DISCUSSION PAPER

GROUND AMBULANCE ACT

TABLE OF CONTENTS

1. INTRODUCTION

There is limited territorial-wide legislation governing ground ambulance and emergency services standards in the Northwest Territories. Municipal legislation provides community governments with the discretionary authority to establish ambulance services, under the general authority to make by-laws respecting the safety, health, and welfare of residents.

The lack of territorial-wide legislation has been an ongoing concern for NWT communities as the management and delivery of ground ambulance services are constantly challenged by the social and geographic conditions that exist throughout the North. Community governments and other stakeholders have raised concerns about the lack of a comprehensive and coordinated system of services and the need for clarity with regard to service levels, responsibility for service delivery, and the development of requirements and standards for equipment and personnel.

Incidents in 2012 and early 2013 have resulted in renewed calls from Community Governments and Members of the Legislative Assembly for sustainable municipal ambulance and emergency services supported by the government. It is important that, if the GNWT is to assist communities in responding to their ambulance or emergency response needs, the GNWT develop consistent standards across the NWT on ambulance and emergency service vehicles, equipment and training.

This discussion paper will outline the most significant issues to consider when developing legislation on ground ambulance and emergency services in the NWT. This paper is a result of a review of ground ambulance legislation currently in place across Canada, and in comparable jurisdictions with remote communities such as Alaska, USA.

2. CURRENT STATUS OF GROUND AMBULANCE SERVICES IN THE NWT

A. Ground Ambulance Services

Ground ambulance services are not regulated in the NWT. This leaves the NWT in the minority of other jurisdictions in Canada. Only the NWT, the Yukon, Nunavut, and Newfoundland and Labrador do not have legislated standards. This lack of legislation means no territory-wide standards or requirements for vehicles, equipment or training are in force.

However, this does not mean that no services exist. Six communities in the NWT provide ambulance services. Four services are delivered by the community directly, one by a contractor, and one by the Tlicho Community Services Agency. The capability of these services range from having Emergency Medical Responders on-call to having paramedics on site at the station or fire hall 24 hours a day.

As mentioned in the Introduction, any requirements the communities have are in bylaws. All are slightly different. Some specify that services are provided only within community boundaries and outline fees for services, while others are more detailed about training and operations. Generally, continued training is provided by the community. Only Fort Smith's bylaw mentions the level of training required; its personnel must be trained at least to St. John's Ambulance standard first aid level. Personnel with higher levels of training, such as paramedics, have trained at a college in another province in Canada.

B. First Responder and Non-Ambulance Emergency Services

Some communities in the NWT provide service in an alternative to a ground ambulance service. These communities provide response to medical emergencies but do not respond with a vehicle or all of the equipment typically associated with an ambulance. The responders may also have only basic first aid training as a 'first responder'. The services currently available in Fort Providence and Enterprise are of this type.

C. Risks Associated with Unregulated Ground Ambulance Services

The risks associated with unregulated ground ambulance and emergency services include:

- Educational underpinnings of personnel, generally called Emergency Medical Services (EMS) Providers, are not standardized, making their approaches to practice and competence levels unacceptably variable.
- Without any minimal requirements or standards, ambulance and emergency vehicles and equipment can vary widely.
- Patient safety is compromised when vehicles used do not have appropriate equipment to ensure their safety and medical care.

Regulatory mechanisms generally considered to reduce these risks include standard training requirements, practice standards and mandatory registration for personnel; and standards for equipment and vehicles.

3. OPTIONS FOR REGULATORY FRAMEWORK

The communities in the NWT vary greatly in terms of population size as well as highway or fly-in access. The smallest remote communities in the NWT will not have the same access, pressures or capacity as larger regional centres. The level of personnel, training, and equipment differ by community. In particular, emergency personnel in remote communities may have to care for the patient much longer than those working in a larger community where a hospital is located.

There are a few models of frameworks used in various jurisdictions that could be adapted for use in the NWT.

