



EMERGENCY SERVICES COMMITTEE AGENDA

Emergency Services Committee Meeting
Wednesday, February 17, 2021
Tom Davies Square - Council Chamber / Electronic Participation

COUNCILLOR GERRY MONTPELLIER, CHAIR

Rene Lapierre, Vice-Chair

4:00 p.m. EMERGENCY SERVICES COMMITTEE MEETING
COUNCIL CHAMBER / ELECTRONIC PARTICIPATION

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ROLL CALL

DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

APPOINTMENT OF CHAIR AND VICE-CHAIR

Report dated December 17, 2020 from the General Manager of Corporate Services regarding Appointment of Chair and Vice-Chair - Emergency Services Committee.

4 - 5

(RESOLUTION PREPARED)

(The current Chair will call the meeting to order and preside until the Emergency Services Committee Chair and Vice-Chair have been appointed, at which time the newly appointed Chair will preside over the balance of the meeting.)

REGULAR AGENDA

PRESENTATIONS

1. Community Paramedicine Program Update

(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

- Melissa Roney, Deputy Chief Emergency Services

(This presentation provides an update on the City of Greater Sudbury's Community Paramedicine Program.)

MANAGERS' REPORTS

R-1. Report dated January 21, 2021 from the General Manager of Community Safety regarding Community Safety Facility Dog.

6 - 10

(RESOLUTION PREPARED)

(This report provides a recommendation regarding implementing a Facility Dog Program, an initiative to further support Community Safety's Mental Health and Wellness Program.)

MEMBERS' MOTIONS

CORRESPONDENCE FOR INFORMATION ONLY

I-1. Report dated January 25, 2021 from the General Manager of Community Safety regarding Fire Services Update.

11 - 17

(FOR INFORMATION ONLY)

(This report provides information regarding the recent business activities, relevant statistics and good news stories within the Fire Services Division, Community Safety Department.)

- I-2. Report dated January 25, 2021 from the General Manager of Community Safety regarding Emergency Management Update. **18 - 21**
(FOR INFORMATION ONLY)
(This report provides information regarding the recent business activities, relevant statistics and good news stories within the Emergency Management Section, Community Safety Department.)
- I-3. Report dated January 25, 2021 from the General Manager of Community Safety regarding Paramedic Services Update. **22 - 32**
(FOR INFORMATION ONLY)
(This report provides information regarding the recent business activities, relevant statistics and good news stories within the Paramedic Services Division, Community Safety Department.)
- I-4. Report dated January 19, 2021 from the General Manager of Community Safety regarding Paramedic Services - Tactical Medic Program Update. **33 - 37**
(FOR INFORMATION ONLY)
(This report provides information regarding the Paramedic Services Tactical Medic Program.)

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD

ADJOURNMENT

Request for Decision

Appointment of Chair and Vice-Chair - Emergency Services Committee

Presented To:	Emergency Services Committee
Presented:	Wednesday, Feb 17, 2021
Report Date	Thursday, Dec 17, 2020
Type:	Appointment of Chair and Vice-Chair

Resolution

That the City of Greater Sudbury appoints Councillor _____ as Chair and Councillor _____ as Vice-Chair of the Emergency Services Committee for the term ending November 14, 2022, as outlined in the report entitled "Appointment of Chair and Vice-Chair - Emergency Services Committee", from the General Manager of Corporate Services, presented at the Emergency Services Committee meeting on February 17, 2021.

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report outlines the procedure for the election by the Committee of the Chair and Vice-Chair of the Emergency Services Committee for the term ending November 14, 2022.

Financial Implications

The remuneration for the Chair is provided for in the operating budget.

Signed By

Report Prepared By

Christine Hodgins
Legislative Compliance Coordinator
Digitally Signed Jan 20, 21

Manager Review

Brigitte Sobush
Manager, Clerk's Services/Deputy City Clerk
Digitally Signed Jan 21, 21

Division Review

Eric Labelle
City Solicitor and Clerk
Digitally Signed Jan 21, 21

Financial Implications

Steve Facey
Manager of Financial Planning & Budgeting
Digitally Signed Jan 26, 21

Recommended by the Department

Kevin Fowke
General Manager of Corporate Services
Digitally Signed Jan 26, 21

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 26, 21

Background

This report sets out the procedure for the election by the Committee of the Chair and Vice-Chair of the Emergency Services Committee for the term ending November 14, 2022.

The Procedure By-law provides that a Member of the Committee shall be appointed for a two-year term by the Committee to serve as Chair, and another Member of the Committee as Vice-Chair of the Emergency Services Committee by way of resolution.

Remuneration

The Chair of the Emergency Services Committee is paid \$1,302.60 per annum.

Selection

The selection of these positions is to be conducted in accordance with the City of Greater Sudbury's Procedure By-law. Council's procedure requires that in the event more candidates are nominated for the required position(s), those position(s) will be chosen by a simultaneous recorded vote. Once the candidates have been selected for the positions, a resolution will be introduced confirming the appointment of the successful candidate.

It is always in order for a Member of Council to nominate themselves and to vote for themselves.

Once the successful candidates have been selected, a recommendation will be introduced.

Resources Cited

City of Greater Sudbury Procedure By-law 2019-50: <https://www.greatersudbury.ca/city-hall/by-laws/>

Request for Decision

Community Safety Facility Dog

Presented To:	Emergency Services Committee
Presented:	Wednesday, Feb 17, 2021
Report Date	Thursday, Jan 21, 2021
Type:	Managers' Reports

Resolution

THAT the City of Greater Sudbury authorizes the General Manager of Community Safety to execute an application to National Service Dogs to acquire a Community Safety Facility Dog, and to execute any necessary agreements with National Service Dogs or others arising out of the application as outlined in the report entitled "Community Safety Facility Dog", from the General Manager of Community Safety, presented at the Emergency Services Committee meeting on February 17, 2021;

AND THAT the City of Greater Sudbury directs staff to prepare a by-law.

Relationship to the Strategic Plan / Health Impact Assessment

This report supports Council's Strategic Plan of "Create a Healthier Community" by providing a new initiative to reduce the frequency and severity of occupational mental health stress to our first responders.

Report Summary

This report seeks the Emergency Services Committee's approval to implement a Facility Dog Program. The goal of this initiative is to establish a Facility Dog, providing an additional preventative mental health program to support the Community Safety staff and also reduce WSIB claims and costs in the future.

Financial Implications

The initial startup cost for the Facility Dog is approximately \$10,000. This cost will be covered by the one-time funding provided by the Province for Psychological Mental Health Programs to address Occupational Stress Injuries to First Responders.

The anticipated annual cost of the Facility Dog is approximately \$5,000. This cost will be shared within the

Signed By

Report Prepared By

Paul Kadwell
Deputy Chief of Paramedic Services
Digitally Signed Jan 21, 21

Financial Implications

Steve Facey
Manager of Financial Planning & Budgeting
Digitally Signed Jan 25, 21

Recommended by the Department

Joseph Nicholls
General Manager of Community Safety
Digitally Signed Jan 21, 21

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 26, 21

Community Safety Operating Budget.

Executive Summary

This report provides information to the Emergency Services Committee on a new initiative to reduce the frequency and severity of occupational mental health stress to our first responders. Paramedic and Fire Services are collaborating in this joint venture to implement a trained, certified Facility Dog Program for the Community Safety Department.

A Facility Dog is owned and trained by the National Service Dogs (NSD), a charitable organization certified by Assistance Dog International (ADI). Unlike Service Dogs, which perform specific tasks for their owners, or emotional support dogs, which provide therapeutic benefits to owners, Facility Dogs are suited to work in a variety of environments and are accustomed to interacting with many different types of people. The role of the Facility Dog is to provide an additional option of preventative mental health support to all staff through providing a healthy and positive distraction to upsetting matters and aiding in the healing process. Facility Dogs also assist to break down communication barriers and allow staff to speak freely about mental health.

