



Emergency Services Committee Agenda

Wednesday, August 10, 2022

Tom Davies Square

Councillor Lapierre, Chair

9:00 a.m. Open Session Council Chamber / Electronic Participation

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Fire Services Update – August 2022

Presented To:	Emergency Services Committee
Meeting Date:	August 10, 2022
Type:	Correspondence for Information Only
Prepared by:	Jesse Oshell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides an update regarding the recent business activities and relevant statistics 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.

Key Performance Indicators

Major Fire Loss Incidents (Over \$100,000) May 1, 2022 – June 30, 2022		
Date	Location	Estimated Loss
Sunday, May 22, 2022	Latimer Crescent, Sudbury	\$ 200,000
Monday, May 30, 2022	Highway 17 East, Sudbury	\$ 251,000
Sunday, June 19, 2022	Melvin Avenue, Sudbury	\$ 110,000

Data Source: Fire House

Incident Type	Jan 1 – June 30, 2022	Jan 1 – June 30, 2021	Change
Fires	199	193	3%
Fire Alarms	551	451	22%
Vehicle Collisions	276	215	28%
Open Air Burning Response	146	214	-31%
Medical Assistance	708	718	-1%
Other Incidents (assisting other agencies, no incident found on arrival, etc.)	534	523	2%
Total	2,414	2,314	4%
TOTAL Estimated Loss for Fires	\$ 7,076,435	\$ 14,080,458	-50%

Data Source: Fire House

Fleet

As part of the Fire Apparatus Standardization and Replacement Program, three new fire engines approved in the 2021 Budget were delivered in 2022. They are now in service and have been allocated to Station 1 – Van Horne, Station 3 – New Sudbury and Station 4 – Long Lake. The existing fire engines from these stations will be relocated within the Fire Service, replacing apparatus which are due to be decommissioned. A new tender has been sent out for the purchase of an additional fire engine, approved in the 2022 Budget, with an expected delivery date to be in 2023.

A new electronic clothing ordering system developed by our approved supplier, KLE Canada, is now active where career and volunteer staff can order online and deal directly with the supplier. This process will enhance the efficiency of ordering, timeframe for delivery, and reduce delays in the overall process.

The Fleet and Mechanical Section continues to work on the following testing processes which form part of Fire Services annual requirements for 2022:

- NFPA ground ladder testing, completed as of June 30.
- Annual NFPA SCBA flow testing, underway across all stations.
- Hose tower hoist tests, completed as of June 30.
- Annual Ministry of Transportation Inspections for light and heavy fleet vehicles, ongoing.

Fire Prevention

Fire Prevention is actively completing mandatory complaint, request, and vulnerable occupancy inspections. All 54 vulnerable occupancy inspections are scheduled to be completed by the end of the third quarter of 2022.

Two members from Fire Prevention attended the Ontario Municipal Fire Prevention Officers Symposium in London this past month and participated in presentations and training pertaining to: Fire Cause and Origin, Inspection Orders and Fire Marshal Reviews, New Fire Alarm System technology, Social Media, Diversity and Updated Standards including Integrated Systems Testing of Fire Protection Life Safety Systems. All Fire Prevention staff in attendance received training from Program Specialists with the Office of the Fire Marshal. The material learned will be shared with all Fire Prevention staff to provide opportunity for additional program development.

Public Education

As the Covid-19 restrictions are further reduced, the Public Safety Officers are beginning to see an increase in requests for fire safety presentations and fire service attendance at local events. Fire Services attended the Rayside-Balfour Heritage Days in June where auto extrication demonstrations were well attended by the public. This gave the audience a chance to see how an auto extrication is performed and ask questions pertaining to fire services and fire safety in general.

In-person fire station tours have resumed, which allow the public to book a date and time with the Public Safety Officer and attend a fire station. During the tour, visitors get to interact with firefighters and see the various tools and equipment used by Fire Services. They also receive fire safety information pertaining to smoke and carbon monoxide alarms, hazards in the home, and home escape planning.

Starting in September and continuing in the 2022/2023 school year, an emphasis will be placed on returning to in-class fire safety presentations in schools. Public Safety Officers will meet with all school board representatives to review our school fire safety program and request approval to make a commitment for all schools to take part in the program since fire safety education to school aged children was reduced over the last two years due to the pandemic.

Training

With the Ontario rollout of the Firefighter 1001-I & II certification for all suppression staff in the province of Ontario, the Training Section is working to develop a training package which will meet the needs of this upcoming legislation.

The focus from the start was to draft a training model of both self-directed and skills development. A course outline was developed to brief the firefighter of expectations prior to and during course delivery. This included self-directed learning prior to attending, with knowledge evaluations at the beginning of each course day and then skills development training for the remainder.

The purpose of the revamped course delivery is to align with the new legislation content. This will enable the participants to gain both the required knowledge and skills to challenge the upcoming certification.

To ensure appropriate student to trainer ratios, the training is limited to 24 participants at a time. This is to allow ample time to demonstrate proficiency in the required skills outlined in the Firefighter 1001-I certification standard. With that said, the Training Section has provided three Firefighter-I courses for this year and scheduled to do five additional courses in 2023. The multiple courses allow the participants flexibility to fit into their busy schedules and provide the required seats for the number of participants.

A challenge for the Training Section is to provide the required resources for the additional courses and the flexibility that is required to meet the needs of the participants. The Section currently maintains three full-time Training Officers, which also oversee/instruct industry specific disciplines on top of the Firefighter I & II core competencies. Balancing the current training demands with the pressures that the Firefighter I courses apply is a concern being discussed for potential future staffing considerations.

Along with the human resource demand element, there are equipment resource needs. These include specialty training props that would streamline the required learning and support the Provincial certification.

Greater Sudbury Fire Services - 2022 Volunteer Firefighter Recruitment Update

Presented To:	Emergency Services Committee
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Meeting Date:	August 10, 2022
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Type:	Correspondence for Information Only
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Prepared by:	Nathan Melin Community Safety
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Recommended by:	General Manager of Community Safety
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Report Summary

This report provides an overview of the Greater Sudbury Fire Services' 2022 Volunteer Firefighter recruitment.

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 provides an overview of the Greater Sudbury Fire Services (GSFS) 2022 Volunteer Firefighter recruitment. The report will identify new initiatives that were implemented, changes from the 2021 recruitment that occurred to improve the process, and an update on the status of the 2022 Volunteer Firefighter recruitment.