British Columbia, Manitoba, Saskatchewan, Nova Scotia, New Brunswick, Prince Edward Island – These provinces use a single operator across the province. Manitoba purchased a fleet and provides the vehicles to its health authorities in accordance with its legislation. In British Columbia the BC Ambulance Service operates ambulances across the province. Nova Scotia contracts Emergency Medical Care, Inc. for its service. In New Brunswick, Ambulance New Brunswick is contracted by the Department of Health to provide services. In PEI, Island EMS Inc. operates the service across the island under a contract with the government. In Saskatchewan the health authorities either deliver or contract out the service. All of these jurisdictions ensure that these contractors meet their applicable legislation before contracting with them. In all instances, these services are staffed by licenced paramedics under the legislation in each jurisdiction.

Alberta, Ontario – Both Ontario and Alberta utilize a system where the governments provide legislation and other entities provide the service delivery. In Alberta there are more than 40 contracted operators, and in Ontario the "upper tier municipalities" operate the ambulances. Both provinces provide for legislated standards documents, such as the Alberta *Ambulance Vehicle Standards Code, January 2010* or the most recent *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*, among others. Because of these standards, these provinces require specific types of ambulance vehicles fully stocked with equipment staffed only by licenced paramedics. PEI's new legislation also allows for these types of codes of standards.

Ontario First Nations – While ambulance delivery is usually provided by upper tier municipalities, the Ontario government pays for and ensures First Nations communities in that province have land ambulance services in one of two ways. If population and historical demand by that First Nation are high enough, the Ministry of Health and Long-Term Care assists the community to implement its own ambulance service to the standard certified by the province. If the historical demand for service is low, the

Ministry pays for another First Nation or a private contractor in a nearby community to provide the services.

Newfoundland and Labrador[1] – Similar to the NWT, Newfoundland does not have legislated ambulance standards. However, Newfoundland provides province-wide services under a series of tripartite agreements. The Department of Health develops policies and procedures and negotiates contracts with operators. The four regional health authorities are responsible for monitoring the operators in their regions in accordance with the contracts. One of the regional health authorities is designated responsible for registering both ambulance vehicles and personnel across the province, as well as processing payments to operators. The program funds operators for numbers of calls and kilometers driven. The operators are a mix of hospitals, private businesses and volunteer or not-for-profit community organizations. The personnel are registered in one of four categories: Emergency Medical Responder, Patient Care Paramedic, Advanced Care Paramedic and Critical Care Paramedic. The majority of personnel in the province are Emergency Medical Responders and Patient Care Paramedics, the same as in the NWT.

Alaska – The state of Alaska, USA has developed a six-level model that combines its community levels of care with the 14 program components generally accepted as required for a comprehensive EMS system. This model takes into account community population size; access by road, winter ice road, airplane or "marine highway"; personnel training and health services available locally within the community. Ground ambulance service requirements range from very limited first responder services to state-certified emergency medical services with either basic life support or advance life support capability. The *Alaska Administrative Code* sets out the requirements for when a service will be certified by the State. Alaska does not specify the configuration of vehicle to be used in its *Code*, so the vehicle may be a specifically designed ambulance, or not. Please see the appendix for a chart outlining this model.

Recommended Option: The NWT does not have high historical demand in number of calls in all communities, and the significant distances between communities make shared services complicated. Alaska's model is extremely complex to set up. Instead, a two-tiered model set out in legislation would be feasible. The model should be "opt-in" where those communities that want to implement emergency medical services systems can do so, but it would not apply to those communities that do not.

The first tier would apply to those communities implementing emergency services for the first time or re-starting services that have not been offered in some time. 'Emergency response vehicles' to be used would be determined by the community, with only requirements for a minimum level of equipment. This equipment and vehicle would not include equipment that the staff are not trained to use. The staffing level needed

[1] In 2011, the Auditor General of Newfoundland and Labrador criticized several aspects of the system, and recommended the Department of Health review the need for legislation of emergency medical services. A review Newfoundland's ambulance program was completed by a consultant in August 2013. The consultant recommended Newfoundland enact legislation to govern ambulance services in that province.

would also be within community capacity but below the paramedic level, either first responders or Emergency Medical Responders.

The second or upper tier would initially apply to the six communities that currently operate ambulances within their communities. Other communities could over time meet requirements for this level. This tier would include larger vehicles, and specifically designed 'ambulances', with more specialized life support equipment. The staffing level needed would be a mix of licensed Emergency Medical Responders and paramedics, as are currently employed in the NWT.

