PROCEDURE

**Title**
**Geographically Challenging Patient Access / Back Country Rescue**

**Scope**
Provincial: Emergency Medical Services

**Document #**
SWE-EMS-03-01

**Approval Authority**
Senior Provincial Director and Chief Paramedic

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**Sponsor**
Director EMS Clinical Operations, Calgary Zone

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Not applicable

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Geographically Challenging Patient Access / Back Country Rescue Policy (#SWE-EMS-03)

**Scheduled Review Date**
June 14, 2021

**Note:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

**Objectives**

- To align with the Alberta Health Services (AHS) Emergency Medical Services (EMS) Geographically Challenging Patient Access / Back Country Rescue Policy.

- To help ensure the delivery of safe, quality care, and practices for EMS staff while responding to requests for service that are outside of daily EMS duties and involve elements of environmental rescue.

- To assist with the unification of a multi-disciplinary approach where emergency first responders and Provincial or Federal Public Safety Specialists work together in the spirit of collaboration.

- To promote respect, communication and support a team based approach to care in alignment with the AHS Patient First Strategy.

**Applicability**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**Elements**

1. **General EMS staff Safety Considerations**

   1.1 EMS staff may occasionally be requested to go directly to the patient on scene to assist with management of patient care prior to extraction. This may only be done
under the direction of the Incident Commander and an EMS Manager (e.g. Supervisor or Team Lead).

a) EMS staff are not mandated to participate in rescue activities and may decline to do so if it is felt that personal and/or patient safety would be compromised.

1.2 Many risks are associated with geographically challenging patient access and Back Country Rescue events. It is recommended that EMS staff review the EMS Geographically Challenging Access and Back Country Rescue Program modules located on AHSEMS.com.

a) Modules address water, avalanche, ice and technical terrain rescue, wildlife awareness and wilderness survival.

1.3 EMS staff may not operate off highway vehicles.

a) There may be times when EMS staff are requested by Incident Command to ride as a passenger alongside a qualified individual. Use professional judgement and contact an EMS Manager prior to use of an off highway vehicle. When riding as a passenger EMS staff must ensure:

(i) The off highway vehicle is appropriate for multi-passenger use (e.g. two-up quad or side-by-side).

(ii) Applicable safety gear is worn with a minimum of approved and properly fitted helmet and protective eyewear.

1.4 While working on or around water EMS staff must wear appropriate personal protective equipment (e.g. life jacket, personal flotation device) that meets Occupational Health & Safety regulation CAN/CGSB 65.7-M88 AMEND while within 3 meters of water deeper than 40 cm.

1.5 EMS staff may not operate a boat or other types of watercraft.

a) There may be times when EMS staff are requested by Incident Command to ride as a passenger alongside a qualified individual. Use professional judgement and contact an EMS Manager prior to use of any watercraft.

(i) EMS staff must wear an approved water rescue helmet (provided by the rescue agency). All AHS EMS issued protective head gear is not sanctioned for this type of use.

1.6 EMS staff may not operate any type of aircraft (e.g. helicopter).

a) There may be times when EMS staff are requested by Incident Command to ride as a passenger alongside a qualified individual. Use professional judgement and contact an EMS Manager prior to being transported in an aircraft.
b) Prior to riding in any type of aircraft EMS staff will ensure:

   (i) The pilot(s), or designate, has provided a safety briefing to all EMS passengers.

   (ii) Combative patients are managed according to AHS EMS Medical Control Protocols (MCP’s).

   (iii) The aircraft stretcher system is fully secured/installed in the aircraft and that the patient is appropriately secured according to aircraft manufacturer specifications and Transport Canada Guidelines.

   c) Prior to riding in a helicopter EMS staff will ensure:

      (i) Loading or unloading activities are not attempted while rotors are operational.

      (ii) A “hover” exit or entry is not attempted.

      (iii) Shoulder straps will be worn at all times during the flight.

      (iv) That a helicopter will only be approached while EMS staff are in the sight of the pilot(s) at the front of the helicopter and the pilot has indicated it is safe to approach. Never approach from uphill or leave uphill.

1.7 Back Country Rescue and/or Technical rescue events

   a) EMS staff will not participate in a back country rescue event and/or attempt any technical activities without permission from their immediate EMS Manager and the Incident Commander.

      (i) If approval to participate is obtained, participating EMS staff must be accompanied by a search and rescue technician, police officer and/or designate.

      (ii) EMS staff that do have appropriate certifications/qualifications for technical rescue situations cannot operationalize these skills while working on behalf of AHS EMS.

