



Emergency Services Committee Agenda

Wednesday, October 20, 2021

Tom Davies Square

Councillor Lapierre, Chair

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

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Fire Services Update – October 2021

Presented To:	Emergency Services Committee
Meeting Date:	October 20, 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 and Community Energy & Emissions Plan (CEEP)

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

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.

Major Fire Loss Incidents April 30, 2021 – August 31, 2021		
Date	Location	Estimated Loss
Monday, May 3, 2021	Melvin Ave, Sudbury	\$ 225,000
Thursday, May 6, 2021	Gennings St, Sudbury	\$ 210,000
Monday, May 10, 2021	Laval Street, Sudbury	\$ 100,000
Tuesday, May 11, 2021	Elm Street, Sudbury	\$ 325,000
Saturday, June 5, 2021	Fisher Road, Garson	\$ 7,000,000
Wednesday, June 16, 2021	Pine Street, Sudbury	\$ 500,000
Friday, June 18, 2021	Nesbitt St, Sudbury	\$ 221,000
Thursday, June 24, 2021	Kingsway, Sudbury	\$ 200,000
Monday August 16, 2021	Dominion Drive, Val Caron	\$350,000
Wednesday August 18, 2021	John Street, Chelmsford	\$150,000
Thursday August 19, 2021	Lafontaine Street, Hanmer	\$150,000
Monday August 23, 2021	Gemmell Street, Sudbury	\$900,000
Monday August 30, 2021	Velma Street, Val Caron	\$250,000

Data Source: Fire House

Incident Type	Jan 1 – Aug 31, 2021	Jan 1 – Aug 31, 2020	Change
Fires	236	205	15%
Fire Alarms	700	724	-3%
Vehicle Collisions	303	274	11%
Open Air Burning Response	257	259	-1%
Medical Assistance	1043	425	141%
Other Incidents (assisting other agencies, no incident found on arrival, etc.)	814	673	21%
Total	3353	2560	31%
TOTAL Estimated Loss for Fires	\$16,259,358	\$6,192,050	162%

Data Source: Fire House

Fleet

Covid-19 Stay at home/re-opening orders continue to cause issues for the Fleet Section with delays in repairs, contractors working on different sites/projects and supply chain issues.

Tankers: One of the two International cab and chassis with an aluminum body HV607 Tankers received in December 2020 from Dependable Emergency Vehicles is now in service. The training on the new tankers was completed with the Volunteer Firefighters and the truck is now in service at Station 24 in Wahnapiatae. However, due to the volume of Career Firefighters requiring training, the deployment of the tanker going to Station 4 in Long Lake (Tanker 4) is delayed but eminent.

With the new tanker in service at Station 24 in Wahnapiatae (Tanker 24), its predecessor afforded us a reserve tanker that can be used to replace any of the other tankers should they be sent for service. This allows Fire Services to maintain the current quantity of tankers in service at any given time. When Tanker 4 is put in service, the old Tanker 4 will be sent to auction.

Rescue Boat: Training by the manufacturer Inland Life rafts and further training with the Coast Guard has now been completed. The boat, designated Boat 4, is registered with Transport Canada, is being decaled and will then be placed at Station 4 in Long Lake.

Technical Rescue Truck and Trailer: A dedicated Technical Rescue Response unit and accompanying trailer have been refurbished and placed into service at Main Station. This unit carries the resources and supplies to support our rope rescue, high angle rescue, and miscellaneous technical response tools. These are required when responding or supporting the specialized needs of any technical response anywhere in the municipality.

HAZMAT Truck and Trailer: In 2021, Council supported the continuing development of hazardous materials response and at this time the HAZMAT response truck is now decaled and has the multi gas detection equipment in place. The HAZMAT trailer has been equipped with a generator and new lighting and is set up with the specialized equipment. The training is ongoing and will support the operational deployment of this unit. This unit will respond from Station 3 in New Sudbury, where it is now stationed.

The Fleet Section continues to work with the City Garage on the yearly Ministry of Transportation inspections for all apparatus and small fleet as the vehicles are due. As well, the ongoing repairs or breakdowns are being dealt with in as timely a manner as possible.

The installation and commissioning of the Nederman system at career halls (captures and vents vehicle exhaust from the tail pipe, providing cleaner air within the stations) is now complete. The Nederman representatives have completed training to both Fire and EMS personnel on the operation and maintenance of the system.

Inventory of the bunker gear stored in our Copper Cliff storage was completed. The expired gear has been removed. Quantities and sizing of the remaining gear is on file and will accommodate our new hires for both volunteer and career recruitments.

Areas of concern were discovered with the standby generators during a citywide blackout. The problems discovered are now being addressed in order to mitigate any future issues.

The following annual requirements have been successfully completed:

- 2021 annual ground ladder testing is complete.
- 2021 annual hard suction hose testing is complete.
- 2021 volunteer and career clothing orders are being processed.
- 2021 apparatus pump testing is complete.
- 2021 SCBA annual flow testing is complete.
- 2021 annual hose testing is ongoing.

- 2021 annual testing of the propane kitchen simulator and support equipment located on the Fire Service's training grounds has been completed by Draeger.
- 2021 annual aerial device testing is complete.
- 2021 annual air quality and compressor service is ongoing.

Fire Prevention

Fire Prevention is working with the four school boards on a targeted program to inspect and ensure code safety of the schools. This program will be on-going to maintain consistency.

Fire Prevention has been working with local restaurants to ensure fire code safety is maintained while moving through the different phases of COVID-19. Fire Prevention staff are working with restaurant owners to educate them and ensure their premises maintains compliance with the Ontario Fire Code. As restaurants being to increase occupancy of interior dining, the occupants can be reassured the building meets all Ontario Fire Code regulations.

With the high quantity of real estate sales occurring over the past year, Fire Prevention has experienced an increase in request inspections pertaining to real estate transactions. Lawyers of the purchaser of multi-unit buildings may request a fire inspection to be completed prior to the closing of the real estate transaction to ensure that the building meet all Ontario Fire Code regulations. The Fire Prevention Plans Examiner continues to maintain and address the demands for construction requests.

Public Education

Public Education has developed and implemented a new Home Fire Safety program for seniors. With this program, our Public Safety Officers and their community partners can assist seniors through an in-home visit to discuss home safety topics, such as smoke alarms, carbon monoxide alarms, and cooking safety.

The Public Safety Officers are currently working with the school boards to implement fire safety education back into the schools with options for delivery such as in-person learning or online programs.

Training

The Training Section continues its delivery of operational programming with several key targeted topics progressing.

The Hazardous Materials (HAZ-MAT) program is moving forward well, with a projected Operations level response capability by the end of 2021 transitioning into the Technical level response in 2022. COVID-19 related challenges related to remote instructors are responsible for some delayed aspects of the training which has overall impacted the final deployment of this response approximately one year longer than initially proposed to Council.

Swift water training occurred at relevant stations throughout the summer months as we requalified staff in the required training evolutions. Specific commercial boat operator licensing and training for the requirements of the Canadian Coast Guard are also ongoing for water response staff.

The Training Section has been heavily involved with the training of approximately 70 volunteer firefighter recruits. The volunteers are participating in our in-house NFPA 1001 compliant program being delivered by our Training Officers. This program is done on evenings and weekends, allocating significant resources to support our continued commitment to our volunteer firefighters.

