

Ambulance Service Review  
Final Report

# Manitoulin-Sudbury District Services Board

Manitoulin-Sudbury EMS/SMU

Ministry of Health and Long-Term Care  
Emergency Health Services Branch





**Ministry of Health and  
Long-Term Care**

Emergency Health  
Services Branch  
590 Rossland Rd. E.  
Whitby ON L1N 9G5  
Tel.: 905-665-8086  
Fax: 905-665-4044

**Ministère de la Santé et des  
Soins de longue durée**

Direction des services de  
santé d'urgence  
590 rue Rossland E.  
Whitby ON L1N 9G5  
Tél.: 905-665-8086  
Télééc.: 905-665-4044



November 14, 2013

Mr. Michael MacIsaac  
Chief of EMS  
Manitoulin-Sudbury District Services Board  
210 Mead Boulevard  
Espanola ON P5E 1R9

Dear Mr. MacIsaac:

Enclosed is the Ambulance Service Review Final Report that is the result of the follow up visit conducted at your ambulance service on October 30, 2013.

You are aware that it is necessary that your service meet the requirements of the Ambulance Service Review Certification process.

The Review found that overall, Manitoulin-Sudbury EMS/SMU, meets the certification criteria and the legislated requirements. Accordingly, Manitoulin-Sudbury EMS/SMU will be issued a renewed Certificate to operate an ambulance service.

Sincerely,

A handwritten signature in blue ink, appearing to read "M Bay".

Michael Bay  
Manager  
Inspection, Certification and Regulatory Compliance

Cc: Mr. Fern Dominelli, CAO, Manitoulin-Sudbury District Services Board  
Mr. Michael LeGros, Senior Manager, Corporate Planning & Regulatory Compliance, EHSB  
Mr. Jack Cruickshank, Senior Field Manager, North Field Office, EHSB



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## Introduction

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The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. 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 *Land Ambulance Service Certification Standards*, (LASCS) stipulates; as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* (version 2.0) dated January 2007, and where applicable, the *Advanced Life Support Patient Care Standards* published by the Ministry as those documents may be amended from time to time.

The LASCS also stipulates that all reasonable measures are taken to ensure that each emergency medical attendant and paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service in accordance with the *Basic Life Support* and *Advance Life Support Patient Care Standards*.

This Service has been in operation since January 1, 2004. The certificate for the Manitoulin-Sudbury EMS/SMU expires on November 10, 2013. As required, and in order to renew their certificate, Manitoulin-Sudbury EMS/SMU participated in an Ambulance Service Review by the Ambulance Service Review Team on June 18 – 19, 2013. The purpose of the Ambulance Service Review is to ensure Manitoulin-Sudbury EMS/SMU operates in a manner consistent with the *Land Ambulance Service Certification Standards* and in compliance with the legislation.

The Manitoulin-Sudbury EMS/SMU operates from twelve stations, excluding headquarters and provides primary paramedic patient care. The Service responded to approximately 14,250 calls in 2012. The Service has twenty-three ambulances and four emergency response vehicles. The Service provides ambulance service to the residents of the Espanola, Noelville, Hagar, Killarney, Gogama, Foleyet, Chapleau, Little Current, Mindemoya, Gore Bay, Massey, and Wikwemikong.

Headquarters is located at 347 Second Avenue, Espanola. Manitoulin-Sudbury EMS/SMU is dispatched by Sudbury, Sault Ste. Marie and Timmins CACCs and has a Base Hospital relationship with the North Eastern Ontario Prehospital Care Program.

In general, the site Review found that Manitoulin-Sudbury EMS/SMU has substantively **met** the requirements of the *Land Ambulance Service Certification Standards*. This draft report is the result of the Review Team findings and contains legislated mandatory findings to assist the Service Provider to ensure the provision of high quality delivery of service to the community.

The Service is to be commended for making staff available to the Review Team to respond to any findings or areas of non-compliance. The Review Team would like to thank Manitoulin-Sudbury EMS/SMU staff for their assistance throughout the Review.

In view of accommodating the requirements for the administration of an ambulance service, it was recommended that a renewed certificate be issued to Manitoulin-Sudbury EMS/SMU for a further three years.





## Review Findings

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### **Manitoulin-Sudbury EMS/SMU is to be commended for its efforts in the following areas:**

- Preparation for the Ambulance Service Review.
- Clean and well organized stations and vehicles.
- Very well stocked vehicles.

### **A total of seven findings are detailed in the following areas which require attention so that Manitoulin-Sudbury EMS/SMU may make further improvements to ensure delivery of quality Ambulance Service:**

#### **Patient Care: *Delivery of patient care not meeting legislated standards:*** **4 Findings;**

- The Inspection Team reviewed documentation from two hundred and ninety-nine Ambulance Call Reports.
- From the two hundred and ninety-nine calls reviewed by the Inspection Team, in twenty-one of the calls, which represents 7% of the calls reviewed, patient care was not provided in accordance with the legislated patient care standards.
- From the two hundred and ninety-nine calls reviewed ten or 3.3% of the calls reviewed did not indicate warning systems were activated on a dispatched priority 4 call.

#### ***Notification of Communication Services did not meet legislated standards:***

- Incomplete documentation of the Communication Service being notified when an ambulance/ERV is removed from service and/or returned to service.

#### ***Ambulances and emergency response vehicles did not always meet legislated standards:***

- One ERV missing copies of testing documents and primary emergency light pattern does meet requirements.
- One ambulance did not have MTO sticker affixed to vehicle.
- Emergency brake found not to hold when applied on two of the ambulances.