4. DEFINITIONS FOR PROPOSED FRAMEWORK

i. *Ambulance*

Examples of definitions for 'ambulance' include:

- a motor vehicle that is intended to be used for the transportation of patients, but does not include an aircraft or a motor vehicle exempted under the regulations or used in an inter-hospital transfer service (Alberta's *Ambulance Services Act*)
- means any motor vehicle or aircraft that is used for the transportation of patients and that is specifically designed, constructed and equipped for that purpose (Manitoba's *Ambulance Services Act*).
- 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 or function, or

  (b) have been judged by a physician or 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 (Ontario's *Ambulance Act*).
- a conveyance that is used or intended to be used, for the purpose of transporting persons requiring medical attention or under medical care, and that is designed and constructed or equipped, for that purpose (British Columbia's *Emergency and Health Services Act*).

The jurisdictions are consistent that an ambulance only refers to vehicles *specifically designed and constructed* for the purpose of transporting patients under medical care.

Recommended Option: 'ambulance' should be defined similar to that of British Columbia's *Emergency and Health Services Act*, "a conveyance that is used or intended to be used, for the purpose of transporting persons requiring medical attention or under medical care, and that is designed and constructed, or equipped, for that purpose."

Whatever definition is used, it must include two components:
1. It is applicable to motor vehicles only, so that air ambulances are excluded from the proposed legislation, and
2. non-emergency vehicles used for transporting patients in communities, such as from the health centre to the airport, are not designated as 'ambulances'.

ii. *Emergency Response Vehicle*

Examples of definitions for 'emergency response vehicle' are:

- means a vehicle within the meaning of the *Highway Traffic Act* operated by an ambulance service, other than an ambulance, that is used to provide emergency response services, and that has been assigned an emergency response vehicle number by the Director (Ontario's *General Regulation 257/00*);

- shall have the same meaning as defined in Ontario regulation 257/00 and the vehicles that are recognized as ERVs under this *Standard* shall consist of the following:
    - "ERV - responder" shall mean a vehicle that responds on a regular basis to emergency medical incidents.
    - "ERV support" shall means an equipment and supply carrier that responds to support ambulance service operations at major emergency medical incidents
    - "ERV command" shall mean a vehicle that responds to provide operational command and control functions for major emergency medical incidents (Ontario's *Provincial Land Ambulance and Emergency Response Vehicle Standard, version 5.0)*.
- includes an ambulance and a dedicated non-transporting emergency medical response vehicle (Manitoba's *Land Emergency Medical Response System Regulation*).
- 'dedicated non-transporting emergency medical response vehicle' means a motor vehicle that is designed to provide rapid primary intervention, advanced life support, or for supervisory or rescue purposes, but which is not designed or used to transport patients (Manitoba's *Land Emergency Medical Response System Regulation*).

Recommended Option: 'Emergency Response Vehicle' should be defined to be distinct from 'ambulance'. The definition should also not conflict with the definition of emergency vehicle as it is used in the NWT *Motor Vehicles Act*.

iii. *Ambulance Services*

Most ambulance legislation across the country defines exactly what an ambulance service provided by an operator is. A few use emergency medical services or emergency health services rather than ambulance services. Examples of definitions are below:

- the service of transporting a patient by means of an ambulance vehicle, and may include the service of carrying the patient into and out of the ambulance vehicle and the service of attending and assisting the patient while being so transported or carried (Manitoba's *Ambulance Services Act*)
- a service held out as available for the conveyance and stabilization of patients and includes the dispatching of ambulances but does not include air ambulance services (Saskatchewan's *Ambulance Act*)
- means (i) dispatch services, and (ii) assessment, stabilization, treatment and transportation services dispatched in response to a request for emergency health services (Alberta's *Emergency Health Services Act*)
- a service that is held out to the public as available for the conveyance of persons by ambulance (Ontario's *Ambulance Act*)

The general consensus among jurisdictions is that ambulance services are the service of transporting members of the public requiring medical attention or medical care.

Recommended Option: A definition that includes the basic generalities found in other jurisdictions, such as: a means of service that is held out to the public as available for

the conveyance of persons requiring medical attention or under medical care by ambulance or emergency response vehicle.