The career firefighter recruitment process was successful and completed with the hiring of 11 new firefighters. The new career recruits are undergoing a nine-week NFPA 1001 training academy which also includes specialized technical response and emergency medical responder training. Their program concludes with a graduation set for November 5, 2021.

Watercraft rescue program development began with the assistance of the Canadian Coast Guard (CCG). This specific program will outline the material, processes, and training required for our staff who will become the Train the Trainers. Delivery to water response stations was completed during the summer months.

Trench Rescue planning has been finalized and will begin at the instructor development phase in May of 2022. This joint Fire Services / Water Wastewater program will have Fire Training Officers delivering the required trench program to both our firefighters and Water Wastewater staff. This will allow for an in-house delivery model supporting both services and providing efficiencies in training delivery.

Emergency Management Update – October 2021

Presented To: Emergency Services
Committee

Meeting Date: October 20, 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 and Community Energy & Emissions Plan (CEEP)

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

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 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 met eighty times since being activated on March 16th, 2020. The CCG continues to meet virtually on a biweekly basis to discuss operations and response in light of COVID-19, as well as for future planning should there be case surges 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 Vaccine Implementation

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.

In support of the Province's efforts to get more Ontarians vaccinated, PHSD has ramped up efforts to make COVID-19 vaccines as easy and convenient for community members to get vaccinated. This includes measures such as the setup of pop-up clinics and a mobile vaccination clinic.

In collaboration with the City of Greater Sudbury (CGS), PHSD has launched the area's first mobile vaccine clinic. Starting July 13, the accessible and convenient mobile clinic traveled to locations in Public Health's service area to offer COVID-19 vaccine to residents. The mobile clinic, a converted transit bus, operated throughout the summer.

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.

Host Community Response

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.

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.

As a result of the worsening wildfire situations in northwestern Ontario, some First Nations residents were forced to evacuate to host communities. Evacuees were flown to Thunder Bay, Kapuskasing, Timmins, Cochrane, and Greater Sudbury.

On July 12, 2021 the community of Pikangikum First Nations issued an Emergency Declaration due to the threat of fire and smoke from numerous wildland fires in the region. The declaration sought assistance from the Province to immediately evacuate the most vulnerable members of the community. From July 14th to 15th, 500 community members were evacuated via six flights to Greater Sudbury for accommodations.

While CGS was a host community, all operations, logistics and costs for the duration for the evacuation was funded by Emergency Management Ontario (EMO) with support from Canadian Red Cross and Community Disaster Response Ontario (CDRO) and the City.

The evacuation provided an opportunity for City Departments such as Emergency Management, Corporate Communications, Transit, Paramedic Services and Fire Services to work collaborative with community partners to create and sustain a safe, inviting and supporting environment for our guests from Pikangikum First Nations. Special services included the following:

- Transit provided the necessary transportation of all evacuees from the Sudbury airport upon their arrival, accounting for the special needs of elders, children, and those with disabilities.
- Community Paramedics worked with the healthcare sector providing wellness checks, COVID-19 testing and immunizations, and various other clinical services. In addition, Paramedic Services upstaffed a dedicated transporting ambulance and primary response unit and was a part of the Emergency Services Task Force lead by Greater Sudbury Police, assisting and responding to all requests for urgent and critical emergencies 24/7.

In early August, the Ministry of Northern Mines, Natural Resources and Forestry (MNDNRF) completed fire assessments of the fires around the community as well as the associated fire risks and it was determined that the risk of returning all evacuees would be low. Based on this risk assessment, and the readiness in Pikangikum to support the return of their residents, the Pikangikum Chief and Council requested the return of all residents. On August 9th the remaining guests from Pikangikum First Nations in Greater Sudbury were returned to their home.

It is important to note that while our guests had returned home, host community planning was maintained in Greater Sudbury until mid-September. This was due to the high fire risk in Northwestern Ontario and the possibility of the need for another community to be evacuated at short notice.

Paramedic Services Update – October 2021

Presented To:	Emergency Services Committee
Meeting Date:	October 20, 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 and Community Energy & Emissions Plan (CEEP)

There are no Community Energy and Emissions Plan implications associated with this report.

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.

Paramedic Operations

COVID-19 Vaccination Policy

On August 17, 2021 the Chief Medical Officer of Health (CMOH) of Ontario issued Directive #6 under Section 7.7 of the Health Protection and Promotion Act, indicating that Paramedics are now included in the list of organizations that are required to implement a COVID-19 immunization policy, and report on the status of paramedic immunization to the Ministry of Health. A policy has been implemented,

complying with Directive #6 prior to the due date of September 7, 2021 and aligns with the CGS COVID-19 Vaccination and Vaccination Verification Policy.

Employer Provincial COVID-19 Antigen Screening Program

Greater Sudbury Paramedic Services participated in an employer voluntary antigen screening pilot led by the Ministry of Health, Public Health Ontario, and Ontario Health. The objective of the pilot was to assess the value of rapid antigen testing utilizing the Abbott Panbio brand antigen test as a screening tool to support employee safety and business continuity in a variety of workplaces. Following the pilot, a Provincial Antigen Screening Program (PASP) was introduced. The objective of the PASP is to provide rapid antigen testing utilizing the Abbott Panbio brand antigen test as a screening tool to support employee safety and business continuity in a variety of workplaces. The PASP is a voluntary longer-term project providing employers in priority settings to add an additional safety measure in high-risk and essential workplaces and to help reduce the spread of COVID-19. Paramedic staff are voluntarily tested for COVID-19 prior to shift commencement up to three times per week or when indicated. Results of the antigen tests are provided within fifteen minutes following test completion.

Paramedic Services commenced with PASP on April 6, 2021 and continue with our routine COVID-19 pre-shift screening practice. As of August 31, 2021, 664 PASP tests have been conducted on paramedic staff and all have indicated a negative antigen result. This project will continue until March 31, 2022, when the agreement expires with the Ministry of Health.

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 further supports the decision of which level of PPE is to be used for patient care. The COVID-19 screening tool was updated on August 26, 2021 to reflect the latest definitions and advice from the Chief Medical Officer of Health of Ontario.

Mental Health Support

Within Paramedic Services we understand the stresses and challenges faced by first responders and it is essential that they have access to the people and tools they require in order to live fulfilled and connected lives.

One vehicle to promote wellness in the workplace is to have mental health and wellness strategies. Mental health and wellness strategies have many benefits - an engaged, resilient, and productive workforce, a workplace free of stigma and a positive workplace culture. Paramedic Services cares about the mental health and wellness of all our staff and wants to do everything possible to address the impact of significant events while on duty and to create a positive working environment. Support tools such as information and strategies on managing their mental wellness have been and will continue to be, provided to support all our staff.

One of the strategies that was implemented in May 2016 to support our staff was the Peer Support Network (PSN). The goal of the PSN is to provide proactive education for all Community Safety members regarding

critical incident stress and other stress-related issues. The PSN Team endeavors to minimize the harmful effects of stress during or following a crisis, emergency, or personal situation through reactive interventions when personnel request assistance.

Through individual peer-to-peer support and/or group defusing(s), the team provides Fire/Paramedic personnel with assistance in alleviating potential stress-related symptoms. The PSN's role is not to provide clinical services, psychotherapy or professional counseling, but to provide immediate crisis intervention, support, and referral information. Participation during any service provided by the team or its members is voluntary.

