



EMERGENCY SERVICES COMMITTEE

AGENDA

Wednesday, April 21, 2021

Tom Davies Square

Councillor Lapierre, Vice-Chair

4:00 p.m. Open Session, Council Chamber / Electronic Participation

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Paramedic Services 2020 Response Times

Presented To:	Emergency Services Committee
Meeting Date:	April 21, 2021
Type:	Presentations
Prepared by:	Paul Kadwell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This presentation, presented by Paul Kadwell, Deputy Chief of Paramedic Services, provides information regarding the City of Greater Sudbury's Paramedic Services response times in 2020.

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Financial Implications

There are no financial implications associated with this report.

Background

This report provides an update to the Emergency Services Committee on the Paramedic Services Response Time actuals for 2020 that were submitted in March to the Ministry of Health and Long Term Care, as per legislation. Our current Response Time Standard (RTS) plan was established in 2013 and approved by Council in accordance with the Ambulance Act of Ontario, Standard 257/00. The RTS plan provides the level of service by establishing and maintaining performance targets in a manner that best meets the needs of the community. The RTS plan has not changed since 2013.

Response Time Standard Framework

Under the Ambulance Act of Ontario, Standard 257/00, it is the responsibility of each ambulance operator in Ontario to establish and publicly report response time performance. In addition to this, the response time performance plan allows the City of Greater Sudbury's Paramedic Services to evaluate and make quality improvement changes to improve response times year over year.

City Council is responsible to establish response time targets for our municipality and report annually to the Ministry of Health and Long Term Care (MOHLTC) on our compliance with the established response time plan as set out in Regulation 257/00 under the Ambulance Act. This Regulation allows for municipal input when creating the response standards and permits for medically relevant differences among call types.

Key aspects of the regulations include:

- Multiple response time targets based on medically relevant categories.
- Variable percentile performances.
- The targets of time and percentile performance can be maintained or changed at the discretion of Council.

Reportable Call Criteria

The response time framework is based on the following:

1. The percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to **sudden cardiac arrest patients within six minutes** of the time notice is received. (A bystander, emergency responder or paramedic with a defibrillator will stop the clock.)
2. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as **CTAS 1 within eight minutes** of the time notice is received respecting such services.
3. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as **CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality** or delivery agent under its response time plan.

Canadian Triage Acuity Scale (CTA)

The response time standards utilize the Canadian Triage Acuity Scale (CTAS) as shown in Figure 1. CTAS is a medically proven triage tool currently utilized by all hospitals and paramedics in Ontario. CTAS is based on a five-level scale with Level 1 (resuscitation) representing the most critically ill patients and Level 5 (non-urgent) representing the least ill group of patients. CTAS scores are based on an assessment of the patient's condition by the paramedic after arrival at the scene.

Patient Severity Categories

Level of Acuity	Type of Call
Sudden Cardiac Arrest (SCA)	Patient has no vital signs
CTAS 1	Critically ill or have potential for rapid deterioration
CTAS 2	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function
CTAS 4	Conditions that would benefit from intervention or reassurance
CTAS 5	Non urgent, chronic, without evidence of deterioration

Figure 1

Timelines for submission and reporting:

- October 31st of each year report to the MOHLTC the response time standards, as approved by Council, for the upcoming year.
- By March 31st of each year, file the previous year's response time actuals with the MOHLTC.
- Between April and June of each reporting year, the municipal response time plan and results achieved will be posted on the MOHLTC website for public viewing.

Response Times Targets

The response time standards for sudden cardiac arrest and CTAS 1 calls have a fixed time set by the Province of six (6) and eight (8) minutes respectively. These fixed times are based on the most current medical evidence for these calls. The City is to determine and report on only the percentile of time either a defibrillator (EMS, Fire, or public access defibrillator) for sudden cardiac arrest calls or a paramedic for all CTAS 1 calls has arrived at the patient for each of these categories.

