



## Paramedic Services Section 21 Committee Meeting Minutes

@ 675 Cochrane Drive, Toronto

Date: September 11th & 12<sup>th</sup>, 2024

Time: 1:00pm – 4:30pm & 9:00am – 12:00pm

### Attendance:

|               |   |  |
|---------------|---|--|
| (Members)     | Ian Nash (co-chair)<br>Colin Heise<br>Dave Doran<br>Harri Hamalainen<br>Mike Nunn<br>Shane Muir | CUPE<br>Ontario Association of Paramedic Chiefs<br>OPSEU<br>Ontario Association of Paramedic Chiefs<br>Unifor<br>Ontario Association of Paramedic Chiefs |
| (Observers)   | Dawn Clinch<br>Rob Nishman<br>Don Pierce<br>Natasha D'Angelo<br>John McCarthy                   | Public Services Health and Safety Association<br>Ministry of Health<br>Ministry of Health<br>Workers Health and Safety Centre<br>DTASSB                  |
| (Facilitator) | Julie Jeaurond  | MLITSD   |
| (Guests)      | Nathan Kolar  | Public Services Health and Safety Association  |
| (Regrets)     | Stephen Adlington<br>Marc Goudie  | SEIU<br>Ontario Association of Paramedic Chiefs  |

### 1.0 Welcome and Introductions

The Paramedic Section 21 meeting was held at 675 Cochrane Drive, Toronto. The meeting is co-chaired by I. Nash and Colin Heise. Colin has taken over co-chair duties for the retiring John McCarthy.

### 2.0 Review of the March 2024 Minutes and Action Items

Ian Nash reviewed the minutes from the June 2024 meeting. No changes made. Minutes approved.

### 3.0 Ministry of Health Update

R. Nishman provided the following update:

- Certification of PC standards, standards posted for public viewing in June. 7 comments, not expecting significant changes.
- Planning BCCLS updates in 2-24 months, changes include base hospital training, BLS-DNR standard and spinal motion restrictions.

D. Pierce provided the following update:

- CAD5 – Completed. Looking for new CAD vendor for CACC's for 21-22 CACC's – UNIFIED CAD being discussed, will be a singular CAD across the province instead of multiple CAD's. RFP responses have been received, requestors are being reviewed and testing of systems. Anticipated to be a 3-to-5-year project.
- MPDS – Successful so far, Georgian CACC is next to be updated. Then Kingston in early 2025, Oshawa and Lindsey after. Eastern Ontario will be on MPDS in spring 2025.
- PSRN - Southwest is completed (Windsor to Oshawa) – complete radio system – southeast zone next (Lindsey east, Parry Sound, Ottawa) – early 2025 then North. Lessons learned include tech and better sound quality.
- Telephany – NG911 2025 CRGC, related to new 911 network. System will be able to turn on for NG911. Windsor anticipated to be first for system. Continual operational planning – NG911, coup plans at the CACCS, needs to look at a back-up center PSAP (public service access point)... allows for calls to be transported to another location.
- Radio systems will be able to make calls anywhere in the province, and connect with appropriate CACCS
- Staffing concerns continue but hoping to see a shift. Not sure why but seems to be on par with other provinces and internationally.
- Discussion from members:
  - Concern over radios for paramedic services – letter sent to Minister of Labour – was hoping in February to have heard back – resubmitted in November 2023 - it has since been resubmitted to new Minister.
  - Will services be provided funding to train in MPDS, similar to what CACC's are provided? Services will be provided packages for training, typically 2-4 hours training options. Funding should have been recognized as part of funding through land ambulance grants.
  - Install of new radios in back of ambulances, larger brackets cause it to stick out from the wall with potential concern that paramedics may hit their head. Radios are put in after, sticking out from the wall.
  - Can a service take over a CACC centre? Ottawa, Toronto, Niagara are run by Paramedic Services, a few other services are made the request.

#### 4.0 PSHSA Update

Nathan Kolar presented JHSC Psychological H&S Resource Development



PSHSA JHSC  
Psychological Tool de

#### 5.0 Workers Health and Safety Centre Update

N. D'Angelo provided the following:

- Will be having a section added to the website for guidance notes and minutes.
- Richard (Hygienist) with WHSC is doing research related to:
  - Research on use of permethrin on uniforms is being done by WHSC, PFAS in uniforms worn all day compared to fire who remove their bunker gear.
  - Unisync, Talbot, many different uniform providers, paramedic services could have potential.
  - Uniforms are not sprayed specifically 511 Stryker pants.
  - Look at getting a SDS for uniforms. 9 factors in PFAS based on brand, which can have various multiple factors. Brands can have different SDS.