Currently there are 18 members within the PSN team. Members consist of paramedics, career and volunteer firefighters and managers from both Paramedic and Fire Services. In early June 2021 the PSN team participated in a three-day training session at the Lionel E. Lalonde Centre. The focus of the training included on-boarding of six new team members and to provide additional training and skills for the existing 12 members. Dr. Ethier, along with her colleagues from Breakwater Institute, delivered the training. Feedback from the PSN team after this session was very positive and PSN members indicated that they feel more prepared to assist all Community Safety members. Our PSN team will continue to participate in professional development sessions with a local clinical psychologist throughout the year.

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, providing 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 PSN team 24/7.

Paramedic Services recognizes the benefits of this app as it provides an additional pathway to communicate and support every Community Safety member, working towards the ultimate goal of a safe and supported work environment. This app also enhances our current practice for all Community Safety members to contact PSN members. On June 14, 2021 the app was launched for all Community Safety members.

Another initiative that was implemented in March 2021 was the Employee Wellness Committee for Paramedic Services. The purpose of the Employee Wellness Committee is to assess, plan and implement activities that will help our members to be more aware, motivated, and skilled around life decisions to increase their own and others' wellbeing. The Committee's role is to also build a workplace environment that is supportive of living a healthy lifestyle. This Committee provides staff with suggested ideas, reference materials and activities to help support employee health and wellness while cultivating an organizational culture of healthy living. "Progress, not perfection. The mind is a powerful thing. When you fill it with positive thoughts, the world starts to change. Everyday might not be good but there is something good in every day", by Faye Howard. This Committee consists of paramedics, support staff, managers and CGS Human Resources representatives. The Committee has established monthly themes throughout the year such as Nutrition, Mind Body and Nature, Self-Care, and Month of Giving. The Committee plans to post the reference materials that are provided to Paramedic staff onto the PeerConnect app to allow access for all Community Safety members to review.

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 (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 294 Naloxone kits and continue to support those in need.

Ambulance Service Review

The Ambulance Act states that no person shall operate an Ambulance Service unless the person holds a certificate issued by the certifying authority, the Ministry of Health Emergency Health Regulatory and Accountability Branch (MOHEHRAB). The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process prescribed by the Regulations.

The purpose of the Service Review is to ensure Ambulance Services are operated in a manner consistent with the Land Ambulance Certification Standards and in compliance with the legislation. Services are required to successfully complete the prescribed Ambulance Service Review certification process once every three (3) years in order to maintain their certification to operate the service. In completing the Ambulance Service Review Certification process, services are required to meet all of the legislative quality requirements in the following areas: Level of Service, Employee Qualifications, Staffing, Documentation, Training, Patient Care, Vehicles, Patient Care Equipment, Policy and Procedures and Operations.

Greater Sudbury Paramedic Services has been in operation since December 3, 2000 and our current certificate to operate expires on September 11, 2022.

On May 31, 2021, Paramedic Services received our 90-day notice from the MOHEHRAB, indicating that to accommodate this legislative requirement during the pandemic, the MOHEHRAB will be conducting off-site Preliminary (virtual) Reviews. Land and Air Operators who successfully complete their Preliminary Review will be issued a renewed certificate to operate.

Preliminary Reviews will be conducted through the submission of documentation to demonstrate the line items within the MOHEHRAB Team Checklist. Once the pandemic restrictions cease, arrangements will be made with our service for an on-site Ambulance Service Review to complete areas not covered at this time.

On August 27, 2021 our Service submitted the requested documentation to the MOHEHRAB prior to the deadline of August 31, 2021.

Pikangikum Community Support

Paramedic Services had the opportunity to help support guests from Pikangikum First Nation due to wildfires that threatened their community. The community declared a State of Emergency July 13, 2021, and the subsequent evacuation commenced July 14th with six flights that continued until the early hours of July 15th.

Paramedic Services were able to support approximately 500 Pikangikum Community members from the time that they landed at Greater Sudbury Airport July 14th and 15th, until they returned home August 8, 2021. Staff were on site to welcome our guests and offer medical aid as required.

Throughout their stay in our City we were able to meet their needs and fill gaps in service by offering the following:

- On site Medical Care / First Aid staffed 24/7 with a single Medic PRU (112 patients cared for and not transported to an Emergency Room (ER), aiding in ER department avoidance)
- Wellness checks and patient history gathering (to help in gathering patient information and map out needs)
- Medical Clinic staffing assistance
- Antigen testing for all prior to departing on three separate occasions

- Naloxone distribution to individuals and supporting groups
- One ambulance up staffed 24/7 from July 14th to August 8th to assist in coverage of the anticipated increase in call volumes (119 patients transported to Health Sciences North)

All assistance was made possible through collaboration with Emergency Management, Shkagamik-Kwe Health Center, Public Health Sudbury and District, Greater Sudbury Police Services, Ontario Health North, Health Sciences North, Red Cross, Emergency Management Ontario and many more.

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).

Requests for Service	Jan 1 – Aug 31, 2021	Jan 1 – Aug 31, 2020	Year over Year
EMS Calls for Service	20,796	18,310	Increase of 2,486 or 13.58%
EMS Unit Response	25,453	21,969	Increase of 3,484 or 15.86%
EMS Patients Transported	14,506	12,824	Increase of 1,682 or 13.12%

Table 1. Greater Sudbury Paramedic Services Statistics

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 demands.

Enhanced Emergency Services Vehicle Cleaning

During the COVID-19 pandemic, Paramedic Services has implemented additional cleaning and disinfection processes to control and prevent the spread of disease pathogens to employees, patients, and the community. To enhance our cleaning process we have purchased two disinfection systems and will be introducing an additional system within the next month.

One of the disinfection systems introduced in 2020 was the Nocospray. The Nocospray disinfection system is a patented dispersion technology that disinfects all hard surfaces. The combination of a portable propulsion machine (fogger) and the hydrogen peroxide-base disinfectant created to act synergistically with it, disinfects all hard surfaces in an enclosed area. Nocospray assists with our normal cleaning processes to clean those hard to reach spots consistently and completely. This system works by itself, automatically within the closed doors of an ambulance. Nocospray's efficacy and practicality has been demonstrated in Canadian hospitals. The Nocospray Disinfection System has been validated and approved by Health Canada. This system is utilized during monthly deep cleans on every Emergency Services vehicle as the total operational time for this system is approximately 80 minutes per application.

Another disinfection system introduced in 2020 was the Sani Sport system. The Sani Sport system is a dry cleaning system that 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 that has been shown to provide approximately 99% reduction in antimicrobial pathogens as reported by laboratory testing consisting of some 15 different infectious bacteria species. 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. All medical equipment, electronics, including items with leather or metal fasteners, can be placed into the Sani Sport system

Within the next month an additional disinfection system, the Clorox Electrostatic Sprayer, will be implemented into the daily cleaning program of ambulances and Paramedic Response Units (PRU) at the end of every shift when deployed. This additional program does not replace our normal ambulance or PRU cleaning processes, but further enhances it. The Clorox Electrostatic Sprayer works by charging liquid droplets as they pass through a sprayer nozzle. The resulting charged droplets actively seek out surfaces and become attached to them. Electrostatic sprayers are engineered to treat high-touch areas more quickly and efficiently with the convenience of touchless coverage. This additional disinfection system will assist the Emergency Vehicle Technicians (EVTs) by reducing the time on task to apply the cleaning solution and ensure the cleaning solution has been applied to all surfaces during the daily cleaning process. The total time to apply the cleaning solution and allow for dwelling is approximately five minutes.