For CTAS 2 to CTAS 5 patients, the City is to set both the response time target and the percentile these response times are achieved. Paramedic Services submitted the following response time targets in October 2020 (Figure 2), for 2021. Paramedic services has not changed the RTS plan since the MOHLTC implemented legislative changes in 2013. Paramedic Services has one of the most aggressive RTS plans within the Province compared to other comparable Services RTS plan (Figure 3). Paramedic Services continuously seeks opportunities to meet and exceed the published percentages for SCA's and all five of the CTAS categories within our plan.

Level of Acuity	Time	Percentage
Sudden Cardiac Arrest	6 minutes (set by MOHLTC)	70%
CTAS 1	8 minutes (set by MOHLTC)	80%
CTAS 2	10 minutes (set by CGS)	85%
CTAS 3	15 minutes (set by CGS)	85%
CTAS 4	15 minutes (set by CGS)	85%
CTAS 5	15 minutes (set by CGS)	85%

Figure 2

CGS Paramedic Services 2020 RTS Comparison to other Services

Level of Acuity	Type of Call	CGS Approved RTS	Hamilton Approved RTS	York Approved RTS	Waterloo Approved RTS
Sudden Cardiac Arrest	Patient has no vital signs (6 minutes)	70%	75%	60%	50%
CTAS 1	Critically ill or have potential for rapid deterioration (8 minutes)	80%	75%	75%	70%
CTAS 2	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts	10 min 85%	10 min 75%	10 min 80%	10 min 80%
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	15 min 85%	15 min 75%	15 min 90%	11 min 80%
CTAS 4	Conditions that would benefit from intervention or reassurance	15 min 85%	20 min 75%	20 min 90%	12 min 80%
CTAS 5	Non urgent, chronic, without evidence of deterioration	15 min 85%	25 min 75%	25 min 90%	12 min 80%

Figure 3

In March of 2021, the RTS actuals for 2020 were submitted to the MOHLTC. Comparison of RTS actuals from previous years are identified in Figure 4.

Paramedic Services analyses call volume trends, response times and the deployment of Paramedic resources to address the SCA's and all five of the CTAS categories within our plan. In 2020 there were 28,402 calls for service and only 159 calls, or 0.01 percent, were for SCA's. Due to the small number of calls in this response category, a minimal number of calls over 6 minutes has a significant impact on the final result. In 2021, there were 159 SCA's and 96 times a defibrillator arrived on scene within six minutes. To achieve the seventy percentile for our 2020 RTS we needed to arrive 116 times with defibrillator on scene in less than six minutes. Seven calls were less than thirty seconds and 22 calls were between thirty seconds and one minute, achieving the six minute time frame. The remainder of the calls were greater than one minute. Analyses of the SCA calls that were greater than six minutes was conducted. Contributing factors included call location that was greater than a four minute drive time from a station, call volume during specific times of the day, resource availability in an assigned area, and during COVID-19, additional PPE requirements prior to making patient contact.

Paramedic Services will continue to monitor the RTS actuals for 2021 and determine if the RTS plan needs to be modified for 2022. If there is a recommendation to change the RTS plan for 2022, we will return to the Committee for approval of the recommended changes in the fourth quarter of 2021.

Level of Acuity	Types of Call	Approved RTS%	% RTS 2017	% RTS 2018	% RTS 2019	% RTS 2020
Sudden Cardiac Arrest	Patient has no vital signs	70%	73%	70%	58%	60%
CTAS 1	Critically ill or have potential for rapid deterioration	80%	80%	79%	76%	80%
CTAS 2	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts	85%	88%	86%	88%	86%
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	85%	97%	97%	97%	96%
CTAS 4	Conditions that would benefit from intervention or reassurance	85%	98%	98%	97%	97%
CTAS 5	Non urgent, chronic, without evidence of deterioration	85%	97%	98%	98%	97%