2. Air Resource Considerations

2.1 Funding the use of air resources outside of National Parks or lands managed by other jurisdictions (e.g. Kananaskis) lies with AHS Provincial Air Ambulance.

   a) Air resources for medevac use are requested through an appropriate EMS Dispatch Communications and Deployment Centre (DCD). This means the air resource is only authorized to transport a patient from a
readily accessible on scene location (i.e. helicopter lands near patient) to an interim local medical facility, waiting ground ambulance or an airport.

(i) If there is a need to transport the patient further, to definitive or tertiary care, the transfer will be booked using existing AHS processes.

b) Air resources for non-medevac uses (i.e. patient extraction due to terrain) are requested through a coordinated approach with appropriate agencies. Appropriate agencies (i.e. RCMP, National/Provincial Parks) should be contacted by the Incident Commander to assist with coordinating and approving these resources.

(i) Search & Rescue (SAR) activities are not funded by AHS Provincial Air Ambulance.

3. **EMS staff and Geographically Challenging Patient Access and Back Country Rescue Events**

3.1 EMS staff and the local EMS DCD will help determine if the event is front or back country as well as non-technical or technical in nature (Appendix A).

3.2 The EMS Manager and Incident Command must be contacted by EMS staff prior to participation in these types of events.

   a) If context of the event prevents this from occurring (e.g. poor radio coverage) the EMS Manager and Incident Command must be contacted as soon as possible.

3.3 **Front Country Rescue** events may be undertaken if they are non-technical in nature; can be coordinated locally with the responding agencies utilizing an *Incident Command System (ICS)* and can be concluded in approximately one hour or less.

   a) For all back country/technical events a **Unified Communication Coordination Strategy (UCCS)** will be used to connect all co-responding agencies to help identify a unified rescue approach and establish the rescue plan. Details in Section 5.

4. **Role of EMS Clinical Operations**

4.1 The EMS DCD will assign EMS staff to an event and follow appropriate EMS Supervisor notification processes.

4.2 EMS staff will go to the event staging area and report to the Incident Commander. If EMS staff are the first to arrive, EMS staff will;

   a) Identify an appropriate staging area.
b) Establish command based on an Incident Command System.

c) Collect event related information from witnesses present.

d) Request that witnesses remain in the staging area.

4.3 EMS staff will also provide the Incident Commander with the following information;

a) EMS staff limitations and abilities.

b) In consultation with the EMS DCD, the EMS resources that are responding or are available for use (e.g. ground, rotary or fixed wing).

4.4 EMS staff will request, whenever possible, that rescue teams/agency crews communicate the patient condition, via radio or phone, to help appropriately prepare EMS staff to assume patient care.

4.5 Upon patient extraction, rescue team/agency crews will transfer the patient to the staging area and handover patient care to EMS staff once safe to do so.

a) EMS staff will continue with patient care within their scope of practice and the AHS EMS MCP's.

4.6 EMS staff will transport the patient to the appropriate facility with reference to the Trauma Destination Decision Tool and in consultation with the EMS DCD and Incident Commander.

a) For all triaged status RED patients EMS staff will contact Online Medical Consultation (OLMC) via the Automated Patch Line. As necessary, OLMC will help determine the most appropriate destination, mode of transport (ground vs air) and/or additional trauma system components required.

b) Subsequent to 4.6 (a), EMS staff will advise the EMS DCD of the transport decision from OLMC and request assistance with transport requirements as needed.

5. Role of Dispatch, Communications and Deployment Centres

5.1 The Emergency Communications Officer (ECO) will follow standard call evaluation processes.

5.2 EMS staff are dispatched by the AHS or Satellite EMS DCD to a staging area. If it is suspected that the event may be a front or back country event and technical in nature, the RCMP Watch Commander will be contacted by the ECO if the event is outside a National or Provincial Park.
a) Front country rescue events, if safe to proceed, may be undertaken and coordinated locally with the responding agencies utilizing Medical Priority Dispatch System (MPDS).

b) Backcountry events received where a rescue is not yet underway/coordinated, the ECO will:
   (i) Evaluate the event utilizing MPDS following the Emergency Call Evaluation Processes Local Service Standard (GV-DCD-002).
   (ii) Immediately notify the EMS Deployment Manager.
   (iii) See Appendix B for specific National and Provincial Park rescue requirements.

c) For backcountry events that are already underway and received by a National or Provincial Park Public Safety Answering Point (PSAP), the ECO will:
   (i) Create an X event type in CAD: X1O12 External Agency Assist – Parks – Back County Rescue utilizing the location provided.
   (ii) Document pertinent event information into the Computer Aided Dispatch (CAD) remarks.
   (iii) Immediately notify the EMS Deployment Manager.
   (iv) See Appendix B for specific National and Provincial Park rescue requirements.

d) Once the backcountry event has retrieved a patient requiring EMS transport the ECO will:
   (i) Utilize the SEND protocol as per the Emergency Call Evaluation Processes Local Service Standard (GV-DCD-002).
   (ii) Select the appropriate and/or additional resources as per the Dispatching Emergency Events Local Service Standard (GV-DCD-050).