#### ***Patient care equipment in ambulances did not meet legislated standards:***

- Preventative Maintenance (e.g., oxygen delivery systems, stretchers, defibrillators) not being conducted in accordance with manufacturer's specifications.

#### **Quality Assurance: *Documentation not meeting legislated standards:*** **2 Findings;**

- The Inspection Team reviewed documentation from two hundred and ninety-nine Ambulance Call Reports.
- From the two hundred and ninety-nine calls reviewed by the Inspection Team, in one hundred and sixty-two calls, which represents 54% of the Ambulance Call Reports, documentation was not completed in accordance with the legislated documentation standards.

- From the two hundred and ninety-nine calls, seven required an Incident Report to be completed. Four Incident Reports were on file and three or 42.9% were not completed in accordance with the legislated documentation standards.

***Influenza reporting not meeting legislated standards:***

- The Inspection Team reviewed forty human resource files.
- From the forty HRI files reviewed by the Inspection Team, in two cases, which represents 5% of the files reviewed, influenza reporting was not reported in accordance with the legislated patient care standards.

**Administration:      *Ambulance Service ID Card application/return not meeting legislated***  
**1 Finding;              *standards:***

- ID card returns not meeting LASCS.

## Summation

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In Ontario, the Patient Care Standards legislated under the *Ambulance Act* have been developed with the assistance and input of Ontario physicians specializing in Emergency Medicine, and are designed to ensure that the highest levels of safety are in place for every patient being transported by an ambulance. Contraventions of these standards may result in patient care being compromised and severe adverse patient outcomes.

Given the nature of these findings, immediate corrective action is required by Manitoulin-Sudbury EMS/SMU and your response detailing corrective action taken is expected within 30 days.

The Ambulance Service Review Follow up conducted October 30, 2013, found that Manitoulin-Sudbury EMS/SMU continues ongoing improvement towards ensuring delivery of high quality ambulance service.

The review findings within **Appendix H** on pages **42** and **43** are legislated requirements and must be accommodated by the Ambulance Service Provider.

## Service Review Program

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The objective of our review is to assess if Manitoulin-Sudbury EMS/SMU has procedures in place to ensure that:

- The delivery of ambulance service, including compliance with applicable legislation and policies, are being met, and
- Performance in delivering ambulance service are properly measured and reported.

In June 1 – 2, 2010, Manitoulin-Sudbury EMS/SMU received the benefit of an Ambulance Service Review. On that occasion the Service was reported to have **met** the requirements of the *Land Ambulance Service Certification Standards*.

Of the thirteen findings made as a result of the Review conducted in June 2010, six are also findings brought forward resulting from the June 2013 Review. These findings are mandatory legislative requirements. The key areas still requiring compliance are itemized below:

1. Documentation – ACR completion and Patient Care (*mandatory*)
2. Documentation – Incident Report completion (*mandatory*)
3. Qualifications – Influenza immunization requirements (*mandatory*)
4. Equipment – Patient Care Equipment Preventative Maintenance (*mandatory*)
5. Staffing – Return of terminated employee's ID card (*mandatory*)



## Patient Care

### Finding: 1

- Patient care was not provided in accordance with the legislated patient care standards.

### Finding: 2

- Notification to the Communication Service when an ambulance is removed from service and when an ambulance is returned to service did not meet legislated standards.

### Finding: 3

- Patient care equipment not maintained according to manufacturers specifications.
- Vehicles not maintained in working order as per the legislated standards.
- Vehicle did not have its MTO safety sticker affixed to vehicle as per the legislated standards.

### Finding: 4

- Certification of ERVs did not meet legislated standards.

## ACR Review – ALS/BLS Standards

The Service Provider audited each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards. There was documentation demonstrating the Service Provider made recommendations to staff after auditing Ambulance Call Reports for appropriateness and consistency with ALS/BLS standards. Recommendations resulting from an ACR audit for appropriateness and consistency with the ALS/BLS standards are addressed to mitigate reoccurrence.

There was documentation demonstrating that the Service Provider worked with Base Hospital to review and investigate calls. Recommendations resulting from the review and investigation of a call are addressed to mitigate reoccurrence.

### Ambulance Call Report Patient Care Review Findings

Of the two hundred and ninety-nine Ambulance Call Reports reviewed, the following **twenty-one** or 7%, based upon documentation only, suggest patient care was **not** provided in accordance with the ALS/BLS Patient Care Standards. (**finding: 1**)

Call Number	Patient Issue	Review Findings
██████████	VSA Pt, rhythm noted as Asystole, (4) Analyze all documented as No Shock Indicated. Then defibrillation documented, with joules not documented, remarks note 4 shocks delivered.	<i>Conflicting documentation - cannot determine what care was given on this call.</i>
██████████	Pt presenting with pulmonary edema, (1) 0.4 mg NTG and (2) 0.8 mg NTG administered, medic indicates that NTG dc'd when Pt's condition worsened, ("Pt stated it was no longer helping")	<i>After NTG dc'd, 33 minutes until arrival at hospital. Not sure why crew did not continue to max 6 NTG - does not indicate that Pt refused further treatment.</i>
██████████	Unconscious patient in an MVC. GCS-3. No obvious trauma to patient. Two medics attending patient to hospital with a transport time of approximately 30 minutes.	<i>No blood glucose determination.</i>



