



EMS S.21 Subcommittee

Meeting #2 - 2022 – Minutes

Date: June 23, 2022

Co-Chairs: Wayne Markell (A) and Chris Stolte

Location: Hybrid Meeting - from regions via Zoom and in-person at CHSI

The following is a summary of subjects discussed at the above meeting. Please advise of any errors or omissions.

Attendees:

Members: Wayne Markell (Co-Chair(A)), Chris Stolte (Co-Chair), Robert Crossan, Isaac Arnold, Dave Doran, Ian Nash.
Observers: Rob Nishman (MOH) and Sherri Bastos (PSHSA)
Facilitator: Julie Jeaurond (MLTSD)
Guests: Don Pierce (MOH), Dawn Clinch (PSHSA) and Dr. Renee MacPhee (Wilfred Laurier University)
Regrets: Colin Heise, John McCarthy and Tanya Morose, (PSHSA),

	Topic/ Presenter	Comments/Action Items
1	Approval of Agenda	The meeting agenda was approved.
2.	Minutes of previous meeting	Minutes of the previous meeting (March 3, 2022) were presented and accepted, as amended.
3.	Update from MOH Rob Nishman Manager, MOH	<ul style="list-style-type: none">a) CACC protocols for COVID Screening currently down to one question being asked during the process.b) No changes to the masking standard, stay tuned.c) First Responder Assist with two streams – CBT and CBT trauma that is apparently OHIP covered with 12-16 weeks of virtual program coverage with a therapist. https://www.ontarioshores.ca/services/first-responder-assist Call 1-877-767-9642 – central intake Ontario Shores self -referral accepted.d) Answers to Questions posed by Chris Stolte:<ul style="list-style-type: none">Number of Graduates from the college Paramedic programs. <i>We have made several requests for college paramedic program graduate information from MCU but have yet to receive a response. Will be happy to share any information we receive from MCU when/if we receive it. It appears unlikely that this information will be available by the next S. 21 meeting.</i>Number of candidates who were eligible to write the EMCA exam. Pass/fail rates of candidates of the EMCA exam.

AEMCA Exam	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022

Topic/ Presenter	Comments/Action Items					
Donald Pierce Manager, MOH	Completed the Exam	781	825	868	510	902
	Passed	695	713	692	480	790
	% Passed	89%	86%	80%	94%	87.5%
	% Failed	11%	14%	20%	6%	12.5%
	How many new hire OASIS numbers were issued?					
<i>We issued 2206 cards for new hires between 2021/04/08 and 2022/06/13.</i>						
<ol style="list-style-type: none"> 1. Providing First Aid Pre-Level instructions for every caller to meet paramedics outside, maintain 6' distance and follow their directions, being followed for the last 2 months. 2. CAD5 – Toronto and Niagara were first, then other areas followed. Mississauga was next then to Ottawa, Renfrew, Lindsey, Oshawa, Georgian. Then on to the north, Kenora and Thunder Bay. Next week starts in Sudbury, with hopes of finishing the north before end of 2023. There may be a pause in July for Sault St. Marie and Timmins but will start back up in the fall. North Bay will follow along with Muskoka and Perry Sound. Then moving to the south west in 2023, starting with Hamilton and Windsor. 3. MPDS – Scheduled to go live November 13th in Mississauga. Starting training for all ACO's in August 2022. 4. Telephony system is scheduled to be turned on in Lindsey first, going province wide CACC by CACC. Renfrew is up next. This computer aided telephone system will support Next Gen 911 which is scheduled for 2024. Hoping to be in place in every CACC by end of 2024. 5. Public Service Radio Network (PSRN) – Doing local training for early/advanced deployment in the south west, in the Windsor area. Will be moving forward with training Paramedics then ACO's as they start moving across the system. The current radio system is not being made any longer and parts are being purchased wherever they can be found. Batteries are still available. 6. Question – Is there a need for data on phones? Answer – Unsure, it is possible that notifications could be done through mobile devices (2025-2026), will be looking at putting information through on a data exchange. May be difficult to get phones without data. 7. Question – Pilot project called Neighbour to Neighbour where dispatch is involved, train 100 volunteers on defibrillators and other equipment, they will be able to respond in rural areas. Is there any info on what role dispatch will play after the call has been dispatched, is there a means to check on volunteers? Answer – Have not heard about this but will be following up. 8. Question – Any update on the Air Ambulance PSRN? Answer – No updates. With the new PSRN system and having air involved may cast a larger shadow of the radio coverage and may have problem with cross over into the U.S. 						