Figure 4

Evaluating Response Times

A top priority of the Paramedic Service is to provide the best possible prehospital clinical care to the residents and visitors of the City of Greater Sudbury in the most effective and efficient method possible. Paramedic Services continues to evaluate response times, these include:

- Continue to review performance and opportunities to improve RTS for all SCA's and CTAS calls.
- Review call volume trends
- Review adjustments to deployment strategies to meet evolving demands
- Evaluate current staffing patterns and staffing levels
- Evaluate the number of EMS resources required to address geographic challenges
- Continue to review medical tiered response protocol with Fire Services
- Evaluate the local public access defibrillation program.
- Impact of COVID-19,

Sudbury Paramedic Services remains committed to the continual analysis of performance and seeks system improvement opportunities.

Conclusion

As per legislation, Paramedic Services submitted RTS 2020 actuals in March 2021. All CTAS RTS's were achieved except for SCA's at 60 percent. It was identified that call location, call volume during specific times of the day, and EMS resource availability contributed to the challenges to achieve SCA RTS in 2021. We continue to seek opportunities to improve our response time performance categories within our plan.

Unless it is identified in 2021 that the RTS plan needs to be modified the RTS plan for 2022 will remain the same as in previous years.

Appointment of Chair and Vice-Chair – Emergency Services Committee

Presented To:	Emergency Services Committee
Meeting Date:	April 21, 2021
Type:	Managers' Reports
Prepared by:	Danielle Wicklander Clerk's Services
Recommended by:	General Manager of Corporate Services

Report Summary

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

Resolutions

Resolution 1:

That the City of Greater Sudbury appoints Councillor _____ as 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 on April 21, 2021.

Resolution 2:

If Required

That the City of Greater Sudbury appoints 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 on April 21, 2021.

Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emissions Plan (CEEP)

This report refers to operational matters.

Financial Implications

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

Background

This report sets out the procedure for the election by the Committee of the Chair and if necessary the 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 position(s) 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 position(s), 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 candidate(s) 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/>

Emergency Management Update

Presented To:	Emergency Services Committee
Meeting Date:	April 21, 2021
Type:	Correspondence for Information Only
Prepared by:	Latoya McGaw Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides information regarding the recent business activities, relevant statistics and good news stories within the Emergency Management Section, Community Safety Department.

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Financial Implications

There are no financial implications associated with this report.

Background

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 provide 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). An additional vaccine, Astra Zeneca was also approved by Health Canada in February 2021.

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 been completed in long-term care homes and other congregate setting for seniors. Healthcare workers, essential caregivers, First Nations community members and those 80 years and older in Ontario are now receiving the vaccine.

It is important to note that while the local plan is in place and being executed, it is subject to change based on the timing and availability of vaccines in the community.

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.

Host Community Planning

Annually, the Office of the Fire Marshal and Emergency Management (OFMEM) seeks host communities' assistance in ensuring the health, safety, and well-being of First Nations community residents in the event there is a need for evacuation due to flooding or forest fires.

As a result of COVID-19, many traditional host communities are unable to host evacuees due to the risk of illness and spread of COVID-19 in their communities.

OFMEM in light of COVID-19, developed a new framework that would help First Nations residents stay in their communities. The decision to evacuate a community during this time would only be made in exceptional circumstances (i.e., potential threat to life and limb) and if all other options such as sheltering in place if feasible, have been exhausted or unsuitable.

CGS Emergency Management Section has been working with the OFMEM in light of recent increase in COVID-19 cases in the far North which may impact the availability of accommodations for First Nations evacuees. Should the need arise for First Nations community members to be evacuated to Greater Sudbury, the City in its efforts would play a supportive role in this initiative.

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 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 in 2006, Greater Sudbury has continuously met and exceeded the requirements under the legislation.

Paramedic Services Update

Presented To:	Emergency Services Committee
Meeting Date:	April 21, 2021
Type:	Correspondence for Information Only
Prepared by:	Paul Kadwell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

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

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Financial Implications

There are no financial implications associated with this report.