Call Number	Patient Issue	Review Findings
[REDACTED]	y/o male VSA.	Only one set of vitals recorded. Standard = min of 2 complete sets. Even though pt documented as VSA vitals should be documented. Not documented not done.
[REDACTED]	y/o female pt unconscious.	Glucagon given with no BGL recorded.
[REDACTED]	yr old VSA.	Only one set of vitals recorded. Even though the patient is VSA the standard states min 2 sets of complete vitals signs should be recorded. Not documented not done.
[REDACTED]	y/o VSA.	Only one set of vitals documented. Even though pt documented as VSA standard still = min of 2 complete sets. Not documented not done.
[REDACTED]	y/o male presenting with syncope.	Delay of O2 7 minutes after pt contact. O2 should be applied within 2 min.
[REDACTED]	y/o male pt presenting post ictal.	No O2 administered and no BGL performed GCS = 14.
[REDACTED]	y/o male pt presenting post ictal.	No O2 administered for post ictal patient.
[REDACTED]	y/o male pt with fracture.	Pt presented with nausea and vomiting. Consider gravol?
[REDACTED]	Vitals @ 10:20, 10:20, 10:47, 11:00 - Salbutamol @ 10:22, 10:33, 10:48. No vitals between 2nd and 3rd Salbutamol.	No vitals between 2nd and 3rd Salbutamol - may have times documented incorrectly, (2) 10:20. Must have vitals before and after all medication administration.
[REDACTED]	Female patient with ischemic chest pain.	Patient was given two sprays of NTG. No vitals documented prior to second administration.
[REDACTED]	Male patient with constipation. On crew arrival, patient went into washroom. Crew states they had no contact with patient.	No vitals signs. Refusal of Service section has patient's signature on it.
[REDACTED]	yr male patient with c/o nausea and diarrhea post Ca treatment.	No vitals signs documented until 22 minutes after patient contact. Crew noted lack of defibrillator. Patient contact at 0732hrs, first documented vitals at 0754hrs.
[REDACTED]	Pt was given Gravol IM.	Not indicated in assessment that Pt had a complaint of nausea or vomiting.
[REDACTED]	yr male patient with SOB and chest pain. Physical exam doesn't indicate any evidence of bronchoconstriction. Patient treated with Ventolin and ASA.	Patient given Ventolin without evidence of bronchoconstriction. ASA administered to a 17yr old without receiving an order from a BHP physician and doesn't indicate any previous ASA use with an Asthmatic.
[REDACTED]	Male patient in active seizure throughout call.	No blood glucose determination done.
[REDACTED]	PQRST not utilized to describe chest pain, no vitals documented after 2nd NTG.	Must document vitals before and after each medication administration.
[REDACTED]	y/o female patient with lower arm laceration.	Only one set of vitals. Total time with pt = 19 minutes.
[REDACTED]	year old male Pt, develops chest pain enroute to hospital, (original complaint was SOB with cough).	(3) NTG given, no documented Hx of previous NTG use.

Of the two hundred and ninety-nine Ambulance Call Reports reviewed, the following **ten** or **3.3%**, based upon documentation only, suggest warning systems were **not** activated on priority 4 calls. (**finding: 1**)

The following ten calls have been forwarded to the Investigation Unit of EHSB to ascertain if response policies and patient care standards, as required by the Ambulance Act were followed by Manitoulin-Sudbury EMS/SMU paramedics, file 13IS-05-141.

Call Number	Documentation Issue
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems. – incomplete dispatched code 4 call - no warning systems entered.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.
	• Warning Systems – documented as not used on dispatched code 4 call.

## Training

Current user guides i.e. training bulletins, videotapes and mandatory learning materials were accessible to staff. There was a medium accessible for staff review of training materials. The Base Hospital Policies and Protocols were accessible to staff. Each Base Hospital training program is kept on file.

Employees had received an annual aggregate evaluation demonstrating his or her compliance with the Patient Care Standards. Evaluation results are communicated to staff.

There was documentation demonstrating the Service Provider has a process to ensure paramedic skills are maintained. There was documentation reflecting new staff members had undergone an evaluation of their patient care skills.

There was documentation demonstrating patient care equipment knowledge and skills are demonstrated and tested. There was documentation indicating a remedial training program was in place for staff who demonstrated deficiencies in the use of patient care equipment. Staff successfully completed training on new, updated and additional equipment.

The Service Provider worked with the Base Hospital to ensure staff regularly demonstrates proficiency in patient care skills. There was documentation demonstrating the Service Provider works with Base Hospital to provide remedial training to employees whose patient care skills are considered deficient. Identified staff attends and successfully complete remedial training for paramedic patient care deficiencies.

The Service Provider worked with the Base Hospital to ensure staff regularly demonstrates proficiency in performing controlled acts. The Service Provider worked with the Base Hospital to provide remedial training for those employees whose certification has been suspended or revoked. Identified staff attended and successfully completed remedial training.



## Paramedic RideOuts

There were no calls during the review for paramedic reviewers to observe patient care.

Staff carried the service specific identification card exhibiting the EHS unique identification number on their person while on duty. Staff demonstrated proficiency using communication equipment.

## Communicable Disease Management

There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

There is documentation demonstrating the Service Provider has identified a person who is designated to implement Section B, (Communicable Disease Management), ASPCTS, for the service.

## Vehicle - Equipment Restraints

There were no rideouts conducted to observe restraining of patients and equipment while enroute.

Patient care and accessory equipment and supplies were secured in the vehicles while at the stations.

## CACC/ACS Direction

There were no ambulance calls during the review to observe paramedic interaction with the CACC regarding accepting ambulance calls as assigned and following the directions of the Communications Officer.

