



# EMERGENCY SERVICES COMMITTEE AGENDA

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Emergency Services Committee Meeting  
**Monday, August 21, 2017**  
Tom Davies Square

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**COUNCILLOR RENE LAPIERRE, CHAIR**

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**Mark Signoretti, Vice-Chair**

10:30 a.m. EMERGENCY SERVICES COMMITTEE MEETING  
COMMITTEE ROOM C-11

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## **DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

## **CONSENT AGENDA**

(For the purpose of convenience and for expediting meetings, matters of business of repetitive or routine nature are included in the Consent Agenda, and all such matters of business contained in the Consent Agenda are voted on collectively.

A particular matter of business may be singled out from the Consent Agenda for debate or for a separate vote upon the request of any Councillor. In the case of a separate vote, the excluded matter of business is severed from the Consent Agenda, and only the remaining matters of business contained in the Consent Agenda are voted on collectively.

Each and every matter of business contained in the Consent Agenda is recorded separately in the minutes of the meeting.)

## **CORRESPONDENCE FOR INFORMATION ONLY**

- C-1. Report dated August 2, 2017 from the General Manager of Community Safety regarding Emergency Services Department Update. **4 - 9**  
**(FOR INFORMATION ONLY)**

(This report provides a summary of the Emergency Services Department January to June 2017 statistics and a briefing on current and upcoming activities.)

- C-2. Report dated August 2, 2017 from the Chief of Fire and Paramedic Services, General Manager of Community Safety regarding Medical Tiered Response Update. **10 - 15**  
**(FOR INFORMATION ONLY)**

(This report provides information regarding the updated Medical Tiered Response Agreement.)

- C-3. Report dated August 2, 2017 from the Chief of Fire and Paramedic Services, General Manager of Community Safety regarding Paramedic Services – Illnesses and Absences . **16 - 21**  
**(FOR INFORMATION ONLY)**

(This report provides information regarding Paramedic non-occupational and occupational absences.)

## **ADDENDUM**

## **CIVIC PETITIONS**

## **QUESTION PERIOD AND ANNOUNCEMENTS**

## **NOTICES OF MOTION**

## **ADJOURNMENT**

## For Information Only

### Emergency Services Department Update

Presented To:	Emergency Services Committee
Presented:	Monday, Aug 21, 2017
Report Date	Wednesday, Aug 02, 2017
Type:	Correspondence for Information Only

### Resolution

For Information Only

### Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

### Report Summary

This report for information was prepared to provide the Emergency Services Committee with statistical information regarding number of calls for Fire and Paramedic Services along with good news stories and an update on Emergency Management. Report prepared by: Paul Kadwell, Acting Deputy Chief Paramedic Services; Jesse Oshell, Assistant Deputy Fire Chief; and Latoya McGaw, Emergency Management Officer.

### Financial Implications

This report has no financial implications.

#### Signed By

##### **Division Review**

Michael MacIsaac  
Executive Deputy Chief of Fire and  
Paramedic Services, Community Safety  
*Digitally Signed Aug 2, 17*

##### **Recommended by the Department**

Trevor Bain  
Chief of Fire and Paramedic Services,  
General Manager of Community Safety  
*Digitally Signed Aug 2, 17*

##### **Financial Implications**

Apryl Lukezic  
Co-ordinator of Budgets  
*Digitally Signed Aug 2, 17*

##### **Recommended by the C.A.O.**

Ed Archer  
Chief Administrative Officer  
*Digitally Signed Aug 2, 17*

## **Calls for Service for the Period of January 1, 2017 to June 30, 2017**

### **Fire Calls for Service (January 1 – June 30, 2017)**

- Fires – 141
- Alarms – 520
- Vehicle Collisions – 335
- Open Air Burning – 109
- Medical Assistance – 351
- Other Incidents – 645
- Total Calls – 2101

### **Fire Services Major Incidents**

- South Lane Road, Sudbury
  - April estimated loss \$600,000
  - 39 personnel & ten apparatus
- Highway 144, Chelmsford
  - May estimated loss \$450,000
  - 34 personnel & eight apparatus
- Regional Road 84, Capreol
  - June estimated loss \$750,000
  - 28 personnel & nine apparatus
- Nickel Offset Road, Chelmsford
  - June estimated loss \$405,000
  - 47 personnel & 11 apparatus
- **Total** of 141 fire incidents with an estimated combined loss of \$5,583,176

### **Paramedic Services Calls (January 1 – June 30, 2017)**

#### **Patient Care Reports**

- Code 1 non-emergency calls – 553
- Code 2 scheduled transfers – 1278
- Code 3 prompt emergency calls – 2708
- Code 4 urgent emergency calls – 8468
- Total Patient Care Records – 13007

\*data retrieved from iMedic ePcr on July 24, 2017

#### **Breakdown of care provided**

- Basic Life Support provided – 75%
- Advanced Care provided – 18%
- Transfers – 5%
- No patient contact – 1.5%

Paramedic Service is currently unable to provide accurate Response Time Standard (RTS) data following recent changes to the Documentation Standards by the Ministry of Health and Long Term Care. The change has lead to how RTS data is captured within

the electronic patient care record (ePcr) and the Service is concerned with its validity. Work is ongoing with the ePcr vendor on validating the data to ensure it is accurate before it is released. Additionally, the Department is working on the implementation of a business intelligence (BI) program in an effort to streamline and standardize the Department's business analytic capabilities. It is hoped to have the BI program operational in the fourth quarter of this year.