Background

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 previous volumes as seen in years previous. On January 14, 2021, a province wide stay-at-home order was implemented for 28 days. The stay-at-home order required staff to reevaluate those still performing work in the office and support transition to conduct work from home. After the 28 days, those who can work from home are continuing to do so, 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 (HSN) COVID-19 Assessment Centre by conducting mobile in home COVID-19 testing for select individuals unable to attend the Assessment Centre in person either due to limited mobility or transportation challenges. Currently Community Paramedics have assessed and tested over 6,094 symptomatic residents in the community allowing equitable access to COVID-19 testing. In addition, we continue to collaborate with community partners, conducting surveillance testing to address specific needs of declared outbreaks and vulnerable populations within our community.

Paramedic Operations

COVID-19 Employer Rapid Antigen Screening Pilot Program

Greater Sudbury Paramedic Services was 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 Paramedic staff are 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. As of March 8, 2021, 657 antigen tests have been conducted and only 1 indicated a positive result. Following the positive result, the employee was immediately referred to the HSN COVID-19 Assessment Centre for additional testing. The HSN COVID-19 Assessment Centre testing confirmed that the employee was COVID-19 positive. The employee followed Public Health Sudbury and District (PHSD) protocols and has now been cleared by PHSD to return to work. Paramedics Services continues to participate in the antigen screening pilot, with a completion date of 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 support. 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.

Recently, the Ministry of the Solicitor General (SolGen) reached out to the Ministry of Health (MOH) inviting Paramedic Services to participate in a mental health wellness program giving First Responders across the province access to the First Response Mental Health's (FRMH) PeerConnect app; a proactive peer support and wellness online tool.

The PeerConnect app will support existing programs we currently have in place such as wellness tools, self-assessments, mental health programming, and peer support programs while also allowing for easier access to our peer supporters.

This tool is an Ontario-based solution that is already in use among several emergency medical services and first responder agencies in Ontario and across North America. There is no cost to participate in this project for the first year, and have up to March 31, 2022 to use the app.

On March 10, 2021 Paramedic Services contacted PeerConnect, expressing our interest to implement this app into our Service to support all our mental wellness programs.

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, are currently in the process of recruiting regular part-time paramedics. During the hiring, orientation, and base hospital certification, Paramedic Services will be amending the processes to allow for physical distancing.

Expanded Ontario Naloxone Program

In December 2020, Sudbury Paramedic Services commenced participation in the Ontario Naloxone Program in collaboration with PHSD. 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 92 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	28,402
EMS Unit Response	34,314
EMS Patients Transported	19,855

Table 1. Greater Sudbury Paramedic Services Statistics January 1- December 31, 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.

Electric Vehicles

Recently the Ministry of Long Term Care announced that Greater Sudbury will be participating in the Community Paramedicine Long Term Care Program over the next three years to provide services to individuals who are waiting for placement in a long-term care home. The Community Paramedics in these roles will require transportation to conduct home visits within our community. It was identified that this program allows the opportunity to utilize Electric Vehicles (EVs) to provide transportation for the Community Paramedics. The introduction of EVs for this program aligns with the Community Energy and Emissions Plan (CEEP) to reduce carbon emissions and pollution in Greater Sudbury. During the three year program the EV's will be evaluated for performance, maintenance, infrastructure, and costing. At the completion of the program an analysis of the EVs will be conducted to determine if EVs can be implemented within other operational areas of our fleet.

Currently an RFP has been established to lease four EVs required for the next three years for this program.

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 – December 31, 2020

Cardiac	Number of calls with at least 1, 12 Lead Acquired	3,733
	Total Cardiac Ischemia related	1,227
	Number of STEMI	106
	A STEMI is a specific type of heart attack, which can be diagnosed by Paramedics in the pre-hospital setting.	