Currently, Community Safety is in the process of submitting an application to the National Service Dogs organization, expressing an interest to acquire a Facility Dog.

Background

Over the past number of years, the Community Safety Department has implemented a number of initiatives to assist our front line staff in developing their personal resiliency against occupational stress injuries. Our initiatives include wellness policies, mental health education, physical fitness, rapid access to mental health treatment services and the implementation of a Peer Support Network to reduce the impact of Occupational Stress Injuries (OSI).

Over the past two years WSIB costs related to psychological claims by Community Safety staff have accumulated in excess of over \$1 million. Community Safety continues to explore programs to provide preventative mental health support to reduce WSIB cost. One program Community Safety reviewed is a Facility Dog. Research by UCLA Health <https://www.uclahealth.org/pac/animal-assisted-therapy> confirmed that “interaction with a therapy dog provides both a mental and physical health benefit”. The research also indicates that “humans interacting with animals have found that petting the animal promoted the release of serotonin, prolactin and oxytocin - all hormones that can play a part in elevating moods, lower anxiety, helps people relax, provides comfort, reduces loneliness and increases mental stimulation”. Overall, a Facility Dog program provides a calming influence to those who may be highly agitated or highly emotional, helping to normalize traumatic situations and enhancing feelings of safety and wellbeing. The Facility Dog acts as an icebreaker for difficult conversations and provides a healthy and positive distraction to upsetting matters.

Facility Dog

A Facility Dog is trained by an organization certified by Assistance Dogs International (ADI). Throughout training, the Facility Dog is evaluated for health, personality, and temperament. It is

important to note that a facility dog is a working dog, they are not a family pet, station dog or Community Safety mascot. A Facility Dog is specifically bred and selected to perform their duties, as well as trained to work with people who require emotional support and has passed strict public access tests.

Facility Dogs are part of a specially trained dog/handler team that provides goal directed interventions which promote improvement in physical, social, emotional, or cognitive abilities. A Facility Dog's activities are directed by a professional handler with specialized expertise.

The dog works in a variety of settings. The handler will be responsible to schedule regular visits at Community Safety facilities, providing the opportunity for Community Safety staff to interact with the Facility Dog. The Facility Dog is also used for post tragic events to assist staff in de-escalating their personal stress levels.

When not at work, the dog lives with their primary handler as part of their family.

The facility dog remains the property of National Service Dogs, but the expense of feeding and veterinary care is incurred by the Service.

Acquiring a Facility Dog

It can take up to two years to acquire a Facility Dog, this process is dependent on the availability of a trained dog and establishing the service guidelines to implement the program. The initial phase to acquire a Facility Dog begins with the Service submitting an application to the NSD. Once the application has been reviewed and approved by the NSD, the next phase is to select handlers. This phase consists of determining interested staff, conducting interviews and providing specialty training to be a handler.

At this time the General Manager of Community Safety has approved the submission of an expression of interest application to the NSD to implement a Facility Dog Program and is seeking the Emergency Services Committee's approval to enter into any agreements with NSD to obtain a dog.

Accessing Facility Dog Services

The Facility Dog handler is responsible for developing a schedule to allow the Facility Dog to visit all Community Safety workplaces. When not conducting station visits, the Facility Dog will be assigned to a determined location to interact with Community Safety staff during shift commencement, training, and staff engagement sessions, etc. The handlers schedule will be altered throughout the year to allow the opportunity for all Community Safety staff to connect with the Facility Dog. The handler at times will be required to volunteer their time during specific events, such as debriefings after a critical incident or visiting Community Safety staff that want to spend extra time with the dog at a station.

The Facility Dog handlers are to comply with all local laws regarding licensing, vaccinations, leash laws, sanitization laws and other ordinances relating to having a dog in their care. The City of Greater Sudbury has a policy for "Use of Service Animals in the Workplace". As the

Facility Dog will be shared among different Community Safety facilities the Corporate Policy will need to be amended to strictly reflect the situation for Community Safety. If the Facility Dog attends other City of Greater Sudbury buildings, the Corporate Policy will be followed.

The Facility Dog will always have a vest on when in service or available for service. The vest is not required when the dog is off duty.

Financial implications

The initial startup cost for the Facility Dog is approximately \$10,000. This cost includes the mandatory training for the handlers established by the NSD and the equipment for the dog when at the primary or secondary handlers' residence or within the Community Safety facility. In addition, the handlers will be required to attend training which includes: Mental Health First Aid, Applied Suicide Prevention Skills Training (ASSIST), Trauma Informed Training through Canadian Mental Health Association (CMHA) to prevent vicarious trauma and assist them in their role.

The initial startup cost will be covered by the one-time funding provided by the Province for Psychological Mental Health Programs to address OSI to First Responders.

The average size of a Facility Dog is approximately 70 pounds. The anticipated annual cost of the Facility Dog is approximately \$5,000. This cost includes, veterinary, food cost for a prescription quality maintenance diet, and grooming. On-going costs will be shared within the Community Safety operating budget.

Conclusion

Facility Dog programs have demonstrated their value to enhance preventative mental health programs and improve the mental and physical health of staff working in a first responder role. The goal of this initiative is to establish a Facility Dog, providing an additional preventative mental health program to support the Community Safety staff and also reduce WSIB claims and costs in the future.

Community Safety is currently in the initial phase of implementing a Facility Dog program. The General Manager of Community Safety has approved the submission of an expression of interest application to the NSD and is seeking the Emergency Services Committee's approval to enter into an agreement with NSD to obtain a Facility Dog.

For Information Only

Fire Services Update

Presented To:	Emergency Services Committee
Presented:	Wednesday, Feb 17, 2021
Report Date	Monday, Jan 25, 2021
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 information report provides the Emergency Services Committee with an overview of recent business activities, relevant statistics and good news stories in the Fire Services Division, Community Safety Department.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

Jesse Oshell
Deputy Fire Chief
Digitally Signed Jan 25, 21

Financial Implications

Steve Facey
Manager of Financial Planning & Budgeting
Digitally Signed Jan 26, 21

Recommended by the Department

Joseph Nicholls
General Manager of Community Safety
Digitally Signed Jan 25, 21

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 26, 21

EXECUTIVE SUMMARY

This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on good news stories and relevant statistics as well as recent business activities within the Fire Services Division of the Community Safety Department.

Fire Services is responsible for delivering proactive public safety and response programs to prevent emergencies wherever possible and to preserve and enhance life, property, and the environment where response is required.

Key Performance Indicators

Major Fire Loss Incidents January 1, 2020 – December 31, 2020		
Date	Location	Estimated Loss
Friday, January 17, 2020	411 Black Lake Road, Lively	\$125,000
Saturday, February 8, 2020	483 Notre Dame Avenue W, Azilda	\$105,000
Thursday, February 13, 2020	161 Frenchmen Lake Road S, Hanmer	\$850,000
Friday, February 14, 2020	43 Power Street, Sudbury	\$140,000
Monday, March 16, 2020	1247 Jeanne D'arc Street, Hanmer	\$380,000
Thursday, April 16, 2020	300 Christa Street, Hanmer	\$140,000
Tuesday, April 28, 2020	89 Riverside Drive, Sudbury	\$130,000
Monday, May 25, 2020	2078 Highgate Road, Sudbury	\$220,000
Sunday, June 14, 2020	98 Beech Street, Sudbury	\$227,000
Tuesday, June 23, 2020	3023 Menard Street, Blezzard Valley	\$325,000
Wednesday, July 1, 2020	4198 Lillian Street, Val Therese	\$629, 000
Sunday, July 5, 2020	62 Anna Street, Chelmsford	\$250, 000
Friday, July 24, 2020	35 Moreau Avenue, Garson	\$400, 000
Monday, August 10, 2020	487 Michael's South Shore Road, Dowling	\$165, 000