## **Good News Items**

### **Fire Services**

#### Volunteer Firefighter Recruitment

- 11 volunteer probationary Firefighters hired at 7 Stations (March)
- 30 offers extended to potential volunteer probationary Firefighters at 14 Stations (June)

#### Training Division

- Thermal imaging training provided
- Scott FIT testing for 340 firefighters
- 13 mandatory annual training dates completed
- Medical program revision and training delivered

### **Paramedic Services**

#### Community Paramedic Program

The Care Transitions Community Paramedic (CP) Program has been active since January 12, 2015 and has had a total of 377 patients since inception. Currently the program has:

- 168 patients active patients,
- 2649 scheduled home visits conducted,
- 258 just in time visits conducted,
- 209 patients either graduating or being discharged (deceased, met goals, moved LTCF, etc.) from the program.
- 23% completion rate on patient satisfaction surveys,
- Received survey results indicating that 100% would recommend the program with 100% being satisfied with the service.

The Community Paramedic program is partnering with the Health Sciences North Outpatient Chronic Disease Clinics, North East Specialized Geriatric Centre and NE-LHIN Home and Community Services to coordinate, improve and realign care for older adults in the community and divert low acuity Emergency Department visits/admissions by using a coordinated planning process called **START** (**S**eniors, **T**riage, **A**ssessment, **R**ehabilitation, **T**reatment). The Care Transition Community Paramedics are valued members of this team approach as they have proven, through their interventional care

in the home they can positively affect the patient's well-being and decrease Emergency Department visits, admissions and length of stay.

Working together on a larger scale with more central planning and coordination, is expected to demonstrate efficiencies in the system that may affect low acuity ambulance call volume and ambulance off load delays in the Emergency Department. The "test of concept" of this new plan is set to commence on September 5th, with reviews scheduled for October 6th, November 3rd, and December 1st.

### New Ambulances

Paramedic Services is replacing three ambulances that have come to their end of their useful life. Moving forward, all new ambulances and paramedic response vehicles (PRUs) will be outfitted with an enhanced decal design, shown below, that will increase safety by using highly reflective and contrasting colours. The new design will increase vehicle visibility and safety.



## Emergency Management Update

### Testing of Greater Sudbury's Emergency Notification System, Sudbury Alerts

The City of Greater Sudbury in partnership with VALE, Glencore, Greater Sudbury Police Services, Greater Sudbury Utilities, and the Sudbury and District Health Unit launched Sudbury Alerts in February 2017. This notification system will alert residents of a potential hazard or concern that is considered an imminent threat to public safety. The system, built by Everbridge, allows residents to receive emergency alerts on their home phone, cell phone, TTY service, fax number or email address. Sudbury Alerts will act in conjunction with the City's Emergency Management Program for the protection and safety of residents.

In conjunction with Emergency Preparedness Week, May 7 to 13 2017, the City of Greater Sudbury's (CGS) Emergency Management division conducted the first annual test of the Sudbury Alerts Emergency Notification System on May 9th 2017. Testing of the system allows for identification of potential gaps as well as presenting the opportunity to make any necessary improvements.

At 10 a.m. on May 9th, the English test notification was sent to 69,000 public home and business phones numbers, and 4,349 residents who registered their mobile phones or email addresses via the member portal located on the City's website.

At 10:05 a.m. the French test notification followed. Within five minutes, over 140,000 messages were sent throughout the city to residents informing them of the test of the system.

The Sudbury Alerts system allows for confirmation of receipt of message. 5,173 confirmation notices were received based on the English test with 2,955 confirmations being received for the French notification.

Because of the size of the test and the fact that this was the first ever test of using a mass notification system on Greater Sudbury's telephone infrastructure, a few opportunities for improvement were identified. Work has been ongoing with the service provider Everbridge to address these items. Some opportunities for improvement include:

- Some residents received notifications in one language instead of both (English and French).
- 311 and the after-hours telephone services received a high volume of calls from residents inquiring about the notifications they had received. This prevented residents with non-test related queries from accessing the City's 311 services.
- Due to the large volume of calls and data being transmitted on the telephone infrastructure, the City's phone number (number registered on the system) was



black-listed by VoIP carriers as this influx of calls and data was believed to be spam.

A second test of the system was conducted on July 12th, 2017. This test was conducted within the City of Greater Sudbury communities of Lively and Copper Cliff. This smaller test sample allowed the ability to test the alterations of the system in a manner that would not have widespread negative impacts should the fixes not address previous issues.

Sudbury Alerts currently has 69,000 publicly listed residential and business phone numbers in addition to 5,306 residents who have signed up via the member portal on the City's website.

### Transition of Basic Emergency Management Training to Online Format

Basic Emergency Management (BEM) is a two-day provincial certification course taught by the City of Greater Sudbury's (CGS) Emergency Management Office. BEM provides an overview of emergency management in Ontario and introduces the basic concepts of emergency management including the systems and process for preventing, mitigating, preparing for, responding to and recovering from emergencies and disasters.

BEM is offered to individuals who play an active role in emergency management for their respective organizations. This includes employees at all levels of government, local and out of town businesses, and members of the Greater Sudbury Emergency Management Advisory Panel. On average, 75 participants enroll in the course each year.

City of Greater Sudbury is the hub for many Northern Ontario services when it comes to training in emergency management/preparedness. Over the years, a continually noted shortcoming was that the current format of the BEM course is not consistent with adult learning principles. To maintain consistency with the many training programs offered by the City, the Emergency Management Office has been working with Cambrian College to transition appropriate areas of the teacher directed course content to online delivery.

It is anticipated that this transition will afford the opportunity for less in-class time that can focus on reinforcing learning content and objectives through group discussions and role play involving various scenarios. This project is on target and is expected to be completed by August 31st, 2017.

## For Information Only

### Medical Tiered Response Update

Presented To:	Emergency Services Committee
Presented:	Monday, Aug 21, 2017
Report Date	Wednesday, Aug 02, 2017
Type:	Correspondence for Information Only

#### Resolution

For Information Only

#### Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

#### Report Summary

The purpose of this report is to update the Emergency Services Committee on the matter related to the Medical Tiered Response Agreement within the Community Safety Department.

#### Financial Implications

Staff will be preparing a business case to request additional Fire Services Training Officers as part of the 2018 budget process.