Neurological	Total Neuro-related	2,073
	Number of Acute Stroke (FAST positive, timeline criteria met)	198
	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	167
	Average age in years	71
	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	421
	Total Treated Cardiac Arrest Medical and Traumatic	199
	Number of Medical Arrest with Return of Spontaneous Circulation at any time while in Paramedic Care.	52

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 to 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.

Care Transitions Community Paramedicine Program (CTCP)

The Care Transitions Community Paramedicine Program partners with Health Sciences North to utilize trained Community Paramedics (CP) 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 program's 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 2021 work plan during the pandemic.

From January 1, 2021 until March 8, 2021, there were 319 active patients enrolled within the program and only one patient reported the need to utilize our 911 service for the treatment of their chronic health condition. There was one referral to primary care and/or community service, thus improving the quality of life for this patient.

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.

Visits Completed / JIT	326/28
Working Days	63
Active Patients	319
911 Calls Related to CTCP	1

Reporting date range is from January 1, 2021 – March 8, 2021

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-19 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 NELHIN / Maison McCulloch Hospice for those who are 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 where HPCPs provide on demand COVID-19 testing every morning at the Withdrawal Management at 336 Pine Street.

Since the program began on March 15, 2020, 6,094 tests have been performed by Community Paramedic Mobile Testing service.

We have continued with our paramedic referral programs and Community Mobilization Sudbury-Rapid Mobilization Table (CMS_RMT).

We have begun a gradual re-entry into CP clinics, utilizing virtual technology and less in-person contact. This program is another McMaster development in concert with Ontario Health. Preparation for this new version of CP@Clinic began in February 2021 with a start date of February 28, 2021. Staff took part in Ontario Telemedicine Network (OTN) training to utilize video technology in addition to telephone consultation.

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 who have enrolled 26 COVID-19 positive patients in the remote patient monitoring service in our community to date.

This program has helped to support 46 discharged patients and continues to support 12 COVID-19 positive patients in their homes and 19 others who suffer from chronic health conditions. The benefits to the above are medical oversight, the comfort that someone is keeping an eye on patients' wellbeing with phone consultations and daily visits, and reduced exposures for both patients and the community.

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 plans 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 bedded 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 admissions, emergency department visits, and those recently discharged at high risk of readmission).

From January 1, 2021 to March 8, 2021 our High Intensity Community Paramedics have enrolled a total of 26 patients resulting in 27 home visits, 55 telephone consultations, 7 physician consultations totaling 89 interactions.

Community Paramedicine - Long Term Care

Greater Sudbury submitted a proposal for \$2 million per year for the next three years to the Ministry of Long Term Care for participation in the CP Long Term Care Program. The Ministry of Long-Term Care is funding the 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 individual's own homes addressing urgent, episodic care needs.

To date, we have been approved for this project, have hired a Clinical Lead, and seconded a Project Planner from the City to help with implementation of this program.

Fire Services Update

Presented To:	Emergency Services Committee
Meeting Date:	April 21, 2021
Type:	Correspondence for Information Only
Prepared by:	Jesse Oshell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

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

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Financial Implications

There are no financial implications associated with this report.

Background

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, 2021 – February 28, 2021		
Date	Location	Estimated Loss
Saturday, January 23, 2021	2099 69 North, Guilleville	\$ 490,000
Thursday, February 4, 2021	2342 Lasalle Boulevard, Sudbury	\$ 200, 000
Sunday, February 7, 2021	2077 Valleystream, Sudbury	\$ 250, 000

Data Source: Firehouse

Incident Type	Jan 1 – Feb 28, 2021	Jan 1 – Feb 29, 2020
Fires	34	26
Fire Alarms	130	174
Vehicle Collisions	85	93
Open Air Burning Response	20	12
Medical Assistance	199	164
Other Incidents (assisting other agencies, no incident found on arrival, etc.)	130	161
Total	598	630
TOTAL Estimated Loss for Fires	\$1,256,100	\$1,460,250

