



Community Safety Committee

Date: Tuesday, July 15, 2025

Place: Anderson Room
Richmond City Hall

Present: Councillor Alexa Loo, Chair
Councillor Andy Hobbs
Councillor Laura Gillanders
Councillor Kash Heed
Councillor Bill McNulty

Also Present: Councillor Chak Au
Councillor Michael Wolfe (by teleconference)

Call to Order: The Chair called the meeting to order at 4:00 p.m.

MINUTES

It was moved and seconded

That the minutes of the meeting of the Community Safety Committee held on June 10, 2025, be adopted as circulated.

CARRIED

DELEGATIONS

1. (1) With the aid of a PowerPoint presentation (attached to and forming part of these minutes as Schedule 1), Robert Groenhof, Clinical Operations Manager, Vancouver South and Richmond, British Columbia Emergency Health Services (BCEHS), provided an overview and data of the BCEHS involvement in Richmond.

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Discussion ensued regarding (i) percentage of positions filled and staffing issues throughout the province, (ii) the decrease in mental health related calls and relevant resources, and (iii) overdose data and the Lifeguard App, a free phone app that brings emergency responders to people who may be having an overdose on drugs while alone.

- (2) Samantha Deoliveira, Richmond resident, spoke to concerns regarding the temporary housing unit located at 6999 Alderbridge Way.

In response to queries from Committee, the delegation noted (i) lighting would likely not deter the behaviour of some of the individuals but could potentially help the patrons in the area to know if the area is clear, and (ii) surveillance cameras could provide video evidence if charges are brought before the courts.

Discussion ensued regarding (i) the potential benefits of increased lighting, surveillance cameras and mobile safety trailers, and (ii) action taken by Richmond RCMP and RainCity to prevent further incidents and hold residents/guests accountable for inappropriate behaviour.

As a result of the discussion, the following **referral motion** was introduced:

It was moved and seconded

That staff investigate:

- (1) *options to increase RainCity's oversight, responsibility and accountability of residents and guests and where people congregate at the supportive housing site on 6999 Alderbridge Way;*
- (2) *options to increase RCMP presence in the area surrounding 6999 Alderbridge Way during the day;*
- (3) *options to increase safety at the nearby dog park, including lighting, surveillance cameras, tree maintenance and a second entrance; and*
- (4) *opportunities for on-going community engagement.*

CARRIED

LAW AND COMMUNITY SAFETY DIVISION

2. COMMUNITY BYLAWS MONTHLY ACTIVITY REPORT – MAY 2025

(File Ref. No. 12-8375-02) (REDMS No. 8080480)

Staff provided an update from the June 10, 2025 Community Safety Committee meeting, noting (i) the City was responsible for \$9,500.00 for clean up of the Tree Island dock, paid for through a Council approved contingency reserve stemming from the *Wharves Regulation Bylaw 10182*,

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and the remainder of the costs were borne by Transport Canada, responsible for moving the vessel, and (ii) with respect to animal controlled enforcement of off-leash dogs on the West Dyke Trail, there has been more patrols in the area resulting in significant ticket issuances, which will be reflected in the numbers to be reported for the June and July reports to Committee.

In response to queries from Committee, staff noted (i) the increase in parking enforcement revenue can be attributed to a combination of factors including an increase to a full staff compliment, deployment of more technology and proactively exploring other/new technologies such as license plate recognition and mobility software platforms, as well as a significant uptick in compliance related revenue generated from meters, (ii) steps are underway to deploy special operations to address parking violations by delivery trucks including mobile software solutions, working with Transportation staff to look at more designated areas and potential enforcement options, (iii) under City bylaws, property owners are responsible for maintaining the shrubs at a certain height and cannot place items or obstacles on them that may obscure traffic, and (iv) staff are aware of the resources available to individuals who do not have a home and are living in their vehicle, and staff work with outreach teams and closely with the Ministry of Social Development and Poverty Reduction (MSDPR) to help people into programs, ensuring they are still receiving services and that they are in medical contact.

It was moved and seconded

That the staff report titled “Community Bylaws Monthly Activity Report – May 2025”, dated June 16, 2025, from the Director, Community Bylaws & Licencing, be received for information.