There was **incomplete** documentation demonstrating the Service Provider notified the CACC whenever an ambulance or ERV was removed from service. There was **incomplete** documentation demonstrating the Service Provider notified the CACC whenever an ambulance or ERV was returned to service. (**finding: 2**)

Documentation indicated there is clear direction to paramedic staff regarding transport of a patient as directed by the Communication Service. Documentation indicated there was clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

## Patient Care Equipment and Supplies

There was a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to allow them to clean the equipment and patient care compartment. The cleaning and sanitization policy was monitored and enforced.

Patient care and accessory equipment was clean and sanitary. Patient care and accessory equipment was maintained in working order.



Patient care equipment was stored in a manner that is consistent with manufacturer's direction and is free of contamination. All patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. There was a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements.

Patient care and accessory equipment in need of repair was identified and removed from service. Identified deficiencies/concerns were responded to. There was documentation demonstrating that patient care equipment repairs had been completed. Repair receipts were kept on file for the life of piece of equipment. There was documentation indicating expired devices and patient care materials were identified and removed from use.

During the review, eleven ambulances were inspected. Ambulances were stocked with the required number and type of patient care equipment. Ambulances were stocked with the required number of supplies. A sampling of the minor equipment and/or supply deficiencies are noted in the table attached as **Appendix D** on page 38.

## Medications

Medications were stored in a manner consistent with manufacturer's requirements. Medications were secured from unauthorized access.

Staff followed the policy regarding disposal of expired medications. The Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container.

## Oxygen, Suction & Defibrillator Maintenance

The preventative maintenance program includes all patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, defibrillator.

Service oxygen testing equipment had been calibrated December 17, 2012 according to the manufacturer's specifications. There was an adequate number of replacement oxygen cylinders accessible to staff.

Based on data available from the Service files, the preventive maintenance program for patient care devices was **not** consistently followed to meet the manufacturer's specification. A sampling of the patient care devices preventative maintenance review is attached as **Appendix E** on page 38. **(finding: 3)**

## Stretcher Maintenance

The preventative maintenance program includes all patient carrying equipment. Service patient carrying equipment maintenance files were **not** always found to be complete. The preventative maintenance schedule was for equipment to be serviced every six months. **(finding: 3)**

Documentation indicated the preventative maintenance program for patient carrying equipment was **not** always being followed to meet the manufacturer's specification. A sampling of the patient carrying equipment preventative maintenance review is attached as **Appendix F** on page 39. **(finding: 3)**

## Vehicles

The Service Provider had access to spare vehicles to maintain service. There had been no incidents where a replacement vehicle was unavailable.

## Vehicle Staffing

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation.

## Vehicle Maintenance

The Service Provider had a letter signed by the Director, EHSB, from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards.

There was **not** always documentation confirming certification of ERVs (self certification or manufacturer's certification). (*Vehicle 5302 - missing copies of testing documents and Primary Emergency light pattern does not meet requirements.*) (finding: 4)

The Review Team did not review or inspect all of the Service's vehicles to determine if there were additions or conversions other than what was within the Service preventative maintenance files.

Accordingly, this report can only speak to what was found within the preventative maintenance files relating to the vehicles. The Service Provider is reminded, utilization of any vehicle in a response capacity without benefit of Certification as per the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*, would contravene the *Ambulance Act*, the *Land Ambulance Service Certification Standards* and the *Highway Traffic Act*.

There was documentation of additions or conversions meeting the manufacturer's specification.

Each vehicle is included within the Service Provider's Vehicle Preventative Maintenance program. The Service Provider's preventative maintenance program was based on 8000 Km. + 20% between services. The Service Preventative Maintenance was performed according to the Service Provider's schedule/OEM schedule.

The average vehicle maintenance interval calculates to 7,051 Kms. Maintenance or repair records were kept for the life of the vehicle.

There was documentation demonstrating the Service Provider provides the CACC access to radios and communication equipment upon request. The Service Provider ensured that communication equipment remains operational at all times. The Service Provider worked cooperatively with the CACC to ensure communication equipment repairs are completed.

## Vehicle Inspection

The Service operated twenty-three ambulances and four emergency response vehicles. Eleven ambulance vehicles were inspected.

There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHSB. Each vehicle had its identification displayed on the front and rear of the vehicle. There is a policy that states staff will use only the designated radio call identifier when using Ministry telecommunication devices.

There was documentation demonstrating each vehicle had a minimum annual safety check as per related legislation. Each vehicle did **not** always have an up-to-date Ministry of Transport annual sticker affixed to the vehicle as per related legislation. (*Vehicle 5220 – no MTO sticker affixed to the vehicle.*) (finding: 3)

Ambulances and emergency response vehicles were **not** always maintained in a mechanically safe condition and proper working order. (*Emergency brake on vehicles 5249, 5402 and 5411 found not to hold when applied.*) Staff completed a checklist verifying that the general safety features of each vehicle were functional. The checklist allowed paramedics to comment regarding vehicle deficiencies or safety concerns. There was documentation demonstrating staff checked each vehicle at least once per day or shift. There was documentation demonstrating the Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns. (finding: 3)

Safety concerns raised by staff were resolved. Repairs or replacement items were completed in a timely manner.

Vehicles were protected from extremes of heat, cold and moisture. Vehicles were stored to prevent contamination, damage or hazard. There was documentation demonstrating all vehicles follow the deep clean program. Ambulances and emergency response vehicles were maintained in a clean and sanitary condition. Supplies were accessible to clean the vehicles. There was required clean storage space available for supplies.