Friday, August 18, 2020	704 Finni Road, Wahnapiatae	\$ 230,000
Wednesday, August 30, 2020	160 St Joseph Street, Sudbury	\$130,000
Tuesday, September 1, 2020	4227 Addy Crescent, Hanmer	\$301,000
Tuesday, September 8, 2020	343 Sandra Boulevard, Sudbury	\$230,000
Tuesday, September 22, 2020	356 Anthony Street, Sudbury	\$2,400,000
Friday, September 25, 2020	111 Larch Street, Sudbury	\$120,000
Friday, October 16, 2020	Maley Drive Quarry, Sudbury	\$1,005,000
Monday, October 19, 2020	249 Finnwoods Road, Lively	\$461,000
Monday, November 2, 2020	248 King Street, Sudbury	\$900,000
Sunday, November 8, 2020	489 Monique Street, Chelmsford	\$225,000
Friday, November 13, 2020	Highway 17 East & Turnarounds, Whitefish	\$120,000
Sunday, December 1, 2020	285 Cote Avenue, Chelmsford	\$145,000

Data Source: Fire House

Incident Type	Jan 1 – Dec 31, 2020	Jan 1 – Dec 31, 2019
Fires	314	288
Fire Alarms	1,020	1,141
Vehicle Collisions	499	689
Open Air Burning Response	426	207
Medical Assistance	681	955
Other Incidents (assisting other agencies, no incident found on arrival, etc.)	1,044	1,396
Total	3,984*	4,676
TOTAL Estimated Loss for Fires	\$ 13,087,292	\$ 11,678,292

Data Source: Fire House

***2020 call volumes are reduced due to COVID lockdown including altered service level in Medical Tiered Response to preserve PPE**

Public Fire Safety Education/Fire Prevention

Fire Inspections

The Fire Prevention Section was able to maintain the mandated inspections of complaints, requests, and Vulnerable Occupancies throughout the Covid-19 pandemic, conducting over 1,100 building fire inspections.

Fire Prevention experienced an increase in request inspections pertaining to real estate purposes over the last few months of the year.

The Vulnerable Occupancy mandated inspections were able to be completed through alternative measures with direction from the Fire Marshal's Office. The Vulnerable Occupancies provided Fire Prevention Officers with all fire and life safety records as well as a completed inspection checklist to ensure the buildings were being maintained as per the Ontario Fire Code. An electronic checklist was introduced in 2020 as a resource to the Fire Prevention Officers, which has provided a consistent approach to building fire safety inspections.

The Plans Examiner continued to work in collaboration with City of Greater Sudbury Building and Planning Departments by reviewing building permit drawings and attending Site Plan Approval Review Team (SPART) meetings. This provides assurance that fire and life safety systems are properly constructed and installed during new construction as per the Ontario Building Code.

Public Education

The Public Safety Officers have experienced a shift of how they are able to provide fire and life safety information to the citizens of Greater Sudbury throughout the majority of 2020.

Traditional face-to-face presentations have been replaced with virtual presentations. Public Safety Officers have risen to the occasion by providing the community with new relevant fire safety commercials, You Tube videos, and other social media platforms.

It was identified that there has been an increase in kitchen fires both locally and provincially during the Covid-19 pandemic. Fire Prevention Week messaging focused on fire safety in the kitchen, which could be seen through our commercials that aired on local television channels.

Additional commercials and public safety announcements (PSA) specific to Carbon Monoxide safety were developed and aired during Carbon Monoxide Week to bring attention to the hazards associated with Carbon Monoxide.

A special thank you to our community partners of First General and MCTV for working in collaboration with Fire Safety Officers to get these important fire and life safety messages out to the community.

Public Safety Officers are diligently working to update all our fire and life safety programs by developing and implementing lesson plans for all presentations and programs. This will provide all Greater Sudbury Fire Services staff members with the ability and confidence to provide fire

safety presentations to the public with the assurance they are providing the most appropriate fire safety information.

Fire Fleet/Logistics

2020 Capital Purchases

The purchase of the new ladder truck, three new engines, and two new tanker trucks will provide Fire Services with the next step in the standardization of apparatus and equipment.

- Two new tanker trucks are in service at station 17 Hanmer, and station 6 Waters (January 2020).
- Took delivery and distributed second set of bunker gear for Career Firefighters.
- Took delivery of Ladder Truck. It has not been deployed as training on the trucks must be completed (December 2020). The addition of the new Ladder Truck will assist Fire Services in the future to reduce the number of required Ladder Trucks to two.
- Took delivery of two tanker trucks. They have not been deployed as training on the trucks must be completed (December 2020). New Tankers will be assigned to station 4 Long Lake and station 24 Wahnapiatae.
- Took delivery of new Rescue Boat. It has not been deployed as training must be completed (November 2020).
- Three new Engines are in the building process and are anticipated to be delivered by the fourth quarter of 2021.

Annual Testing

Annual inspections, testing, and maintenance are mandated through a number of different pieces of legislation being Ontario Building Code, Ontario Fire Code, and National Fire Protection Association. The annual requirements ensure that our buildings, tools, and equipment are operating correctly and will ensure they will function as intended in the event of an emergency.

The following are the annual testing, inspections, and maintenance processes that were conducted throughout 2020 to Fire Services buildings, tools, equipment, and personal protective equipment.

- Annual bunker gear testing for Career and Volunteer Firefighters.
- Electrical Safety Authority (ESA) inspections of all stations completed.
- Annual ground ladder testing completed.
- Draeger Fire Ground Simulator inspected and ready for the 2021 training curriculum.
- Self-Contained Breathing Apparatus (SCBA) compressor inspections and certification.
- Self-Contained Breathing Apparatus (SCBA) annual flow testing, and hydrostatic cylinder testing.
- Backup Generator annual inspection at all stations completed.
- Nitrogen Dioxide (No2) and Carbon Monoxide (Co2) monitors inspected at all stations.
- Inspection and annual testing of fire extinguishers and emergency lighting at all stations.
- Aerial Ladder testing conducted.

Buildings

- Installation of capture at the source exhaust system (Nederman) in progress at all Career stations. The Nederman system will allow the diesel fumes to be captured directly from the exhaust pipe, removing all fumes from the building providing all employees with a clean and safe breathing environment. The Nederman system will assist in reducing the amount of carcinogens that our firefighters are exposed to within the station.
- Capital project at Van Horne station near completion. Replacement of the HVAC system will provide the building with additional number of air exchanges to improve air quality.
- Inspection and cleaning of ducts at Van Horne. Cleaning of the ducts was completed to reduce the amount of particulates in the air that firefighters are exposed to. This is essential as firefighters may spend long durations in the station while working a 24 hour shift.

Health and Safety

- Replaced all mattresses and linens at all Career stations to replace aging, non-commercial grade mattresses and ensure maximum cleanliness of mattresses due to Covid-19. Each firefighter has been assigned a new set of linens and is responsible for ensuring that they are laundered after each shift.
- Installed Plexiglas barriers in sleeping quarters at all Career stations. Plexiglas was installed around each bed to adhere to Covid-19 distancing protocols and to allow firefighters to remove their masks while sleeping.
- Purchase of KN-95 and N-95 masks. Masks were purchased for firefighters so they can address situations where they may have to come into close contact with respiratory aerosols generated by a member of the public and are not able to maintain recommended social distances due to Covid-19.
- Purchase of Oxivir disinfectant. Oxivir disinfectant allows firefighters to be able to disinfect fire apparatus touch points such as door handles, steering wheels, tools, equipment, and PPE which allows them to return to service without delay.
- Purchase Scott SCBA adapters and filters. Have not been distributed as training must be completed. The SCOTT facepiece is the approved Personal Protective Equipment for both structural firefighting and now N-95 protection, saving the costs of additional face shields, safety glasses, 3M N95 disposable masks, while offering the firefighters with maximum protection at a lower cost during Covid-19. These filter adapters will allow the firefighters to wear a complete SCBA mask without the need for an SCBA pack and a heavy air cylinder.