CARRIED

3. **RICHMOND FIRE-RESCUE MONTHLY ACTIVITY REPORT – MAY 2025**

(File Ref. No. 09-5140-01) (REDMS No. 8070519)

It was moved and seconded

That the staff report titled “Richmond Fire-Rescue Monthly Activity Report – heed – May 2025”, dated June 20, 2025, from the Fire Chief, be received for information.

The question on the motion was not called as a brief discussion ensued with respect to the purchase of new apparatus.

The question on the motion was then called and it was **CARRIED**.

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4. **FIRE CHIEF BRIEFING**

(Verbal Report)

Items for discussion:

None.

5. **RCMP MONTHLY ACTIVITY REPORT – MAY 2025**

(File Ref. No. 09-5350-01) (REDMS No. 8056104)

In response to queries from Committee, Superintendent Julie Drotar noted (i) there are some mobile surveillance trailers available within the RCMP Provincial Headquarters, but not the specific large mobile ones that have been used in the Vancouver area; they would have to be purchased and cost approximately \$100,000, (ii) the current cameras are limited, they are in vehicles or mobile vehicles in trailers that can be relied on but are in limited supply, (iii) mobile surveillance trailers could be utilized to capture video to aid in pursuing charges, or for a major community event or larger event like Canada Day, or utilized in assisting by having more eyes on the population, and could also be a good deterrent, and (iv) RCMP actively engage local businesses on the mitigation of commercial break and enters.

It was moved and seconded

That the report titled “RCMP Monthly Activity Report – May 2025”, dated June 18, 2025, from the Officer in Charge, be received for information.

CARRIED

6. **RCMP/OIC BRIEFING**

(Verbal Report)

Items for discussion:

None.

The following **referral motion** was introduced:

It was moved and seconded

That the General Manager, Law and Community Safety, explore the purchase or rental of a mobile surveillance trailer system for utilization by the RCMP.

CARRIED

7. **MANAGER’S REPORT**

None.

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ADJOURNMENT

It was moved and seconded

That the meeting adjourn (5:11 p.m.).

CARRIED

Certified a true and correct copy of the
Minutes of the meeting of the Community
Safety Committee of the Council of the
City of Richmond held on Tuesday,
July 15, 2025.

Councillor Alexa Loo
Chair

Lorraine Anderson
Legislative Services Associate

BC EMERGENCY HEALTH SERVICES **OVERVIEW + RICHMOND DATA**

Presented July 2025

BCEHS | BC Emergency
Health Services
Provincial Health Services Authority

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Robert Groenhof
BCEHS Clinical Operations Manager
Vancouver South and Richmond

BCEHS | BC Emergency
Health Services
Provincial Health Services Authority

1

BC Emergency Health Services (BCEHS) is one of the largest paramedic services in North America. It includes the **BC Ambulance Service**, and **provides emergency call-taking, dispatch, and paramedic health-care services** to all people in British Columbia as part of the Provincial Health Services Authority (PHSA) under the *Emergency Health Services Act*.

BCEHS is also responsible for planning and coordinating **interfacility patient transfers** that require paramedic care.



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A COMPLEX SYSTEM

Providing province-wide emergency health services requires BCEHS to work proactively with many partners from across the health-care system and within the communities we serve. BCEHS is proud of the range of our collaborative work, including with:



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Almost

6,400 employees work across BCEHS

including paramedics, emergency medical call takers and dispatchers, administrators and leaders.

BCEHS partners with:

APBC
(CUPE 873) Ambulance Paramedics and Emergency Dispatchers of B.C.
(Canadian Union of Public Employees Local 873)

BCGEU BC General Employees' Union

BCNU BC Nurses' Union



BCEHS | BC Emergency Health Services
Provincial Health Services Authority

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2024 SNAPSHOT: FRONTLINE EMPLOYEES

Out-of-hospital emergency care & scheduled at-home care

3,200+	Primary Care Paramedics
990+	Emergency Medical Responders
300+	Advanced Care Paramedics
90+	Critical Care Paramedics
50+	Community Paramedics
16	Link and Referral Unit Paramedics
21	Infant Transport Team Paramedics