- Harri to research the OAPC logistics section related to who the manufacturers are for materials of uniforms.
- Cancer research from WHSC, presumptive illness, potential that the author of the study to come and speak to it.
  - Informed PSHSA also wants to assist with OCRC
  - Both active and retirees
- Look at simplified survey, look at getting support from OAPC.

## 6.0 Roundtable and New Business

### H. Hamalainen

- New PSRN system is making a difference, dead zones are almost gone. CAD system is working well.
- MPDS service is ramping up.
- Looking for funding for a first response vehicle.

### S. Muir

- Excessive violence is a concern.
- Request for armour for paramedics
- Proactive de-escalation training, ramping up
- MH impacts with public and paramedics – high volume of addiction calls, opioids
- MH programming, peer support, wellness coordinator, contracted psychologists with dedicated appointment spots for the service.
- Driving: new ambulances seem top heavy, requires different driving, mirrors aren't wide enough to see around vehicles which caused some accidents. Looking into how they can accommodate 4x4 ambulances for more rural roads in the north – also concern regarding response areas, road access to the north, can be upwards of 500km past most northern service base.
- What is being done regarding ice response... no safe ice.

### M. Nunn

- Staffing concerns, looking at international hires.
- Potential new base in Sudbury by end of the year which will be 3 planes vs current 1 helicopter.

### C. Heise

- Mental health continues to be a concern in area, affecting paramedics
- Partnership with Western University, researching early intervention with paramedics, certain calls are triggered for psychologist to follow-up with person (i.e VSA lead.), no monitoring by org., peer support are helping to navigate... assisting with proactive reach outs, many are accepting the offer.

### J. McCarthy

- Last meeting with committee.
- MH continues to be a concern
- OAPC session was presented in May on who the committee is, what we do, etc., good feedback on session, promotion of GN, etc.
- Big turnover in leadership in paramedic services.
- New ambulance app. To help with ambulance specifically.

#### D. Doran

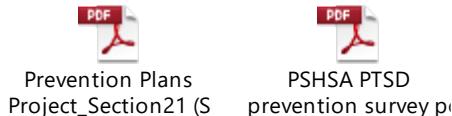
- New chief, Marc Goudie. Part of S21 committee
- New DC hired for service.
- Filed recommendation for ventilation for all stations. Stations built for 1-2 crews and now have 4-5 out of some bases. Looking at overall ventilation and air quality at 4 stations.
- Safe injection site, continued concerns. PSHSA did risk assessment of injection site and made recommendations. Positive changes coming.
  - Weapons
  - Drugs being used have potential exposure to workers ( EMS) – put in ventilation, users were moving away from vents... change was to cut tables in half to limit area they use to require it to be under vent.
- EVAP training course in Peel was completed by a worker at the service and will come back to service to train workers. Hazard recognition, run through scenarios and look at response times, hazard recognition.
- CPR devices in supervisor vehicles have been added to assist as needed.
- Recommendation for Satellite phones or travel north to help with dead zones.

#### I. Nash

- Recruitment continues to be a concern.
- MH continues to be a concern.
- Group working with Renee McPhee (Laurier), to look at MH supports for paramedic supports including access and availability across the province. Look at standards for peer support, etc.
- Grant program related to getting funds for families of workers who commit suicide, but legislation indicate it has to be at work.
- For MH funding, if you can take to council for funding, Ministry will cover 50% of the costs for supports. It just needs to be in budget. It kicks in year 2 as you put in budget.
- Ambulances continue to be concern with old ambulances. Units are running hard, maintenance costs are increasing, new vehicles also having concerns.
- Filling out forms properly. High rate of denials because paper work isn't being completed appropriately. Need promotion of exposure forms for workers to complete.
  - Need promotion for completion of reports from the top down that first aid forms, exposure forms etc. so that there can be proper stats, and information gathered.
  - Also need to push reporting of violence, even if people think it's minor.

### Day Two

#### 7.0 Presentation – PSHSA Prevention Plan Project



- Background information provided Re PTSD plans.
- Research past year focused on police data (had most information), data shows evidence that having PTSD plans, there is clear evidence that having plans assist with claims and RTW.