The procedure of the Clorox Electrostatic Sprayer has been reviewed and approved by City Health & Safety together with our Joint Health & Safety Committee. This system will be used now and into the future as the "new norm" in ambulance and PRU daily cleaning process to maintain the highest possible level of infection prevention and control for staff, patients, and the community.

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 and quality assurance. Clinical events are monitored and evaluated to identify training and education opportunities for the paramedics.

Reported number of clinical events:

Cardiac	Jan 1 – Aug 31, 2021	Jan 1 – Aug 31, 2020	Year over Year
Number of calls with at least 1- 12 Lead Acquired	3,040	2,377	Increase of 963 or 40.50%
Total Cardiac related	957	788	Increase of 169 or 21.45%
Number of STEMI **	67	74	Decrease of 7 or 9.46%

**** A STEMI is a specific type of heart attack, which can be diagnosed by Paramedics in the pre-hospital setting.**

Neurological	Jan 1 – Aug 31, 2021	Jan 1 – Aug 31, 2020	Year over Year
Total Neuro-related	1,680	1,325	Increase of 355 or 26.80%
Number of Acute Stroke ** (FAST positive, timeline criteria met)	150	125	Increase of 25 or 20%
Average Age in Years	70	73	Decrease of 3 or 4.11%

*** An Acute Stroke Patient qualifies for specific time-sensitive treatments from the hospital to reduce and reverse damage caused by stroke.*

Sepsis	Jan 1 – Aug 31, 2021	Jan 1 – Aug 31, 2020	Year over Year
Number of Identified Sepsis cases **	101	104	Decrease of 3 or 2.90%
Average age in years	73	70	Increase of 3 or 4.30%

***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	Jan 1 – Aug 31, 2021	Jan 1 – Aug 31, 2020	Year over Year
Total Cardiac Arrest, Medical and Traumatic	264	268	Decrease of 4 or 1.50%
Total Treated Cardiac Arrest Medical and Traumatic	125	134	Decrease of 9 or 6.72%
Number of Medical Arrest with Return of Spontaneous Circulation at any time while in Paramedic Care.	28	38	Decrease of 10 or 25.32%

Training

Paramedic Training Officers (PTOs) continue to address training needs and deliver real-time training and support to staff where needed with a specific focus on infection, prevention, and control. The PTOs continue to review COVID-19 safe work practices with all staff as they assist in the maintenance of keeping these practices and procedures in line with the most current standards.

The Training Section completed the new hire orientation for 22 front line paramedics as well as two Equipment Vehicle Technicians. Over the past year a review of new hire paramedic on-boarding was conducted. It was identified that it would be beneficial to establish a mentorship program to assist the new hires into their roles. For this recent group of newly hired paramedics, the PTOs launched a mentorship program. Each hire were assigned to one of the two PTOs and over the next four months will routinely connect with their assigned PTO. This program will allow for a smooth integration of these individuals into Paramedic Services.

The PTO's have also been working with the Community Paramedic (CP) Program in collaboration with an outside agency to provide various levels of training available to the quickly expanding CP Program and its newest staff.

The PTOs are currently developing the fall training curriculum that will be delivered in-person to all

front line paramedics, commencing in October. The agenda will include relevant information such as Unconscious Bias in the Prehospital Setting, the Lucas CPR Machine, and Hydro Safety for First Responders. During this training session, medics will also complete their annual CPR recertification and be fit tested on the N95 masks.

Once again, this year's students from Boreal College, Cambrian College, and Canadian Career College CTS will be on placement with paramedics as part of their school program. The PTOs review student requirements while on placement along with safe work practices.

The PTOs have completed training all paramedics on the operation of the Nederman Exhaust System. This system captures and vents vehicle exhaust from the vehicle tail pipe and has been installed at five Emergency Service Stations.

Community Paramedicine Activities – COVID-19 Response and Health Promotion

Presented To: Emergency Services Committee

Meeting Date: October 20, 2021

Type: Correspondence for Information Only

Prepared by: Melissa Roney
Community Safety

Recommended by: General Manager of Community Safety

Report Summary

This report provides information regarding the essential roles Greater Sudbury Paramedics have filled in the City's response to the COVID-19 pandemic.

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

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

Greater Sudbury Paramedics Services Response to the COVID 19 Pandemic

Paramedics have been an essential resource amid the COVID-19 pandemic and this report has been prepared to highlight the essential roles Greater Sudbury Paramedics have filled in the City's response to the COVID-19 pandemic. Throughout this human health emergency, paramedics are providing COVID-19 testing, administering COVID-19 vaccines both in clinics and in homes, providing services within Community Paramedicine programs, in addition to core emergency service delivery. Community Paramedicine has been a crucial support for individuals during the pandemic, especially for isolated seniors, vulnerable citizens and those living in remote areas and congregate settings.

Community Paramedics Providing COVID 19 Vaccinations

Working collaboratively with Public Health Sudbury and Districts, Community Paramedics have been operating mobile vaccine to client (VTC) clinics delivering vaccine to those within the City of Greater Sudbury who are unable to make it to a mass immunization clinic. To date, our Paramedics have completed over 750 first and second dose appointments to eligible clients in their home and are on target to deliver over 1,000 home appointments by the end of 2021.

Mobile COVID-19 Testing – Collaboration with Health Sciences North

Paramedic Services continue to work under a facility agreement with Health Sciences North (HSN) COVID-19 Assessment Centre. HSN oversees both fixed and mobile COVID-19 testing services within CGS all operations are funded by Ontario Health North. Throughout the pandemic paramedics have been providing 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. Community Paramedics have assessed and tested over 7,408 residents in the community allowing equitable access to COVID-19 testing. Between January 1, 2021 and August 31, 2021, we have tested 3,582 citizens in their homes when referred over from the HSN COVID-19 Assessment Centre. In addition, we continue to collaborate with community partners, conducting surveillance and outbreak testing in settings of declared outbreaks and addressing specific needs of vulnerable populations within our community.

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 August 31, 2021, there were 254 active patients enrolled within the program and only 21 patients reported the need to utilize our 911 service for the treatment of their chronic health condition in this eight-month period. Care Transitions Community Paramedics referred a total of 156 patients to community health and social services: 91 patients to primary care, 5 to Home and Community Care Support Services North East (previously known as NE LHIN / CCAC) and 60 to "other" community services, thus improving the quality of life for these patients.