Training

Firefighter Recruitment

A Career Firefighter Recruit Academy commenced on September 14, 2020 with the graduation taking place on November 12, 2020. Eight Firefighters were successful in completing the recruitment and training and joined the ranks of Career Firefighters. The academy represents 450 hours of hands-on training with the addition of 180 hours both LMS and self-directed over a duration of nine weeks.

A Volunteer Firefighter recruitment was not completed in 2020. Fire Services is currently in the planning stage for a Volunteer Firefighter recruitment and training to be completed in 2021, once it is determined how we can move forward with a recruitment during the Covid-19 pandemic. Fire Services is currently working to update the volunteer recruitment process and to provide more transparency and expectations of the role of a Volunteer Firefighters within the community. Road to Mental Readiness (R2MR), a mental wellness peer developed program, has been delivered at the firefighter level to all Volunteer Firefighters. The program will be delivered to all Career Firefighters in 2021. Select Volunteer Firefighters in the three Medical-Tiered volunteer stations received Emergency First Response training in 2020. Additional Firefighters in these three stations were also planned to receive this training, however, training was cancelled due to Covid-19.

Technical Training

Rope rescue and water rescue training was completed in 2020 for the Firefighters in the applicable stations. This training will be done annually due to the station selection process. A partnership with Dynamic Earth was formed for the rope rescue training to be performed in the five-story mine shaft at their location. This training allows us to perform skills development in the winter months.

Haz-Mat training and testing began in 2020. All Career Firefighters completed testing on Haz-Mat knowledge for operations and mission specific levels of response. This training program will progress into skills development in 2021.

For Information Only

Emergency Management Update

Presented To: Emergency Services Committee

Presented: Wednesday, Feb 17, 2021

Report Date Monday, Jan 25, 2021

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 information report was prepared to provide the Emergency Services Committee with an overview of recent business activities, relevant statistics and good news stories in the Emergency Management Section, Community Safety Department.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

Latoya McGaw
Emergency Management Officer
Digitally Signed Jan 25, 21

Manager Review

Melissa Roney
Deputy Chief of Emergency Services
Digitally Signed Jan 25, 21

Financial Implications

Steve Facey
Manager of Financial Planning & Budgeting
Digitally Signed Jan 25, 21

Recommended by the Department

Joseph Nicholls
General Manager of Community Safety
Digitally Signed Jan 25, 21

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 26, 21

EXECUTIVE SUMMARY

This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on information as it relates to recent business activities within the Emergency Management Section of the Community Safety Department.

The Emergency Management Section provides leadership, guidance, and direction to ensure the safety of residents in community emergencies. This section is governed by the Emergency Management and Civil Protection Act (EMCPA). The Office of the Fire Marshal and Emergency Management (OFMEM) and the Greater Sudbury Emergency Management Advisory Panel provide further direction and advice to the Emergency Management Section. This section offers 24/7 support with a primary focus on the safety of our citizens through the effective management of community risks and emergencies.

Emergency Management

Emergency Response

COVID-19

The City of Greater Sudbury remains under a State of Emergency as was declared by Mayor Bigger on April 6th, 2020, due to the outbreak of coronavirus COVID-19, which constitutes a significant danger that could result in serious harm or death.

The Community Control Group (CCG) has been activated since March 16th, 2020 and continues to meet virtually on a weekly basis to discuss operations and response in light of COVID-19, as well as future planning for the potential surge in the coming months and implementation of recovery plans.

As an added support to the CCG, Greater Sudbury Emergency Management Advisory Panel (GSEMAP) was repurposed as the Community Advisory Group (CAG) through which external emergency management stakeholders provides situational awareness and share information including, public health guidance and facilitate information requests. The information gathered through these meetings are shared with the CCG as it provides a complete picture of needs, trends, and impact across the community.

COVID-19 Vaccination Program

In December 2020, after independent and thorough scientific reviews for safety and efficacy, Health Canada approved two vaccines for use in Canada: Pfizer-BioNTech (December 9th) and Moderna (December 23rd).

Public Health Sudbury & Districts (PHSD) unveiled a COVID-19 vaccination plan on January 15th, 2021, for its service area. The plan, Public Health Sudbury & District COVID-19 Vaccination Program Playbook, is the roadmap to vaccinate area residents against COVID-19. Vaccinations will follow the Ontario Vaccine Distribution and Implementation Plan and the recent COVID-19 vaccination updates issued by the Ontario government to implement the local vaccination program in three phases.

Phase 1 (January to March): vaccines will be offered to seniors in long-term care homes and high-risk retirement homes, including staff and essential care givers; health care workers; adult (16+) First Nations, Métis, and Inuit populations; and adult chronic home care recipients (16+).

Phase 2 (April to August): essential workers; adults aged 60+; staff and residents of additional congregate settings; at-risk populations; and remaining adults aged 16 to 59.

Phase 3 (September and ongoing): all remaining eligible populations who wish to be vaccinated.

The local vaccination program will be implemented in close partnership with community stakeholders to ensure access to vaccine is based on ethical principles and that the program is run efficiently.

The goal of the local vaccination program is to achieve a coverage level of at least 75% of eligible recipients in the service area, within the prescribed timeframe.

Vaccination has since begun in long-term care homes and other congregate setting for seniors, health care workers and essential caregivers in Ontario. It is anticipated that vaccination will begin in congregate settings in Greater Sudbury by the end of January.

Second Provincial Emergency Declaration

With COVID-19 case numbers rising since late fall, the Province of Ontario has implemented a second provincial State of Emergency on January 12th, 2021, under s 7.0.1 (1) of the *Emergency Management and Civil Protection Act* (EMCPA), to address the COVID-19 crisis and its impact on the healthcare system. The declaration also included enhanced measures and a 28-day stay-at-home order.

The stay-at-home order, which came into effect January 14th, 2021, requires everyone to remain at home with exceptions for permitted purposes or activities. The order and new public health restrictions are aimed at limiting people's mobility and reducing the number of daily contacts with those outside an immediate household. In addition to limiting outings, all businesses must ensure that any employee who can work from home, should work from home.

Training

The third and final quarterly hazardous material tests were conducted on September 23rd, 2020 (Exercise Boysenberry) and December 9th, 2020 (Exercise Sangria).

The exercises were designed to test the communication process between response and partner agencies who would be involved in a hazardous material release event.

First responders including Emergency Management, Public Health and Vale staff also assembled via the emergency teleconference line for information gathering and sharing as well as to pre-plan should the given scenario increase in complexity.

Compliance

The *Emergency Management and Civil Protection Act* requires all municipalities to conduct annual training and exercise with members of the Community Control Group (CCG).

Recognizing that municipalities continue to actively engage their emergency management procedures and programs in response to the COVID-19 pandemic, the Ministry of the Solicitor General has suspended the requirement for an emergency exercise in 2020. This suspension will allow municipalities to focus on reopening their communities and local economies while keeping residents safe.

Municipalities are however, expected to complete other key elements of their emergency management program which includes conducting an annual Hazard Identification and Risk Assessment (HIRA), identification of critical infrastructure and review the municipal emergency response plan.

Greater Sudbury's Emergency Management Section has conducted activities to achieve compliance with the remaining requirements of the Act and Ontario Regulation 380/04. Our submission of the online compliance requirements was completed on December 31, 2020.

OFMEM will review Greater Sudbury's submission and advise if the municipality has met the requirements of the Act. Since the implementation of the Act, Greater Sudbury has continuously met and exceeded the requirements under the legislation.