5. STANDARDS FOR PROPOSED FRAMEWORK

A. Minimal Vehicle Standards

NWT Standards

The NWT *Motor Vehicles Act* provides that emergency vehicles carry first aid or rescue equipment and have signage on the outside showing the vehicle to be an emergency vehicle. This standard will still have to be adhered to. That Act also contains requirements for use of sirens and lights on emergency vehicles that will need to be adhered to.

Other Standards

Four jurisdictions in Canada include lengthy standards for dimensions and configuration of ambulances. Alberta and Ontario are the most complex with several layers of vehicle standards to be met in order of precedence: the *Canadian Motor Vehicle Safety Standards*; a legislated provincial Standards Code; manufacturer's criteria for conversion to an ambulance; and finally all recommended practices of technical bodies referred to in the Standards Code. PEI's new *Ambulance Services Act* allows the creation of a provincial Standards Code.

Alaska does not mandate a specific size or type of vehicle in its legislation; not all emergencies in that jurisdiction are responded to with 'ambulances'.

Excerpts of standards of configuration for ambulance vehicles include:

- Every operator shall ensure, with respect to each ambulance used, that the patient compartment is provided with a minimum of 127 centimetres between the finished floor and the ceiling; a minimum of 254 centimetres between the rear-facing attendant seat and the rear door, with clearance in front and back of the stretcher… (Saskatchewan's *Ambulance Regulations*).
- An ambulance shall meet the following vehicle design requirements: interior space in the patient section to accommodate at least one stretcher patient and one other patient lying on another stretcher or backboard, or two sitting persons, and an attendant EMT, with headroom for the EMT giving care from a sitting position; a stretcher holder mounted to the floor… shall be reinforced so as to transmit stresses to the main body of the vehicle … (Prince Edward Island's former *Emergency Medical Services Regulations*).
- 'Ambulance' shall have the same meaning as this term under the *Ambulance Act*, and the vehicles that are defined as ambulances under this *Standard* shall consist of the following types and shall be defined in the following way: 'Type 1 Ambulance', which shall mean 'conventional truck cab and chassis with a remountable modular body that contains the patient compartment'; 'Type 2 Ambulance', shall mean a standard van with integral cab and body, the patient compartment contained with the body and a raised roof over the patient compartment; 'Type 3 Ambulance' shall mean a cutaway van cab and chassis with a remountable modular body that contains the patient compartment

(*Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*, version 5.0; and Alberta's *Ambulance Vehicle Standards Code January 2010*).

These standards mean ambulance operators will need to purchase ambulance vehicles from specific manufacturers. The cost of these vehicles is likely to be significant, and may not be feasible in all NWT communities.

Ontario and Manitoba also set vehicle specifications for Emergency Response Vehicles. These are usually SUVs or pickup trucks that carry specified medical equipment to provide additional assistance on an ambulance call. Jurisdictions with these vehicles specify that these vehicles are not meant to carry patients, and in some cases don't carry stretchers.

All jurisdictions across Canada mandate the size and colour of the signage on the outside of ambulances.

Four Canadian jurisdictions and Alaska require each vehicle used by an operator is staffed by two EMS Providers when responding to a call.

Recommended Option: While specific vehicle configurations are desirable in provinces with large, urban centres, these standards should not be applicable to all community government ambulance services, unless the operator so decides or can justify sufficient call volume. Any standards put in place in the NWT will not conflict with the *Motor Vehicles Act*.

Initially, communities should identify a vehicle for patient transport. Ideally, the vehicle should be able to shelter both the patient and the EMS Provider, as well as allow the patient to lie down, but this may not always be feasible. An Emergency Response Vehicle is suitable for that purpose. One NWT community currently uses this type of vehicle (a Ford Flex) for its ambulance service. Of course, some modifications to the vehicle may be required to be able to safely carry patients.

To be able to meet their call volumes, larger communities and those with high demand should select vehicles manufactured as or converted to ambulances by ambulance manufacturers. These are the "Type 1, 2 or 3 Ambulance" referred to in Ontario and Alberta's Standards.