	Topic/ Presenter	Comments/Action Items
		<p>9. Changes coming to the dispatch system including new dispatch priority card index cards that will be released to OAPC in the next couple weeks, the new DPCI cards are changes to support transfer cards, decreasing the Code 4 responses to hospitals. We have already changed Card 31 - Generally Well Card. Added info to the Overdose Card related to the different types of Naloxone. Suite of 3 DPCI cards, Team Transfer, Non-Urgent Transfer and Inter-Facility Emergency Transfer cards have been combined into 1 Transfer Card. Also new card – Organ Transfer Card. New Transfer Card developed adding priorities to it to focus on patient needs. New Medical Card developed as a catch-all for those who are unaware of what is wrong. These are scheduled to be released sometime in August.</p> <p>10. Question – OAPC was consulted on the changes to the DPCI cards. Was there any representation from one of the 4 unions? Answer – Not 100% positive, counterparts for each service, we had CACC management involved, ORNGE, me, and a few others involved. Sharing of info has been done in some areas as we were constantly seeking feedback from OPSEU CACC's and ACO's.</p>
	Dr. Renee MacPhee Associate Professor Wilfred Laurier University	Presentation: Paramedic Mental Health in Canada: what does the research tell us?  Mental_Health_EMS _Section_21_copy.pdf https://www.cipsrt-icrtsp.ca/publication/suicidal-ideation-plans-and-attempts-among-public-safety-personnel-in-canada
	PSHSA Sherri Bastos, Director, PSHSA Dawn Clinch H/S Consultant, PSHSA	Presentation: Paramedic Sector Psychological Harm Root Cause Analysis – PSHSA Action Plan  2022-06-23 Sec21 PSHSA RCA Recomm
	MLTSD Update Julie Jeaurond, Provincial Specialist, MLTSD	 2022 MLTSD Activity in the Paramedic Se
	Guidance Notes NOTE: Please post your GN drafts on the Teams site or send to Julie for posting.	Guidance Notes in development: 1) Staging (assigned to Chris and Wayne) 2) Paramedics Around Water (to be reassigned) 3) Novel Disinfection (assigned to Isaac and Rob) 4) Community Paramedicine (assigned to Ian and Wayne) 5) Gas Monitors (assigned to Dave and OAPC member TBD)
	Roundtable (All members)	Wayne Markell: <ul style="list-style-type: none"> Discussion on 10-2000 – Looking for a connection point within the MOH, how to action an alteration to the 10 Codes. How can we get change at the MOH level for the dispatchers 10 Code list, need some uniformity in teaching the 10 Codes, when a scene escalates and how to provide an update?

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	<ul style="list-style-type: none"> - D. Pierce: 10-50 and 10-25 have not been in existence since 2006. With PSRN they are revitalizing where the 10-2000 codes are and the process for the multiple ways 10-2000 can be called inclusive of the lapel mic, the portable unit, the unit in the back and the front unit where it can be located. Callers sometimes do not always give the full picture of what is going on and Paramedics only find out once on scene. - Why do we not ask the question about a weapon on scene when there is a trauma? D. Pierce: It is not part of our process, under DPCI if there is blunt trauma or penetrating trauma that question would be asked. - I was led on by our friends at Ottawa dispatch that there is no question regarding weaponry. D. Pierce: They do actually, it is directly about hazards. - When we are building the Guidance Notes, in Frontenac they are working on a secondary notification piece from dispatch to medics and they are using an HS number, used as a quick notification number to raise the level of attentiveness of the on-scene medic because of secondary info (update) or second call comes in. D. Pierce: Under DPCI, penetrating trauma, there is a question about assault or violence, are there any dangers or hazards? Ex.: weapons or vicious animals. So that is a question that gets asked. Related to hazardous addressing, that info gets flagged in CAD 5 within 100m of that location. - Building the 10-2000 Code there was discussions that it was not proper to use sentence structure because you are potentially informing an assailant that police are on their way, so we don't use verbiage, we use a 10 code to hide what the messaging really is, I don't want to see a scene get escalated because of words that were said over the radio. D. Pierce: The 10-2000 Code, activation of an alarm, the response is from the ACO, all units 10-3, Unit #4125, 10-2000, 10-4. D. Doran: Other vehicles are being picked up when an alarm is pressed. #4125 could press the panic alarm, it could indicate to dispatch that it's other vehicles, bouncing from one repeater to another. D. Pierce: In the north it would not be a problem because it goes by the portable #, the new PSRN program is the same, each portable is going to have its own ID. C. Stolte: Is there any way the MOH could re-issue the training bulletin on the 10 Codes? D. Pierce: Yes, I can get that through Patient Care and Standards for the approved 10 Codes. - D. Doran: Another issue is how we are flagging calls. We are flagging residences and residences are not the hazard, it is the individual but often they are not at that specific residence. How do we go about changing the flags from location from a location to an individual? D. Pierce: It was something that was looked at years ago and it was frowned upon. Different spelling of names can create an issue. The police can ask for name but we can't. It slows down the call take process and people are not always honest. 85-90% of calls are from cell phones. <p>Dave Doran:</p> <ul style="list-style-type: none"> • On going issues with ensuring the safety of Community Paramedics when it comes to safe injections sites or when entering another workplace. We are having difficulty when others own the premise. The CP field needs to be regulated to ensure they have the same equipment no matter what they are doing. • Started a campaign to increase awareness about the lack of resources we have in Frontenac County, our leadership team did not ask for more resources from Council and are not going to until 2023. Increase in stress on Medics, need more ambulance in the system.