Volunteer Firefighter Recruitment Committee

The Volunteer Firefighter Recruitment Committee, which is comprised of current Volunteer Firefighters and Fire Administration, met on two different occasions related to the 2022 process. The first meeting on October 25, 2021 was held to review the 2021 Volunteer Recruitment and identify and recognize ideas and suggestions brought forward by staff and Volunteer Firefighters to improve the recruitment. The Recruitment Committee met again on February 03, 2022 to hear suggestions, review implemented changes to the process, and revise timelines. A follow up meeting with the Committee will take place prior to the end of 2022 to consider any further suggestions or alterations to the 2023 Recruitment.

Advertising Strategies

- Posters: Over 800 posters were provided to the Volunteer Firefighters to distribute throughout the community.
- Business Cards: Business Cards were developed and delivered to all Stations to be distributed to the public at events and after responses throughout 2022 to ensure public awareness of the ongoing recruitment.
- Banners: Seventeen 12'x4' banners were affixed to the exterior of fire stations to advertise the recruitment. Additional bilingual banners were also purchased.
- Digital Boards: Electronic digital boards were used to promote the recruitment at the following locations:
 - Bell Park
 - City of Greater Sudbury Libraries
 - Walden Arena
 - Corner of Lasalle and Notre Dame
- Radio Ads: Volunteer Firefighter recruitment ads were aired on Q 92.7 Rock and KISS 105.3 at various times throughout the day for the duration of the recruitment campaign.
- Social Media Campaign: Facebook, Twitter, and Instagram were used to promote the recruitment through social media.
- Public Service Announcement: A public service announcement featuring Chief Nicholls promoting the recruitment was once again used to advertise the 2022 Recruitment on the City website and social media.

Orientation Night at the Lionel E. Lalonde Center

All recruits are invited to attend an orientation session the evening prior to their first day of mandatory training in which two presentations will be provided to the recruits. The first presentation provides an overview of the Fire Service, what is entailed in being a Volunteer Firefighter and the rules and regulations pertaining to the Fire Service and the City of Greater Sudbury. The second presentation provides applicants with a glimpse into some of the situations they may experience as a first responder. The presentation also informs them of the mental health programs available to support them, specifically the Peer Support Team and the Employee Assistance Program.

Physical Testing

- The physical testing was held on May 10, 2022 at the Fire Services training grounds located at the Lionel E. Lalonde Center.
- Six active Volunteer Firefighters participated and aided with the physical testing stages and provided information and guidance to recruits with inquiries about being a firefighter.
- Blood Pressure (160/100) and Heart Rate (110 ppm) in accordance with the National Fire Protection Association (NFPA) requirements were taken by paramedics prior to and following the physical testing to ensure cardiac health was being monitored.
- A video identifying current Volunteer Firefighters completing each component of the physical testing is available on the City's website and allows for new recruits to be prepared for the physical testing component.

Interviews

- An active Volunteer Captain took part in the interview process, and while not scoring the individual being interviewed, provided valuable feedback and opinions on the applicant and their experience.
- Interviews occurred in person at the Lionel E. Lalonde Center from May 23 to 25, 2022.

Mandatory Training

- There are 24 successful applicants who are invited to attend the mandatory recruit training in September.
- Ontario Reg. 343/22 Firefighter Certification comes into effect on July 01, 2022, which requires all new recruits to achieve National Fire Protection Association (NFPA) 1001 Firefighter Level 1 and Firefighter Level 2 as a minimum qualification.
- To meet the mandatory certification requirements, the recruit training program requires 230 hours of online and practical training to be completed within the first two years of employment as a Volunteer Firefighter.
- Class size will be reduced to a 6:1 ratio (Volunteer Firefighter : Trainer) which is a safe and acceptable ratio while allowing multiple opportunities for recruits to attempt each training component and provides training officers an accurate evaluation of candidates.

Summary

The 2022 Volunteer Firefighter recruitment selection process focused on stations with the greatest need for personnel. Prior to the application submittal closing date, Fire Administration contacted all recruits from the 2021 recruitment who did not attend the physical testing stage to inquire if they were interested in applying for the 2022 recruitment. The following table provides a summary of the final recruitment statistics.

Summary 2022 Volunteer Firefighter Recruitment		
Total applications (low enrollment stations)	64	
Dropped out of application process	22	
Invited to physical assessment testing	42	
Dropped out of physical assessment process	14	
Attended physical assessment testing	28	
Withdrew after testing process	2	
Interviewed	26	
Disqualified due to interview process	2	
Hiring	24	
	Hiring	Applied
Copper Cliff	2	3
Lively	2	8
Whitefish	0	1
Beaver Lake	1	1
Dowling	4	5
Levack	4	10
Val Caron	2	6
Hanmer	7	21
Capreol	1	3
Falconbridge	0	2
Skead	0	0
Coniston	0	6
Wahnapiatae	1	6

Emergency Management Update – August 2022

Presented To:	Emergency Services Committee
Meeting Date:	August 10, 2022
Type:	Correspondence for Information Only
Prepared by:	Shannon Dowling Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides an update regarding the recent business activities within the Emergency Management Section of the 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

The Emergency Management Section provides leadership, guidance, and public education 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.

New Hazardous Materials Notification – Sudbury Alerts

Emergency Management continues to engage community partners to encourage participation in the public notification of localized emergencies through the Everbridge, or Sudbury Alerts system, specific to the potential for hazardous material release.

Effective July 1, 2022, Glencore Sudbury Integrated Nickel Operations, has been added to the system to include potential tailings dam emergencies at their Levack and Falconbridge operations.

Launched in 2017, Sudbury Alerts is the City's mass notification service used to notify residents of any imminent threat to public safety. To sign up for alerts or to update your existing profile, please visit www.greatersudbury.ca/sudburyalerts.

This community initiative is a partnership between the City of Greater Sudbury, Glencore, Vale, Greater Sudbury Police Services, Greater Sudbury Utilities, and Public Health Sudbury & Districts.

Stronger Together - Host Community Planning and Framework

The Stronger Together model is specifically designed to assist First Nations and municipalities work collaboratively on community economic development initiatives and focuses on the processes and structures needed to support joint First Nations municipal planning and decision making.

Representatives from 17 Indigenous service agencies, urban Indigenous partners, and community organizations, and various City departments continue to work together to develop and establish a new host community plan for 2022 using the Stronger Together framework.