For Information Only

Paramedic Services Update

Presented To: Emergency Services Committee

Presented: Wednesday, Feb 17, 2021

Report Date: Monday, Jan 25, 2021

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 information report provides the Emergency Services Committee with an overview of recent business activities, relevant statistics and good news stories in the Paramedic Division, Community Safety Department.

Financial Implications

There are no financial implications associated with this report.

Signed By

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Digitally Signed Jan 25, 21

Financial Implications

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EXECUTIVE SUMMARY

This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on activities, relevant statistics, and recent performance measures within the Paramedic Services Division of the Community Safety Department.

Greater Sudbury Paramedic Services is responsible for the delivery of a performance-based paramedic service that complies with legislative and regulatory requirements, ensuring safe and quality pre-hospital emergency medical care and transportation for those individuals suffering injury or illness. A performance-based paramedic service focuses on clinical excellence, response time performance, patient outcomes, patient satisfaction, continuous quality improvement, and a healthy work environment conducive to professional growth.

COVID-19

Paramedic Services staffing levels have been minimally impacted by either emergency childcare issues or other COVID-19 related challenges. Deployment of staff for emergency response to service our community has not changed. During the early stages of the pandemic, call volume had decreased by approximately 20%, however, call volume has returned to levels as seen in previous years. On January 14, 2021, a province wide stay-at-home order was implemented for 28 days. The stay-at-home order has required reevaluation of staff still performing work in the office and support transition to now conduct their work from home. At this, those who can work from home, are working from home including managers and support staff.

COVID-19 Mobile Community Testing

Paramedic Services continues to provide support to the community to address the changing demands created by this pandemic. Paramedics continue to support the Health Sciences North COVID-19 Assessment Centre by conducting mobile in home COVID-19 testing for select individuals unable to attend the Assessment Centre in person for testing either due to limited mobility or transportation challenges. Currently, Community Paramedics have assessed and tested over 4,500 symptomatic residents in the community allowing equitable access to COVID-19 testing.

Paramedic Operations

COVID-19 Employer Rapid Antigen Screening Pilot Program

Greater Sudbury Paramedic Services has been accepted to participate in phase one of the employer voluntary antigen screening pilot led by the Ministry of Health, Public Health Ontario, and Ontario Health. The objective of the pilot is to assess the value of the Panbio brand antigen test as a screening tool to support employee safety and business continuity in a variety of workplaces. Results of this pilot will support an increased understanding of how rapid antigen testing could be deployed more broadly to support provincial COVID-19 response activities. In this pilot we will see Paramedic staff tested by Paramedic Services Training Staff and Community Paramedics for COVID-19 prior to shift commencement up to three times per week. Results of the antigen test are provided within ten minutes following test completion. Panbio antigen tests are less sensitive than the PCR test. It is a test that has a 93.3% sensitivity and 99.4% specificity, whereas other studies have shown sensitivity results ranging from 72.1%-

86.5%, which means testing could yield negative results in those who are infected 30% of the time. Paramedics Services will be conducting an eight-week pilot to be completed by March 31, 2021.

Screening for COVID

The Ministry of Health (MOH) and Emergency Health Services Branch (EHSB) is responsible under the Ambulance Act for publishing standards for patient care, documentation, safety, equipment requirements and transportation. These requirements are outlined in various paramedic practice documents: Standards, Training Bulletins, Manuals and Guides. During this pandemic, the EHSB has been updating COVID-19 Screening Tools for paramedics and Ambulance Communication Officers (ACO) as new knowledge is discovered about COVID-19. The ACO performs the initial COVID-19 screening of all 911 calls. Paramedics are advised of the outcome from the ACO screening, and with this information paramedics then don the necessary Personal Protective Equipment (PPE) required to protect themselves. Additional measures have been put in place to protect responding paramedics. These include instructions the ACO provides to the callers to not approach the paramedics when they arrive, instructions for all those present to wear a mask, and to follow responding paramedic's instructions to maintain distancing. On arrival, paramedics also complete a second screening. The outcome of this screening again further supports the decision of which level of PPE is to be used for patient care.

Mental Health Support

Paramedic Services recognizes the impact to all front-line workers during the COVID-19 pandemic. Support mechanisms, such as information and strategies on managing their mental wellness have been and will continue to be provided. Staff are routinely reminded to reach out to any member of the Peer Support Network (PSN) if they need additional supports. Our PSN team continues to participate in professional development sessions with a local clinical psychologist. These sessions are instrumental in advancing the development of our PSN team, ensuring they are well prepared to assist their colleagues in times of need.

Hiring

During the early stages of the pandemic college programs were impacted due to restrictions imposed by Public Health and many Paramedic Services across the province anticipated potential staffing challenges. To help mitigate this issue, the Ministry of Health Emergency Health Regulatory and Accountability Branch (MOH-EHRAB) amended the regulations to allow the hiring of Emergency Medical Attendants, which addressed the potential challenges that were anticipated by Paramedic Services.

Paramedic Services reviewed current staffing levels, and as a result, conducted a regular part-time Paramedic job recruitment. Paramedic Services received over fifty-six applications. At the completion of the competition process, Paramedic Services hired fourteen part-time Paramedics to ensure staffing levels are maintained to support frontline operations. During the hiring, orientation, and base hospital certification, Paramedic Services amended the processes to allow for physical distancing.

Paramedic Palliative Care Program

The Paramedic Palliative Care Program is a quality improvement initiative. Working alongside palliative care partners from the North East LHIN and Home and Community Care, Paramedics will be treating 911 patients under this new alternate model of care, referring patients to their palliative care teams, and delivering symptom management in the home. This new model of care supports palliative care patients and providers in achieving their end of life goals. This new pilot is currently awaiting Ministry of Health approval for an alternate model of care proposal and will be evaluated closely for quality and patient safety by the Data and Quality Subcommittee of the Ontario Base Hospital Group Medical Advisory Committee.

Greater Sudbury Paramedic Services will be the first service to commence the palliative care pilot program within the northeast region of Ontario. The palliative care program is set to go live at the end of January 2021 once approved.

Universal Influenza Immunization Program

In line with the provincial government's COVID-19 fall preparedness plan, Community Paramedicine participated in the Universal Influenza Immunization Program. This important initiative will assist the local health system during the second wave of COVID-19 by helping prevent a twindemic of influenza through vaccination. As of December 3, 2020, Community Paramedics were able to vaccinate 720 individuals. Included in this number were 42 Greater Sudbury Police staff, 81 Paramedic staff, 31 members of allied agencies, 62 individuals in the vulnerable sector, 20 Community Paramedic Care Transitions registered clients and 484 members of the public who attended clinics that we staffed to support Public Health Sudbury and Districts public clinics.

Expanded Ontario Naloxone Program

In December 2020, Sudbury Paramedic Services commenced participation in the Ontario Naloxone Program in collaboration with Public Health Sudbury and Districts. This program has Paramedics not only administering Naloxone as part of their standard Paramedic care, but also distributing naloxone kits to identified individuals where appropriate in the course of their duties or when requested from the public. This program permits 24/7 access to Naloxone in Sudbury, which was not previously available. This important initiative allows paramedics to promote harm reduction for those who misuse drugs with a goal of improving positive health outcomes in the community.

Since the implementation of this program on December 12, 2020, Paramedics have distributed 26 Naloxone kits and continue to support those in need.

Paramedic Services Performance Measures Defined

Paramedic Calls for Service

A measure of calls received by Greater Sudbury Paramedic Services by the Central Ambulance Communications Centre (CACC) to respond to emergencies. In simpler terms, the number of calls to 911 for Paramedic Services that resulted in Paramedics being dispatched.