## Collision Reporting

There was documentation demonstrating staff immediately notify CACC when an ambulance or ERV is involved in a collision. Staff completed collision reports as per legislation. There was documentation demonstrating the Service Provider audits completed collision reports for completeness and accuracy. The Service Provider's collision reports contained, at minimum, the information as identified within the ASDS.

Collision Reports were kept on file for a period of not less than five years.

### **FINDING: 1**

#### **Land Ambulance Service Certification Standards Section III Operational Certification Criteria:**

(a) As a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the Basic Life Support Patient Care Standards (version 2.0) dated January 2007, and where applicable, the Advanced Life Support Patient Care Standards published by the Ministry as those documents may be amended from time to time.

## Service Provider Response

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Manitoulin Sudbury EMS/SMU provided a comprehensive 243 page document in response to the Ambulance Service Review draft report. As such, the Service Providers response will be summarized respecting each finding.

Service undertakings respecting finding 1,

- Internal Review of all PCR noted within draft report,
- The Service is working with Base Hospital seeking clarification from paramedics where appropriate,
- Training provided and or discussions with paramedics where appropriate,
- The Service Provider challenges some call findings, post internal review combined with Base Hospital review and is satisfied respecting care provided and documented.

The Service Provider has a robust in house QA and training program to ensure care to standard.

## Inspector's Findings

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The Service Provider is cognizant of the need for follow up with staff when patient care deficiencies are identified. The Service takes very seriously the proper provision of patient care to all patients.

Upon receipt of the draft report, the Service Provider undertook a review of all calls noted within the report as based upon documentation only; suggest patient care was not provided in accordance with the ALS/BLS Patient Care Standards. The Service Provider also had their Base Hospital conduct a review to provide input and direction to the Service respecting their findings. As a result, the Service Provider has provided direction and or further training to staff respecting calls the Base Hospital and Service Provider deemed warranted. The Service Provider did stipulate during the follow up visit, that their review of calls resulted in both the Provider and Base Hospital being satisfied with some of the documented ACRs.

During the follow up visit, the Service Provider demonstrated their comprehensive QA and training program/process which enables the Provider to ensures care to standard. This includes monthly bulletins to staff, monthly quizzes conducted online whereby the Provider can track completion, time vested by staff to complete and marks by each staff member so the Provider can identify local and or systemic areas for follow up. Through their share point process, the Service Provider is able to provide all staff Service expectations, training and provided a review of the documentation and patient care standards.

The Service Provider continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of such findings. The Service provides feedback to individual paramedics in those instances where any apparent patient care protocol breaches have been identified during their audit. Further, the Service has enhanced their electronic audit process to note issues to be included for review, weather local or systemic.

The Service Provider is also reviewing their ePCR program to determine/explore if additional closed call rules would be of further benefit to the Service. **Manitoulin Sudbury EMS/SMU is committed to compliance in this area.**

## **FINDING: 2**

### **Land Ambulance Service Certification Standards Section III Operational Certification Criteria:**

- (i.1) The communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

### **Service Provider Response**

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A policy is in place that refers to this legislation. To ensure that this policy is being upheld, a Management Operating Procedure has been developed to ensure that each time a vehicle movement due to maintenance occurs, CACC is being notified properly.

### **Inspector's Findings**

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The Service Provider has created and implemented an operational policy to ensure CACC is notified whenever an ambulance or ERV is removed from service, or whenever an ambulance or ERV is returned to service.

During the follow up visit, there was documentation (email) provided demonstrating implementation of their policy. The Service Provider will phone CACC prior to removal and or return to service. **Manitoulin Sudbury EMS/SMU is committed to compliance in this area.**

## **FINDING: 3**

### **Land Ambulance Service Certification Standards, Section III, Operational Certification Criteria:**

- (d.2) Each land ambulance used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

### **Service Provider Response**

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Received information detailing the requirement for preventative maintenance for O2 regulators and Flow Meters. Accordingly, Preventative Maintenance should be conducted at a minimum of once per year. Our current policy indicates twice a year. Therefore, we are over maintaining our O2 equipment.

Our Policy has been revised to indicate testing will continue at 6 months intervals: however, there will be an allowable delay in the amount of 30 days. This will still ensure our compliance well within the Manufacturers Specifications and ensure that we are meeting our obligations to our policy. We will be updating our PM Schedule to reflect every 6 months as required for ZOLL E Series monitors and 12 months for ZOLL X Series according to ZOLL manufacturer's specification.

- Found all the maintenance forms originally not located.
- No serial Number available on On-Board Suction Wall.

Reviewed cot preventative maintenance program was performed semi-annually with the aim of being every 6 months. At times depending on the movement of vehicles, the cots were either looked at every 5 months to 7 months.

Review of our maintenance program by Ferno Canada has produced a manufacturer's recommendation of Preventative Maintenance on patient carrying equipment once every 7 months.

- Vehicle 5249 serviced on August 2, 2013 – Invoice 700765
- Vehicle 5402 serviced on July 25, 2013 - Invoice 59843
- Vehicle 5411 serviced on July 29, 2013 - Invoice 114046

Vehicle 5220 has MTO sticker. Review team failed to notice. Attached image & invoice.

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### Inspector's Findings

The Service Provider has revised their preventative maintenance process from vehicle to equipment to ensure regular maintenance regardless where the particular item of equipment is. Further, the service Provider has revised their Service Policy respecting intervals to a six month policy with a one month completion window for and aft the six month marker to ensure compliance.

The Service Provider has reviewed all preventative maintenance regarding Oxygen, conveyance and Defibrillators to ensure compliance to OEM.