#### Signed By

##### **Report Prepared By**

Michael MacIsaac  
Executive Deputy Chief of Fire and  
Paramedic Services, Community Safety  
*Digitally Signed Aug 2, 17*

##### **Recommended by the Department**

Trevor Bain  
Chief of Fire and Paramedic Services,  
General Manager of Community Safety  
*Digitally Signed Aug 2, 17*

##### **Financial Implications**

Apryl Lukezic  
Co-ordinator of Budgets  
*Digitally Signed Aug 2, 17*

##### **Recommended by the C.A.O.**

Ed Archer  
Chief Administrative Officer  
*Digitally Signed Aug 2, 17*

# **Medical Tiered Response Update**

## **Purpose**

To update the Emergency Services Committee on matters related to the Medical Tiered Response Agreement within the Community Safety Department.

## **Background**

The Medical Tiered Response (MTR) Agreement has a long historical standing within emergency response in the City of Greater Sudbury. The initiation of a formalized agreement began in the mid 1990's with the implementation of Advanced Care Paramedic training under the Ontario Pre-hospital Advanced Life Support (OPALS) study. Part of the OPALS study hinged upon the ability to apply a defibrillator within a set average timeframe. Due to limitations on ambulance resources at the time, Greater Sudbury Fire Service began training on Automated External Defibrillators (AEDs) to assist on response within the City core. The tiered response agreement outside the former City boundaries arose out of a different methodology. Prior to assumption by the City of Greater Sudbury (CGS) in 2000, the previous operator of land ambulance services, Sudbury & District Ambulance Services, had Emergency First Response agreements with the communities of Dowling, Levack and Capreol through their local Fire Departments. The goal was to provide lifesaving care as expeditiously as possible, understanding that these three communities were being serviced by ambulances located a distance away (Chelmsford and Val Therese).

The evolution to a formalized agreement within the Community Safety Department has occurred much as the Department itself has evolved. In the fall of 2010, following a detailed review of MTR activity in the community, the Emergency Services Department in co-operation with the Fire Services Division, Police Services, the Ministry of Health and Long Term Care – Central Ambulance Communication Centre, and the Greater Sudbury Fire Services Medical Director initiated a Committee to address the need to review and modify the existing MTR Agreement.

Following a comprehensive review, the June 2017 version 2.0 of the MTR Agreement reflects updates in clinical best practice and operational changes for optimal service delivery. High level changes include a Quality Assurance clause, and a dispute resolution clause in regards to Firefighter/Paramedic interaction. On a larger perspective, the MTR Agreement was updated to reflect expected level of service as detailed within the Establishing and Regulating By-law 2014-84. The Greater Sudbury Fire Services currently offers MTR at the Emergency First Responder (EFR) level. EFR is a 40

hour certified course delivered through the Canadian Red Cross. It is intended for professional first responders and teaches how to deal with medical emergencies using immediate life sustaining procedures intended to help until medical professional assistance arrives. High level topics of instruction include, but are not limited to:

- anatomy and physiology
- assessment
- respiratory emergencies
- airway and ventilation
- circulatory emergencies
- shock
- traumatic injuries
- medical emergencies
- sudden illnesses
- poisoning
- heat- and cold-related emergencies
- special populations and crisis intervention
- childbirth
- reaching and moving people
- multiple casualty incidents

The EFR course also includes CPR at the Health Care Provider level that includes: recognition of angina, heart attack and stroke, rescue breathing, AED training for adult, child and baby.

The above teaching allows trained Firefighters to provide intermediate first aid, cardiopulmonary resuscitation (CPR), and rapid application of AED when Paramedics are not immediately available and only until their arrival.

Fire Services offers this response as a support service to Greater Sudbury Paramedic Services, and it must be understood that Fire Services is not the primary agency for medical responses. This represents a depth of service for medical response by Fire Services in areas of the city where it is offered and is not a means to replace Paramedics.

As noted, MTR is currently provided by City core career stations, the Val Therese composite station, and the Capreol, Dowling and Levack volunteer stations. The remaining volunteer fire stations do not provide this type of response.

The following map indicates the response polygon for MTR as well as the location of vulnerable occupancies which often generate the highest call volume for urgent emergency response. The green polygons indicate a 5:20 minute or less response time, while the yellow polygons indicate a 5:21 – 9:00 minute response time from stations which have been trained for MTR.