Emergency 911 call-taking, dispatching, and coordinating inter-facility patient transfers

410+	Emergency Med. Call Takers & Dispatchers
48	Interfacility Emergency Med. Call Takers (EMCT)
28	Emergency Online Support Physicians
24	Paramedic Specialists
15	Secondary Triage Clinicians
4	Low Acuity Patient Navigators
8	Interfacility EMCT Charge / Practice Educators
6	Community Paramedic Coordinators

+ Hundreds of employees *supporting* the delivery of frontline emergency and community health care operations

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HIRING AND EXPANSION

1300+ hires across paramedics, dispatch, and support services into existing vacancies and new positions calendar year 2024

- 1,200 Paramedic, Dispatch and Patient Transfer positions filled
- 112 Emergency Medical Call Takers hired

Approximately 90% of regular permanent full-time and part-time positions are currently filled and BCEHS is actively recruiting for unfilled positions.

BCEHS | BC Emergency Health Services
Provincial Health Services Authority

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BCEHS's fleets serve 5 million B.C. residents across 944,735 km²
(an area larger than France and Germany combined)

GROUND FLEET

- 930+ active vehicles:
 - 650+ ambulances, plus 19 Low Acuity Response Units
 - 260+ non-ambulatory vehicles & single response units



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BCEHS's fleets serve 5 million B.C. residents across 944,735 km² (an area larger than Washington, Oregon and California states combined)

AVIATION FLEET

- 6 helicopters & 10 airplanes
 - 3,500+ hours flown in helicopters
 - 4.3 million+ km flown in airplanes
- Approx. 7,300+ patient transports annually



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RICHMOND STATIONS

- Station 250 (Richmond North)
 - 5 ambulances
- Station 269 (Richmond South)
 - 2 ambulances and a patient transfer unit.
- Station 270 (Richmond Airport)
 - 1 – 24-hour bike squad unit



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CLINICAL OPERATIONS - DISPATCH

BCEHS has three 24/7 dispatch operations centres (Kamloops, Vancouver, and Victoria) that provide emergency 911 call taking, dispatching of ambulances, and interfacility transfer coordination and planning.

PATIENT TRANSFER NETWORK

Centrally coordinates patient referrals and ambulance transportation across the province, by connecting sending and receiving physicians, facilities and ambulance services.

PATIENT TRANSPORT COORDINATION CENTRE

Manages logistical aspects of interfacility patient movements, and is responsible for dispatching critical care paramedics by air resources to high acuity out-of-hospital events



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CLINICAL OPERATIONS

Annually, BCEHS responds to

683,000+

911 events* and patient transfers throughout the province, including:

- 608,000+ 911 events
- 75,000+ inter-facility patient transfers

*Based on January – December 2024

***BCEHS tracks data using specific terms:**

A **911 event** is a request for BCEHS services that originated through one or more 911 phone calls. One event can generate multiple 911 calls and trigger multiple ambulance responses.

A **911 phone call** is a call into dispatch to request BCEHS services. A 911 event may be associated with multiple 911 phone calls. For example, a traffic collision on a busy street may trigger many calls to 911 from various witnesses and patients.

BCEHS BC Emergency Health Services
Provincial Health Services Authority

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CLINICAL OPERATIONS

Annually, BCEHS responds to

683,000+ = *More than one event every minute, every day*

911 events* and patient transfers throughout the province, including:

- 608,000+ 911 events
- 75,000+ inter-facility patient transfers

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BCEHS CLINICAL OPERATIONS

Last year, in Richmond, BCEHS responded to

16,800+ = *Equivalent to 46 events every day of the year*

911 events



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Provincial Health Services Authority