Paramedic Unit Responses

A measure of units dispatched by the CACC to paramedics to service emergencies. This number will typically be higher than calls for service as some calls necessitate the use of multiple ambulances, Paramedic Response Units, or Platoon Superintendent Units.

Paramedic Patients Transported

A measure of patients being transported on both an emergency and non-emergency basis (Table 1).

EMS Calls for Service	25,761
EMS Unit Response	31,072
EMS Patients Transported	17,985

Table 1. Greater Sudbury Paramedic Services Statistics January 1-November 30, 2020

Logistics

Personal Protective Equipment

During the COVID-19 pandemic, inventory levels of Personal Protective Equipment (PPE) are being monitored to ensure all staff have the proper equipment to work safely. The Logistics staff continue to coordinate the procurement of supplies to ensure PPE levels are maintained and available to meet current and potential increased demands.

Paramedic Services have recently purchased powered air purifying respirators (PAPR's) for the Community Paramedics who are conducting community COVID-19 testing on individuals who are symptomatic. The purpose of purchasing this equipment is to reduce the risk of exposure and provide comfort when wearing the PPE for extended periods of time. When the Community Paramedics are conducting surveillance or outbreak testing for COVID-19 they are required to wear enhanced PPE over extended periods. Having to constantly change PPE has a financial impact but also increases the risk of exposure when doffing. The powered air purifying respirators are equipped with blowers to draw air through the air-purifying elements of the respirator (e.g., filters, cartridges), allowing the paramedic to breathe more naturally while feeling a constant airflow. There is also a reduced chance of face shields fogging up while working in extreme temperatures over extended periods in PPE. In addition to the increased safety and comfort, the consistent positive air pressure flow means fit testing to an individual's face is not required, reducing pressures on our training resources.

Enhanced Equipment Disinfection

The City of Greater Sudbury Emergency Services Paramedic Services is actively working to control and prevent the spread of disease pathogens to employees, patients, and the community. In healthcare settings, there are many opportunities for cross-contamination to occur, including Paramedic Services, where equipment moves on a regular basis, creating a higher risk of exposure to pathogens. For this reason, it is essential for all paramedic

equipment to be completely cleaned, sanitized, and sometimes disinfected. Paramedic Services recently purchased a Sani Defenx sanitization system as an enhancement to the process of cleaning ambulance equipment and supplies.

The Sani Defenx system uses UV light to produce ozone. Ozone is used as a cleaning and sanitizing agent. Ozone, also known as O₃, is the free-radical form of oxygen used extensively for safely sanitizing and cleaning a wide variety of products on a commercial and industrial basis. O₃ exists in the gas state and is used as a cleaning agent in a wide variety of critical and sensitive applications, such as the purification of water, as well as the cleaning of medical devices and delicate microelectronics. Since ozone is a free radical form of oxygen, it is a powerful oxidant. As a cleaning agent, O₃ is up to 3,000 times faster acting and up to 150 times more powerful than chlorine bleach. As a result, O₃ rapidly kills bacteria, fungus, and other pathogens. In combination with its proven ability to destroy bacteria, the waterless ozone cleaning and sanitizing process takes about 12 minutes only. The Sani Defenx dry is a dry O₃ cleaning system that has been shown to provide about 99% reduction in antimicrobial pathogens as reported by laboratory testing consisting of some 15 different infectious bacteria species. All medical equipment, electronics including items with leather or metal fasteners, can be placed into the Sani Defenx system.

The Sani Defenx Disinfection System has been validated and approved by Health Canada. Procedures have been reviewed and approved by City of Greater Sudbury Health & Safety as well as our Joint Health & Safety Committee. This system will be used now and into the future as the “new norm” in ambulance sanitization.

Binder Lift Device

In an effort to decrease workplace repetitive strain and sprain injuries, a review was conducted of different portable patients lifting devices.

The Binder Lift device is a well-known and trusted lifting device used in the paramedic service industry. The Binder Lift is designed to wrap around any patient, providing different grip options to lift a patient found lying on the floor/ground or in an awkward position that impedes the paramedic to maintain proper body mechanics. The device can also be used to extricate or transfer bariatric patients, which often result in paramedic injury. Our paramedics conducted a trial with the Binder Lift device and the feedback was very positive. They indicated that it was very quick and easy to apply and the multiple grip options were predicted to help prevent injury as they could follow safe lifting practices in multiple situations. The patients also reported that they felt secure when being lifted. The Binder Lift device has been purchased and will be placed into every ambulance following service training in early 2021.

Professional Standards

Professional Standards is responsible for the delivery of quality assurance programming, consisting of clinical and service delivery auditing to improve patient safety and ensure high-quality clinical care, thereby reducing risks. Professional Standards also manages the electronic patient care record system, including quality assurance oversight. Clinical events are monitored and evaluated to identify training and education opportunities for the paramedics.

Reported number of clinical events: Date range is January 1 – November 30, 2020

Cardiac	Number of calls with at least 1, 12 Lead Acquired	3,391
	Total Cardiac Ischemia related	1,110
	Number of STEMI	92
	A STEMI is a specific type of heart attack, which can be diagnosed by Paramedics in the pre-hospital setting.	

Neurological	Total Neuro-related	1,868
	Number of Acute Stroke (FAST positive, timeline criteria met)	177
	Average Age in Years	72
	An Acute Stroke Patient qualifies for specific time-sensitive treatments from the hospital to reduce and reverse damage caused by stroke.	

Sepsis	Number of Identified Sepsis cases	151
	Average age in years	72
	A Suspected Sepsis Patient meets a specific criteria (qSOFA) used to identify patients at risk of death due to systemic infection.	

Cardiac Arrest Medical and Trauma	Total Cardiac Arrest, Medical and Traumatic	390
	Total Treated Cardiac Arrest Medical and Traumatic	182
	Number of Medical Arrest with Return of Spontaneous Circulation at any time while in Paramedic Care.	48

Continuous Quality Improvement - Patient Care Record System Enhancement

In December 2020, Paramedic Services implemented the new CADLink Interdev dispatch interface system. CADLink is a mobile data terminal and data integration tool that instantly provides paramedics with call information from the dispatch center. Benefits of the this program include but are not limited to a reduced "time on task" for paramedics to complete a call, increased quality assurance in patient care records, improved data reliability by diminishing human error due to a direct data feed and a further reduction in talk time between paramedics and dispatchers

Training

Enhanced Training Sessions

During the pandemic, Paramedic Training Officers' schedules have been adjusted to provide additional training time with staff. Training staff address training needs 16 hours a day, Monday-Friday and deliver real time training and support to staff where needed with a specific focus on infection, prevention, and control. Paramedic Training Officers modified the delivery of training by conducting one-on-one sessions with paramedics. Topics of training included mask fit testing and reviewing all COVID-19 related practices and processes. The training officers continue to review COVID-19 safe work practices with all staff.

Frontline operational fall training sessions began on November 3, 2020, with the final session on December 11, 2020. During each of the twelve scheduled training sessions, topics covered included: Neonatal Resuscitation Certification, CPR Certification, Palliative Care Program Training, COVID-19 operational updates, introduction to the Universal Influenza Program, introduction of the new iGel airway adjunct, introduction to the Expanded Ontario Naloxone Program, the Trillium Gift of Life organ donation referral program and an introduction to the new Tactical Paramedic Program.

Community Paramedicine

The Community Paramedicine section utilizes paramedics in non-traditional roles providing home visits, clinical interventions, and preventative health initiatives to reduce demand for Emergency Department visits, hospital admissions, and to keep our at-risk aged population healthy and at home. We attempt to aid our vulnerable populations by directing them to suitable community resources. There are two distinct programs, the Care Transitions Community Paramedicine Program, and the Health Promotion Community Paramedic Program.