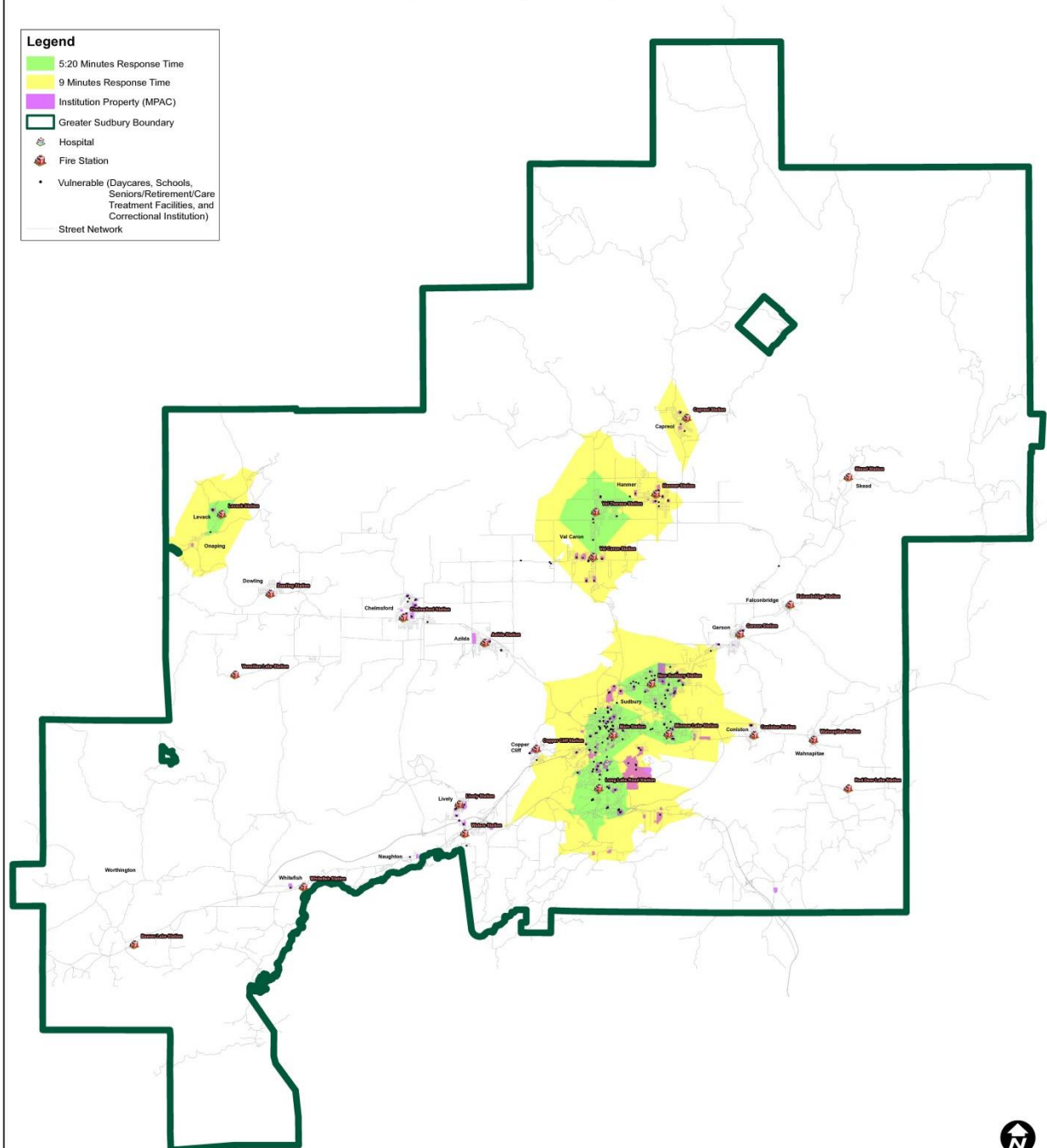
# City of Greater Sudbury

## Status Quo

### Fire Medical Tiered Response (MTR)



- Legend**
- 5:20 Minutes Response Time
  - 9 Minutes Response Time
  - Institution Property (MPAC)
  - Greater Sudbury Boundary
  - Hospital
  - Fire Station
  - Vulnerable (Daycares, Schools, Seniors/Retirement/Care Treatment Facilities, and Correctional Institution)
  - Street Network



Date: January 23, 2017  
Prepared by: GIS&M Section

0 2.5 5 10 Kilometers

## Analysis

The current MTR Agreement is of great value to the citizens of Greater Sudbury. While the Agreement is currently and has historically been delivered in an inconsistent manner, efforts continue in making this program as consistent as possible.

Since 2015, Greater Sudbury Fire Services has responded to 1840 calls under the MTR protocol. Understanding that an MTR response is only initiated under critical situations, this is noteworthy work. The frequency of these types of incidents is significant, and the consequence is high as the MTR Agreement outlines that the Fire Services response is limited to incidents that are almost always life threatening, if not responded to immediately.

In an effort to further validate the efficacy of the MTR program, as noted earlier, an improved quality assurance process involving the Emergency Services Medical Director has been established in the new Agreement. Furthermore, internal efforts to enhance level of service accountability are being explored. Where inconsistency in the program occurs, is where it is delivered and to which level of trained response.

One limitation of the current system is the fact that an MTR response is only available in eight of the City's 24 fire stations. There is a large portion of the City not covered by this Agreement meaning there is a great opportunity to improve response. Of the eight stations participating in the agreement, four are staffed by career (full-time) Firefighters and one (Val Therese) is staffed utilizing a composite response (a mix of career and volunteer response). At the Val Therese station, career Firefighters respond under the MTR Agreement. In these stations, the response is almost immediate with an average chute time of 1:34 minutes. Chute time is the period between receipt of a page from dispatch to attend an emergency call and the time the fire truck leaves the station to respond.

In volunteer stations, the average chute time is 5:48 minutes. This delay is due to the inherent nature of a volunteer firefighting response which is approved through the E&R By-law. It has also been found that there is a varying participation rate in MTR within the volunteer stations. Because of that and in conjunction with the requirements to obtain and maintain EFR certification, only a core group of volunteers in the three volunteer stations are certified to respond under the MTR Agreement.

Within career and composite stations, Firefighters train continually while at work. A training concept entitled, "Medical Mondays" has been implemented whereby the topic of training every Monday revolves around medical skills. Each platoon has a trainer certified to deliver EFR and on Mondays each crew receives training covering a part of the EFR curriculum. Volunteer fire stations do not have a platoon trainer, but rather they receive their weekly training through a station captain or lieutenant. Due to

the demands of training on fire apparatus and firefighting techniques, there is no additional time within the allocation for Volunteer Firefighters that would allow for medical training under the existing system. Currently, there are five positions allocated for EFR trained volunteers in each of the three volunteer stations that provide MTR. Once every three years there is a requirement to recertify with either a 20-hour or 40-hour course (dependent on when the last full course was taken). In these cases those volunteers with the EFR training will need to devote the time to attend.