The three vehicle issues noted within the draft report have been serviced and resolved.

Respecting vehicle 5220, the Service Provider can only conclude that both side windows were down and the inspector did not realize the Service Provider places the MTO sticker on the driver's side window and not the front as a result of having to replace many front windshields. The Service Provider provided documentation demonstrating Ministry of Transport sticker and invoice respecting same. **Manitoulin Sudbury EMS/SMU is committed to compliance in this area.**

#### FINDING: 4

#### **Land Ambulance Service Certification Standards, Section III, Operational Certification Criteria:**

- (c) Only ambulances and emergency response vehicles that comply with the applicable version at time of manufacturer of "Ontario Provincial Ambulance and Emergency Response Vehicle Standards", published by the Ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service.

#### Service Provider Response

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Made aware of the issue during the Service Review by Tim Cooke. Advised that Primary Emergency Lighting Pattern is a known issue with conversion. T Cooke indicated that he would be visiting Kerr Industries to review this with the company. We are not the only ones who have this issue and it can only be fixed once T Cooke discusses with Kerr.

Testing documents now part of vehicle documentation binder.

Regarding Primary Emergency Light pattern, Dean Baker from Kerr indicates that he will be meeting with Tim Cooke to discuss. Until they discuss the issue we have no means to rectify this issue.

## Inspector's Findings

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The Service Provider has obtained testing documents of which are now on file. Respecting the Primary Emergency Light pattern issue, the Service continues consulting with Kerr Industries for resolution. **Manitoulin Sudbury EMS/SMU is committed to and working diligently towards compliance in this area.**





## Quality Assurance

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### Finding: 5

- Influenza status of each paramedic did not meet legislated standards.

### Finding: 6

- Documentation of ACRs and Incident Reports did not meet legislated standards.

## CQI/Quality Assurance

The Service Provider had a Quality Assurance program in place. The Service Provider's Quality Assurance program included;

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME, and
- Base Hospital Certification.

The Service Provider responds to recommendations made by quality assurance programs.

## Patient Care & Service Delivery Complaints

There was documentation demonstrating the Service Provider investigates and responds to patient care and service delivery complaints. Recommendations resulting from an investigation are addressed with staff to mitigate reoccurrence.

## Employee Qualifications

Manitoulin-Sudbury EMS/SMU maintained a mechanism to help ensure each employee record includes documentation that demonstrated each employee met the minimum employment standards according to legislation.

A personnel record is **not** always maintained for each employed paramedic that includes evidence of qualification as described in Part III of the Regulation. (**finding: 5**)

During the Review, forty employee files were reviewed. All files related to Primary Care Paramedics.

It was noted that several of the Manitoulin-Sudbury EMS/SMU employee files contained confirmation of the immunization on Table A of the ASCDS, however there was no signature by a physician or physician's delegate for the administration of the immunization. Reviewers did accept these records without the physician or physician's delegate signature for the purpose of this Review. The Service Provider is reminded that the physician or physician's delegate signature is a requirement for verification of immunization on Table 1 Part A of the ASCDS.

However, as a result of Service divestment and an inability for individuals to attain such, the Certification and Review Unit has noted the findings, or lack thereof within the draft report, but will not draw any Service Review conclusions relating to the presence or absence of the physician or delegate signature.

There was **not** always documentation demonstrating each type of paramedic is qualified. There was complete documentation demonstrating each type of paramedic is authorized by a medical director to perform the controlled acts set out in O. Reg. 257/00 Part III s.8. **(finding: 5)**

A sampling of required documentary evidence not found within the Manitoulin-Sudbury EMS/SMU employee files is itemized in detail and attached as **Appendix A** on page 35.

### Influenza Reporting

The service did **not** always receive Influenza Immunization status of each employee no later than directed by EHSB each year. The Service Provider reported to the Field Office the Influenza Immunization status of each employee on file, no later than directed by EHSB each year. **(finding: 5)**

### ACR Documentation

The Service Provider identifies the number of outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed.

There was documentation demonstrating the Service Provider audited ACRs to determine if they are completed as per the *Ambulance Service Documentation Standards*. The Service Provider makes recommendations to staff after auditing ACRs for compliance with the ASDS. Recommendations resulting from an ACR audit are addressed to mitigate reoccurrence. There was documentation demonstrating staff review the ACR manual.

During the Review a random sample of two hundred and ninety-nine Ambulance Call Reports were reviewed to determine if the documentation met the *Ambulance Service Documentation Standards*. Two hundred and seventy-eight were patient carried calls, and twenty-one were non patient carried calls.

#### Patient Carried Calls

Mandatory fields were **not** always completed accurately on patient carried calls according to the *Ambulance Service Documentation Standards*. Forms were legible and easy to read. A sampling of the Ambulance Call Report review is attached as **Appendix B** on page 35. **(finding: 6)**

#### Non Patient Carried Calls

Mandatory fields were **not** always completed accurately on non patient carried calls according to the *Ambulance Service Documentation Standards*. They were legible and easy to read. A sampling of the Ambulance Call Report review is attached as **Appendix B** on page 37. **(finding: 6)**

#### Patient Refusal Calls

Aid to Capacity and Refusal of Service fields were **not** always completed according to the *Ambulance Service Documentation Standards*. Patient refusal ACRs were legible and easy to read. A sampling of the Ambulance Call Report review is attached as **Appendix B** on page 38. **(finding: 6)**

Completed Ambulance Call Reports were secured from unauthorized access. Ambulance Call Reports were kept on file for a period of not less than five years.