B. Equipment and Supplies

Across Canada legislation sets out schedules of equipment or supplies that must be carried in each ambulance used by an ambulance operator. Each schedule includes the names of the items, required quantity of each item, and any additional specifications of the items. Alaska sets out the equipment required for its certified services in its application documents rather than directly in its legislation.

The required equipment lists are nearly identical across all jurisdictions reviewed. Equipment included is usually listed in one of four categories: general safety equipment; trauma kits, general patient care equipment and advanced life support equipment:

- **General safety equipment**: radio or satellite phone, booster cables, winter survival kit, shovel, antifreeze, reflective vests, fire extinguisher, flares, screwdrivers
- **Portable trauma kit**: flashlight, blood pressure cuff, stethoscope, airways, bandage scissors, variety of bandages and gauze, oxygen mask, bag resuscitator
- **Patient care equipment**: stretchers (various types); intravenous poles; spine boards; oxygen masks, tubes and canisters; blood pressure cuff, stethoscope, airways, variety of bandages and gauze; bag resuscitator; obstetrical kit; burn kit; saline; garbage bags, sharps container; handwash; gloves; masks; eye protection; sugar or insulin gel
- **Advanced life support equipment**: defibrillator; drugs or medications and intravenous solutions; endotracheal intubation equipment; traction splints; nasopharyngeal airways

EMS Providers will need to be able to use all equipment required by the legislation. It is rare that operators in the NWT will have staff trained on the advanced life support equipment, because this equipment is used by advanced paramedics. Operators in the NWT to date are staffed by Emergency Medical Responders (the minimum level of training accredited by paramedics' colleges or associations) or regular EMTs/paramedics (one level of training higher than Emergency Medical Responders). Advanced paramedics have a level of training above regular paramedics/EMTs.

Ontario and Manitoba also require certain equipment to be carried in Emergency Response Vehicles.

- A non-transporting emergency medical response vehicle must carry the patient care supplies listed: folding stretcher or stretcher chair or orthopaedic stretcher; long spine board; spinal immobilization device; cervical collars of several types; safety straps; blankets; plastic protective sheets; adhesive bandages; obstetrical kit; burn kit including burn sheets; portable oxygen kit; trauma kit; gloves; handwash; sharps container (Manitoba's *Land Emergency Medical Response System Regulation*).
- Emergency response vehicle equipment minimum quantities: 2 portable hand lights with batteries; 2 five pound (5 lb.) refillable fire extinguishers; 1 radio equipment approved by the Director; 1 mass casualty incident kit; 1 first response kit; 6 multi-purpose splints; 1 traction splint; 1 spinal immobilization extrication device; 1 disposable burn kit; 1 obstetrical kit (*Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*, version 5.0).

Recommended Option: Minimum equipment should include general safety equipment given large distances that may be travelled by NWT operators on calls. Supplies for survival in case the ambulance is stranded due to weather or geography should also be required, particularly in winter months. The portable trauma kit should be required for all EMS Providers to take away from the vehicle into people's homes or buildings before the patient is transported by the ambulance or emergency response vehicle.

Communities implementing services for the first time should provide some basic equipment in addition to portable trauma kits. The supplies carried by emergency response vehicles in Ontario and Manitoba are suitable to be carried in the selected vehicle.

Communities with upper tier services should carry all of the general safety equipment, portable trauma kits, patient care supplies, and, where EMS Providers are trained in use of it, the advanced life support equipment.

C. Maintenance

Jurisdictions are consistent that vehicles and equipment should be maintained in a safe mechanical condition; in proper working order; and in a clean and sanitary condition.

Jurisdictions are also consistent that operators be required to have policies for cleaning and sanitizing all equipment and vehicles. Operators are also required to have infection control policies to prevent transferring infections between patients. Adherence to these policies is checked by inspectors on a regular basis.

A few jurisdictions also require inspections by journeymen mechanics prior to issuing licences and on renewal.

Recommended Option: Ambulances and emergency response vehicles in the NWT should be required to be in safe mechanical condition and proper working order, as well as clean and sanitary. Operators should have sanitization and infection control policies, and ensure that staff complies with them.

D. Licensing of Operators

Operators can be defined as a person or corporation licensed under the Act to provide ambulance or emergency services. In the NWT, an operator can be a municipality or a community government, depending on who is providing the services.