Retention within the Volunteer Firefighter complement also presents a challenge as there is nearly an 18% attrition rate within the Service. This retention rate, which is aligned with the provincial norm, has greatly affected the number of Volunteer Firefighters trained at the EFR level. In an attempt to maintain the obligations within the MTR Agreement, an interim measure of delivering First Aid, CPR, and oxygen therapy to the volunteers has been adopted. Currently, the Fire Services Training Division is comprised of three trainers. This number does not provide enough resourcing to ensure continual training opportunities for volunteer stations in a consistent manner. The lack of training opportunity has been noted by the City's Auditor General and solutions are being explored as per Audit Committee resolution AC2017-05:

*WHEREAS the Auditor General's Office identified opportunities to improve value for money and the mitigation of significant risks within the Value for Money Audit of the Operations of Fire Services,*

*THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury directs staff prepare 2018 business cases for:*

*d) two additional training officers to ensure all firefighters are trained and able to participate in a meaningful way that best serves the needs and circumstances of the community.*

## **Conclusion/Next Steps**

The MTR Agreement is a very helpful value-added program in the delivery of emergency medical services. When Paramedic Services is otherwise deployed, Fire Services can intercede to provide immediate lifesaving techniques until the Paramedics arrive on scene. While it is a beneficial program it does have its limitations, predominantly with inconsistencies of the communities where it is delivered and in the ability to train Volunteer Firefighters. The future of a more consistent MTR program relies highly on the addition of training officers. There can be no further enhancement in this program until the resourcing to train participants is improved. The effort to move this forward will be further explored in the business case being prepared to request additional Fire Services Training Officers as part of the 2018 budget process.

## For Information Only

### Paramedic Services – Illnesses and Absences

Presented To:	Emergency Services Committee
Presented:	Monday, Aug 21, 2017
Report Date	Wednesday, Aug 02, 2017
Type:	Correspondence for Information Only

### Resolution

For Information Only

### Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

### Report Summary

This report for information was prepared following the June 21, 2017, Emergency Services Committee meeting, where staff was directed to provide a report at the August 2017 meeting outlining a comparison of call volume from 2013 through to 2016 against, short and long term lost time, the average use of WI days and WSIB lost time.

### Financial Implications

This report has no financial implications.

#### Signed By

##### **Report Prepared By**

Aaron Archibald  
Director, North East Centre of  
Excellence for Seniors Health  
*Digitally Signed Aug 2, 17*

##### **Division Review**

Michael MacIsaac  
Executive Deputy Chief of Fire and  
Paramedic Services, Community Safety  
*Digitally Signed Aug 2, 17*

##### **Recommended by the Department**

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Co-ordinator of Budgets  
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##### **Recommended by the C.A.O.**

Ed Archer  
Chief Administrative Officer  
*Digitally Signed Aug 2, 17*



## **Paramedic Services – Illnesses and Absences**

This report for information was prepared following the June 21, 2017, Emergency Services Committee meeting, where staff was directed to provide a report at the August 2017 meeting outlining a comparison of call volume from 2013 through to 2016 against: short and long-term lost time, the average use of WI days and WSIB lost time.

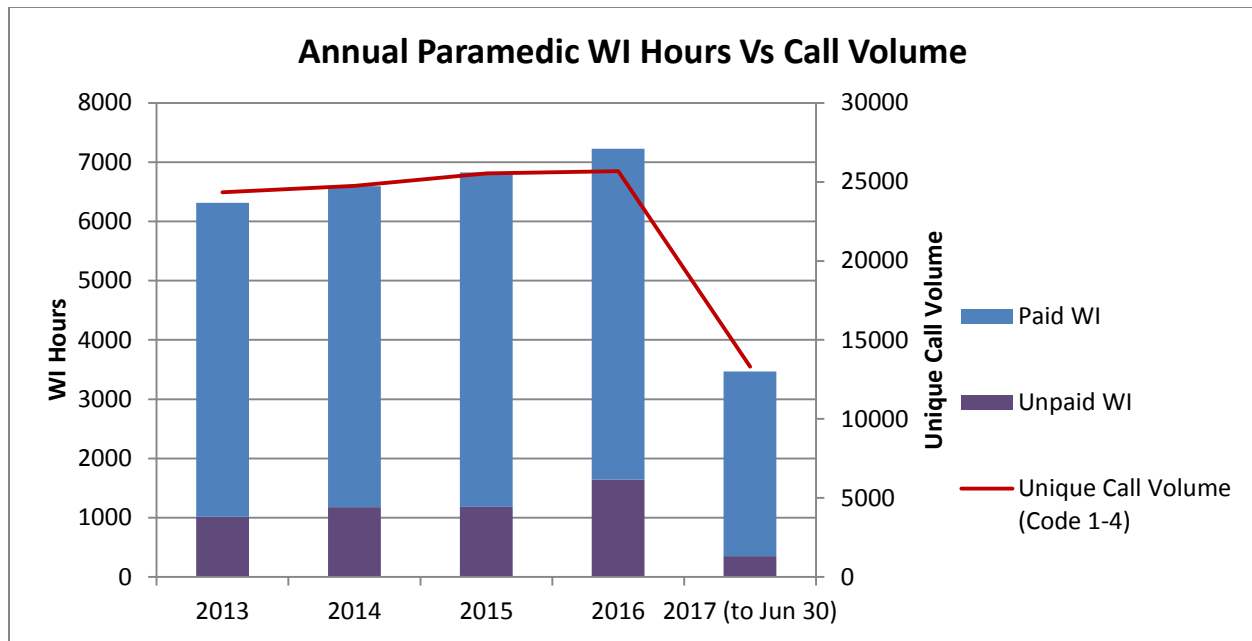
### **Background**

Greater Sudbury Paramedic Services is responsible for the delivery of Land Ambulance (Paramedic) services as defined in legislation. The Service provides both primary and advanced medical care and transportation for ill and injured persons including non-urgent transportation between medical facilities. The current staffing profile, as of July 2017, includes approximately 97 full-time Paramedics and 51 part-time Paramedics for a total of 148 frontline staff. Throughout the year there is a slight variation with the number of staff employed; however, the Service typically employs around 145 staff annually.

