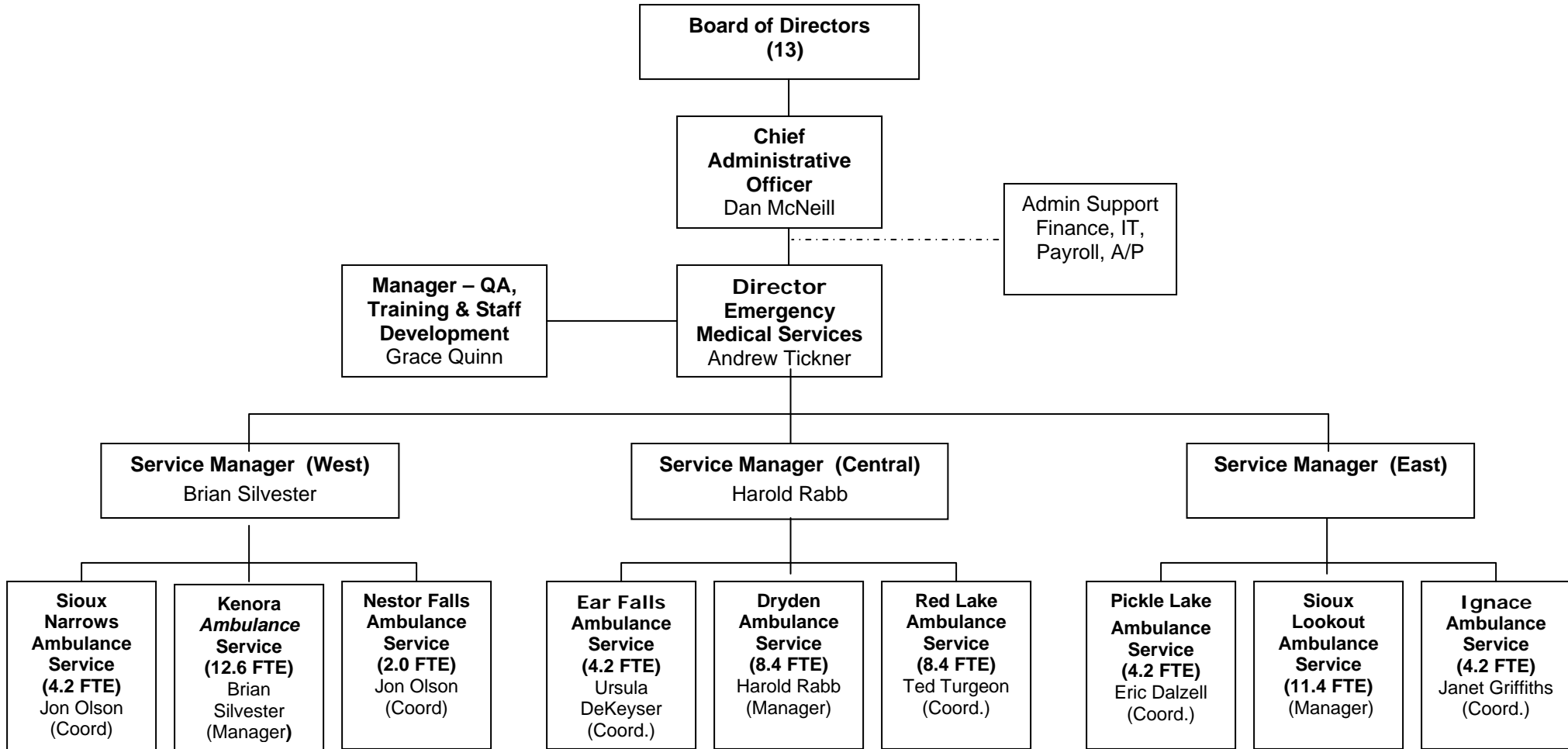
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## RESOURCES