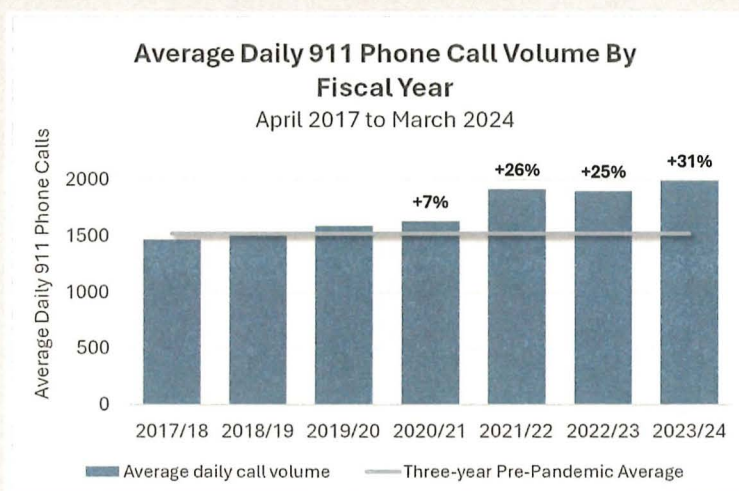
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GROWING DEMAND

- Over the years, our healthcare system has been impacted by overdose-related emergencies, extreme weather events, and a growing and aging population with more complex health needs.
- As a result, BCEHS continues to see an increase in call volume.

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CLINICAL OPERATIONS



The average daily 911 call volume has increased considerably since 2017.

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911 TRIAGE SYSTEM

BCEHS dispatch uses a triage system to ensure ambulances and paramedics are focused on the most life-threatening situations and that patient concerns are matched with the right response.

Our triaging uses the internationally recognized **Medical Priority Dispatch System (MPDS)** combined with the **Clinical Response Model (CRM)** — a colour-coded resource assignment approach. The CRM colour indicates the resources, response type, and relative priority of the call, with purple as highest priority.

*Clinical
Response
Model
colour codes*

Immediately life-threatening e.g., Cardiac arrest	Immediately life-threatening or time critical e.g., Chest pain	Urgent, potentially serious, but not immediately life-threatening e.g., Abdominal pain	Non-urgent, not serious or life-threatening e.g., Sprained ankle	Non-urgent (not serious or life-threatening), possibly suitable for treatment at scene e.g., Minor cut	Non-urgent (not serious or life-threatening), further telephone triage & advice, referrals to HealthLinkBC e.g., Skin rash
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IMPROVING CARE FOR NON-URGENT PATIENTS

40% of patients who call 911 have “low acuity” (non-urgent or minor) health concerns and may not require a hospital emergency department.

BCEHS’ low acuity strategy includes:

- Expanding alternative **pathways for care**, in addition to hospital emergency departments
- Growing the **Clinical Hub**, including low acuity patient navigation and secondary triage

Better serving low acuity patients improves care and increases resources available for urgent health emergencies.

In 2024, 8,069 patients did not require an ambulance upon Secondary Triage assessment by a Secondary Triage Clinician or Low Acuity Patient Navigator.



Link and Referral Units (LARUs) serve low acuity callers while freeing ambulances to attend the most urgent emergencies.

LARUs attended 6,749 patient events in 2024. Of those, 2,233 received alternate destination or at home care and did not go to an Emergency Department.

55% of LARU patients were treated in their own home without requiring conveyance to the hospital.

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EVENTS IN RICHMOND: Over One Year

Pre-hospital Events in Richmond (Resp. Areas 250, 269, and 270) by Priority
April 2024 to April 2025 (Inclusive)