### **Worker Indemnity Days**

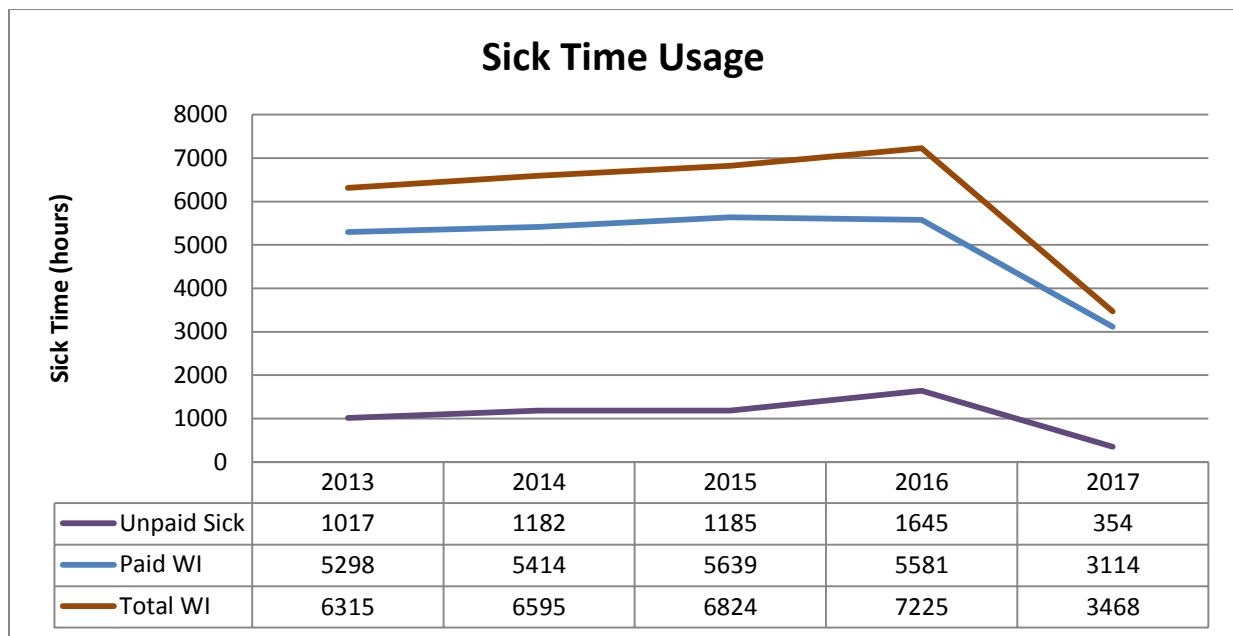
All permanent full-time Paramedics are entitled to six (6) weekly indemnity (WI) days which is converted to seventy two (72) hours as defined in the 2016-2019 Collective Bargaining Agreement (CBA). A weekly indemnity day, also known as a sick day, is a paid day that employees can use to maintain their regular earnings during days of absence for temporary non-occupational illness or injury. WI time may also be used for maintenance of personal health care, for family member's personal health care or for emergency leave. In the case where an employee will require longer term non-occupational leave, WI days will be used to cover the waiting period for the eligibility for the Short Term Disability (STD) benefits plan. Only permanent full-time Paramedics are entitled to WI time under the CBA. Part-time Paramedics are not entitled to WI time. When a part-time Paramedic is sick, they do not receive any income protection in the form of WI, consequently time away from work is unpaid.

The following graph (Figure 1) is a breakdown of all the WI time used by Greater Sudbury Paramedics from 2013 through to the end of June 2017 plotted against call volume. Total amount of paid WI time used by full-time Paramedics in 2016 was 5,581 hours with an additional 1,645 hours of unpaid WI time taken by part-time Paramedics. Based on the Services complement of 97 full-time employees there was an entitlement of 6,984 WI hours in 2016. In 2016 there was 1,403 hours of WI time untaken by full-time Paramedics. This equates to 20% of WI time being left untaken. Accordingly, the entire Service of both full-time (paid absences) and part-time Paramedics (unpaid absences) used 7,225 hours of sick time.



*Figure 1*

Over the past four years the Service has seen a 14% increase in WI usage by Paramedics, which would appear to outpace the 6% increase in call volume during the same period. There are a couple of items to note in this regard. During the same time period, the Service has increased staffing and with increased staff comes increased WI entitlement. In 2015, the Service implemented the Community Paramedic programs and then later in 2016, the Service also received approval for an additional two FTE's to increase Paramedic weekend staffing. Another area to note is in the breakdown of percentage increase in sick time usage. While there is an overall 14% increase in sick time usage over the last four years, when broken down as detailed in the following graph (Figure 2), paid WI time has increased only by 5% while unpaid WI has increased by 62%. All this to say paid WI time has remained fairly static while there is a disproportionate spike in unpaid sick time. This wide variance requires deeper analysis.



*Figure 2*

During this review, it was difficult to ascertain if there is a direct link between sick time usage and call volume. Full-time paid WI time seems to be keeping pace with call volumes but unpaid sick time is disproportionately high. Regardless of whether there is a link or not, it is reasonable to assume that there are other factors that may contribute to sick time such as: patient acuity, regulatory changes by the Province, local changes to the deployment plan, and an aging workforce. This report did not delve into that level of complexity and such report would require a more comprehensive predictive analysis to draw any firm conclusions.

## Short and Long-Term Disability (non-occupational)

As detailed within the CBA, Greater Sudbury Paramedics have income protection in the form of short and long-term disability (STD and LTD) for non-occupational illness and injury. A review of non-occupational disability suggests that there is not a link between it and call volume increases. Over the past four years the amount of short and long-term claims does not show a continuous increase year over year, as noted in Figure 3 again plotted against the 7% increase in call volume during the same period.