Using the Stronger Together model that included feedback from the May planning session, an operations plan was developed and shared with the Stronger Together partners with the full plan anticipated to be finalized in the coming weeks.

With much of the Province at low to moderate risk throughout much of July and at the time of the publishing of this report, the City of Greater Sudbury had not received an official ask from the Province to host communities affected by wildfires in Ontario. The status of the current wildfire situation is updated regularly and available at <https://www.ontario.ca/page/forest-fires>.

The potential to host communities evacuated due to flooding or wildfires remains a complex endeavor, even more so during the pandemic, that further challenges our community's emergency, health, and social resources. However, this is essential work and demonstrates our collective support for Indigenous communities. The City's decision to act as a host community will always consider the current conditions and circumstances that exist at the time to best inform our decision.

Community Emergency Exercises

Emergency Management conducts regular testing of operating procedures as outlined in the Community Emergency Response Plan (ERP). Plans and operating procedures are also tested by community and industry partners on an annual basis, as part of compliance to the various oversight agencies.

The following outlines the emergency exercises conducted in June 2022:

CGS Quarterly (Q2) Hazardous Materials Notification Test – June 29 (rescheduled from June 8)

Hazardous materials notification protocols were tested among internal partners.

Paramedic Services Update – August 2022

Presented To:	Emergency Services Committee
Meeting Date:	August 10, 2022
Type:	Correspondence for Information Only
Prepared by:	Paul Kadwell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides an update 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)

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 provides the Emergency Services Committee with an update on activities, relevant statistics, and recent performance measures within the Paramedic Services Division of the Community Safety Department.

Paramedic Services is responsible for the delivery of a performance-based 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

Paramedic Services staffing levels have seen an impact with approximately one percent of front-line paramedics off from March 1 to May 31, due to being COVID-19 positive, being a close contact, or experiencing emergency childcare issues. Despite staffing impacts, deployment of staff for emergency response to service our community has been maintained.

Paramedic Services continues to offer the Provincial Antigen Screening Program (PASP) for our staff. The PASP is a voluntary long-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. Results of the antigen tests are provided within fifteen minutes following test completion.

On June 8, 2022, Dr. Kieran Moore announced the expiration of the Communicable Disease Class Order under the *Health Protection and Promotion Act* that requires masks or face coverings in select indoor settings. Effective June 11, 2022.

The wearing of a mask or face covering is no longer required by the Chief Medical Officer of Health. In certain instances, guidance was issued or other mechanisms are in place (e.g. Long-Term Care Homes and Retirement Homes). Paramedic Services will continue to follow current practices laid out in Paramedic Standards regarding use of Personal Protective Equipment (PPE) and conducting point-of-care risk assessments to determine the need for masking. Paramedics will continue to follow our current practices regarding masking and patient care. This will ensure both paramedic and patient health and safety in the pre-hospital and hospital settings.

Community Covid Supports

Paramedic Services continues to support the citizens of Greater Sudbury by providing Covid-19 *Polymerase chain reaction (PCR) testing* to those that are unable to attend the Health Sciences North Assessment Center (AC). Additional surveillance testing is provided to Long Term Care Homes and other Congregate living settings in which an outbreak has been declared by Public Health. Between January 1, 2022 and May 31, 2022 Paramedic Services provided 3752 PCR tests and facilitated their delivery to local labs.

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. 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 491 Naloxone kits and continue to support those in need.

A total of 73 Naloxone kits have been distributed from January 1, 2022 to May 31, 2022.

Paramedic Recognition

The work as a paramedic is never routine, but there are times that a particular event during the shift can make it very rewarding. Paramedic Services has implemented two recognition programs, Cardiac Save and Newborn Delivery, to recognize our paramedics efforts that will have a positive lasting impact on them and the lives of others.

Cardiac Arrest “Save” Pin

People suffering from cardiac arrest are unresponsive and not breathing. Without immediate action, death can occur within minutes. When paramedics treat and transport a pre-hospital cardiac arrest patient, they are rarely advised of the patient outcome because of the Personal Health Information Protection Act (PHIPA). PHIPA governs the way personal health information may be disclosed within the health sector.

Occasionally, Paramedic Services are contacted by a cardiac arrest survivor to advise the paramedics of their outcome. CGS Paramedic Services recognizes the positive impact on paramedics when they are

advised that a pre-hospital cardiac arrest patient made a full recovery. For this reason, a formalized recognition program has been implemented within CGS Paramedic Services to recognize CGS paramedics for a pre-hospital cardiac arrest save.

The Greater Sudbury Paramedic Service, in collaboration with Health Sciences North Cardiac and Pulmonary Rehabilitation, have established a process for pre-hospital cardiac arrest survivors to share their experience when attended to by CGS paramedics. The intent is to encourage cardiac arrest survivors to share their experience of being attended to by CGS Paramedics. Paramedics who are recognized for their life-saving work will be awarded with a “Save” lapel pin and the knowledge of knowing that their actions have impacted the lives of others.

Newborn Delivery “Stork” Pin

This recognition program has been developed to recognize paramedics that have actively participated in a newborn delivery. The paramedics must be the individuals delivering the baby to be eligible to receive a “Newborn Delivery Stork Pin”. If a midwife or family member has delivered the newborn, this would not constitute for a paramedic to receive a Newborn Delivery “Stork” Pin.

On March 17, 2022 Paramedics Katelyn Cecile, Vincent Roy, Jacob Toner, Zachary Van Dellen, and Paramedic student Austin Daust-Woodrow, delivered a newborn. All four paramedics and the student were recognized for assisting the delivery of the newborn and were presented with a Stork Pin.

Paramedic Services Performance Measures Defined

Paramedic Calls for Service

A measure of calls received by Paramedic Services by the Central Ambulance Communications Centre (CACC) to respond to emergencies.

Paramedic Unit Responses

The total number of vehicles dispatched by the CACC 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

The total number of patients transported on both an emergency and non-emergency basis (Table 1).

Requests for Service	Jan 1 – May 31, 2022	Jan 1 – May 31, 2021	Year over Year
EMS Calls for Service	13,187	12,094	+ 1,093 Increase of 9%
EMS Unit Response	15,661	14,577	+ 1,084 Increase of 7.4%
EMS Patients Transported	9,304	8,647	+ 657 Increase of 7.6%

Table 1 - Greater Sudbury Paramedic Services Statistics

Logistics

The Logistics Department continues to work diligently, processing and disinfecting Ambulance and PRU's (Primary Response Units) to get them clean and ready for deployment. Our main focus is always on public safety, as well as employee safety. We have policies and procedures in place, as well as equipment inspections to address any safety concerns. If any issues are identified, they are dealt with immediately. We regularly consult with our CGS health and safety partners to look for ways to better equip the group with the required tools and knowledge to make their jobs better and safer.