Data Source: Firehouse

Volunteer Firefighter Recruitment

Volunteer Firefighter recruitment commenced in late March with an application deadline set for April 30, 2021. In an effort to continually improve our recruitment process, Administration met with the Volunteer Recruitment Committee on two separate occasions to review the current process and discuss new ideas and opportunities to improve the Volunteer Firefighter recruitment process. The following are some of the suggestions from the Committee that have been implemented as part of this recruitment:

- Portable signs have been rented and placed at Beaver Lake Station, Val Therese Station and the intersection of Hwy 17 and Garson/Coniston Rd.
- Large, brightly coloured recruitment banners (12ft x 4ft) were purchased to hang at specific stations where recruitment has traditionally been low, as well as stations in high traffic areas (8 English and 8 French banners). These banners will be reusable year to year and can be hung on fire apparatus at events.
- Posters and post cards with recruitment information were created for use by firefighters and station officers to place in community businesses and provide to interested persons.
- A revised physical abilities testing has been implemented to better reflect the work of a Volunteer Firefighter. Four Volunteer Firefighters of differing age and gender have been selected to demonstrate the test. They have been filmed and the video has been placed on the recruitment website for interested persons to view.

- Volunteer Captains will be invited to assist with the physical testing component of the recruitment to assist with evaluation of candidates.
- Volunteer Captains will also be able to witness the interview process for candidates applying to their specific Station.

Fire Safety Grant

Greater Sudbury Fire Services (GSFS) has applied for a Fire Safety Grant through the Office of the Fire Marshal and Emergency Management. The grant is to assist in addressing challenges associated with training and virtual inspections due to the COVID-19 pandemic. If awarded the grant, the funding will be allocated to enhance the training needs of the Volunteer Firefighters by:

- Providing training infrastructure enhancements for volunteer fire stations, which would include iPad tablets to support online, digital learning, in both the station or at home environments.
- Purchasing Jones and Bartlett vehicle extrication and company officer curriculum which would be delivered through the iPad tablets or personal devices/technology of volunteer firefighters.
- Supplementing any Information Technology or Internet infrastructure not currently available or installed at volunteer fire stations.

Mental Health

R2MR: Road to Mental Readiness Training Firefighter Modules have been completed for all Volunteer Firefighters and is being delivered to all Career Firefighters. An additional Officer Module is planned for rollout to all Volunteer and Career Fire Officers. This module is designed to follow the firefighter R2MR training.

PSN: The combined Paramedic and Fire Services Peer Support Network (PSN) team is being expanded in 2021. Nominations for Volunteer and Career Firefighters and Paramedics that may be suitable to be Peer Supporters has occurred. These individuals will undergo an assessment by a psychologist to determine suitability for the program. Training for the new and existing team members is scheduled for late April if Covid restrictions allow. Effective team training occurs when the participants can meet together as much of the training is experiential and not easily delivered in a virtual format.

Prevention

Fire Prevention has begun the annual inspections program for Vulnerable Occupancies. The program has been modified in consultation with the Ontario Fire Marshal's Office to allow facility operators to conduct their own self-inspection checklist and provide the checklist and all annual maintenance and testing documentation to the Fire Prevention Section for review and approval. This approach will allow the facility owner and operators to prove the fire and life safety maintenance of the building is being conducted and the facility is in compliance with the Ontario Fire Code requirements.

Fire Prevention assisted Health Sciences North (HSN) in expanding their COVID-19 "safe area" by assisting with relocating patients to the Daffodil Center. This has been achieved by working with the Building Department and HSN to ensure they are able to meet the requirements of the emergency orders imposed by the Province last April (2020).

Two new Fire Prevention Operating Procedures have been implemented:

- Fire Prevention Officer Radio Protocol
- Fire Prevention and Public Education Section

Plans review

Despite the perception of slow down, our plans examiner has been steady reviewing new projects coming to our community and ensuring that minimum code safety requirements and firefighting services are in compliance with the Ontario Building Code. The Plans Examiner continues to actively participate in the Sudbury Planning Application Review Team (SPART) meetings for developers and offer initial comment to assist with ensuring they submit detailed, complete plans to reduce delays in the permit processes.