5.3 The AHS or Satellite EMS DCD will facilitate the creation of a UCCS. The EMS Deployment Manager will establish the UCCS if a known or approximate patient location is obtained.

a) If patient location is unknown, the EMS Deployment Manager will initiate the UCCS to determine the appropriate agency (e.g. National Parks) to help locate the patient.

5.4 The UCCS will initially include but is not limited to: the EMS Deployment Manager, EMS Manager and responding EMS staff.
a) Decision regarding adding other allied agencies to the UCCS will be determined during this initial teleconference.

5.5 The EMS Deployment Manager will communicate event details to appropriate parties participating in the UCCS.

a) AHS Satellite DCDs will communicate with the EMS Deployment Manager.

b) If the AHS Satellite EMS DCD is unable to manage the UCCS they must link to the AHS EMS DCD which will then take on the role of creating/managing the UCCS.

5.6 In all situations the ECO:

a) Will staying on the line until the response location for the ambulance matches the staging location as per the Lead Agency. If an Urgent Disconnect is required, the ECO will notify the EMS Deployment Manager.

b) May receive a call back from any of the above agencies requesting Pre-Arrival Instructions or Post-Dispatch Instructions assistance once patient contact has been made.

c) Will confirm the correct event and proceed directly to Pre-Arrival Instructions or Post-Dispatch Instructions if the event is already created.

DEFINITIONS

**Back Country Rescue** means events not easily reached by vehicle or a short walk therefore the risk to staff and patients is higher with a possibility that participants could be exposed to the environment for an extended period, as well as, the terrain could be hazardous to untrained personnel. All EMS staff involved in these types of rescues requires supervisor authorization and would work under the direct supervision of the rescue team leader. Each EMS staff member involved must be deemed competent by their EMS Manager (i.e. Supervisor or Team Lead), fully briefed of the operation and equipped to participate.

**Computer Aided Dispatch (CAD)** means an Incident Management system that provides call-center and communications center operators with tools that they need to field calls, create and update incidents, and manage an organization’s critical resources by providing real-time interaction of crucial data.

**Emergency Communication Officer (ECO)** means an officer who answers; call evaluates, and delivers emergency communications from a caller to the appropriate party following approved guidelines from Alberta Health Services (AHS) Medical Direction and International Academy of Emergency Medical Dispatch.

**EMS Deployment Manager** means a leadership role within a dispatch centre that reports to a Communications Director.
EMS Dispatch Communications and Deployment Centre (DCD) means the EMS dispatch centres for AHS.

EMS Manager means the person responsible to oversee clinical operations in accordance with the Delegation of Human Resource Authority Chart. Given the variation of leadership levels across the province, functionally this may translate to; supervisor, coordinator, or team leader.

Front Country Rescue means an event that is within close proximity to a roadway and may be accessible by vehicle or a short walk. This terrain normally poses very low risk to staff however; consideration of environmental exposure still requires consideration. A front country rescue should be completed in approximately one hour or less, if this is not possible the event is to be considered as back country. In most cases, the EMS staff would walk in with the rescue team and treat while the rescue team arranged safe transport out to the ambulance.

Incident Command System (ICS) means a system that has been adopted by Alberta Health Services to organize internal operations of all Emergency Operations Centers and Scene/Service Command Posts. For inter provincial coordination this aligns with other Alberta Government organizations such as Alberta Emergency Management Agency and Environment and Sustainable Resource Development. Incident Command System is constructed on the five major management activities of Command, Operations, Planning, Logistics, and Finance/Administration.

Incident Commander means the person in charge at the incident and is fully qualified to manage it. Sets objectives and priorities, has overall responsibility at the incident or event.

Medical Priority Dispatch System (MPDS) means under the mandate of the Emergency Health Services Act, responsible to receive community requests for EMS and inter-facility transport requests from health care sites along with the deployment and dispatching of all ground and fixed wing EMS resources in Alberta through three AHS dispatch centres and three contracted satellite dispatch centres.