In an effort to reduce in person contacts during COVID-19, the CTCP program contacts patients over the phone if preferred and appropriate for the situation. Home visits continue as preferred by patients / caregivers and are either scheduled or same day calls for Just in Time (JIT) visits. 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	1,258/151
Working Days	236
Active Patients	254
911 Calls Related to CTCP	21

Reporting date range is from January 1, 2021 – August 31, 2021

Health Promotion Community Paramedicine (HPCP)

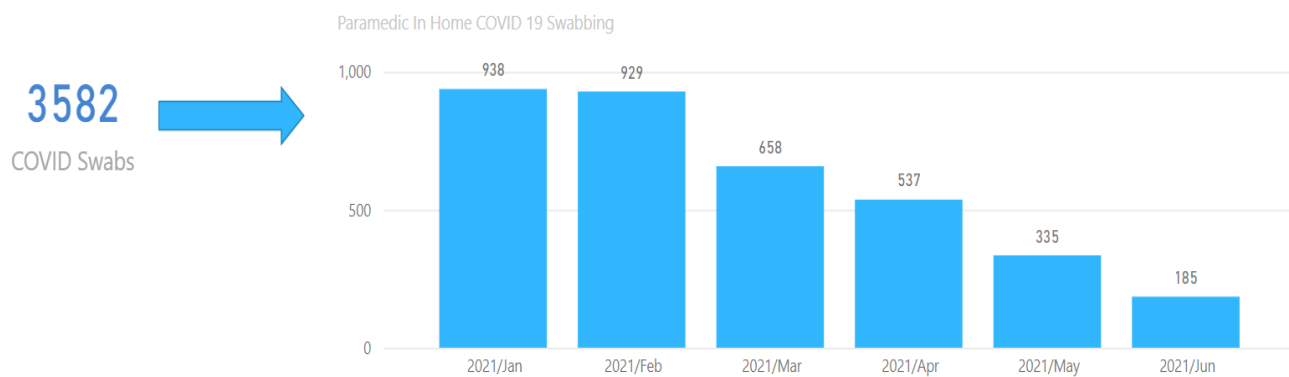
The objective of this program is to maintain and expand health promotion, education, and injury prevention. This program will also assist citizens in chronic disease recognition and prevention, injury awareness/prevention strategies, referrals, and health system navigation assistance. The primary goals 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

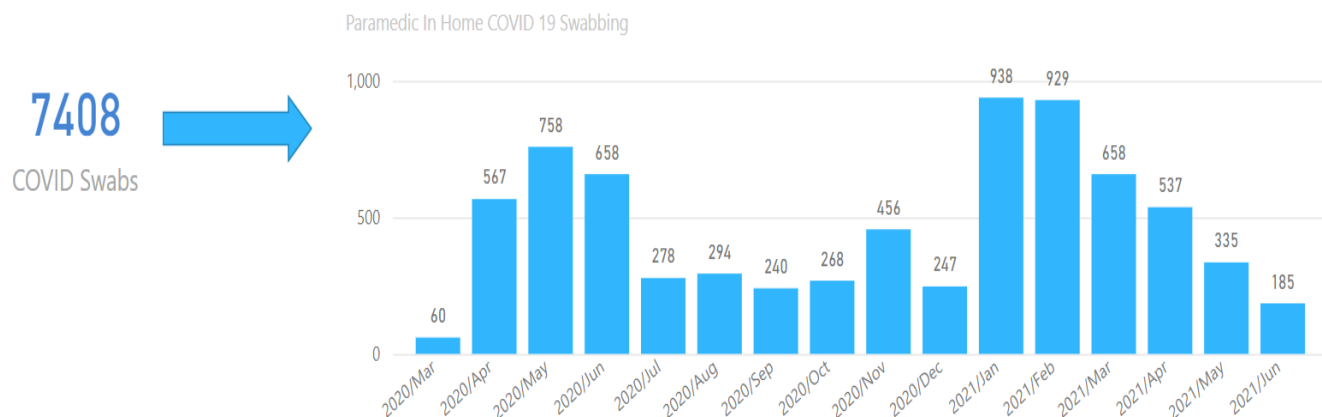
of COVID-19 mobile testing to ensure our patients are tested and may remain safely in their place of residence.

- 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.
- Community Paramedicine completes congregate setting outbreak testing aligned with Ontario Health North and under request from Public Health Sudbury and Districts.
- We have established a priority referral process to HPCP from Home and Community Care Support Services North East / 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 function as CP medical oversight physicians. They offer guidance / follow-up if required for those patients the Community Paramedic's test, assess, and who require further intervention(s).
- Sudbury and District Nurse Practitioner Clinic (SDNPC) with Dr. Alex Anawati and the Canadian Mental Health Association (CMHA) have collaborated with HPCP where HPCPs provide on demand COVID-19 testing every morning at the HSN Withdrawal Management Clinic at 336 Pine Street.

For the time period of January 1, 2021 to August 31, 2021 of the COVID-19 in home Point of Care (POC) testing program, a total of 3,582 Mobile COVID-19 tests have been performed by Community Paramedics.



Since the beginning of the Mobile Testing Service on March 15, 2020 through to August 31, 2021, Community Paramedics have completed 7,408 COVID-19 tests.



HPCP: Paramedic Referrals and Community Mobilization Sudbury - Rapid Mobilization Table Engagement

HPCPs have continued with our paramedic referral programs and Community Mobilization Sudbury-Rapid Mobilization Table (CMS-RMT) presentations and in person responses to support those found at acutely elevated risk of harm with coordinated immediate multiple agency wrap around care.

HPCP Paramedic referrals and RMT engagement between January 1, 2021 to August 31, 2021:

Paramedic Referrals (PR): Number of PRs reviewed, processed, and actioned by HPCPs	368
Rapid Mobilization Table (RMT): HPCP as RMT originating agency	30
Rapid Mobilization Table (RMT): HPCP as RMT presentation lead agency	14
Rapid Mobilization Table (RMT): HPCP as RMT presentation assisting agency	85

The Health Promotion Community Paramedic program has been requested as a supporting agency in a total of 85 other RMT presentations originating from other community agencies out of 101 overall totals of RMT presentations between January 1 to August 31, 2021, or 84.2% of all RMT presentations to date.

Each presentation to RMT is closed when the initial rapid multidisciplinary response has ended, and with each closure the lead agency provides a Conclusion Reason.

Conclusion Reason for all RMT discussions where Paramedic Services were engaged (as initiating and/or assisting agency) between January 1, 2021 to August 31, 2021:

Conclusion Grouping	Number of Discussions	%
Overall Risk Lowered	67	54%
Still at Acutely Elevated Risk (AER)	42	34%
Other	10	8%
Rejected	5	4%

Conclusion Reason for RMT Discussions where Paramedic Services were the Initiating or Referring Agency between January 1, 2021 to August 31, 2021:

Conclusion Reason	Number of Discussions		%
Overall risk lowered – connected to services	16	16	52
Still AER - informed about services; not yet connected	7	10	32
Still AER - refused services/uncooperative	2		
Still AER - systemic issue	1		
Other - unable to locate	2	3	10
Other - new information reveals AER did not exist to begin with	1		
Rejected - situation not deemed to be one of acutely elevated risk	1	2	6
Rejected - originator has not exhausted all options to address the issue	1		

Conclusion Reason for RMT Discussions where Paramedic Services were an Assisting Agency between January 1, 2021 to August 31, 2021:

Conclusion Reason	Number of Discussions		%
Overall risk lowered - connected to services	48	48	56.5
Still AER - informed about services; not yet connected	15	31	36.5
Still AER - refused services/uncooperative	11		
Still AER - systemic issue	5		
Other - unable to locate	6	6	7

HPCP Wellness Clinics in Vulnerable / Older Adult Subsidized Housing Buildings

Health Promotion Community Paramedics are planning a gradual return to offering CP clinics in partnership with McMaster University, CGS Housing, Ontario Health North and CGS Paramedic Services. HPCPs will continue to offer Health Clinics through virtual technology communication (when preferred) with Ontario Telemedicine Network (OTN) or phone consultations, and in-person clinics which resumed in early July 2021.