We are constantly looking at ways to be more efficient in our day-to-day operations and we always look to improve and streamline our processes. We have strict preventative maintenance schedules in place that are carried out by our Equipment Vehicle Technicians in house, as well as other CGS partners such as the Lorne Street Depot who maintains and repairs our fleet of Ambulances, PRU's and admin vehicles. The preventative maintenance program ensures that front-line paramedics have safe and reliable equipment enabling them to keep the main focus on patient care.

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. 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 paramedics.

Reported number of clinical events:

Cardiac	Jan 1 - May 31, 2022	Jan 1 – May 31, 2021	Year over Year
Number of calls with at least 1-12 Lead Acquired	1959	1822	+137 Increase of 7.5%
Total Cardiac related	557	596	-39 Decrease of 6.5%
Number of STEMI**	35	44	-9 Decrease of 20.5%

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

Neurological	Jan 1 - May 31, 2022	Jan 1 – May 31, 2021	Year over Year
Total Neuro-related	1070	1028	+42 Increase of 4.1%
Number of Acute Stroke ** (FAST positive, timeline criteria met)	89	97	-8 Decrease of 8.2%

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

Sepsis	Jan 1 - May 31, 2022	Jan 1 – May 31, 2021	Year over Year
Number of Identified Sepsis cases **	73	66	+7 Increase of 10.6%

***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 - May 31, 2022	Jan 1 – May 31, 2021	Year over Year
Total Cardiac Arrest, Medical and Traumatic	201	162	+39 Increase of 24.1%
Total Treated Cardiac Arrest Medical and Traumatic	88	75	+13 Increase of 17.3%
Number of Medical Arrest with Return of Spontaneous Circulation at any time while in Paramedic Care	19	14	+5 Increase of 35.7%

Training

Paramedic Training Officers (PTOs) have completed orientation for 15 new primary care paramedics. These new paramedics are now able to practice their skills and provide care to our community. PTOs will continue with the mentorship program to ensure a smooth transition into their new role. PTOs are currently in the process of completing fit testing for all paramedics and Emergency Vehicle Technicians (EVTs) for N95 masks and reviewing all personal safety procedures.

The Training Section has recently been trained as instructors for the Road to Mental Health Readiness (R2MR) program that was initially developed by the Department of National Defense to build awareness of mental health illness and operational stress injuries. This program will be delivered to all paramedics, EVT's, and management during fall and spring education sessions.

During the summer months, the PTOs will be developing educational topics for delivery during the fall education session. Topics will include health and safety, updates on the palliative care program, and the delivery of death notification.

Community Paramedicine Activities – COVID-19 Response and Health Promotion Update – August 2022

Presented To:	Emergency Services Committee
Meeting Date:	August 10, 2022
Type:	Correspondence for Information Only
Prepared by:	Julie Ward Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides information regarding the Community Paramedicine programs delivered by Greater Sudbury Paramedic Services.

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 Paramedic Services Roles in COVID-19 Response in the Community

Paramedic Services have been essential amid the COVID-19 pandemic. COVID-19 response has included providing COVID-19 testing, administering COVID-19 vaccines both in clinics and in homes, transporting individuals to testing centers, providing services within Community Paramedicine programs, in addition to their regular emergency service responsibilities. Community Paramedicine has been a crucial support for individuals during the pandemic, especially for isolated seniors, vulnerable citizens and those living in remote areas. Throughout the pandemic Community Paramedics have maintained essential face to face contact with individuals while many other care providers shuttered services and conducted assessments virtually. There is no replacement for face-to-face interaction, especially while feeling the effects of social isolation. As this COVID-19 Pandemic hopefully comes to an end, Community Paramedics are dedicated to continuing care, increasing patient enrolments in our Community Paramedicine programs as well as introducing more care services aimed at keeping Sudbury residents out of hospital and in their homes.

Mobile COVID-19 Testing – Collaboration with Health Sciences North

Paramedic Services continue to provide support in 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, Paramedics have assessed and tested over 13,970 (since inception) symptomatic residents or residents who require COVID-19 testing for medical treatment in the community, allowing equitable access across the entire City. 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. Requests for testing continue for pre-medical procedure and for individuals that may require therapeutic interventions such as immunocompromised or unvaccinated individuals.

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. This home visit program is staffed with one Community Paramedic from 7:00 a.m. to 7:00 p.m., seven days per week.

The program's goal is to decrease emergency department visits and readmissions for identified high-risk patients with chronic disease (CHF, COPD, and Diabetes).

Currently there are 172 active patients enrolled within the program and 7 911 calls for service that are related to COPD, CHF or Diabetes during the period of April 1 to June 30, 2022. During that same period of time, second quarter of 2022, Care Transitions Community Paramedics referred a total of 216 times to community health and social services, thus improving the quality of life for these patients.

Community Paramedics offer face to face contact by completing home visits and same day calls for Just in Time (JIT) visits. We maintained face to face visits throughout the pandemic. These JIT visits are for those situations of chronic illness exacerbation to allow Community Paramedics to intervene prior to activation of 911 or an emergency department visit.

Care Transitions	Q1 2022	Q2 2022
Visits Completed / JIT	338 / 44	342 / 46
Working Days	90	86
Active Patients	186	172
911 Calls Related to CTCP	24	7

911 calls with Code 3 or 4 return related to chronic conditions- new collection method

Health Promotion Community Paramedicine (HPCP)