Non-technical means minimal equipment or training is required to be successful. A non-technical event may be in close proximity to a roadway such as a simple retrieval of a patient from a short distance down a marked trail or it could include a lengthy noncomplex rescue from the back country. EMS Manager (i.e. Supervisor or Team Lead) notification of any such event is mandatory prior to commencement of the rescue, however direct oversight is not required and EMS staff will make all judgements in the interest of their personal safety.

Online Medical Consultation (OLMC) means a physician providing consultation and medical control over a radio, by phone or through some other form or instant communication, the Emergency Medical Service.

Rescue event means any non-traditional event where EMS staff may be challenged geographically to access a patient. Rescue events may be classified as Front Country Rescue, Back Country Rescue, Technical or Non-Technical calls for assistance. Rescue is not a primary function of AHS EMS staff and participation in such events should remain as a supportive role only.
Technical means specialized equipment and training are required to be successful. All technical events carry a high level of associated risk, requiring oversight by an EMS Manager (i.e. Supervisor or Team Lead) and an incident commander. EMS staff may not be directly involved in the rescue work but their expertise may be best utilized as a member of the unified command structure coordinating appropriate resources. A technical event may be in close proximity to a roadway such as a vehicle down a steep embankment or it could be deep in the back country. Rescues requiring long-line helicopter, rescue helicopter, ice rescue, confined spaces, off highway vehicles (OHV) such as a quad, boat, or steep slope rope rescue to be successful are considered technical in nature. These responses would only be carried out in conjunction with a professional rescue team and all staff involved would have appropriate safety gear and clothing in case they are not able to return to their vehicle in a timely manner.

Unified Communication Coordination Strategy (UCCS) means a teleconference facilitated by the dispatch centre and should include, but is not limited to; EMS Deployment Manager, EMS Manager (i.e. Supervisor or Team Lead), responding EMS staff, representative of local law enforcement, local rescue agency (as requested by local law enforcement), EMS Air Ambulance (as needed), associated dispatch centres (as needed), and STARS (as needed).

Watch Commander means the most senior RCMP officer on shift (e.g. Detachment Commander, Shift Supervisor).

REFERENCES

- Appendix A: Front/Back Country and Non-Technical/Technical Event Process Map
- Appendix B: EMS Dispatch, Communications and Deployment Instructions for Events located in National and Provincial Parks
- Alberta Health Services EMS Governance Documents:
  - Dispatching Emergency Events Local Service Standard (GV-DCD-050)
  - Trauma Destination Decision Tool Operational Protocol (v2.3). Alberta Health Services, Emergency Medical Services.
- Alberta Health Services Resource Documents
  - Alberta Health Services Patient First Strategy (2015)
  - Geographically Challenging Patient Access / Back Country Rescue Policy SWE-EMS-03
- Non-Alberta Health Services Documents:


o Occupational Health & Safety (OH&S) regulations
A Front / Back Country and Non-Technical / Technical Event Process Map

**PROCEDURE**

**APPENDIX A**

**GEOGRAPHICALLY CHALLENGING PATIENT ACCESS / BACK COUNTRY RESCUE**

**TITLE**

**EFFECTIVE DATE**

June 14, 2018

**DOCUMENT #**

SWE-EMS-03-01

EMS Dispatch Communication Centre (DCD) will:
1. Notify the RCMP Watch Commander and request local officer Attendance.
2. Help determine appropriate local rescue resources deployed (e.g., Fire, Park Wardens etc.).
3. Deploy EMS Staff and notify Operations Supervisor.
4. EMS DCD, in consultation with the Operations Supervisor, will confirm and communicate staging location to appropriate agencies. Responding agencies meet at staging area and establish unified command with a management by objectives structure.

**911 call indicating rescue event needed / in progress.**

- 4 tasks above complete?
  - Yes
  - Non-technical / Front Country
  - Technical / Back Country

- Non-technical / Front Country events may include patients that are easily accessible, easy terrain, good weather and adequate resources available. Consider use of Unified Communication Coordination Strategy (UCCS).
- Technical / Back Country events may include, but are not limited to, use of off highway vehicles, boats, rope team, air resources etc.

- *Approximately 1 hour or less to complete patient extraction in good weather PPE available to EMS staff (refer to procedure element I).
- **The approximate 1 hour or less guideline indicates increased hazard due to exposure to elements. Events expected to take greater than approximately 1 hour shall be considered Back Country in nature.**
- **CCC is designated site for the flight coordination centre which authorizes use of EMS air resources in Alberta.**

- Patient extraction resources available?
  - Yes
  - Wait in staging area for further direction.
  - No
  - Contact EMS DCD, in consultation with EMS Supervisor, to request appropriate resources.