- Project includes support of ES in Ontario including;
  - Project, identifying current evidence and best practices
  - Enhance existing resources
  - Work with organizations to update and implement plans
- Phase 1: Current state analysis, literature scan, jurisdictional scan, survey & interviews.
  - Survey is currently open for completion.
- Research studies provided data related to PTSD.
- RTW Processes, Organizational interventions.
- Positive correlation with WSIB programming and ability to have workers return to work.

Q: has there been review of re-occurrences? Not seen specifically, but unable to breakdown individual claims.'

***Invite WSIB to come to next meeting for recurrence Re PTSD.***

**Comments:** Sector challenge that many psychologists are not trauma certified, have less years of experience, and at times may be traumatized by stories they are hearing from FR patients.

**Comments:** reoccurrence doesn't get recognized properly through WSIB. Need consideration for life factors that keep occurring and can be a factor in determining. Try and capture how many people don't return at all, not just at 12-month mark.

**Question:** How many have permanent impairment? PSHSA doesn't have data at this point.  
**Look at WSIB Data re permanent impairment.**

***Jurisdictional Scan:*** review of 40 mental health supports and treatment programs,

Evaluation of plans effectiveness does not appear to exist, some are going through, but no standardization of data.

Continuous training for Peer Support, and big focus on post incident supports, there could be more work done on the preventative questions.

**Question / Comment:** most plans are based around behaviours based, not a lot of information on the systemic things that affect PTSD. Not looking at underlying concerns and systemic problems. Offload delays, not getting meal breaks, forced OT, culture changes, lower ability to recruit and high turnover. Call volumes for services have increased, hard to get vehicles.

**Comment:** not a lot of study about post RTW, what supports are there once they have returned, as well as benefits needed if they have a reoccurrence. At times WSIB claims are processed as occurrences, not reoccurrences. Need a larger focus on supports.

**Comment:** variation in supports... supports are based on collective agreements, not standardized across the province for all paramedics,

**Comment:** not just about RTW – it's about return to what is the person's "new normal life".

**Comment:** Supports and programs need to be integrated into the college programs (i.e. R2MR, etc.), to help build the resiliency before they do placement and begin careers.

**Survey link open until end of October** - Questions for the group to gain feedback.

52 services with no standardization in planning, training, plans, etc.

Discussion:

Thunder Bay – has a plan, wellness coordinator, plan was made in conjunction with paramedics to find out what they needed. Psychologists on staff with open appointments held for paramedics. Brining workers together for fun events that get them engaged. Seeing positive outcome, better RTW, abilities to support, etc.

Once people get into the WSIB system, its hard to support and help them navigate WSIB, and not get lost in the shuffle.

Psychologists are integrated into the team. Build resources, part of debriefs, etc.

Look at proactive training of service members, as it might not be peer support or the persons partner that day they use as support, it may be someone at another base they are comfortable with.

Evaluation occurs, sometimes through training discussions, surveys (not ideal),

Funding is council based... its not provincial wide. Needs more work on funding at local and provincial level.

ORNGE: Operational pause is initiated with traumatic calls to put crew on pause and check in before putting back in service. Additionally, Peer support team, benefit coverage increase with last CA bargaining.

London: no requirement for resubmission, so plans may look old, but doesn't mean services haven't done things, and may not have updated the plan specifically

Look at rotation from city station as well as rural stations, rotations every 8 weeks to help with workload. Can reduce volume but might be more traumatic calls.

WSIB is a big factor in peoples ability to RTW,

Concern over ACOs, they are on 12-hour shift with, no visual of events, cause vicarious trauma. CACCS are by MOH, separate entities, so can cause disconnect in providing supports. Separate dispatches between different FR services, there is potential for not all info to come through to Paramedics.

## **8.0 Guidance Notes**

GN for public review are posted on PSHSA website...

Looking at two full days for meetings for guidance notes, writing.

Potential upcoming GN:

- work refusal

- working around animals (domestic, wild, service animal, reporting)
- PFAS following results with WHSC

GN's currently posted to PSHSA for comment:

- 1) Working On or Around Water
- 2) Limiting Exposure to Gases
- 3) Heat Stress

Other GN's in development or under review:

- 1) Motor Vehicle Advanced Technology Hazards (being updated)
- 2) Workplace Violence and Harassment (being updated)
- 3) Exposure to Cold (in development)

**9.0     Next 2024 Meeting Dates:**

- o     November 27 & 28