The general consensus among jurisdictions is that operators require a license to provide ambulance services. This ensures that ambulance services are controlled and standardized. In order to meet licensing requirements, operators would have to demonstrate that they are capable of providing the services to the public.

For example, an application for a license to operate ambulance services in Alberta includes a description of the ambulances to be used in providing the services, a description of the level and type of ambulance services to be provided, and a maintenance program. A license renewal would include whether any ambulances have been added or dropped from the operator's ambulance services and any proposed changes to the level/type of ambulance service and the maintenance program.

The Registrar for these licenses can confirm that the operators meet the requirements for ambulance services; thereby, protecting the public from differing minimal standards.

The Registrar would also have the ability to amend, suspend, or revoke a license. This would ensure that operators who do not comply with the Act are unable to continue providing ambulance services.

Recommended Option: The legislation should require that a person hold a license to provide second/upper tier ambulance services.

E. Medical Direction

One of the essential components of an emergency medical system is medical direction. Most jurisdictions include this in their legislation. An operator needs to have a Medical Director to oversee the quality of service provided by the operator, and to supervise the EMS Providers, as well as to ensure that the EMS Providers are competent and acting in accordance with their scope of practice. The Medical Director is usually a physician licensed to practice in the jurisdiction.

Ontario set up its medical direction differently from other jurisdictions. Ontario uses doctors at one of seven regional "base hospitals" as medical directors of its "base hospital programs" that delegate to paramedics, provide advice on medical care, quality assurance and continuing medical education for paramedics. Essentially, instead of an operator having its own medical director, certain hospitals do this for all operators in that region.

The EMS Providers should be able to communicate with the Medical Director when they are responding to a call if they require assistance in caring for the patient.

Recommended Option: The Act should mandate that Operators of upper tier ambulance services have an agreement with or employ a higher level paramedic or doctor as Medical Director. It will very likely be difficult to utilize doctors as medical directors in the NWT. A higher level paramedic is familiar with the work and skills required for competence, as well as what should be contained in medical protocols. Yellowknife's current medical director is an advanced paramedic.

F. EMS Provider Identification

In Ontario and Saskatchewan every EMS Provider, while on duty, has to be in possession of identification or display insignia identifying her/him as an EMS Provider. PEI required EMS Providers to be "attired in a manner that identifies them as ambulance personnel". This identification, insignia or attire is usually set by the Registrar or each operator for their employees.

Recommended Option: This should be included in the *Ground Ambulance Act*. The public should be able to tell that an EMS Provider or first responder is a member of the team responding to the emergency and, if applicable, is licensed under the *Health and Social Services Professions Act*.

6. ACCOUNTABILITY

In order to ensure ambulance services run smoothly and to ensure the best interests of the public are maintained, operators and their services must be accountable to the public government. Several jurisdictions make this possible by providing for inspections.

An inspector has the power to enter and inspect, at any reasonable time, vehicles and equipment. An inspector would also have the power to request records and reports. With the ability to inspect facilities and records detailing ambulance services, the inspector could ensure the operator is complying with minimal equipment regulations and standards.

Seven Canadian provinces and Alaska require EMS Providers to complete and submit a patient care report after each call to the operator. These are usually on paper reports, though, increasingly, these may be electronic health records. A copy of the report is also provided to a health facility if the patient is transported to a facility. These copies of the reports are to be maintained in records for years after the date of the transport. These are also used for the evaluation of the Operator's services and patient care ensuring continual standard of care.

EMS Providers working in an ambulance service are also meant to report any critical incidents to their employers. These incidents are crashes, fires, or other events that

could lead to the loss of life or limb other than the patient's initial condition. Studies show that these reports are crucial to improving patient safety in ambulances.

Jurisdictions are also consistent that people are prohibited from delivering an ambulance service without a licence. Jurisdictions all provide that it is an offence to contravene or fail to comply with the Act or the regulations. The penalty varies from a fine of not more $1000 or imprisonment not exceeding 30 days, to a fine of $10,000 or $50,000 for an individual. Penalties for corporations are fines of $5,000 to $100,000. The fines increase to $200,000 for a subsequent offence.

Recommended Options: The Act should allow for inspections and require reports of each ambulance and emergency service call. This will ensure all operators are held accountable to the GNWT for their services. Ideally, there should be one territory-wide reporting form or data set required to be included on the report.