The following Operating Procedure has been implemented:

- Plan Examination and Site Plan

Public Education

Public Safety Officers (PSO) continued to conduct virtual presentations as well as expanding our presence on social media, namely Twitter. Since we are limited from face to face interactions, PSOs have been organizing the Public Education Section by ensuring all presentations are on a standard template to allow for consistent fire and life safety messaging throughout the City of Greater Sudbury.

An additional project currently being developed is a seniors program that focuses on fire and life safety for seniors who live independently. This program will be delivered in collaboration with Emergency Medical Services (EMS) and should be implemented the beginning of the second quarter of 2021.

PSOs are developing additional television commercials that will be aired in early spring.

The following Operating Procedure has been implemented:

- Fire and Life Safety Education

Fleet

The status of the new apparatus that arrived in late 2020, early 2021 is as follows:

Tankers: GSFS took delivery of twin International HV607 tankers in December 2020. These apparatus were manufactured by Dependable Emergency Vehicles and built on International cab and chassis with an aluminum body. Training on the new tankers has been conducted with the deployment of the Tankers in April. These tankers will be assigned to Fire Station #4 Long Lake and Fire Station #24 Wahnapiatae. The purchase of these two tankers along with the purchase of two identical tankers in 2019 allows GSFS to begin the standardization of equipment, tools, and apparatus. The four tankers mentioned above shall be standardized so each compartment is identical and equipped with the same tools and equipment.

Rescue Boat: The Rescue Boat was delivered in late 2020. Training by the manufacture Inland Liferrafts is required to take place early spring prior to deployment of the boat. The boat radio has been installed and an alias has been assigned of Boat -1. Registration of the boat with Transport Canada is underway.

Aerial Truck: The Aerial Truck was delivered in the fourth quarter of 2020. The radio has been installed and an alias has been assigned. The Aerial is currently being stored at the Lionel Lalonde Centre in Azilda until required "Train the Trainer" training program has been completed. Once completed, all staff who operate the device will be required to attend training on the new Aerial and additional CGS driver training prior to the apparatus being operational. An 'in-service' date of the Aerial shall be in early May.

The technical rescue truck and trailer have been outfitted and delivered to Main Station for deployment. The HAZMAT tow vehicle mobile radio and decal package have been installed. The HAZMAT trailer has been equipped with a generator and new lighting.

The Fleet section is in the transition to take over medical supply ordering for Career and Volunteer medical response stations.

The installation and commissioning of the Nederman system, which captures and removes vehicle exhaust from the tail pipe, is nearing completion. The contractor will provide training to both Fire and EMS personnel on the operation and maintenance of the Nederman system.

The following annual requirements have been addressed:

- 2021 annual ground ladder testing commenced.
- 2021 annual hard suction hose testing commenced.
- 2021 Volunteer and Career clothing orders are being processed.

The following Operating Procedures are currently being developed and shall be implemented in the near future:

- Nederman Vehicle Exhaust Extraction System
- Medical Equipment Ordering and Tracking
- Emergency Generator Weekly Check and Maintenance

Training

The following training programs are in progress:

HAZMAT: The Hazardous Material response program continues to be implemented with the response vehicle and resource trailer outfitted and prepared for deployment. Technical level training for the dedicated HAZMAT responders is scheduled for late spring/early summer 2021 as COVID-19 restrictions permit. Once complete the HAZMAT program will be online and responding from the New Sudbury Fire Station.

Water Rescue: Each year our technical Ice/Swift/Still water responders perform a mandatory 115-hour training program to maintain their response capability. As the transition from the hard water to open water season approaches, the technical responders from Stations 2 and 4 will train in their ice rescue and open water response skills. Once the summer months occur, training with our rescue watercraft will occur on our area lakes and rivers.