## Incident Reports

The Service Provider audits Ambulance Call Reports to determine if an Incident Report was to have been completed.

The Service Provider audited Incident Reports for completeness and accuracy. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports for completeness and accuracy. Recommendations resulting from an Incident Report audit are addressed to mitigate reoccurrence.

Incident Reports were secured from unauthorized access. Completed Incident Reports were kept on file for a period of not less than five years. Completed Incident Reports were transmitted to the MOHLTC Field Office according to legislation.

The review of ACRs reflected that Incident Reports were **not** always completed when required, as per the ASDS. Seven of the reviewed ACRs required an Incident Report. Four Incident Reports were completed. **3**, or **42.9%** of such Ambulance Call Reports required an Incident Report but these were **not** completed. (**finding: 6**)

Call Number	ACR Findings	Incident Report Completion Criteria
██████████	█ year old male Pt, assaulted, presents with stab wounds.	• A scene or situation that represents a suspected or actual criminal circumstance or event.
██████████	█ year old male Pt, assaulted, facial lacerations and possible fracture.	• A scene or situation that represents a suspected or actual criminal circumstance or event.
██████████	Equipment deficiency - Crew notes that BP could not be taken on 7 year old due to "BP cuff too large on NIBP machine".	• Equipment deficiencies (malfunctions, or failures) that had an affect on patient care or a patient's outcome.

There was documentation demonstrating the Service Provider worked with the Base Hospital to audit Ambulance Call Reports. Audits completed by the Base Hospital and the Service Provider were compared for discrepancies. Audit discrepancies were investigated and were resolved.

### FINDING: 5

#### Ambulance Service Patient Care and Transportation Standards, C. Influenza Control

2. Each operator shall ensure that, as of November 15 every year, or such other date as may be established and communicated in writing by the Director, each EMA and paramedic,
  - (a) provides a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or
  - (b) provides a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

### Service Provider Response

Paramedic ██████ did not submit intent on-time but received influenza education in order to ensure understanding of communicable disease standards; medic was verbally spoken to in regards to this situation.

Paramedic [REDACTED] was immunized but lost documentation in order to prove immunization. This paramedic was considered not immunized due to this and received education to ensure an understanding of the requirements.

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### Inspector's Findings

During the follow up visit, there was documentation demonstrating employee [REDACTED] completed the required influenza educational; employee [REDACTED] contends they received benefit of the flu shot but lost documentation to support. As a result, this employee also completed the educational training to be compliant.

To ensure future continued compliance, the Service Provider will be incorporating the annual Influenza Control into their share point training process. **Manitoulin Sudbury EMS/SMU is committed to compliance in this area.**

#### **FINDING: 6**

#### **Land Ambulance Service Certification Standards Section III Operational Certification Criteria:**

- (r) Incident reports, Ambulance Call Reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

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### Service Provider Response

Service undertakings respecting finding 6,

- Internal Review of all PCR noted within draft report,
- The Service is working with Base Hospital seeking clarification from paramedics where appropriate,
- Training provided and or discussions with paramedics where appropriate,
- Increased close call rules,
- Increased internal audit process post review,
- Provided educational within share point training for staff review of report findings.

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### Inspector's Findings

The Service Provider is cognizant of the need for follow up with staff when patient care or documental deficiencies are identified. The Service takes very seriously the proper provision of patient care to all patients and the documentation resulting. It was discussed with the Service during the follow up visit the imperative need to audit completed ACRs regularly to maintain an ongoing knowledge of the quality of patient care/documentation being provided by Manitoulin Sudbury EMS/SMU paramedics.

Manitoulin Sudbury EMS/SMU conducted a review of the identified calls within the draft report and provided results via their educational session. The deficiencies were discussed and the required minimum documental requirements was highlighted with all staff and reviewed with the specific crews involved.

The Service Provider is confident that their Quality Assurance program will ensure that all such patient care meets the Basic Life Support and Advanced Life Support Patient Care Standards.





Call Number	Documentation Issue	Driver #	Attendant #
	No issues		
	No issues		
	No issues		

**Patient Carried Calls Code 1 & 2**

Call Number	Documentation Issue	Driver #	Attendant #
	No address or postal code listed		
	No issues		

**Non Patient Carried Calls**

Call Number	Documentation Issue	Driver #	Attendant #
	No calls for this section		

**Patient Refusal of Service Section**

Call Number	Documentation Issue	Driver #	Attendant #
	No issues		
	No issues		
	No issues		
	No issues		
	No issues		

Improvement has been noted in patient carried ACR completion since transmittal of the Draft Report and resulting from improvements implemented by the Service to their QA Program. Non-patient carried ACRs also demonstrated improvement in mandatory completion areas. The Service Provider is committed to full and proper completion of these call types and continues to monitor and audit ACRs for quality and thoroughness of completion for *Documentation* and the *BLS/ALS Patient Care Standards*. Supervisory staff will continue to monitor ACRs and IRs for proper minimum completion and will review with employees any ACR found not meeting minimum requirements. **Manitoulin Sudbury EMS/SMU is committed to compliance in this area.**



## Administrative

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### Finding: 7

- Ministry ID Cards are not returned to the ministry per the LASCS.

### Administration

The Service Provider had the current certificate to operate an ambulance service. (**Certificate #752 - 782, expiry November 10, 2013**)

### Service Response Time Performance Plan

There was documentation of a Service Response Time Performance Plan. The plan established by the service sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5. The Service Provider has provided the Director with a copy of the Response Time Performance Plan no later than October 31<sup>st</sup> of each year.