Between the dates of February 28, 2021 - Sept 02, 2021 the following virtual contacts were made:

Number of residents who attended in person clinics CP@Clinic	95
Number of residents called by CP to book a virtual CP@Clinic appointment	210
Number of residents who booked a virtual CP@ Clinic appointment	48
Number of TOTAL videoconference CP@Clinic appointments completed	13
Number of UNIQUE videoconference CP@Clinic appointments completed	7
Number of TOTAL telephone CP@Clinic appointments completed because residents did not have technology/internet/know how	96
Number of UNIQUE telephone CP@Clinic appointments completed because residents did not have technology/internet/know how	46
Number of missed phone appointments by participants	8
Number of missed video conference appointments by participants	2
Number of referrals to community agencies, support services, and primary care by CPs	16

Health Promotion CP@Home program

CP@Home is a program that targets frequent 911 callers with home visits by a HPCP to help discover and mitigate the root cause of the over dependence on the 911 system by reengaging individual with appropriate Health Care agencies and referrals to the correct community support services.

CP@Home ceased at the onset of COVID-19 and planning is under way to resume this community programming offered through the HPCP program in the late fall of 2021.

New Community Paramedicine Programs

Ontario Health North - Remote Clinical Monitoring Pilot

In January 2021, Greater Sudbury Paramedic Services was awarded \$142,000 from Ontario Health approved as dedicated short-term funding 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 was 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, a goal of this funding was also to reduce the risk of infection among health care workers. Greater Sudbury Paramedic Services collaborated with three other paramedic services and health care agencies in the northeast and designed a program delivered as a regional model. Our program is staffed with one dedicated Community Paramedic operating twelve hours per day, seven days per week. Paramedic Services commenced a five-month pilot program in December 2020, which since has been extended at the request of Ontario Health North. A sustainability plan has been created and a new submission for ongoing funding which could see us continue this service into 2022 has been submitted.

The CP remote monitoring service was accessible to all patients diagnosed with COVID-19 when it was clinically indicated. Patients could self-refer, or as the chart below outlines, other various agencies referred their patients to this clinical service from December 1, 2020 – August 31, 2021.

Public Health Sudbury and Districts	112
Patient Self-Referral	35
Paramedic Services (front line 911 staff or other Community Paramedic Programs)	32
Primary Care Practitioners	22
Health Sciences North COVID-19 Assessment Centre	16
Health Sciences North ED or Floors at point of Discharge	14
Community Health Clinics	1
Other Community Sources	20

The Remote Clinical Monitoring Program has provided clinical monitoring services and discharged a total of 238 patients since the commencement of the pilot program and currently has 13 active patients on service being monitored in their homes who are recovering from either COVID-19 or managing chronic health conditions. The strength of this program stems from a strong collaboration with various local health care partners and the regular or on demand paramedic contact to monitor a patients' wellbeing with phone consultations or daily visits.

Total Number of Patients who have utilized the CP Remote Patient Monitoring to date	251
Number of appropriate escalations to alternate levels of care as decided by Paramedics	207

Alternate Patient Destination – Mental Health and Addictions / Crisis Diversion Pilot

Paramedics responding to a 911 call may offer Mental Health and Addictions Diversion to suitable and consenting patients. This program offers a method for hospital emergency department aversion strategies and supports patient centered care; the right treatment to the right patient at the right time. These alternate destinations allow paramedics to transport patients to one of three community/hospital support services; HSN Crisis Intervention Services at 127 Cedar Street, initiation of HSN Mobile Crisis Intervention Services team to attend the residence, or HSN Withdrawal Management Services at 336 Pine St. This program has been available to patients since 2015 and has proven to be a safe and effective alternative to the emergency department in supporting those in need of mental health and/or addictions supports in the community.

Diversion January 1 to August 31, 2021:

Total number of times paramedics offered diversion as an alternative destination to the HSN ED	51
Total number of diversions COMPLETED as an alternative to HSN ED	27
Total number of diversions to Crisis Intervention Services	7
Total number of diversions to Mobile Crisis Intervention Services	6
Total number of diversions to Withdrawal Management Services	14

Naloxone Distribution / Harm Reduction

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 providing education and 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 294 Naloxone kits and continue to support those in need.

Community Paramedicine Long-Term Care Program Update

Presented To:	Emergency Services Committee
Meeting Date:	October 20, 2021
Type:	Correspondence for Information Only
Prepared by:	Melissa Roney Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides information regarding the first nine months of the launch of the Community Paramedicine for Long-Term Care Pilot.

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

This report refers to operational matters and has no direct connection with the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

The Long Term Care (LTC) sector is faced with increasing capacity pressures and these pre-existing pressures have only been exacerbated by COVID-19. Currently in Greater Sudbury there are more than 650 seniors on the LTC wait list living in the community. Approximately 10% have been designated “priority/crisis”, or no longer able to cope at home, even with maximum community supports and services in place. The City of Greater Sudbury’s Community Paramedicine for Long-Term Care (CP-LTC) program is fully funded by the Ministry of Long-Term Care (MLTC). Funding is based on LTC waitlist volumes. Greater Sudbury Paramedic Services will receive \$6.5 million over 3.25 years to deliver this program (\$500,000 per quarter, January 1, 2021 to March 30, 2024).

The initial quarter funding was intended primarily for program start-up costs including vehicles, technology, training, equipment, and supplies. Community Paramedics were hired and trained through April 2021 and first patient visits began May 17, 2021.

Target Population and Goals

Target population for this program include seniors who are on the LTC waitlist, or are soon to be eligible for LTC, including frail seniors, those with inadequate supports, and those at high risk for failing at home. The following are this program's goals:

- Address health system capacity challenges by reducing 911 calls and avoidable emergency department visits/hospital admissions
- Stabilize the LTC wait list (including prevention of priority or "crisis" designation)
- Increased integration with primary care and home and community care
- Patient/family/caregiver peace of mind

Program Model

The Community Paramedicine for Long Term Care Program targets seniors living in the community who are either on the Long-Term Care Home (LTCH) waitlist or are frail elderly at risk of failing in the community and becoming reliant on hospital admission or needing LTCH. The program utilizes trained Community Paramedics (CP) to provide 24/7 ongoing and/or episodic support to the geriatric population through a combination of planned and needs-based just-in-time (JIT) home visits. LTC CPs use approved interventions under medical oversight as well as clinical assessment and reasoning, and connections with other community health partners to mitigate 911/ED transfers and support patients at home whenever possible. This program is supported by geriatrician-led medical oversight, and partners closely with the North East Specialized Geriatric Services for ongoing training, education, and patient supports.

This program was initiated during the COVID-19 pandemic and is quite reliant on in-home visits given the patient population. Fortunately, the CPs ability to safely provide in-person care to this group has been minimally impacted. Phone and video consults are available and utilized upon request, however home visits tend to be the client preference, and are in keeping with best practice for frail elderly for whom communication barriers can be significant.