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	<ul style="list-style-type: none"> Continue the Neighbour-to-Neighbour pilot project which is concerning when it comes to health and safety. Trying to work through our health and safety issues, trying to get standardized cleaning system set up, currently relying on Medics to clean ambulances after calls but the call volume is so high that I would argue it is not being done. <p><u>Rob Crossan:</u></p> <ul style="list-style-type: none"> Question for Dave, have you considered contacting someone at Queen's about swabbing of vehicles? No, we haven't. Several years ago, we did swab vehicles and it was pretty amazing. Unfortunately, there is a funeral on Sunday for a Paramedic. We have had counselors in but no medics have taken the opportunity to speak to the counselors. <p><u>Chris Stolte:</u></p> <ul style="list-style-type: none"> SEIU is planning a Paramedic summit in September focused on health and safety and mental health. We continue to have staffing issues amongst all our services. Lambton just hired 9, on the first day 2 quit. Planning on hiring 7-10 in the near future. <p><u>Isaac Arnold:</u></p> <ul style="list-style-type: none"> Unifor members in Thunder Bay are having issues with gun violence, they have put in a recommendation for bullet proof vests which was not carried forward, they are interested in the Staging GN being developed. With ORNGE, issues in our northern communities with transport vehicles when you land at an airport. Over the last 3 years we have worked with Indigenous Services Canada and finally there is an agreement to purchase trucks for a few communities, for truck mounted camper type medical equipment. We have Green on Green health and safety bundles for each base developed. So, if you are doing overtime, you can have a bundle delivered that lets you know what the health and safety issues/equipment are at that particular station. We recently had noise assessments done, our rotor wings are 94 decibels over the 8-hour period, howlers on our land trucks are up to 105 decibels. Started a pilot project with a land ambulance out of the Sudbury base that will be there to transfer patients from helicopter to the hospital to alleviate use of local paramedics. Doing interviews for new ACP's. <p><u>Rob Nishman:</u></p> <ul style="list-style-type: none"> Amendments made to Ambulance Act that allows non-physician health care professionals to confirm vaccinations for Paramedics, effective Jan. 1, 2022. Physicians and Nurse Practitioners can confirm contra indications now. Updates to the Paramedic Communicable Disease Standard to align with the regulatory changes mentioned above. <p><u>Sherry Bastos:</u></p> <ul style="list-style-type: none"> Summary of Psychological Health and Safety Program, including follow-up resources tools, program checklist document and training. Coming soon is the Psychological Health and Safety in the Workplace Integrated Approach Guide that includes a variety of the resources. Also included is the JHSC Assessment Tool – a follow up to one of the last committee meetings and the User Experience Evaluation of the MSD Prevention Guideline for Ontario. <p style="text-align: center;"> EMS Section 21 -PSHSA Update June</p> <p><u>Don Pierce:</u></p>

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	<ul style="list-style-type: none"> • Empowering Success which is celebrating ACO's who go through the ETP entry practice program, they now do two days of intensive peer support program to support their future in their new positions. That peer support program in our Ministry has 41 responders. It is being well received by ambulance communication officers. • I did get a response on the Neighbour-to-Neighbour program and it is something that is being looked at, more info to come, hopefully by the next meeting. • The project Dr. MacPhee is working on is being discussed at the ADM level in association with the Solicitor General and a letter to the Directors would be well supported. Directors' emails were provided to the co-chairs. <p><u>Wayne Markell:</u></p> <ul style="list-style-type: none"> • We have changed our hiring process. We are pushing for a mentor program that is attaching Medics with at least 5 years experience to a group of 2 or 3 new hires and will stay connected for a 2-year period. They do not necessarily work with them but they are their call buddy, so if there is a bad call the Commander connects with the mentor and lets them know, apart from Peer Support. Hoping this keeps new hires attached emotionally to the Service so we have retention and it also serves a health and safety and mental wellness in the workplace benefit. We are receiving huge positives from our Mentors. For the first time ever, after 6 weeks all 18 we hired have stayed, which has never happened before. Also did a welcome dinner and are hopeful it will pay dividends down the road. • Pushing forward a new medal, a long service medal, a 12, 22 and 32. Medal is designed and working with Coat of Arms Canada to get it all done. Similar to what Kingston did. • We expanded our service on July 17th, adding one new truck 24 hours. We expanded last year with a day truck 10 to 10, both are aimed at covering off the transition zone of shift change which for us is over a four-hour period, 6, 7, 8 & 9. Looking at building a secondary central head quarters in the western half of our service area, about 1/3 the size of the one we have now. Starting to put together a capital plan aimed at us, hopefully the Ministry keeps pace cause at 17% call volume growth, our habitual 2% per annum will not keep us afloat.
Adjourn	<p>Next meeting dates set for 2022:</p> <ol style="list-style-type: none"> 1) September 29th, 2022 2) November 17th, 2022