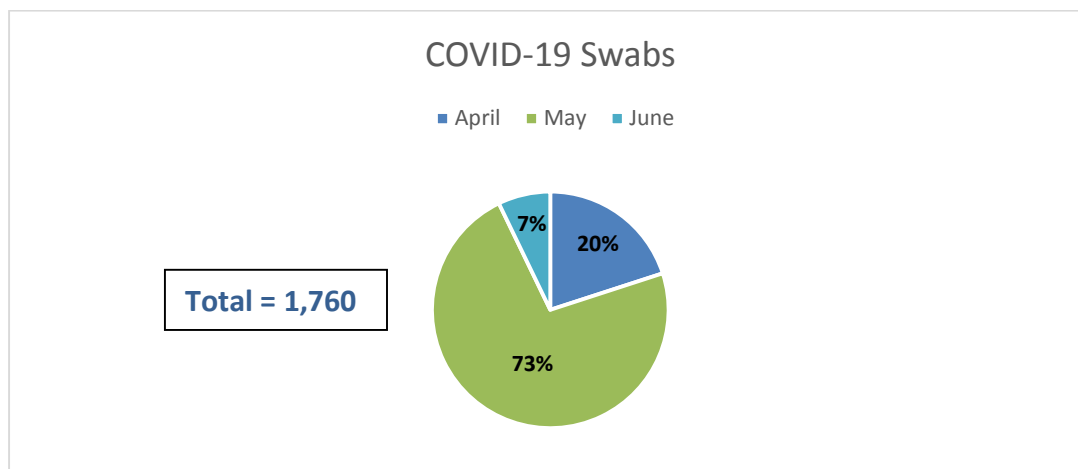
The objective of this program is to maintain and expand health promotion, education, and injury prevention. This program will also assist citizens in chronic disease recognition and prevention, injury awareness / prevention strategies, referrals, and health system navigation assistance. The primary goals 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 Community Paramedic program 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. In 2022 we have seen a shift from symptomatic COVID-19 testing to testing required before surgeries, in patient procedures, and day surgery.

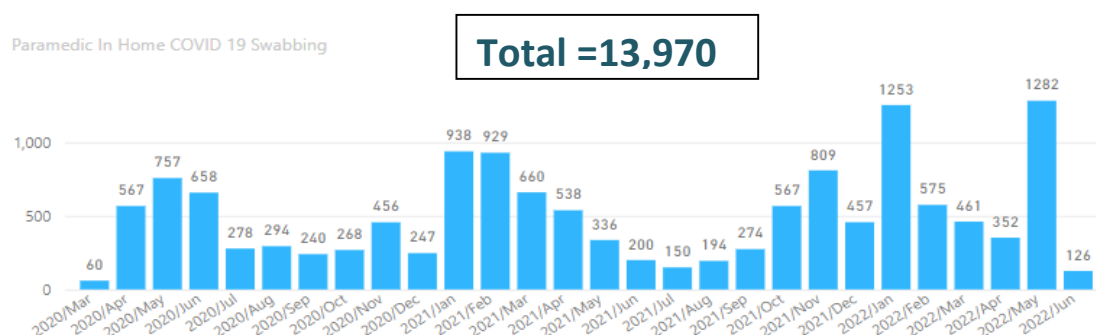
- HSN COVID-19 Assessment Centre is screening phone calls from citizens to evaluate if COVID-19 testing should be conducted. In addition, they schedule in clinic appointments or refer to Paramedic Services for in home testing.

- A group of Primary Care Physicians function as Community Paramedic medical oversight. They offer guidance / follow-up if required for those patients the Community Paramedic's test and assess and require further intervention(s).

From April 1 to June 30, 2022, a total of 1,760 in-home COVID-19 tests have been performed by paramedics.



Since paramedics began performing in home COVID-19 tests on March 15, 2020, paramedics have completed 13,970 tests.



Totals current to June 30, 2022

Health Promotions: Paramedic Referrals and Rapid Mobilization Table Engagement

Health Promotion Community Paramedic's (HPCP) 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 agencies wrap around care.

Paramedic Referrals (PR) and CMS-RMT Presentations	Q1 2022	Q2 2022
Paramedic Referrals (PR): Number of PRs reviewed, processed and actioned by HPCPs	185	278
Rapid Mobilization Table (RMT): HPCP as RMT originating agency	9	5
Rapid Mobilization Table (RMT): HPCP as RMT presentation lead agency	5	5
Rapid Mobilization Table (RMT): HPCP as RMT presentation assisting agency	38	17

In 2022, the Health Promotion Community Paramedic program has been requested 55 times as a supporting agency from other collaborating agencies at the Rapid Mobilization Table. Out of 77 overall RMT presentations, HPCP assisted in 71% of all presentations to date (55/77). It can be said that in 2022, we are seeing the impact the Community Paramedic and other programs are having in the community as we are seeing a decrease in RMT cases and escalations.

Health Promotions - Wellness Clinics in Vulnerable / Older Adult Subsidized Housing Buildings

Our Health Promotion program has re-commenced Community Paramedic led clinics in partnership with McMaster University, CGS Housing, Ontario Health North and CGS Paramedic Services. In July 2021, the Our Health Promotion Program resumed offering CP lead Clinics through virtual technology communication (when preferred) with Ontario Telemedicine Network (OTN) or phone consultations; and in-person clinics. Clinic operations ramped down in 2021 due to COVID-19 restrictions and efforts to protect the most vulnerable populations, however, we can conclude from the data in the following table that wellness clinics have resumed and are in full operations in 2022.

HPCP Wellness Clinics		Q1 2022	Q2 2022
Number of patients who attended one-to-one CP@Clinic education sessions	CP@Clinic + Virtual CP@Clinic (OTN or Phone)	320	189
Number of referrals originating from clinics not from 911 calls (for our CP@Clinic program run out of common rooms)	Referrals (for services through LHIN, Primary Care, Community Support Services, or other health social or community services providers)	117	77
Number of patients ≥ 75 years	Patients who attended a CP Clinic education session	115	100
Number of patients with 3 or more ambulatory care sensitive chronic health issues	Chronic conditions (COPD, asthma, epilepsy, diabetes, heart failure & pulmonary edema, hypertension, angina)	119	83

High Intensity Supports at Home Community Paramedicine Program (HISH)

The HISH program is a collaboration between Home and Community Care Support Services (HCCSS) and Community Paramedics, funded by Ontario Health. The program was up and running January 17, 2022, with two Advanced Care Community Paramedics working 7 days a week, 7:00 am to 7:00 pm. This partnership began at the end of 2020 for 6 months and has been sustained with renewed funding for the 2022-2023 fiscal year. The patient population targeted for the HISH program are; alternate level of care (ALC) patients

in acute care hospital with a discharge destination of LTC, patients residing in the community who are awaiting placement in LTC with complex care needs often requiring daily visits, and those who are generally frail with multiple comorbidities and requiring more than visit-based care. The HISH Community Paramedics work closely with care coordinators from HCCSS accepting patients who are on the crisis list for LTC as well as accept patients with a goal of hospital avoidance. CP program medical oversight physicians are available for assistance if required for treatment orders and patient management.