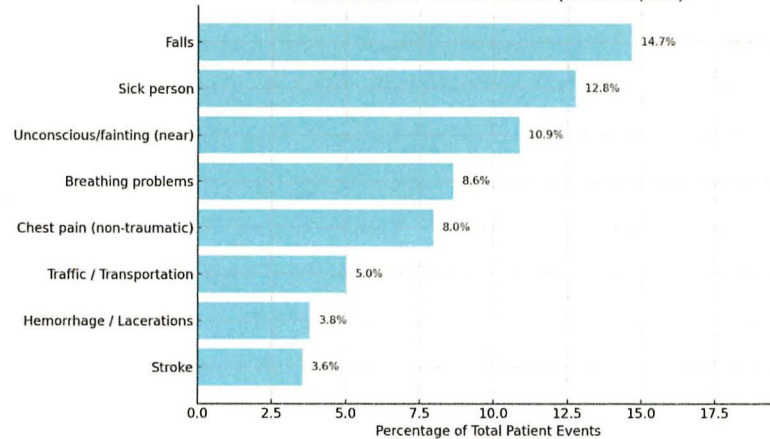
Year Month	Priority				Total
	Purple/ Red	Orange	Yellow	Teal/Green /Blue	
2024 Apr	437	331	412	27	1,207
2024 May	500	332	427	21	1,280
2024 Jun	466	351	467	32	1,316
2024 Jul	489	346	442	23	1,300
2024 Aug	513	341	412	30	1,296
2024 Sep	437	344	438	25	1,244
2024 Oct	475	350	439	20	1,284
2024 Nov	464	341	436	19	1,260
2024 Dec	495	348	476	29	1,348
2025 Jan	518	385	455	28	1,386
2025 Feb	462	365	415	15	1,257
2025 Mar	484	378	496	21	1,379
2025 Apr	475	330	448	20	1,273
Total	6,215	4,542	5,763	310	16,830



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EVENTS IN RICHMOND: Over One Year

Distribution of Patient Events (Total: 16,830)



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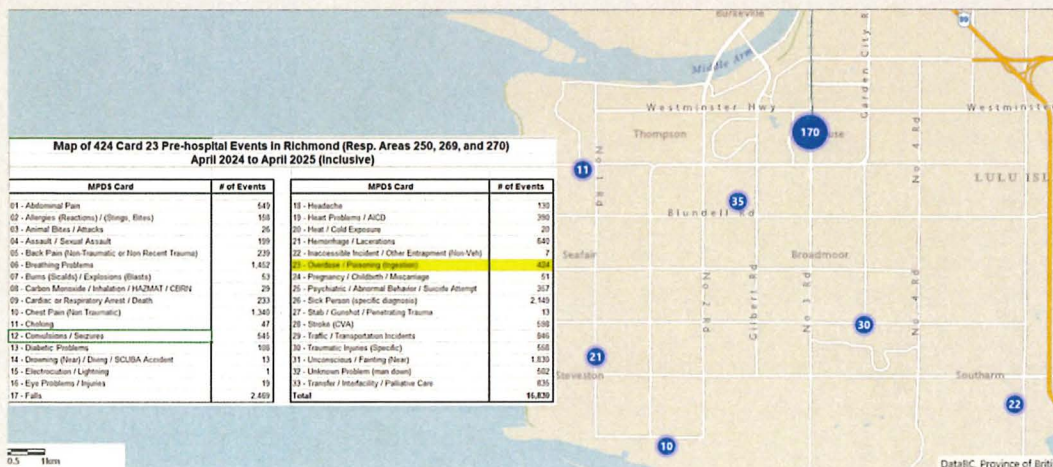
911 EVENT INCREASES IN RICHMOND

Overdose events in Richmond in 2025 are up 6 per cent from last year.

Up 80 per cent since 2017/18.

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OVERDOSES HEAT MAP: Over One Year



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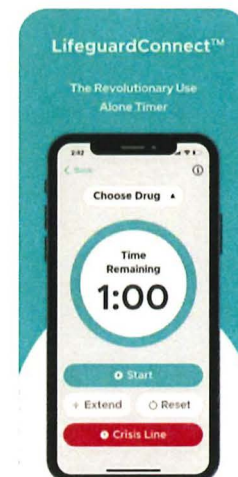
OTHER 911 EVENT TRENDS IN RICHMOND

Falls since 2017/18	↑	30%
Breathing Problems since 2017/18	↑	41%
Chest Pain since 2017/18	↑	29%
Mental Health events since 2017/18	↓	15%

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LIFEGUARD APP

- The Lifeguard App is a free, life-saving mobile app designed to prevent overdose deaths, particularly among individuals who use drugs alone—a group that accounts for the majority of fatal overdoses.
- Before using substances, a person activates the app and sets a timer. If they do not respond by pressing a button when the timer expires, the app automatically initiates a text-to-voice call to 9-1-1, alerting emergency medical dispatchers to a potential overdose. This ensures that emergency responders can be dispatched promptly, even if the individual is alone and unable to call for help themselves.



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