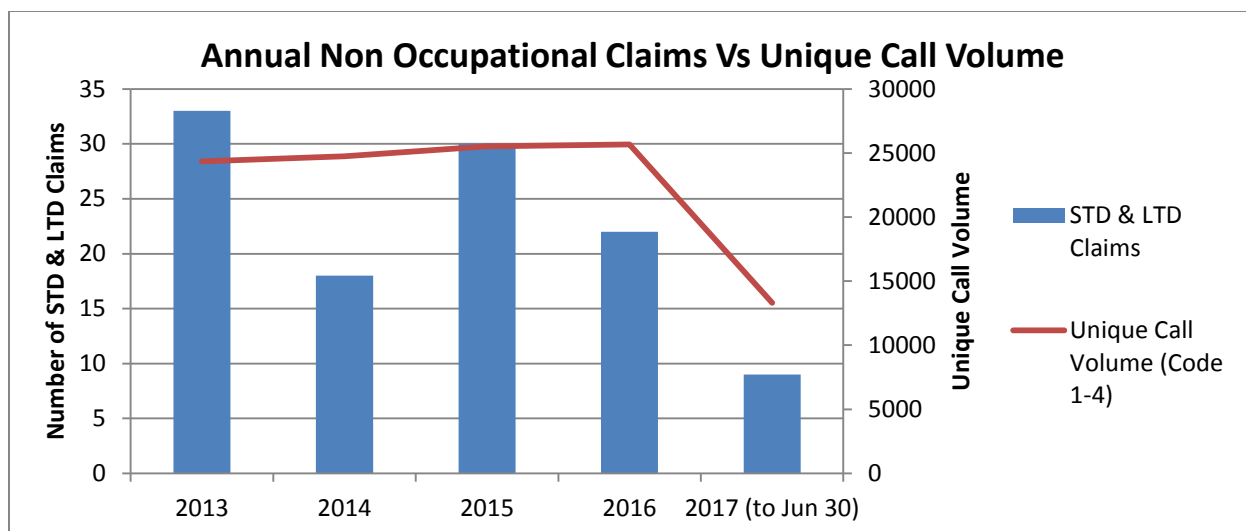


Figure 3

## WSIB (Occupational Injury/Illness)

When analyzing the number of occupational lost time injuries, the data tends to mirror the same pattern as with STD and LTD claims (see Figure 4). Again, in this case there does not appear to be a correlation between increasing call volume and lost time incidents over the past four years.

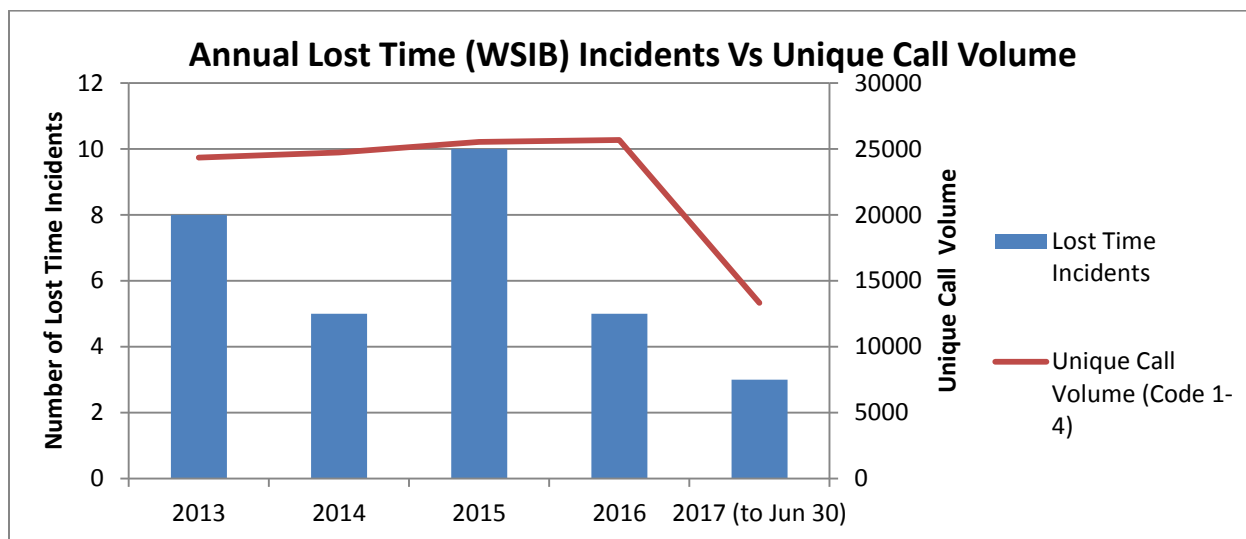


Figure 4

It may be premature to draw any final conclusion stating there is no definitive link between call volume and WSIB claims as a major illness in emergency services is now part of presumptive legislation. Recently, the Province passed new legislation that now presumes that any Paramedic claim for post-traumatic stress disorder (PTSD) diagnosis is work related. It is reasonable to assume in the future, with this new presumptive PTSD

legislation, that WSIB claims may increase given the type of work performed by Paramedics. There is mounting evidence that first responders are at least twice as likely, compared to the general population, to suffer from PTSD, due to the risk of frequent exposure to traumatic stressors.

## **Conclusion**

Recognizing the stressful and physically demanding environment that Paramedics work in, the Service has been actively engaged in several initiatives to improve the health and safety for the Paramedics. For example, in 2015 the Service transitioned the entire stretcher fleet over to power stretchers and installed the power load system in all ambulances to reduce lifting injuries associated with loading and unloading stretchers from ambulances. More, recently, the Service has implemented numerous programs to improve the mental health and wellbeing for Paramedics such as: fast tracking Paramedics into trauma counselling, implementation of Employee Assistance Champion, the Peer Support Network (PSN), the Death and Dying Program, and the Road to Mental Readiness training. Most recently, the Deputy Chiefs have led several employee engagement sessions with frontline staff exploring current workplace issues, concerns and solutions to improve employee wellness. These initiatives, and the ongoing commitment by the leadership team for continuous improvement, have been well received for promoting a healthier work environment.