Patients enrolled	56
Visits Completed/time spent	409 / 18222 min of work
Just in time (JIT) visits	10
*911 calls/physician consultations	11

January-June 30, 2022

911 calls with Code 3, 4 return-New collection method

****NEW** Neighborhood Model of Care for Older Adults living in Subsidized Housing Buildings**

This quarter Community Paramedics from the Health Promotion program have expanded their scope and taken on a caseload which includes CPLTC patients living in CGS subsidized housing buildings. This Neighborhood Model of Care has many benefits for these at-risk patients as well as for the CP program capacity and sustainability. Health Promotion CPs are already familiar with many of these buildings through their CP@clinic work and know the communities, challenges and supports available to these patients. By grouping patients in a Neighborhood Model, CPs can see patients more often and spend less time on the road and more time with patients. A Neighborhood Model of Care also ensures the patient and CP become familiar with each other, leading to better continuity of care and improved ability to track and act on health changes. It also fosters a familiarity with the neighborhood itself leading to closer partnerships between care partners and better outcomes for patients.

This project is still new but is currently carrying a caseload of approximately 62 seniors across about half of the City of Greater Sudbury's fifty plus subsidized housing buildings. Quantitative data on this new addition to Community Paramedicine programming will be provided in future reports. Wellness clinics are currently occurring at 1052 Belfry, 1960 Paris, 1920 Paris, 720 Bruce, 12 Elgin, 36 and 38 Coulson, and 27 Hanna.

****NEW** Diabetic Retinopathy Screening Pilot**

Sudbury Paramedic Services has partnered with Vision Loss Rehabilitation Canada for the Diabetic Retinopathy Tele-Retinal Screening Program. The program is coordinated by Vision Loss Rehabilitation Canada with the goal of providing screenings for diabetic retinopathy closer to home and integrated in our own community. The program consists of three components: screenings, education on eye health and coordination of care.

There are approximately 3.7 million Canadians with diabetes and diabetic retinopathy is seen in 20% of newly diagnosed diabetics. The overall risk of blindness is 25 times higher for someone with diabetes.

All people with type 1 or type 2 diabetes are at risk, whether their diabetes is controlled by diet, tablets, or insulin. Risk of diabetic retinopathy is increased by the length of time the person has had diabetes, poor control of blood sugar and high blood pressure. Once a definitive diagnosis of diabetes has been made, patients should be screened for diabetic retinopathy annually for life.

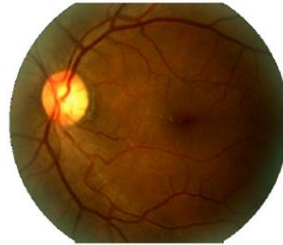
Health Promotion Paramedics will conduct eye screenings while attending various wellness clinics in Community Housing. Digital photographs are taken of both retinas using a portable hand-held camera. The images are uploaded into an automated diabetic retinopathy screening software, approved by Health Canada. The screening results are presented to you immediately and the Community Paramedic will discuss next steps. If needed, a referral is made to Vision Loss Rehabilitation Canada, who will coordinate required

follow-up with the patient's physician and/or the appropriate eye care professional.

Example of moderate Non-Proliferative Diabetic Retinopathy (NPDR) with macular edema:



Moderate NPDR [2] with macular edema



Macula Centered

Community Paramedicine for Long Term Care Program (CPLTC)

The Community Paramedicine for Long Term Care (CPLTC) 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 Long Term Care (LTC). 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 Health Sciences North – Northeast Specialized Geriatric Services (NESGC) for ongoing training, education and patient supports.

The CPLTC program goals include reducing 911/Emergency Department/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 Support Services (HCCSS) / 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 Advanced Care Paramedics and Primary Care Paramedics) support a model of four Community Paramedics deployed during the day (7:00 a.m.–7:00 p.m.) and one Community Paramedic overnight (7:00 p.m.–7:00 a.m.).

CPLTC is 100% funded by the Ministry of Long-Term Care with a grant of \$500,000 per quarter from January 1, 2021, until March 31, 2024. The initial quarter funding was intended primarily for program start-up costs including vehicles, technology, training, equipment and supplies. CPs were hired and trained through April 2021 and first patient visits began May 17, 2021.

This program was initiated during the COVID-19 pandemic and is quite reliant on in-home visits given the patient population. Fortunately, the CP's 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.

For the purposes of this report, the following patient statistics will include the second quarter of 2022 from April 1, 2022, to June 30, 2022. As of June 30, 2022, CPLTC had 654 active patients, a number which increases by approximately 30-45 patients bi-weekly. During this second quarter reporting period (91days),

CPLTC had 1,222 patient contacts - 75% home visits, the remainder phone contacts. Of those 920 home visits, 189 were just-in-time visits initiated by the patient/family or a health care partner (HCC, HSN-NESGC, etc.) and would previously have gone to 911. Of those 189 JIT visits, 87% were able to remain home because of the interventions and follow up care provided by the Community Paramedic. When combined with phone interventions that would otherwise have gone to 911/ED, more than 184 911/Emergency Department visits were avoided this reporting period.

Total patient contacts/home visits/JIT	1,222 / 920 / 189
New patient referrals	261
Active patients at time of report	654
911/ED visits avoided	184 = 2 per day
Referrals to other agencies (HCCSS, NESGC, primary care, etc.)	342

Ontario Health North Remote Clinical Monitoring Pilot

Greater Sudbury Paramedic Services operated a remote monitoring program that provided COVID-19 patients with remote clinical care and monitoring in the community. The objective of the pilot 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, this program was also intended to reduce the risk of infection among health care workers. Paramedic Services commenced a five-month pilot program in December 2020, which has been extended through the 2021-2022 fiscal year. This program was staffed with one Community Paramedic 12 hours per day

We continue to work closely with HSN and our other clinical partners in preventing hospital admissions and supporting patients clinically in their homes post discharge with COVID-19 if enrolled in a Community Paramedic Program.

Strengths of the RPM program are the collaborative nature of our partnerships with local medical physicians who act as medical oversight, the comfort that comes with regular or on demand Paramedic contact to monitor a patients' wellbeing with phone consultations / daily visits, and reduced exposures to communicable disease for both patients and the community.

