City of Merced Fire Department

RESCUE PARAMEDIC / EMT OPTIONAL SCOPE PROGRAM

Overview

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Scenarios – BLS call becomes ALS

MFD arrived at scene of an ALOC call and found EMS providing care to a patient. Due to the way that this call was processed, a BLS (2 EMT's) unit was sent to this emergency. Due to the patient exhibiting signs of a stroke, an ALS unit was requested for transport. (19-4313). The engine that responded to this call had a paramedic on the engine and could have assisted the BLS unit with transport, creating an ALS unit and not delaying response to the hospital.

MFD arrives at scene of an EMS call with patient actively seizing. Due to the way this call was processed, a BLS unit was sent to this emergency. An ALS unit was requested to respond to this scene and the fire unit at scene had a paramedic on duty.

Scenarios – Ambulance Delay

MFD arrives at scene of a vehicle vs. pedestrian and were able to complete a full trauma assessment, patient packaging, and full spinal immobilization prior to a transport unit arriving at scene. E51 had a paramedic on the engine that day and was unable to provide additional patient care after immobilization. This patient was ultimately transported via air ambulance due to trauma.

Dispatched for chest pain of a patient with an extensive cardiac history. After arriving at scene, fire units were notified that a transport unit was en route from Los Banos. T51 had a paramedic on their unit, but were unable to provide care beyond a BLS assessment.

Current Capabilities

- MFD is a Basic Life Support (BLS) first response provider
- Over 6,400 Emergency Medical responses annually (Aug '18-19)
  - Previous presentation on March 4th stated 5,500 (Calendar year 18)
  - 900 call increase
- MFD personnel are the first providers to make patient contact 56% of the time
- Previous presentation indicated 55% of the time
- Staff consists of 57 EMT's and 2 Paramedics
- **Currently, MFD Paramedics are not allowed to provide Advanced Life Support (ALS) interventions to patients**

Rescue Paramedic Program Implementation

- Rescue Paramedic Program:
  - Currently licensed Paramedics to provide ALS care while on duty
  - Require program approval from the LEMSA
  - Medical Director contract
  - Equipment/supply acquisition
  - ePCR program acquisition
  - CE/Training increase
- Implementation is achievable within current approved budget

Cost Summary

- Proposed Element Estimates
  - Medical Director - $18,000
  - Consumables - $3,000
  - Maintenance of paramedic certifications and licenses
- All costs have been approved within current EMS operating budget
- Future Budget Needs (3-5 years):
  - Dedicated staff person for EMS/Admin oversight, narcotics tracking, CQI, reporting, and training)
  - Evaluate job classification for FF/Paramedic

Sustainability

- Costs associated with EMS response may be offset with First responder reimbursement
- Grant funding opportunities exist for equipment acquisition and training
- Revenue sharing agreements with contracted transport provider
- Revenue streams for “treat and release” interactions are evolving to allow for alternative billing

Fire Department ALS

- Stockton
- Ripon
- Stanislaus Consolidated
- Modesto
- Patterson
- Sanger
- Selma
- Kingsburg
- Dinuba
- Visalia
- Tulare
- Coalinga

Council Direction

- The MFD is seeking approval to:

1. Implement a Rescue Paramedic program, including the EMT optional scope
2. Continue to explore the expansion of service to include limited ALS with EMT advanced personnel
3. Continue to explore expansion of service to include full ALS with paramedic personnel
   - Local training with MJC
   - Alternative hiring methods