Location	Days of Week	Number of Days and Hours			Daily Hours		Staffed Veh.		Per Veh.	Number of Staff		Yearly Hours			
		Days	From	To	On Site	On-Call	On Site	On-Call		On Site	On-Call	On Site	On-Call		
Sioux Lookout	Sat-Sun	2	7:00	19:00	12		1		2	48		2503			
	Mon-Fri	5	7:00	19:00	12		2		2	240		12514			
	Mon-Sun	7	19:00	7:00	12		1		2	168		8760			
Total Hours										408	0	23776	0		
Kenora	Mon-Sun	7	7:00	19:00	12		2		2	336		17519			
	Mon-Sun	7	19:00	7:00	12		1		2	168		8760			
	Mon-Sun	7	19:00	7:00		12		1	2		168		8760		
Total Hours										504	168	26279	8760		
Dryden	Mon-Sun	7	6:00	18:00	12		1		2	168		8760			
	Mon-Sun	7	18:00	6:00	12		1		2	168		8760			
Total Hours										336	0	17519	0		
Ignace	Mon-Sun	7	7:00	19:00	12		1		2	168		8760			
	Mon-Sun	7	19:00	7:00		12		1	2		168		8760		
Total Hours										168	168	8760	8760		
Red Lake	Mon-Sun	7	6:00	18:00	12		1		2	168		8760			
	Mon-Sun	7	18:00	6:00	12		1		2	168		8760			
Total Hours										336	0	17519	0		
Ear Falls	Mon-Sun	7	6:00	18:00	12		1		2	168		8760			
	Mon-Sun	7	18:00	6:00		12		1	2		168		8760		
Total Hours										168	168	8760	8760		
Pickle Lake	Mon-Sun	7	6:00	18:00	12		1		2	168		8760			
	Mon-Sun	7	18:00	6:00		12		1	2		168		8760		
Total Hours										168	168	8760	8760		
Sioux Narrows	Mon-Sun	7	6:00	18:00	*12		1		2	168		8760			
	Mon-Sun		18:00	6:00											
Total Hours										* Day/Night alternating schedule with Naotkamegwaning EMS		168	0	8760	0
Nestor Falls	Mon-Fri	5	8:00	16:00	8		1		2	80		4171			
	Mon&Wed	2	16:00	8:00		16		1	2		64		3337		
Total Hours										80	64	4171	3337		
<b>ALL STATIONS</b>										<b>2336</b>	<b>736</b>	<b>124302</b>	<b>38375</b>		

An Emergency Support Unit (ESU) is situated in Dryden and may be deployed to any location in the service area that requires additional equipment in a multi-casualty situation.

**KENORA DISTRICT SERVICES BOARD  
NORTHWEST EMS**



### **EMERGENCY COVERAGE**

A minimum of one vehicle is staffed at each Northwest EMS location, twenty-four hours per day, to respond to emergency medical situations either by on-site or standby personnel based on call volume and availability of staff.

Control and direction of staffed vehicles is the responsibility of the Central Ambulance Communications Centre located in the City of Kenora and operated by the Lake of the Woods District Hospital.

#### **Reaction Time (Time 2 to Time 3)**

Upon notification from CACC, Paramedics will be mobile from base or other approved location to urgent/emergent (code 3 & 4) calls as follows:

Vehicle and Staff On-Site: maximum two minutes

From Off-Site: maximum twenty minutes

The commitment for reaction times when staff is off-site represents a goal. When paramedics are off-site there are many factors beyond anyone's control that might affect their ability to respond. We routinely monitor reaction times and in all cases attempt to achieve the stated objective. However, the commitment is conditional upon the impact of unanticipated factors.

Circumstances may arise where vehicles and staff are deployed at another scene and not immediately available for assignment to another call. The ambulance and crew will respond as quickly as possible based on the direction provided by the Communications Centre.

There may be a delay of up to one hour in reaction time for priority code 3 response to another community until emergency coverage can be verified for the community providing the response.

#### **Response Time (Time 2 to Time 4)**

In accordance with the requirements of the Ambulance Act, Land Ambulance Certification Standard, the Kenora District Services Board will allocate available resources to respond to priority four emergency calls within 31:59 minutes, ninety percent of the time. This time represents the period from time of notification to arrival at the scene of the call (T2 – T4).

#### **Stand-By (Code 8)**

Ambulances will not be moved to locations outside of their community to provide stand-by coverage for other communities, unless a major incident response has been declared or otherwise authorized by a Northwest EMS Service Manager.

Resources may be allocated for stand-by assignment within the community when requested by an allied agency due to the possibility of injury resulting from the incident.