The legislation should include the ability to enforce penalties against those responsible for ambulance and emergency services if they decide to provide services and do not comply with the Act. The penalties should not be so high that they would obstruct the ability to deliver ambulance and emergency services.

APPENDIX A

ALASKA'S EMS FRAMEWORK

Level of Care	*Community Type*	*Population*	*Health Services in Community*	*Access to Community*	*Ground ambulance service*
Very Small Community	Very Small Community	25 – 150 people in immediate community	Designated area for equipment and patient care by community health aide or first responder	Fly-in or highway access	At least one trained first responder with a portable trauma kit and prior arrangements for patient transportation; basic life support equipment stored in a designated area of the community
Level 1	Isolated Village	50 - 1000 people in immediate community	Community clinic with a community health aide	Fly-in access to the closest Level 3 or higher community; highway access to a community with a hospital within 60 minutes	Community responders trained to a first responder level but preferably to a EMT-1 level[2]; have a vehicle identified in advance for patient transportation (ideally should keep patient and EMS provider covered and patient be able to lie down) and a person responsible for its maintenance; have immediate access to ambulance equipment with paediatric care equipment; with access to medical consultation from a higher level community at all times.
	Highway Village	50 - 1000 people in immediate community	Community clinic with a community health aide	Highway access to the community (including winter road); highway access to a community with a hospital within 60 minutes	A organized first responder or ambulance[3] service with at least 3 EMT-1 staff trained in medical communications as appropriate for local resources and with access to medical consultation from a higher level community at all times; have a vehicle identified in advance for patient transportation (ideally

[2] EMT-1, EMT-II and EMT-III are the levels of Alaskan regulation. PEI is the only Canadian jurisdiction that also uses an EMT I, EMT II, EMT III designation, but they are not equivalent.

[3] 'Ambulance' here refers to a 'vehicle specifically designed or modified, equipped and maintained for use in providing basic life support or advanced life support patient transportation'. Alaska does not require use of an 'ambulance' by all operators at all times.

					should keep patient and EMS provider covered and patient be able to lie down) and a person responsible for its maintenance; have immediate access to ambulance equipment with paediatric care equipment and medications;
Level 2	Isolated Sub-Regional Community or Town	500 – 3000 people in immediate community	Community clinic with a physician assistant, nurse practitioner or doctor	Fly-in or marine highway access to the closest Level 3 or higher community	A state-certified emergency medical service (ambulance service wherever appropriate) on call at all times with a locally determined response time standard; At least two EMT-IIs and five EMT-1s available to provide emergency medical care at all times, trained in the use of communications as appropriate for local resources; and with access to physician medical consultation at all times; Equipment and supplies for both adults and paediatric care as appropriate for the level of training of the EMTs.
	Highway Sub-Regional Community or Town	500 – 3000 people in immediate community	Community clinic with a physician assistant, nurse practitioner or doctor	Year-round highway access to the community (including winter road)	A state-certified emergency medical service (ambulance service wherever appropriate) on call at all times with a locally determined response time standard; At least two EMT-IIs and five EMT-1s available to provide emergency medical care at all times, trained in the use of communications as appropriate for local resources; and with access to physician medical consultation at all times; a highway first responder system with a locally determined response time standard; Equipment and supplies for both adults and paediatric care as appropriate for the level of

					training of the EMTs; portable trauma kits readily available for first responders.
Level 3	Regional Centre	Usually 3000 – 10,000 in immediate community; providing services to a regional population	Community hospital and physicians	Airline service to Level 3 and 4 communities; airline service to level 1 and 2 communities in the area; road access all year	A state-certified emergency medical service with advanced life support ambulance(s) on call at all times with locally-determined response time standards; a basic life support first responder service with a locally-determined response time standard and defibrillation capability; An adequate number of EMT-Is, EMT-IIs, EMT-IIIs, and Mobile Intensive Care Paramedics (MICPs)[4] available to provide emergency medical care at all times; trained in the use of communications as appropriate for local resources; and with access to physician medical consultation at all times. Equipment and supplies for both adults and paediatric care as appropriate for the level of training of the EMTs; portable trauma kits readily available for first responders.
Level 4	Small City	More than 10,000 in immediate community; providing services to larger regional population	Hospital with a 24-hour emergency department and full continuum of care	Road access all year; airline service to other communities	A state-certified Advanced Life Support (ALS) service with EMT-IIIs or Mobile Intensive Care Paramedics providing 24-hour, 7 day-a-week coverage; a configuration and staffing to assure: MICPs or EMT-IIIs able to arrive at the scene within 8 minutes of a call for 90 percent of emergencies occurring within major populated areas. First responders with Basic Life Support