The CPLTC program goals include reducing 911/ED/ALC presentations, stabilizing the LTCH waitlist (which currently sits at 600+ for Greater Sudbury) by avoiding crisis states, delaying entry to LTCH through support at home, increased integration between Paramedic Services and Home and Community Care/primary care, and patient/caregiver peace of mind. CPLTC is unique among CP programs in that it operates 24/7. Ten full time paramedics (mix of ACP and PCP) support a model of four vehicles during the day (7am-7pm) and one vehicle overnight.

The CP-LTC program is an episodic care model that is accessible, responsive, proactive, with a patient centered response to changing patient conditions. This program connects patients to appropriate providers, monitors and/or treats to prevent emergency incidents and exacerbation of existing conditions.

Clinical Services in the CP-LTC Program

Our highly trained Community Paramedics provide in home patient assessment and clinical management of acute illness exacerbation. The CP-LTC program offers remote clinical monitoring, mobility/falls assessment and management, hospital to home transition, point of care diagnostic testing, patient teaching, chronic disease management, community support referrals, first dose medication and monitoring, and caregiver peace of mind.

Program Rollout – A Phased Approach and Key Milestones

First Quarter – January 1, 2021 to March 31, 2021

- Initial program planning and development
- Hiring for program leadership positions
- Equipment and supply procurement

Second Quarter 2021 and Beyond

Human Resources and Training

Target staffing – ten dedicated full time community paramedics, one administrative support, one clinical lead, and eight relief paramedics.

Paramedics were onboarded and trained throughout the second quarter of 2021 to balance staffing demands throughout the Paramedic Service. As of June 30th, 80% of LTC Community Paramedic staff were trained and seeing patients with a target of 100% staffing by September 2021.

All LTC Community Paramedics, plus relief staff are enrolled and supported in initial Community Paramedic education courses, in addition to the partnership with North East Specialized Geriatric Services (NESGS), who will ensure ongoing education and mentorship opportunities targeting care of the elderly.

Medical Oversight and Directives

In the second quarter of 2021 we onboarded a Medical Director for CP-LTC, Dr. Joanne Clarke, geriatrician with Health Sciences North - North East Specialized Geriatric Centre (NESGC). Dr. Clarke and her team at NESGC provide 24/7 on call support from the NESGC physician team. Pathways and medical directives have been developed to support Paramedics in delivering prompt and appropriate care for the most common challenges in this patient population.

Equipment

Our program looks to maximize in home diagnostic capability for homebound patients with equipment that allows point of care testing (blood, urine), portable ultrasound technology (bladder scanning), remote patient monitoring (vital signs, weight, glucose), and assisted virtual care (i.e. virtual medical consults).

Additionally, our program supports a mobile and responsive model of care with technology. This technology keeps the CP-LTC team connected to each other, our patients, and our community partners with mobile communications, and an electronic medical record platform.

Patient Referrals and Community/Health Care Partnerships

Our program launched on May 9th, 2021 with an intentional and directed rollout in line with a staggered start staff onboarding which ensured capacity to meet program goals.

Our initial referral partners include Home and Community Care, NESGC, and Paramedic Services (911 calls).

For the purposes of this report, and as this is the first time CPLTC has reported to this Committee, the following patient statistics will include only the four months the program has been actively seeing patients May 17, 2021 to September 17, 2021. It is relevant to note that during these first months, due to staffing constraints and challenges associated with new program roll out, CPLTC was operating at less than 50% of its capacity. As of September 15, CPLTC has ramped up to 100% staffing, expanding patient capacity accordingly. At the time of this report, CPLTC has 193 active patients, a number which increases by approximately 25 patients weekly. In the first four months CPLTC had 657 patient contacts 55% were home visits, the remainder were phone contacts. Of those 358 home visits, 83 were just-in-time visits initiated by the patient/family or a health care partner (HCC, NESGC, etc.) and would previously have gone to 911. Of those 83 JIT visits, 87% were able to remain home because of the interventions and follow up care provided by CP, resulting in 72 911/ED visits avoided.

Total patient contacts/home visits/JIT	657 / 358 / 83
Total patient referrals	242
Active patients at time of report	193
911/ED visits avoided	72
Referrals to other agencies (HCCSS, NESGC, primary care, etc.)	86

Reporting date range is from May 17, 2021 – Sept 17, 2021

Conclusion/Next Steps

This report provides an overview of the key milestones in the CP-LTC pilot development and implementation. Next steps for this program include developing stronger partnerships with Health Sciences North, Primary Care, and community health support services. Our focus will also be on widening our program visibility with local health care services and agencies in the Sudbury area.

Community Safety Department Mental Health Programs Update

Presented To:	Emergency Services Committee
Meeting Date:	October 20, 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 mental health and wellness strategies that have been implemented within Community Safety.

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

This report refers to the mental health and wellness strategies to support all Community Safety Members, having a direct connection with our values - “Actions speak louder than words. We do what is right, always”. There is no relationship to the CEEP.

Financial Implications

There are no financial implications associated with this report.

Background

This report provides information to the Emergency Services Committee on the mental health and wellness strategies that have been implemented within the Community Safety (CS) Department. These strategies are to support all members in developing resiliency against Occupational Stress Injuries (OSI) and to promote wellness in the workplace. Mental health and wellness strategies have many benefits – an engaged, resilient, and productive workforce, a workplace free of stigma and a positive workplace culture.

Community Safety has implemented a number of strategies to assist our front line staff in developing their personal resiliency against OSI to support their mental health and wellness and to create a positive workplace culture. These strategies include wellness policies, mental health education, physical fitness, rapid access to mental health treatment services, the implementation of a Peer Support Network, Paramedic/Fire PeerConnect app and the Employee Wellness Committee.

Over the past two years WSIB costs related to psychological claims by CS staff has accumulated in excess of over \$1 million. CS continues to explore programs to provide preventative mental health and wellness programs to reduce the impact of OSI, reduce WSIB costs, and create a positive working environment.

Peer Support Network

One of the strategies that was implemented in May 2016 to support our staff was the Peer Support Network (PSN). The goal of the Peer Support Network (PSN) is to provide proactive education for all Community Safety members regarding critical incident stress and other stress-related issues. The PSN Team endeavors to minimize the harmful effects of stress during or following a crisis, emergency, or personal situation through reactive interventions when personnel request assistance.

Through individual peer-to-peer support and/or group defusing(s), the team provides paramedic/fire personnel with assistance in alleviating potential stress-related symptoms. The PSN's role is not to provide clinical services, psychotherapy, or professional counseling, but to provide immediate crisis intervention, support and referral information. Participation during any service provided by the team or its members is voluntary.

Currently there are 18 members within the PSN team. Members consist of paramedics, career and volunteer firefighters and managers from both Paramedic and Fire Services. In early June 2021, the PSN team conducted a three day training session at Lionel E. Lalonde Centre. The focus of the training included on-boarding of six new team members and to provide additional training and skills for the existing 12 members. Dr. Ethier, along with her colleagues from Breakwater Institute, delivered the training. Feedback from the PSN team after this session was very positive and PSN members indicated that they feel more prepared to assist all Community Safety members. Our PSN team will continue to participate in professional development sessions with a local clinical psychologist throughout the year. These sessions are instrumental to provide on-going development of our PSN team.

