The work ahead: understanding how emergency services actually work

This morning's news about AMR's attempt to stop San Bernardino County's transition to a new ambulance provider deserves attention — not because it gives us another political fight to argue about, but because emergency medical services directly affect Ontario residents when they are at their most vulnerable.

For decades, AMR served as the exclusive ambulance provider across this portion of San Bernardino County, including Ontario. That arrangement is now changing. The courts have allowed the transition to move forward, and beginning today, Ontario becomes part of the new CONFIRE EMS & Mobile Health system.

But an ambulance system is much more complicated than simply changing the name painted on the side of a vehicle.

Ontario already has a sophisticated emergency medical response system. Our Fire Department provides advanced life support through paramedic engine companies and other resources. In 2024 alone, Ontario Fire responded to more than 23,000 emergency calls. Beginning October 1, Ontario Fire is also staffing two ALS ambulances at Fire Stations 6 and 7 as part of its partnership with CONFIRE.

That means the questions residents should be asking now are operational ones:

Are enough ambulances available when simultaneous emergencies occur?
How quickly are units dispatched, and how are fire, ambulance and hospital resources coordinated?
What happens when emergency departments are backed up and ambulances are delayed transferring patients?
How will surge capacity work during a major incident or disaster?
How will response-time performance, staffing, billing and patient outcomes be measured?
And when a 911 call does not require an emergency-room transport, can we safely connect that resident with another appropriate level of care instead of unnecessarily tying up an ambulance?

That last question is important. Ontario is also beginning use of CONFIRE's Emergency Communications Nurse System, which allows certain non-life-threatening medical calls to be evaluated by a registered nurse who can help connect callers with appropriate care or transportation while keeping ambulances available for true emergencies. Life-threatening calls continue to receive an emergency medical response.

These are the kinds of issues I believe deserve our attention.

Emergency services involve dispatch systems, paramedic staffing, ambulance deployment, hospital capacity, mutual aid, communications, medical protocols, continuity of operations and

regional partnerships. A decision in one part of that system can have consequences throughout the rest of it.

That is the work ahead of us.

There will always be plenty of opportunities during an election to talk about personalities and other candidates. I would rather spend that time talking with Ontario residents about the systems they depend on and the decisions their city will have to make as our population continues to grow.

Leadership in public safety requires more than saying we want faster response times. It requires understanding how the entire response system works, where its pressure points are, and what questions need to be asked before a crisis exposes them.

That is the conversation I want us to have about Ontario's future.

Leadership Built on Service.
A Vision Built for Ontario.

www.lampkinforontario.org