Care Transitions Community Paramedicine Program (CTCP)

The Care Transitions Community Paramedicine Program partners with Health Sciences North to utilize trained Community Paramedics to provide home visits and approved interventions under medical oversight to complex, high-risk patients to assist them in transitioning from acute care to community and/or self-supported in-home care.

The programs goal is to decrease Emergency Department visits and readmissions for identified high-risk patients with chronic disease (CHF, COPD, and diabetes) compared to their past utilization. Paramedics assigned to the CTCP continue to deliver services as outlined in the 2020 work plan, during the pandemic.

From January 1, 2020 until October 28, 2020, there were 286 active patients enrolled within the program and only 6 patients reported the need to utilize our 911 service for the treatment of their chronic health condition. There were 53 referrals to either primary care and/or community service, thus improving the quality of life for these patients.

In an effort to reduce in person contacts during COVID-19, the CTCP increased the number of patient contacts over the phone. Home visits continued to be conducted to those that were deemed necessary or Just in Time (JIT). These JIT visits are for those situations of chronic illness exacerbation to allow CTCP Paramedics to intervene prior to activation of 911 or an

Emergency Department visit.

CTCPs will also be providing additional support to this population through the administration of influenza vaccines. This initiative allows these patients to isolate in their homes and still receive their flu shot. This year Public Health is encouraging all eligible citizens to be vaccinated. This initiative by CTCP's is a part of our effort to provide equitable health care for all citizens.

Visits completed / JIT	1248/197
Working Days	295
Active Patients	286
911 Calls Related to CTCP	6

Reporting date range is from January 1, 2020 – October 28, 2020

Health Promotion Community Paramedicine (HPCP)

The objective of this program is to maintain and expand health promotion, education, and injury prevention. This program will also assist citizens in chronic disease recognition and prevention, injury awareness/prevention strategies, referrals, and health system navigation assistance. The primary goals of this program are to mitigate emergency calls and hospital visits, keep our “at-risk” aged population healthy and at home. This is an attempt to aid our vulnerable populations and redirect them to more suitable community resources other than the Emergency Department.

During the pandemic, the HPCP program has collaborated with various community agencies in our provision of COVID-19 mobile testing to ensure our patients are tested and may remain safely in their place of residence.

- HSN COVID-19 Assessment Centre is screening phone calls from citizens to evaluate if COVID testing should be conducted, scheduling in-home testing by the Community Paramedic Mobile Testing service for those in our community who are unable to physically attend the HSN COVID-19 Assessment Centre, and are members of the mobile testing group who provide the in-home COVID-19 testing.
- We have established a priority referral process to HPCP from North East Local Health Integration Network / Maison McCulloch Hospice for those in the community who require COVID-19 testing for admission to either a long-term care facility or hospice.
- A group of Primary Care Physicians may be utilized by phone to function as CP medical oversight physicians to offer guidance / follow-up if required for those patients the CPs test and assess and who are deemed to require further intervention.
- Sudbury and District Nurse Practitioner Clinic (SDNPC) with Dr. Alex Anawati and Canadian Mental Health Association (CMHA) have collaborated with HPCP to provide on demand COVID-19 testing every morning at the Withdrawal Management at 336 Pine Street.

Our current direction for our HPCPs is to support our community through COVID-19 related testing. We have continued with our paramedic referral programs and Community Mobilization Sudbury-Rapid Mobilization Table.

We are looking at a gradual re-entry into CP clinics, utilizing virtual technology and less in-person contact. This program is another McMaster development, which will roll out as our demand for COVID-19 swabbing, allows.

New Community Paramedicine Programs

Ontario Health North Remote Clinical Monitoring Pilot

Greater Sudbury Paramedic Services has been awarded \$142,000 in funding that the Ministry of Health has approved in dedicated short-term allotments to support provincial and regional initiatives that provide COVID-19 patients with remote clinical care and monitoring in the community. The objective of this funding is to ensure COVID-19 patients and other vulnerable patients receive appropriate clinical care and monitoring in the community, including escalation to a medical assessment or acute care where necessary. By supporting remote clinical care models, this funding is also intended to reduce the risk of infection among health care workers. Paramedic Services has collaborated with three other Paramedic Services and health care agencies in the northeast and designed a program, which will be delivered as a regional model. Paramedic Services commenced a five-month pilot program, staffed with one Community Paramedic 12 hours per day in December. This initiative has enrolled 26 COVID positive patients in the remote patient monitoring service in our community to date.

Ministry of Health - Home and Community Care High Intensity Supports Program and Community Paramedic Expansion

Greater Sudbury Paramedic Services has been awarded \$189,000 through the Ministry of Health's initiatives to expand Home and Community Care and Community Paramedicine for the purpose of providing support to regional health partners to implement, plan, and execute the High Intensity Supports at Home Program and expand Community Paramedicine to support the health system response to the COVID-19 pandemic and seasonal influenza. Home and community care can help address reduced bed capacity by assuming care responsibility for hospital Alternate Level of Care (ALC) patients with a long-term care (LTC) destination and other patients with similar needs on LTC waitlists. This will ensure high needs patients continue to receive care when beds are in short supply. Paramedicine can be leveraged as 'capacity enhancers' to work alongside home and community care and other services. Target populations are clients requiring supplemental Community Paramedic services, beyond home and community care or seniors with similar needs in the community at high risk of hospital admission and becoming designated ALC (i.e. those with frequent hospital readmissions, Emergency Department visits, and those recently discharged at high risk of hospital readmission).

Community Paramedicine - Long Term Care

Greater Sudbury has submitted a proposal for \$2 million per year for the next three years to the Ministry of Long Term Care for participation in the Community Paramedicine Long Term Care Program. The Ministry of Long-Term Care is funding a Community Paramedicine program to provide services to individuals who are waiting for placement in a long-term care home or who are soon to be eligible for long-term care. This initiative is part of the province's modernization plan to address systemic barriers in long-term care bed development and the growing demand for long-term care.

The purpose of the program is to keep individuals who are on the long-term care wait list, or who are soon to be eligible for long-term care, stabilized in their illness trajectory, and in their own home for as long as possible. The program will do this through preventive and responsive care, such as home visits and remote patient monitoring.

Our proposal could see four additional Community Paramedics per day in the community providing 24/7 access to Community Paramedicine services for defined non-emergency procedures in resident's own homes, addressing urgent, episodic care needs.

For Information Only

Paramedic Services - Tactical Medic Program Update

Presented To:	Emergency Services Committee
Presented:	Wednesday, Feb 17, 2021
Report Date	Tuesday, Jan 19, 2021
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

Paramedic Services continues to see an increase in the number of requests by Greater Sudbury Police Service (GSPS) to attend scenes that are high risk in nature. Within the Coroner Inquest reports from OC Transpo 1999, and Ipperwash 2007, both made recommendations for specialized medical support during significant police incidents. In today's environment, police officers are presented with more high risk situations involving guns and weapons.

Currently, paramedic staff have no specific training or specialized protective equipment to operate within a tactical environment, however are required to respond to these calls daily. The health and safety of all our staff is paramount. Paramedic Services recognizes the importance of having properly trained Paramedics to ensure that we are reducing risk for Paramedic Services while able to meet the medical needs of Police Services and citizens during significant high risk events.

It is important to note that tactical medics are common place in Ontario paramedic services, such as Ottawa, Toronto, Timmins, Niagara Falls, Hastings, etc.

Financial Implications

There are no financial implications associated with this report.

Signed By

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Financial Implications

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Executive Summary

This report provides the Emergency Services Committee with information on the development and implementation of the Tactical Paramedic Program. During the 2020 budget process, the business case for a Tactical Paramedic Program was approved by Council. Within the business case, Paramedic Services indicated that there continues to be an increase in the number of requests by Greater Sudbury Police Service (GSPS) to attend scenes that are high risk in nature. The Coroner Inquest reports from OC Transpo 1999 and Ipperwash 2007, both made recommendations for specialized medical support during significant police incidents. In today's environment, police officers are presented with more high-risk situations involving guns and weapons.