Total number of patients who have utilized the CP RPM to date	475
Number of appropriate escalations to alternate levels of care as decided by paramedics	262

Ontario Health is currently accepting proposals or continued remote monitoring funding for the 2022-2023 fiscal year and work is underway in completing a joint proposal with Health Sciences North.

Community Safety Department Mental Health Programs Update

Presented To: Emergency Services Committee

Meeting Date: August 10, 2022

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 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 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 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, Facility Dog program and the Employee Wellness Committee. These programs 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 work environment free of stigma and a positive workplace culture.

Over the past two years, WSIB costs related to psychological claims by Community Safety staff is more than \$2 million. Community Safety 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 PSN is to provide proactive education for all Community Safety members regarding critical incident stress and other stress-related issues. The PSN Team works 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)/debriefing(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 both voluntary and confidential.

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 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 has continued to participate in professional development sessions with a local clinical psychologist throughout 2022. These sessions are instrumental to provide on-going development of our PSN team.

Since being established in May 2016, the PSN team has made a total of 1,418 contacts to provide support to Community Safety members. The PSN team plays an integral role in supporting all Community Safety members and all staff. Everyone is routinely reminded to reach out to any member of the PSN if they require additional support.

In May 2022, the PSN was activated and supported City staff as a result of a workplace incident. The PSN was able to assist in providing support for the employees which included staff, managers, as well as people tasked with investigating the incident. This incident involved 11 PSN members who provided on-scene support to those affected, multiple peer sessions, drop-ins to the workplace and several one-on-one sessions with colleagues and managers of the deceased. Over 50 contacts were made during this time frame. During the group sessions and workplace drop-ins, our Community Safety Facility Dog, Neely, who is a registered National Service Dog (NSD), was utilized to provide Canine Assisted Intervention for both these sessions. The PSN was also requested by the Ontario Fire Marshall (OFM) to assist in supporting a Volunteer Fire Department outside of the City of Greater Sudbury who were also impacted by our tragic workplace incident.

In June, the PSN was involved with Community Safety support after the death of a career firefighter. This support ranged from phone calls, drops-ins and one-on-ones with staff. This incident involved 10 PSN members providing support at stations across the City. There were over 60 contacts made during this time frame. NSD Neely was also utilized to provide Canine Assisted Intervention at the stations. This is an ongoing event and PSN will continue to provide support as needed.

Paramedic/Fire PeerConnect App:

In March 2021, 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. The program was a one-year pilot project, providing first responders across the Province with access to the First Response Mental Health's (FRMH) PeerConnect app. The PeerConnect app is a proactive peer support and wellness on-line tool.

The PeerConnect app supports 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.

After March 31, 2022, the PeerConnect app pilot was evaluated for application usage and proactive support, (Table 1). Community Safety determined that the PeerConnect app provided a benefit to all Community Safety members and we will continue to utilize this app as a proactive peer support and wellness online tool for the remainder of 2022 and into 2023.

With the continued utilization of the PeerConnect app, our goal is to provide on-going 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.

PeerConnect App Support Summary 2021-2022

PeerConnect App Support Programs	Q2 (2021)	Q3 (2021)	Q4 (2021)	Q1 (2022)	Total
Number of Completed Connections	0	57	28	54	139
Number of Recommendations	0	2	4	1	7
Number of Follow Ups	0	15	7	5	27
Number of Check-ins	0	40	17	46	103

Table 1

Facility Dog - Canine Assisted Intervention

In October 2021, a Facility Dog was introduced to the Community Safety Department. The role of the Community Safety Facility Dog is to provide Canine Assisted Intervention to members of the Community Safety Department in a proactive and reactive role. Neely is from National Service Dogs (NSD) and is accredited by Assistance Dogs International.

Neely has assisted in numerous defusing(s)/debriefing(s) and attends Community Safety buildings to provide support and proactive visits with staff. Staff report feeling “less stress, better sleep, increased energy and better sense of wellbeing” after time spent with Neely.

Neely had an acclimation period where she needed to become more familiar with her handler and varying stations across the City in order to perform at an optimal level. Since ending her acclimation period, NSD Neely has provided support in at least 5 Community Safety defusing(s)/debriefing(s). Prior to her acclimation period ending, Neely provided support to approximately 10 people daily using skills taught at NSD training.

Neely was an integral part of the PSN support provided during the May and June incidents within the City. NSD Neely will be utilized on an ongoing basis to provide support in proactive and reactive roles.

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. This summer the Committee has organized a Wellness Softball Team. This is a great way for paramedics to bond and spend time together during the summer.

The Committee also posts 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 Community Safety 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 Community Safety members that have returned to work after a Psychological Lost Time Claim (Table 2 and 3). Having an increase in Psychological Health Care Claims, a reduction in Psychological Lost Time Claims and an increase in the number of Community Safety 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 Community Safety members are 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.