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### **Air Ambulance Response**

If a request for emergency response is received from a remote community or location that has an active First Response Team and an established helipad, Northwest EMS paramedics will respond as indicated above. If an air ambulance response is initiated and accepted, the land paramedic crew response will be cancelled unless there are extenuating circumstances requiring both land and air units to respond.

### **Call-In**

Kenora:

1. If the only on-site crew is assigned a code 3/4 emergency call that is expected to last more than 4 hours the on-call crew will be called into base for the duration of the call. If call duration is less than 4 hours the crew may be called-in with management approval.
2. In all other circumstances crews should only be called in for a code 3/4 response due to regular resources being overwhelmed. Crew will remain active and assigned additional Code 3/4 calls but may return to on-call status once cleared by CACC.

Other Bases:

1. If the only on-site crew is assigned a call that is expected to last more than 2 hours, an on-call crew will be initiated for the duration of the call. If call duration is less than 2 hours an on-call crew may be initiated with management approval.
2. Crews will only be called in for a code 3/4 response due to regular resources being overwhelmed. Crew will remain active and assigned additional code 3/4 calls but may return to on-call status once cleared by CACC.

### **Out-of-Province Emergency Transfers**

There may be a delay of up to one hour in reaction time for priority code 3 out-of-province transfer calls until emergency coverage can be verified.

Air ambulance resources should be considered for any code 3 or 4 out-of-province inter-facility movement of patients due to distance and time or the need for specialized equipment and/or escorts/paramedical staff.

### **Extreme Weather Conditions**

In the event that extreme weather results in the closure of roads or highways, all code 1, 2, and 3 transfers and code 3 calls will be delayed until such time as the road is reopened to regular vehicular traffic. Code 4 calls will be responded to in accordance with safe driving practices based on current driving conditions and in consultation between Northwest EMS management staff and the Communications Officer.

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### **NON-EMERGENCY PATIENT TRANSPORT**

#### **Calls Originating in Kenora**

##### Out-of-Town Transfers:

1. Kenora Crew: If 2 units staffed and available one may be assigned a Code 1/2/3 out-of-town transfer if an on-call crew has been initiated.

Kenora crews will only be deployed for Code 1/2 out-of-town patient transfer calls available to depart from the sending facility between 0730 and 1200 hours.

If wait time at receiving facility is longer than two hours, the unit will return to home base. Wait time for transfers to the catheterization lab will be a maximum of three hours.

2. Sioux Narrows Crew – Monday to Friday only when NWEMS crews available at both Sioux Narrows and Nestor Falls.

Nestor Falls to be positioned at Sioux Narrows base for duration of shift and provide on-call for both bases after 1600 until Sioux Narrows crew returns or on-call is established in Sioux Narrows.

Sioux Narrows crews will only be deployed for out-of-town patient transfer calls originating in Kenora that are available to depart from the sending facility between 0730 and 1200 hours.

If wait time at receiving facility is longer than two hours, the unit will return to home base.

##### In-Town Transfers:

1. In-town non-emergency inter-facility transfers (does not include aircraft) will only be accepted between the hours of 0800 and 1700 with the possibility of delay.
2. If 2 Kenora units staffed and available only one may be assigned a code 1/2 transfer at any time.
3. If 2 units staffed and one has been assigned a local call, the second unit will not be available for code 1/2 calls or transfers until first unit has completed their call and is back within City of Kenora limits.
4. Crews may delay or defer an assigned Code 1, 2 or 3 call due to operational requirements. The revised time of response and reason for the delay must be provided to CACC and then recorded on the ACR.
5. In-town transfers will be deferred to the oncoming crew if within one hour of shift change.

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### **Calls Originating in Dryden**

#### Out-of-Town Transfers

1. Sioux Lookout Crew: If 2 units staffed and available one may be assigned a code 1/2 out-of-town transfer originating in Dryden.  
  
Sioux Lookout crews will only be deployed for out-of-town patient transfer calls originating in Dryden that are available to depart from the sending facility between 0900 and 1200 hours.  
  
If wait time at receiving facility is longer than two hours, the unit will return to home base.
2. Sioux Narrows Crew: Monday to Friday only when NWEMS crews available at both Sioux Narrows and Nestor Falls.  
  
