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The Base Hospital physicians of Ontario, who provide leadership via the Ontario Base Hospital Group Medical Advisory Committee (OBHG MAC), is responding to a proposal published by the Ontario Professional Firefighters Association (OPFFA, March 2015) to create a "Fire-Medic" first responder. It is our understanding that the OPFFA is proposing an evaluation of the efficacy of training firefighters to perform symptom relief as part of their first response to certain medical calls. Base Hospitals have not been involved in the proposal, yet explicit references to the role of Base Hospitals and their Medical Directors occur throughout the document. Any proposed program by the OPFFA such as this would have a direct impact on Base Hospitals and on our patients throughout Ontario.

The Ontario Base Hospital Group MAC does not support the OPFFA proposal as outlined. We have significant concerns from a patient safety perspective, including the foundational training that proposed "Fire-Medics" will receive prior to administering medications versus those of certified paramedics. The Symptom Relief (SR) medications proposed by the OPFFA pose a significant risk of harm to patients if administered in an inappropriate clinical scenario by an inexperienced provider. Certified paramedics with years of advanced training have shown that they are able to safely administer these same medications to patients under a framework of rigorous medical oversight through Base Hospital Programs and physician delegation.

Ontario's Base Hospital programs provide medical oversight and quality assurance to Ontario paramedics. Base Hospitals, and their respective Medical Directors, are recognized as a key part of paramedic services in most countries that have modern emergency medical services (EMS) systems. Any patient who comes under the care of paramedics in Ontario, is also under the care of a Base Hospital Medical Director, a physician who has specifically been involved in the training and certification of paramedics to perform advanced acts up to and including eight controlled medical acts.

Symptom Relief refers to a subset of medications provided by paramedics to treat common, acute, potentially serious conditions encountered by patients in the prehospital setting. Like all medical treatments, the SR medications offers potential benefit to certain patients, while also having potential risks of adverse effects. The benefits and risks depend on both the specific medication as well as patient factors determined by the paramedic's assessment of the patient.

In our opinion, in order to achieve the most benefit for the patient while balancing the risk of treatment, these skills should only be provided by fully certified and current paramedics. We base this opinion on over thirty years of medical oversight to Ontario's paramedics, combined with a demonstrated clinical safety record achieved by auditing hundreds of thousands of patient encounters every year. In the prehospital setting, paramedics are health care workers who have achieved Advanced Emergency Medical Care Assistant (AEMCA) certification. AEMCA certification includes initial education and graduation from Ontario community colleges followed by Provincial Base Hospital Certification. Further, paramedics are the subjects of robust oversight and quality assurance by the Base Hospitals, the Investigations Branch of the MOHLTC and designated paramedic service providers.

Paramedics are distinct professional healthcare providers who, while with critical patients, are trusted to work independently of on-scene physician oversight to make complex medical decisions. They are able to recognize and treat acute clinical problems such as trauma, stroke, life threatening infection (sepsis) and heart attacks using a wide range of diagnostic equipment and medications, and then select an appropriate health care facility when specialized services are required to ensure an optimal patient outcome. The intense initial and on-going education required to be a paramedic requires a substantial commitment and means they need a singular focus on patient care to achieve and maintain this level of skill.

Firefighter first responders, many of whom have completed first aid and CPR as well as other comprehensive training programs, are an important part of the EMS response, specialized rescue or extrication equipment in specific circumstances, and assist paramedics as necessary. One successful example of the important role of firefighter first responders is seen in communities that have included first responders as part of a tiered response program. These communities have uniformly demonstrated improved survival for victims of out of hospital cardiac arrest through early defibrillation with automatic external defibrillators (AEDs) and early high quality cardiopulmonary resuscitation (CPR).

On other types of calls, potential benefits are less dramatic and more difficult to ascertain. In our opinion, first responders should be included as part of tiered response where there is a suspected threat to life. In addition to defibrillation, we feel the use of epinephrine auto-injectors for patients with a pre-existing diagnosis of anaphylaxis meets this threshold. Application of these skills is time dependent and potentially life-saving. We have specifically examined the potential applicability of other symptom relief medications to first responders. This benefit does not apply uniformly to the remainder of the symptom relief skill set, or in some instances, there is clinical risk which may exceed any potential benefit.