Historically, paramedic staff have not had specific training or specialized protective equipment to operate within a tactical environment despite being required to respond to these types of calls. The health and safety of all our staff is paramount. Paramedic Services recognizes the importance of having properly trained Paramedics to ensure that we are reducing risk for Paramedics and providing immediate access to advanced level of prehospital care for Police Services and citizens while responding to critical incidents.

Over the past year, Paramedic Services has been able to continue to work on the development of the program. Team member selection has been done, and their initial training has been completed. The specialized personal protective equipment (PPE) to allow Tactical Paramedics to work alongside Police Services Emergency Response Unit (ERU) has been ordered, however; some items are on back order due to the impacts of COVID-19. It is anticipated the remaining specialized PPE will arrive within the first quarter of 2021. In the interim, ERU has provided the necessary PPE required to allow the Tactical Paramedic Program to commence. The program became operational on January 8, 2021 and successfully responded to their first incident on January 14, 2021.

Background

The primary function of the Tactical Paramedic Program is to provide emergency medical support to preserve the safety, physical health, mental health, and overall well-being of police officers, suspects, and citizens who become injured or ill during a critical incident. A critical incident may include, but is not limited to, barricaded suspects, hostage situations, active shooters, or high-risk warrant execution.

Paramedic Services collaborated with Greater Sudbury Police Service Emergency Response Unit members to develop the operational guidelines to support the deployment of Tactical Paramedics in response to critical incidents. When the Tactical Paramedic is not involved in a critical incident they are in regular deployment, servicing emergency calls within the community.

Tactical Paramedic Selection Process

Information Sessions

Paramedic Services and two Staff Sergeants from the ERU collaborated to deliver two information sessions to all full-time Advanced Care Paramedics (minimum certification to apply) that were interested in the Tactical Paramedic Program. Topics covered during the sessions included the roles and responsibilities of a Tactical Paramedic, how and when the Tactical Paramedic will be deployed and timelines of the selection process. Members of the ERU provided an overview of the specialty units and the chain of command within their unit. After the sessions, all interested staff were encouraged to submit an expression of interest along with their resume.

Physical Fitness Testing

A total of fifteen (15) candidates submitted their expression of interest and resumes. All candidates met the initial requirements and were invited to attend the physical fitness stage of the selection process that was completed prior to restrictions put in place for COVID-19. The testing circuit used to evaluate the candidates is the same used by other Paramedic Services within the Province for their Tactical Paramedics. ERU members reviewed this testing and found it to be comparable to their onboarding and annual physical testing that they are required to complete. The physical fitness testing required the candidate wear a tactical medic operational vest (with plates) and tactical backpack. To earn a pass, the candidate was required to complete the entire test course in 24 minutes or less and accomplish all tasks as set out in the testing protocol as outlined below.

The test is comprised of a total of six circuits and five task stations. Each circuit consists of five (5) laps, four (4) of which are at a brisk walking pace and one (1) running/jogging catch-up lap, around the perimeter of an 82 meter course, for a total distance of approximately 2.5 km. The task stations consist of five (5) specific work-related tasks: flank/stealth manoeuvre, operations kit stair carry, 1.52 m five foot Obstacle Climb, Low Crawl and, 113 kg (250 lb.) Rescue Drag. The five (5) task stations are situated evenly throughout the test and must be completed by each candidate before continuing. The candidate is only allowed to run one (1) lap during each of the circuits.

Interviews and Background Checks

Following the physical fitness testing component, twelve (12) candidates moved onto the interview, background check and psychological assessment stages of the selection process.

The interview panel consisted of two managers from Paramedic Services and a Staff Sergeant from the ERU. During the interview stage, the hiring panel utilized virtual technology to eliminate in person contact. The candidates were asked the same questions and the panel evaluated their responses. All twelve candidates were required to complete a criminal background check that was conducted by the GSPS. The candidates were also required to complete a psychological

assessment that was administered by a local psychologist. The evaluation focused on the work and tasks that would be required of the Tactical Paramedic while working alongside the ERU.

Final Selection

A total of nine Paramedics were selected to the Tactical Paramedic Unit. The Tactical Unit consists of eight front line paramedics and one Platoon Superintendent (PS) to oversee the Tactical Paramedic Program. The additional duties for the Tactical Supervisor include the ongoing development of the program, policy development, establishment of continuous training and perform after action reviews with the ERU when the Tactical Unit is deployed.

Training

The initial tactical training was provided by ERU members and Tactical Paramedics from York Emergency Services. In early August, members from York Emergency Services Tactical Paramedics program came to Sudbury to deliver the Tactical Combat Casualty Care (TCCC) program over a three-day period. The focus of the program is to enhance our paramedic's knowledge and skills, providing quick interventions, initiate treatment to patients during a critical incident and extricate to an area of safety where further treatment can be rendered. During this training, members from the ERU participated in scenarios that allowed the Tactical Paramedics to practice the skills they acquired from the TCCC program. The feedback from all that attended was very positive, with one Paramedic commenting, "Absolutely loved the course. I have had the opportunity to train across Ontario and with multiple different agencies in the United States and the course that they presented and ran was top notch! The way that they delivered it was so applicable to our stage of development".

In mid-September, the Tactical Paramedics participated along with the ERU in their mandatory fall training session. The two-day training session allowed the opportunity for the Sudbury Tactical Paramedics and the ERU members to collaborate and establish roles and responsibilities when working at critical incidents together. Inspector Despatie from GSPS expressed how well the Tactical Paramedics worked with the Police ERU during the training sessions and stated that they are looking forward to having the Tactical Paramedic Program go operational. Ongoing training for Tactical Paramedics include bi-annual sessions conducted in the spring and fall with the ERU. In addition, Tactical Paramedics are encouraged to participate with the ERU members during their weekly sessions. On an annual basis, each Tactical Paramedic is required to successfully complete the physical fitness circuit that was established during the initial hiring phase.

Personal Protective Equipment

To ensure the health and safety of the Tactical Paramedics while working in high-risk operational environments alongside the ERU, specialized personal protective equipment (PPE) is issued to each member. The specialized PPE includes a ballistic helmet, a ballistic vest and a fire resistant uniform. The PPE was ordered during the early stages of the selection process of this program however; as a result of COVID-19, along with the manufacturer only running a production line twice a year, the delivery of our PPE shipment has been delayed. We anticipate

the arrival of PPE to our service within the first quarter of 2021. In the interim ERU have provided the necessary PPE required to launch the Tactical Paramedic Program on January 8, 2021.

Financial Implications

The business case for the Tactical Emergency Medical Services (TEMS) Unit was approved in the 2020 budget and included both a capital and operating component.

The 2020 Capital Budget included \$80,000 for the purchase of tactical gear. This gear is expected to be delivered during the first quarter of 2021.

The 2020 Operating Budget included a one-time budget of \$55,000 for initial training costs related to nine paramedics

Ongoing annual training costs will be covered within the existing annual operating budget. This will include two hours per month for each of the nine Tactical Paramedics. The total cost is estimated to be approximately \$14,000 annually.

Conclusion

Paramedic Services has successfully developed and implemented a Tactical Paramedic Program as approved by Council in 2020. The nine Tactical Paramedics have been selected and all members have received their initial training, to work alongside ERU members during critical incidents. The Tactical Paramedic Program provides opportunities for these paramedics to develop into future leaders by encouraging team building, camaraderie, participation in professional development and collaboration with Police ERU and Tactical Paramedic teams within the Province. The Tactical Paramedic Program went operational on January 8, 2021 and successfully responded to their first incident on January 14, 2021.