Nestor Falls to be positioned at Sioux Narrows base for duration of shift and provide on-call for both bases after 1600 until Sioux Narrows crew returns or on-call is established in Sioux Narrows.  
  
Sioux Narrows crews will only be deployed for out-of-town patient transfer calls originating in Dryden that are available to depart from the sending facility between 0730 and 1200 hours.  
  
If wait time at receiving facility is longer than two hours, the unit will return to home base.

#### In-Town Transfers

1. In-town non-emergency inter-facility transfers (does not include aircraft) will only be accepted between the hours of 0800 and 1700 with the possibility of delay.
2. Crews may delay or defer an assigned Code 1, 2 or 3 call due to operational requirements. The revised time of response and reason for the delay must be provided to CACC and then recorded on the ACR.
3. In-town transfers will be deferred to the oncoming crew if within one hour of shift change.

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### **Calls Originating in Sioux Lookout**

#### Out-of-Town Transfers

Sioux Lookout Crew: If 2 units staffed and available one may be assigned a Code 1/2/3 out-of-town transfer.

Sioux Lookout crews will only be deployed for Code 1/2 out-of-town patient transfer calls originating in Sioux Lookout that are available to depart from the sending facility between 0730 and 1200 hours.

For locations outside of Sioux Lookout, the transfer must be available to depart from the sending facility between 0900 and 1200 hours.

If wait time at receiving facility is longer than two hours, the unit will return to home base.

#### In-Town Transfers

1. In-town non-emergency inter-facility transfers (does not include aircraft) will only be accepted between the hours of 0800 and 1700 with the possibility of delay.
2. If 2 units are staffed and available only one may be assigned a code 1/2 transfer at any time.
3. If 2 units staffed and one has been assigned a local call, the second unit will not be available for code 1/2 calls until first unit has completed their call.
4. Crews may delay or defer an assigned Code 1, 2 or 3 call due to operational requirements. The revised time of response and reason for the delay must be provided to CACC and then recorded on the ACR.
5. In-town transfers will be deferred to the oncoming crew if within one hour of shift change.

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### **Calls Originating in All Other Communities**

#### Out-of-Town Transfers

1. Consider availability of second crew from Sioux Lookout or Sioux Narrows-Nestor Falls.
2. Scheduling of the call should reflect the guidelines for deployment at other locations as outlined in this document.

#### In-Town Transfers

1. In-town non-emergency inter-facility transfers (does not include aircraft) will only be accepted between the hours of 0800 and 1700.
2. Crews may delay or defer an assigned Code 1, 2 or 3 call due to operational requirements. The revised time of response and reason for the delay must be provided to CACC and then recorded on the ACR.

### **Repatriation of Patients**

Repatriation of patients from locations within the District of Kenora will be permitted only if emergency coverage is not compromised and in accordance with this deployment plan.

Repatriation of patients from locations outside of the District of Kenora will only be scheduled in conjunction with another call that is returning from the patient's present location to their home location with available space in the ambulance for the additional patient and/or escort.

### **Crossing International Borders**

Paramedic Units deployed by Northwest EMS will not transport patients into the United States of America without management approval. Arrangements will be made by CACC for a transport relay with appropriate services based in the U.S.A. or coordinated with Rainy River DSSAB for transport across the border.

### **Meal Breaks**

Collaborative efforts between the Kenora CACC and Northwest EMS will ensure that paramedics receive meal breaks. Low priority calls (codes 1, 2, and code 3 inter-facility transfers), regardless of the originator or destination, will be deferred if necessary to facilitate meal breaks. Where two crews are available at a station, only one crew will be on meal break at any given time.

## **NORTHWEST EMS – DEPLOYMENT PLAN**

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### **Transfer of Air Ambulance Crews and Equipment**

Northwest EMS resources will not be deployed to transfer air ambulance paramedics, crew or equipment between the aircraft location and facility unless accompanied by a patient or the movement has been approved by Northwest EMS management staff except in the following circumstances:

- (1) if no other alternative is available within the community; and/or
- (2) an isolette is a part of the equipment required to be used for the patient transfer

### **Availability of Patient at Sending Facility**

If a paramedic crew has not departed a sending facility within twenty minutes of notifying the CACC of arrival at the facility, CACC will cancel the call and clear the crew from the scene. The facility will be required to rebook the patient transport.