# City of Greater Sudbury Charter

**WHEREAS** Municipalities are governed by the Ontario Municipal Act, 2001;

**AND WHEREAS** the City of Greater Sudbury has established Vision, Mission and Values that give direction to staff and City Councillors;

**AND WHEREAS** City Council and its associated boards are guided by a Code of Ethics, as outlined in Appendix B of the City of Greater Sudbury's Procedure Bylaw, most recently updated in 2011;

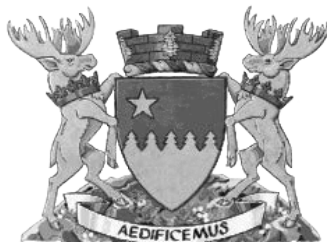
**AND WHEREAS** the City of Greater Sudbury official motto is "Come, Let Us Build Together," and was chosen to celebrate our city's diversity and inspire collective effort and inclusion;

**THEREFORE BE IT RESOLVED THAT** Council for the City of Greater Sudbury approves, adopts and signs the following City of Greater Sudbury Charter to complement these guiding principles:

**As Members of Council, we hereby acknowledge** the privilege to be elected to the City of Greater Sudbury Council for the 2014-2018 term of office. During this time, we pledge to always represent the citizens and to work together always in the interest of the City of Greater Sudbury.

**Accordingly, we commit to:**

- Perform our roles, as defined in the Ontario Municipal Act (2001), the City's bylaws and City policies;
- Act with transparency, openness, accountability and dedication to our citizens, consistent with the City's Vision, Mission and Values and the City official motto;
- Follow the Code of Ethical Conduct for Members of Council, and all City policies that apply to Members of Council;
- Act today in the interest of tomorrow, by being responsible stewards of the City, including its finances, assets, services, public places, and the natural environment;
- Manage the resources in our trust efficiently, prudently, responsibly and to the best of our ability;
- Build a climate of trust, openness and transparency that sets a standard for all the City's goals and objectives;
- Always act with respect for all Council and for all persons who come before us;
- Ensure citizen engagement is encouraged and promoted;
- Advocate for economic development, encouraging innovation, productivity and job creation;
- Inspire cultural growth by promoting sports, film, the arts, music, theatre and architectural excellence;
- Respect our historical and natural heritage by protecting and preserving important buildings, landmarks, landscapes, lakes and water bodies;
- Promote unity through diversity as a characteristic of Greater Sudbury citizenship;
- Become civic and regional leaders by encouraging the sharing of ideas, knowledge and experience;
- Work towards achieving the best possible quality of life and standard of living for all Greater Sudbury residents;



# Charte de la Ville du Grand Sudbury

**ATTENDU QUE** les municipalités sont régies par la Loi de 2001 sur les municipalités (Ontario);

**ATTENDU QUE** la Ville du Grand Sudbury a élaboré une vision, une mission et des valeurs qui guident le personnel et les conseillers municipaux;

**ATTENDU QUE** le Conseil municipal et ses conseils sont guidés par un code d'éthique, comme l'indique l'annexe B du Règlement de procédure de la Ville du Grand Sudbury dont la dernière version date de 2011;

**ATTENDU QUE** la devise officielle de la Ville du Grand Sudbury, « Ensemble, bâtissons notre avenir », a été choisie afin de célébrer la diversité de notre municipalité ainsi que d'inspirer un effort collectif et l'inclusion;

**QU'IL SOIT RÉSOLU QUE** le Conseil de la Ville du Grand Sudbury approuve et adopte la charte suivante de la Ville du Grand Sudbury, qui sert de complément à ces principes directeurs, et qu'il y appose sa signature:

**À titre de membres du Conseil**, nous reconnaissons par la présente le privilège d'être élus au Conseil du Grand Sudbury pour le mandat de 2014-2018. Durant cette période, nous promettons de toujours représenter les citoyens et de travailler ensemble, sans cesse dans l'intérêt de la Ville du Grand Sudbury.

**Par conséquent, nous nous engageons à :**

- assumer nos rôles tels qu'ils sont définis dans la Loi de 2001 sur les municipalités, les règlements et les politiques de la Ville;
- faire preuve de transparence, d'ouverture, de responsabilité et de dévouement envers les citoyens, conformément à la vision, à la mission et aux valeurs ainsi qu'à la devise officielle de la municipalité;
- suivre le Code d'éthique des membres du Conseil et toutes les politiques de la municipalité qui s'appliquent à eux;
- agir aujourd'hui pour demain en étant des intendants responsables de la municipalité, y compris de ses finances, biens, services, endroits publics et du milieu naturel;
- gérer les ressources qui nous sont confiées de façon efficiente, prudente, responsable et de notre mieux;
- créer un climat de confiance, d'ouverture et de transparence qui établit une norme pour tous les objectifs de la municipalité;
- agir sans cesse en respectant tous les membres du Conseil et les gens se présentant devant eux;
- veiller à ce qu'on encourage et favorise l'engagement des citoyens;
- plaider pour le développement économique, à encourager l'innovation, la productivité et la création d'emplois;
- être une source d'inspiration pour la croissance culturelle en faisant la promotion de l'excellence dans les domaines du sport, du cinéma, des arts, de la musique, du théâtre et de l'architecture;
- respecter notre patrimoine historique et naturel en protégeant et en préservant les édifices, les lieux d'intérêt, les paysages, les lacs et les plans d'eau d'importance;
- favoriser l'unité par la diversité en tant que caractéristique de la citoyenneté au Grand Sudbury;
- devenir des chefs de file municipaux et régionaux en favorisant les échanges d'idées, de connaissances et concernant l'expérience;
- viser l'atteinte de la meilleure qualité et du meilleur niveau de vie possible pour tous les résidents du Grand Sudbury.