Initial training for paramedics includes clinical placements in health care settings so that they have opportunities to directly examine patients for a variety of diseases and clinical syndromes. In addition, certification for Ontario paramedics involves a validated structured evaluation process that is comprehensive and involves assessing the integration of patient assessment, clinical problem formulation, and the management of the patient including symptom relief skills. Maintaining competency to perform controlled (as defined by the Regulated Health Professions Act) clinical acts is a challenge as it involves ensuring exposure to enough patients requiring the clinical assessment to determine the need for a skill or procedure, actual performance of the relevant skills, continuing medical education (CME), and structured recertification testing each year.

Ontario's emergency medical services system, which includes Base Hospitals, paramedic service providers, and first responders, provides exceptional patient safety and has an established track record of providing some of the highest rates of survival from out-of- hospital cardiac arrest in the world. Combining firefighter defibrillation and public AED programs with paramedic care is one of the improvements that have resulted in significant improvements in survival over the last 5 years. As an example, the Region of Peel saw a 60% improvement in survival from cardiac arrest from 2010 through 2014.

The OPFFA proposal identifies a 20 hour self-study program as sufficient preparation for a firefighter to provide symptom relief to patients. This falls well below the educational requirements set out by the Ontario Ministry of Training, Colleges and Universities for paramedic programs. Paramedic programs are Canadian Medical Association (CMA)-accredited programs that are designed to meet specific competencies set out by the Paramedic Association of Canada National Occupational Competency Profile. Ontario's paramedics have the education necessary to be presented for certification to a Base Hospital to be granted the authority to perform controlled acts.

A key principle in the delegation of controlled acts to paramedics is that such acts must be of benefit to the patient, while performed with the same skill as if it had been provided by a physician to protect patient safety. We feel a first responder trained to become a "Fire-Medic" with a brief additional course in Symptom Relief, would not meet this balance of benefit and safety. Potential benefits are already being delivered by competent first responders working with Base Hospitals to ensure they provide appropriate first aid, CPR, defibrillation, and in

some cases, epinephrine auto-injectors. Paramedics currently meet the required threshold of benefit and safety, with their robust initial training and ongoing recertification and quality assurance.

While it is true that the healthcare system is facing challenges due to an aging population and the associated pressures, it is unlikely that the addition of more Symptom Relief providers to the current established framework would relieve these challenges. Elderly patients with complex chronic illnesses require a more comprehensive level of care than Symptom Relief. Such advanced care is currently being provided by paramedics through 9-1-1 responses and paramedic services are now proactively developing new ways of caring for complex or chronic needs through emerging community paramedicine programs. It is our opinion that the focus of prehospital medicine now and in the future should be to further integrate paramedicine into systems of care rather than to create parallel and ad hoc medical programs.

The OPFFA proposal references “Base Hospitals” and “Medical Directors” throughout the document. First it is important to note that Ontario’s Base Hospital programs were not consulted on the development of this proposal, nor do we support the concept of “Fire-Medics.” Base Hospitals are established through the Ambulance Act and Regulations, and as such we are restricted to delegate to paramedics who are employees of a licensed ambulance service, and who meet certain criteria set out in the Act and Standards. In keeping with our Base Hospital Physicians’ mandate to provide the best possible care to prehospital patients in our communities, many Medical Directors continue to work with first responders in their areas to ensure the best possible system of prehospital care is available for Ontario’s patients. Base Hospital Physicians in these communities work with fire services to provide medical oversight, quality assurance, and continued improvements to the system of prehospital care.

Ontario’s Base Hospital programs provide medical direction, leadership and advice in the provision of pre-hospital emergency health care within a broad based, multi-disciplinary, community emergency health services system. Our mandate is medical oversight for EMS systems throughout the province. We have been called upon to consult on the development of systems of pre-hospital emergency care internationally, and have over 30 years of prehospital leadership experience.

Based on our research and experience, we believe that we have one of the best and highly coordinated systems of pre-hospital care in the world. Our results, such as adherence to protocols, high success rates on audits, and improvements in survival from out of hospital cardiac arrest demonstrate that the regions we serve have some of the best performance in areas such as clinical care, survival from cardiac arrest, reduction in morbidity, and adherence to medical protocols.

As Medical Directors leading Ontario’s Base Hospital programs, we are privileged to work with paramedics, firefighters and other emergency responders every day. It is our opinion that the best pre-hospital care is provided by highly skilled paramedics supported by trained first responders through a structured and evidence-based tiered response system. We encourage constructive and collaborative discussion and urge all of the parties involved to keep the needs of the patient first and foremost in their minds.

Yours sincerely,

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