Since being established in May 2016, the PSN team has been contacted a total of 945 times to provide support to CS members. The PSN team plays an integral role in supporting all CS members and all staff. Everyone is routinely reminded to reach out to any member of PSN if they require additional support.

Paramedic/Fire PeerConnect App:

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, providing 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 24/7 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. The MOH covered the initial startup cost and registering of all paramedic staff into the app until March 31, 2022. Fire personnel were not included in the one-time funding model, but the General Manager of Community Safety instructed the Deputy Chiefs of Paramedic and Fire Services to provide all CS members have access to the PeerConnect app.

Arrangements were made and all CS members have access to the app.

After March 31, 2022, the app will be evaluated and if the decision is to continue with the app the registration fee for all CS members will be inquired by the CS Department.

With the implementation of this PeerConnect app our goal is to provide communication and support for every Community Safety member, working towards the ultimate goal of a safe and supported work environment. PeerConnect is designed to increase access to mental health services and to provide the resources needed to take care of our members. The app ensures member privacy, security of information, and organization controlled permissions.

Prior to the launch date on June 14, 2021, the General Manager of Community Safety introduced the Sudbury Paramedic/Fire PeerConnect app to all Community Safety Members, providing an overview of the app and the benefits to support their health and wellness.

Employee Wellness Committee

In March 2021, the Employee Wellness Committee for Paramedic Services was established. The purpose of the Employee Wellness Committee is to assess, plan and implement activities that will help our members to be more aware, motivated, and skilled around life decisions to increase their own and others' wellbeing. The committee's role is also to build a workplace environment that is supportive of living a healthy lifestyle. This committee provides staff with suggested ideas, reference materials and activities to help support employee health and wellness. The goal of this Committee is to cultivate an organizational culture of healthy living. "Progress, not perfection. The mind is a powerful thing. When you fill it with positive thoughts, the world starts to change. Everyday might not be good but there is something good in every day" by Faye Howard.

This Committee consists of paramedics, support staff, managers and CGS Human Resources representatives. The Committee has established monthly themes throughout the year such as Nutrition, Mind Body and Nature, Self-Care, and Month of Giving. The Committee plans to post the reference materials that are provided to paramedic staff onto the PeerConnect app to allow access for all Community Safety members to review.

Mental Health Program Benefits

Having mental health and wellness programs within an organization provides benefits to both the employee and the employer. Some of these benefits include improved employee health behaviors, reduced elevated health risks, reduced health care costs, improved productivity, and decreased absenteeism. As well, the programs help to improve employee recruitment and retention and build and help sustain high employee morale. Measuring the benefits of wellness programs are challenging for an organization, as there are many financial and operational variables that are impacted for every OSI.

Within CS it has been identified that there has been an increase of Psychological Health Care Claims, but a reduction in Psychological Lost Time Claims since 2015. An increase in Psychological Health Care Claims indicates that the employees are seeking assistance, while at the same time being able to remain working in their current role. A Psychological Lost Time Claim is created when a worker suffers a work-related injury/disease, which results in being off work past the day of accident, loss of wages/earnings, or a permanent disability/impairment. In addition, there has been an increase in the number of CS members that have returned to work after a Psychological Lost Time Claim (Table 1 and 2). Having an increase in Psychological Health Care Claims, a reduction in Psychological Lost Time Claims and an increase in the number of CS members returning to work after a Lost Time Claim indicates that the mental health wellness programs and other initiatives that have been implemented to assist CS members are being effective in supporting our staff to return to work. These programs also have a long-term financial benefit for the employer by helping to reducing WSIB costs.

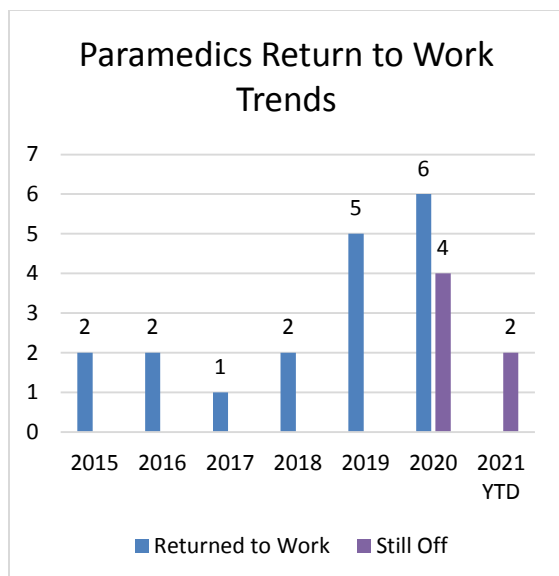


Table 1: Paramedic Return to Work Trends

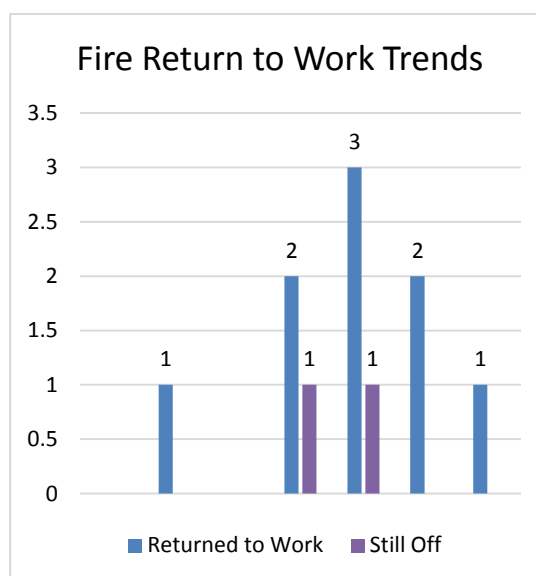


Table 2: Fire Return to Work Trends

Financial Information

Over the past two years WSIB costs related to psychological claims by CS staff has accumulated in excess of over \$1 million. One of the long-term goals of establishing mental health and wellness programs is to reduce WSIB costs. The PSN, PeerConnect app, and Employee Wellness Committee have annual operating costs.

The annual cost to maintain the PSN team is approximately \$25,000. This cost includes the wages of the PSN members to attend monthly training sessions and a local clinical psychologist to deliver the training. In addition, when on-boarding of new members is required, the approximate cost is \$10,000 for the initial training plus \$600 per member for the Personality Assessment.

Since 2016 when the PSN was established there has been two on-boarding sessions. The next on-boarding session for new PSN members is projected to take place in 2024.

The Annual cost for the Paramedic/Fire PeerConnect app is approximately \$20,000. This cost covers the \$3.00/month app license for every CS member.

The annual cost for the Employee Wellness Committee is approximately \$6,000. This cost covers Committee members' wages to attend training and to develop the information that are provided to CS members.

Conclusion

A mental health and wellness strategy has been developed for all CS members. Some of these strategies include a Peer Support Network (PSN) team, Paramedic/Fire PeerConnect app and the Employee Wellness Committee. The goal of these strategies is for all CS members to develop resiliency strategies against occupational stress injuries, promote wellness in the workplace, reduce WSIB costs, and create a positive working environment. Over the past 5 years there has been an increase in the number of CS members that have returned to work after being off from an occupational stress injury indicating that the strategies that have been put in place to support CS members is being effective.