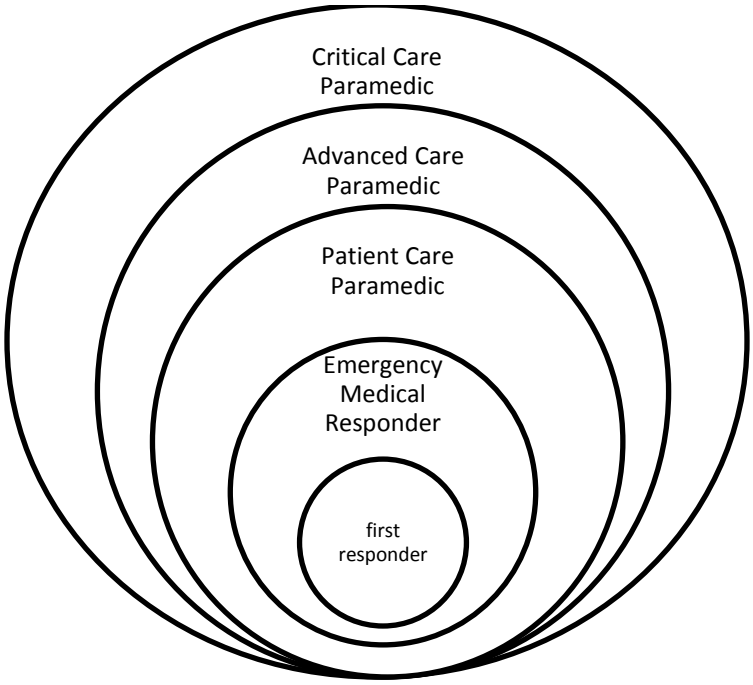
[4] A Mobile Intensive Care Paramedic appears to be equivalent to the advanced paramedic (Advanced Care Paramedic) in the NWT.

					training and early defibrillation on the scene within 4 minutes of call for 90 percent of emergencies occurring within major population areas. Equipment and supplies for both adults and paediatric care as appropriate for the level of training of the EMTs; portable trauma kits readily available for first responders.
Level 5	Urban Centre	Usually 100,000 in the immediate community	Specialized medical and rehabilitation services	Daily airline service; road access all year round	A state-certified Advanced Life Support (ALS) service with EMT-IIIs or Mobile Intensive Care Paramedics providing 24-hour, 7 day-a-week coverage; a configuration and staffing to assure: MICPs or EMT-IIIs able to arrive at the scene within 8 minutes of a call for 90 percent of emergencies occurring within major populated areas. First responders with Basic Life Support training and early defibrillation on the scene within 4 minutes of call for 90 percent of emergencies occurring within major population areas. Equipment and supplies for both adults and paediatric care as appropriate for the level of training of the EMTs; portable trauma kits readily available for first responders.

APPENDIX B

EMERGENCY MEDICAL SERVICES PROVIDERS

Emergency Medical Services Providers is the general term for staff providing response in the emergency situation. The levels and licensing of EMS Providers will be covered by the proposed *Health and Social Services Professions Act* and its regulations. The proposed levels are shown in the following diagram, from smallest scope of practice to largest. Larger circles indicate personnel can do more in their scope of practice.



The lowest licenced category is that of an Emergency Medical Responder. (The first responder does not require a licence). Both first responder and Emergency Medical Responder levels are attainable for all communities, even ones working with low call volumes. EMS Providers can be trained for the higher categories for larger, busier centres or if the operator so desires.

If you would like this information in another official language, contact us at 867-920-3367.

Si vous voulez ces informations dans une autre langue officielle, téléphonez nous au 867-920-3367.