- Can patient be extracted by ground?
  - Yes
  - Transport to ground ambulance with hospital selection as per AHS EMS Medical Control Protocols (MCPs).
  - No
  - Will it take ~ 1 hour or less to extract patient?
    - Yes
      - Transport to ground ambulance with hospital selection as per AHS EMS Medical Control Protocols (MCPs).
    - No
      - No

- Can patient be extracted by ground?
  - No
  - Is air transportation required?
    - Yes
      - Coordinate air transport through appropriate EMS DCD** and in consultation with OLMC. Transport patient as per AHS EMS Medical Control Protocols (MCPs).
    - No
      - No
APPENDIX B

EMS Dispatch, Communications and Deployment Instructions for Events Located in the National and Provincial Parks

1. Banff National Park or the Ya Ha Tinda Ranch Events

1.1 For back country events received by Banff National Parks, Banff Dispatch will notify an AHS or Satellite EMS Dispatch Communication Centre (DCD) and provide as much details as possible about the rescue.

   a) Banff Parks dispatch center will relay to AHS or Satellite EMS DCD where and when they would like EMS for patient transport once the rescue has been complete.

   b) If Banff Parks would like to communicate directly to the EMS crews while on event, Banff Dispatch will call an AHS or Satellite EMS DCD with the request for EMS to monitor a particular Banff Parks channel.

1.2 For back country events in the Banff National Park received by an AHS or Satellite EMS DCD, the Emergency Communication Officer (ECO) will call to evaluate as per the Emergency Call Evaluating Processes Local Service Standard (GV-DCD-002).

   a) The ECO will contact the Banff Warden’s Office to link the Office into the event for further evaluation.

2. Kananaskis Provincial Park, Canmore Nordic Centre Provincial Park, Clearwater County South of the James River, or the Municipal District of Bighorn Events.

2.1 For back country events received by Kananaskis Emergency Services Center (KESC), KESC Dispatch will notify an AHS or Satellite EMS DCD to provide as much details as possible about the event.

   a) KESC dispatch center will relay to an AHS or Satellite EMS DCD where and when they would like EMS for patient transport once the rescue has been completed.

   b) If KESC would like to communicate directly with EMS staff, KESC Dispatch will contact an AHS or Satellite EMS DCD with a request for EMS to monitor a particular channel.

2.2 For back country events in this area that are received by an AHS or Satellite EMS DCD, the ECO will call to evaluate as per the Emergency Call Evaluation Processes Local Service Standard (GV-DCD-002).

   a) Once this is completed the KESC will be linked into the event for further evaluation.
3. **Fish Creek Provincial Park Events**

   3.1 Refer to 2.1 and 2.2 above and notify the Fish Creek Conservation Officer required via the Calgary Police Service (CPS).

4. **Clearwater County north of the James River or Highway 532 (Kananaskis and MD Ranchlands border) south to Waterton National Park Events.**

   4.1 When back country events are received by Foothills Regional 911 Services Center, the Foothills Regional 911 Services Center Dispatch will notify an AHS or Satellite EMS DCD and provide as much details as possible about the event.

      a) Foothills Regional 911 Services dispatch center will relay to an AHS or Satellite EMS DCD where and when they would like EMS for patient transport once patient rescue has been completed.

   4.2 When back country events in this area are received by an AHS or Satellite EMS DCD, the ECO will call evaluate as per the Emergency Call Evaluation Processes Local Service Standard (GV-DCD-002).

      a) The ECO will link the RCMP into the event for further evaluation.

5. **Jasper National Park Events**

   5.1 When a back country event is received by Jasper Dispatch, Jasper Dispatch will notify EMS North Communications Centre (NCC) to provide as much detail as possible about the event.

      a) Jasper Park Dispatch will relay to an AHS or Satellite EMS DCD where and when they would like EMS for patient transport once the rescue has been complete.

      b) If Jasper Park would like to communicate directly with EMS staff during the event, Jasper Dispatch will contact EMS NCC with a request for EMS staff to monitor a particular Jasper Park channel.

   5.2 When back country events in the Jasper Park received by an AHS or Satellite EMS DCD, the ECO will call evaluate as per the Emergency Call Evaluation Processes Local Service Standard (GV-DCD-002).

      a) The ECO will link Jasper Park Dispatch into the event and will then connect the Rescue Leader, further evaluation.