

FACT SHEET

What happens when you call 9-1-1 for an ambulance

- When an individual in British Columbia dials 9-1-1, an E-Comm call-taker is usually the first point of contact. E-Comm is responsible for answering 99 per cent of 9-1-1 calls made in B.C.
- The E-Comm call-taker immediately transfers the caller to the requested police agency, fire department or ambulance. If the caller requests an ambulance, or E-Comm's call-taker has determined the caller needs to speak to BC Emergency Health Services, they will transfer the call to a BCEHS emergency medical call-taker who will then take over the process. In normal circumstances, the transfer time for ambulance averages 45 seconds.
- BC Emergency Health Services and E-Comm have developed a priority queue for calls that are deemed to be serious or life-threatening – including cardiac arrest, choking, imminent childbirth, chest pain, breathing difficulties, and severe bleeding or unconsciousness – in order to attend to those patients first.
- The priority queue helps to free up E-Comm call-takers and increase capacity within the 9-1-1 system to ensure that all calls are answered as quickly as possible.
- Callers whose symptoms do not present as urgent or a priority go into the regular 9-1-1 call queue. This process allows those who require the most urgent care to receive it first.

Priority Calls

- Upon transfer to BC Emergency Health Services for **priority calls**, the E-Comm call-taker will say:
 - *“You are now in the fastest queue for BC Ambulance. I need to disconnect to answer other 9-1-1 calls. Do not hang up. BC Ambulance will be with you as soon as possible.”*
- During the transfer to a BC Emergency Health Services call-taker for a priority call, the caller will hear a pre-recorded message:
 - *“You are now in the fastest queue for BC Ambulance. Please do not hang up or you will lose your priority in the queue. BC Ambulance will be with you as soon as possible.”*

Regular Calls

- Upon transfer for **regular (non-priority) calls**, the E-Comm 9-1-1 call-taker will say:
 - *“BC Ambulance will be with you as soon as possible. I need to disconnect to answer other 9-1-1 calls. If the patient begins to experience any of the symptoms on the recording, call 9-1-1 again to inform the 9-1-1 operator.”*
- During the transfer to a BC Emergency Health Services call-taker for a regular call, the caller will hear a pre-recorded message:
 - *“Please stand by for the next available ambulance operator. They will be with you as soon as possible. Hanging up will lose your place in the queue. If the patient begins to experience chest pain, unconsciousness, seizure, stroke, choking, imminent childbirth or someone is not breathing while waiting for an ambulance operator, please hang up and call 9-1-1 again and inform the 9-1-1 operator.”*

Dropped Calls

- If callers choose to hang up and call 9-1-1 for unchanged conditions, they will be subject to further delays, losing their place in the queue. It is imperative people do not hang up and call back into the queue unless the condition changes. Calling back in will not get someone faster service and can impact our ability to provide timely help.
- Callers who hang up and call back actually create longer wait times and pull dispatch staff away from answering calls in the queue as BC Emergency Health Services has to try to investigate why there is a dropped call (e.g. did the person collapse or did they just hang up and are now calling back?).
 - If a 9-1-1 call is dropped, BC Emergency Health Services emergency medical call-takers will attempt to call the caller back to ensure everyone is okay.
 - For dropped or abandoned 9-1-1 calls, emergency medical call-takers make several call-back attempts to the number provided (a minimum of three attempts within 10 minutes), leaving a voicemail message as required stating, “This is BC Ambulance, [date and time]. A 9-1-1 call was just received from this number. Please call us back at 9-1-1.”
 - The call-taker will contact the appropriate phone company’s security line and request subscriber information, including address and alternate phone numbers associated with the account.
 - The call-taker will attempt to contact the caller using any newly acquired contact information, leaving a voicemail with the same message as above.
 - The call-taker will attempt to determine the caller’s location using ANI/ALI (Automated Number Information/Automated Location Information), which is data provided by the phone carrier into the 9-1-1 system. If it is a landline, the call-taker will get a fixed address and phone number (and associated subscriber name and/or business name); if it is a cellphone, the call-taker will get an estimated street address and/or latitude/longitude along with the address of the cell tower and the caller’s subscriber name.

- The call-taker will look for and compare to other active events in the area, and contact police and fire regarding the incident to find out if they have any similar reports in the area.
- If the call-taker is unable to make contact using all available methods, they will contact the police department and provide all information, including details of what has been done to locate the caller, and advise the police that BC Emergency Health Services is closing the call and to call back if required.

Call-taker Questions

- The BC Emergency Health Services call-taker will ask the caller:
 - The location of the emergency (so BC Emergency Health Services knows where to send the ambulance)
 - The apartment number and access code if applicable
 - A telephone number (so BC Emergency Health Services can contact the caller if the call is cut off)
 - A description of what is happening
 - NOTE: If someone else at BCEHS is required to follow-up with the caller (e.g. a secondary triage professional or a paramedic specialist), they may ask for some or all of this information again to verify.

Preparing for Ambulance Arrival

- Callers can assist paramedics before an ambulance arrives by:
 - Clearing a path to the patient (moving furniture and unlocking doors)
 - Having someone wait outside to meet the ambulance, if possible
 - Ensuring the house number is clearly visible from the street
 - Turning on the outside lights at night or meeting paramedics at the lobby door of an apartment and having the elevator ready
 - Putting away dogs or other pets in a separate room if possible
 - Not moving the patient unless their life is threatened.
- BC Emergency Health Services works in partnership with all first responders to provide the swiftest care possible.
 - BC Emergency Health Services notifies firefighter first responders of all potentially life-threatening calls so they can provide first aid such as CPR and monitor the patient until paramedics arrive.
 - BC Emergency Health Services also notifies firefighter first responders of all motor vehicle incidents, fires, hazmat situations, drownings, and any other calls where their expertise and equipment may be needed.
- Please note that 9-1-1 callers may not always get an ambulance response. Based on the call-taker assessment, callers may be recommended for alternative pathways, such as a Low Acuity Response Unit (LARU).

- LARUs serve callers whose issues are not urgent or life-threatening and free up ambulances to attend the most urgent emergencies.

Non-emergency alternatives for health concerns:

- There are many alternatives to calling 9-1-1 if the situation is not an emergency:
 - Call 8-1-1 to speak with a nurse or other health expert.
 - Visit the HealthLinkBC.ca website and use their Interactive Symptom Checker.
 - Visit an urgent care centre or clinic if you can do it safely.
 - Call a pharmacist if you have a question or concern about a prescription.
 - Call the B.C. Poison Control Centre if you suspect someone has been poisoned with a medicine, chemical or substance. 604-682-5050 or 1-800-567-8911.
 - Mental health concerns: If someone is in immediate danger of hurting themselves, you should call 9-1-1 for assistance. For mental health support where there is no immediate risk to someone's safety, call the Crisis Centre's line at 310-6789 (no area code needed). If you or someone you know is having thoughts of suicide, but it is not an immediate risk, they can call 1-800-784-2433 (1-800-SUICIDE) or call a local crisis centre.

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Contact: BCEHS Communications
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