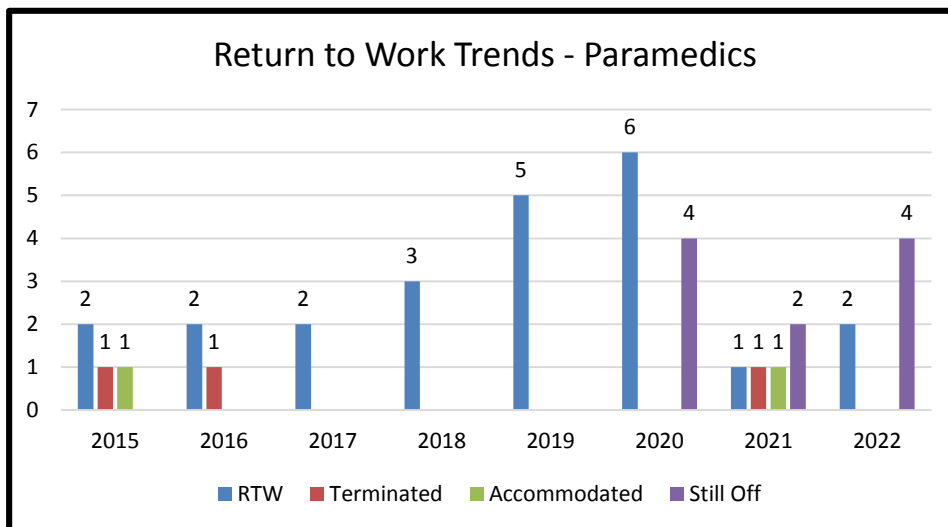


Table 2: Paramedic Return to Work Trends

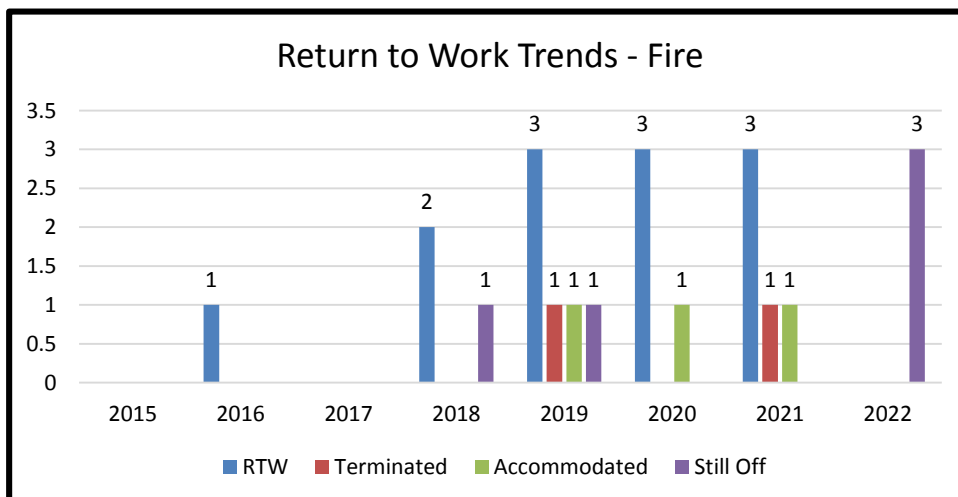


Table 3: Fire Return to Work Trends

Financial Implications

Over the past two years WSIB costs related to psychological claims by Community Safety staff has exceeded over \$2 million. One of the long-term goals of establishing mental health and wellness programs is to reduce the personal impact on our employees while reducing WSIB costs. The PSN, PeerConnect app, Facility Dog program 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 \$22,000. This cost covers the \$3.00/month app license for every Community Safety member.

The Annual cost for Community Safety Facility Dog, is approximately \$3,000. This covers the cost of items such as medical health insurance, preventative wellness plan and food.

The annual cost for the Employee Wellness Committee is approximately \$5,000. This cost covers Committee members' wages to attend training and to develop the information that are provided to Community Safety members.

Conclusion

A mental health and wellness strategy has been developed for all Community Safety members. Some of these strategies include a Peer Support Network (PSN) team, Paramedic/Fire PeerConnect app, Facility Dog program and the Employee Wellness Committee. The goal of these strategies is for all Community Safety 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 five years there has been an increase in the number of Community Safety 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 staff members is effective.

Public Access Defibrillation Program Expansion at City Owned Leisure Sites

Presented To:	Emergency Services Committee
Meeting Date:	August 10, 2022
Type:	Correspondence for Information Only
Prepared by:	Melissa Roney Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides an update on the expansion of the City of Greater Sudbury Paramedic Services maintained Public Access Defibrillation (PAD) Program in City owned leisure sites.

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

Costs associated with this initiative will be absorbed through the operating budget.

Background

Cardiac arrest substantially contributes to avoidable death and disability. Using cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) within minutes of cardiac arrest can dramatically improve survival rates.

PAD programs and policies work to ensure that AEDs are immediately available for use by lay bystanders when and where they are needed. The City of Greater Sudbury currently operates 114 public access defibrillators across various public sites including workplaces, arenas, baseball fields, schools, and libraries. In 2021, CGS Paramedic Services responded to 190 medical cardiac arrest emergencies. The more defibrillators and targeted responders we have in the City of Greater Sudbury, the less likely people will die from a sudden cardiac arrest.

Our goal is to put a defibrillator in every public and private building, at every facility and event, increase the number of targeted responders that are trained to use them, and raise public awareness so residents recognize the signs of cardiac arrest and know what to do.

PAD Program Expansion

AED Loaner Program

The City of Greater Sudbury's Automated External Defibrillator Loaner Program is a joint initiative between Paramedic and Leisure Services and can provide a defibrillator up to 72 hours for events. Loaner programs allow qualifying individuals to borrow an AED for events such as sports tournaments, festivals, or any large gathering. To be eligible for this program, applicants must:

- Ensure there will be an adequately trained person(s) on site during the event
- Show a copy of a valid first aid / CPR card and a valid photo ID (such as a driver's licence) when picking up the equipment
- Submit an online application two weeks before the event

The CGS AED Loaner Program allows for quick and easy access to AEDs throughout the city without any costs to the user.

PAD Program Expansion

The City of Greater Sudbury Leisure Services has identified a total of 125 baseball, soccer & cricket fields within the City of Greater Sudbury. A small number of these locations have AEDs located on site and are typically located within a field house or other building on site. These buildings are only accessible when unlocked by City staff. No access to the AEDs is allowed after hours. In an effort to increase accessibility, current AEDs which are located within a City building (Arena/Leisure building) and are on the same site as a baseball, soccer, or cricket field, are to be relocated outside to allow 24/7 access to the public in both areas. These sites all require an outdoor wall mount AED cabinet that provides heating, lighting, ventilation and monitoring which will also ensure protection of the unit from weather and preventable damage.

Sites to have their AEDs relocated include:

Terry Fox Sports Complex	James Jerome Sports Complex	Carmichael Arena
Confederation Arena	Centennial Arena	Garson Arena
Queen's Athletic Field	Dowling Leisure Center	Levack Arena
Lionel E Lalonde Centre		

Relocating AEDs from the 10 sites, currently only accessible during the day, to outside locations will allow AED accessibility for 27 venues. These venues include outdoor rinks, baseball fields, soccer fields, football fields and skateboarding parks that are in close proximity to the original 10 sites.

Conclusion

Providing access to public CPR training programs and increasing public AED accessibility are two ways Paramedic Services are making efforts towards making the City of Greater Sudbury a cardiac safe city. The City of Greater Sudbury Paramedic and Leisure Services are working together to optimize the location of current AEDs within the PAD program as well as adding AEDs to new leisure sites.

The AED Loaner Program aims to provide citizens with easy access to City owned AEDs for up to 72 hours for eligible citizens or groups such as sports associations, or organizers of large gatherings. This access will place life-saving equipment within reach when or if needed at events within the City. Providing high quality CPR and using an AED from a public access defibrillator can improve the chance of surviving a cardiac arrest.