Documentation demonstrates the Service Provider throughout the year continuously maintains, enforces, evaluates and where necessary updates the Response Time Performance Plan. There was documentation demonstrating the Service Provider investigates those instances, where the Service Response Time Performance Plan had not been met. Documentation also demonstrated that recommendations resulting from investigations are addressed to mitigate reoccurrence.

The Service Provider produced a report to demonstrate the service is meeting the Response Time Performance Plan.

### Service Provider Deployment Plan

The Service Provider has provided a deployment plan to the Field Office suitable for implementation by the Communication Service. Documentation demonstrated that the service has sufficient staff at each level of qualification to meet the service's written deployment plan.

Documentation demonstrated that the Communication Service is notified of changes to the staffing pattern. The Service Provider does notify the Communication Service before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.

### Ambulance Service Identification Cards

The Service Provider has provided their baseline employee record information to the P&OAU.

Documentation demonstrates the Service Provider notifies the P&OAU of each instance of employee hiring and separation dates for terminated employees have been provided. Newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card.

There were no occasions when a newly hired paramedic logged onto the ARIS environment with either a fictitious number or a number assigned to another person. The P&OAU is immediately notified in each instance an identification card is lost.

On each occasion a paramedic’s employment was terminated, the Service Provider did **not** always recover the paramedic’s service specific identification card and returned it to the P&OAU. (finding: 7)

Identification Card Status						
	ID #	Release Date	EHSB Notified	ID Card Returned	Y	N
1 Paramedic		2010/02/18	2010/02/18	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2010/02/09	2010/10/28	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2010/10/21	2010/11/04	2010/11/23	<input checked="" type="checkbox"/>	-
1 Paramedic		2010/11/26	2010/11/17	2010/11/23	<input checked="" type="checkbox"/>	-
1 Paramedic		2011/04/11	2011/04/11	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2011/04/11	2011/04/11	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2011/08/27	2011/08/11	2012/03/16	<input checked="" type="checkbox"/>	-
1 Paramedic		2011/10/06	2011/10/06	2012/03/16	<input checked="" type="checkbox"/>	-
1 Paramedic		2011/11/07	2011/11/07	2012/03/16	<input checked="" type="checkbox"/>	-
1 Paramedic		2011/12/04	2012/01/20	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2012/02/01	2012/03/09	2013/03/12	<input checked="" type="checkbox"/>	-
1 Paramedic		2012/05/16	2012/06/04	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2012/05/22	2012/06/04	2012/10/29	<input checked="" type="checkbox"/>	-
1 Paramedic		2012/07/27	2012/07/24	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2012/10/01	2012/10/01	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2012/10/02	2012/10/11	2012/10/29	<input checked="" type="checkbox"/>	-
1 Paramedic		2011/12/31	2012/10/15	-	-	<input checked="" type="checkbox"/>
1 Paramedic		2012/10/17	2012/10/17	2013/05/07	<input checked="" type="checkbox"/>	-
1 Paramedic		2012/11/23	2013/02/27	2013/03/06	<input checked="" type="checkbox"/>	-
1 Paramedic		2013/03/11	2013/03/11	2013/04/03	<input checked="" type="checkbox"/>	-

### Base Hospital Agreement

There is a written performance agreement in effect between the Service Provider and the Base Hospital that includes:

- providing medical direction and training to all paramedics;
- monitoring quality of patient care given by those paramedics; and
- delegation of controlled medical acts to paramedics.

### Policy and Procedure

There was a Policy and Procedure document. A copy of the Service’s Policies and Procedures were accessible to staff. New and updated Policies and Procedures were communicated to staff. Service Policies and Procedures are monitored and enforced.

The Service Provider has policies covering the following areas:		Y	N
1.	Prohibiting staff from responding to calls under the influence of drugs or alcohol.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Prohibiting staff from reporting to work under the influence of alcohol or drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Prohibiting staff from consuming alcohol or drugs while at work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>



The Service Provider has policies covering the following areas:		Y	N
5.	Regarding transport of a person's remains as per legislation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Regarding the disposal of bio-medical materials/waste e.g. contaminated bedding/bandages/anatomical waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	That students are to be free from communicable diseases.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	That students are to be immunized.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Requirements for students/observers are monitored and enforced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Staff will immediately notify the CACC/ACS in the case of any accident involving an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Outlining the legislative parameters of sharing and disclosure of personal health information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Governing the protection of personal information of patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Directing staff in the release of confidential information to allied agencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Directing staff in the release of confidential information to the public.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There is documentation to demonstrate that policies relating to drugs, alcohol and tobacco are complied with. There is documentation to demonstrate that policies regarding the release of confidential information are complied with.

There is documentation demonstrating the Service Provider ensures the continuity of operations.

## Insurance Coverage

Documentation demonstrated that the insurance policy coverage was current and valid. There was documentation of insurance coverage at least equal to that outlined in the legislation. The insurance policy includes and covers:

- Each ambulance, ERV and ESU.
- The Service Provider and every driver.
- An amount equal to at least \$5,000,000, in respect of any one incident.
- Liability for loss of or damage to, resulting from bodily injury to or the death of any passenger carried, getting into or alighting from the ambulance or ERV.
- Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV.
- Liability while the ambulance is used for carrying passengers for compensation or hire.

## FINDING: 7

### Ambulance Service Identification Card Program, Operating Protocols and Processes

The identification card is and remains the property of the Ministry of Health and Long-Term Care. Upon release from employment, the identification card must be surrendered to the employer and returned to the Ministry. POAS is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

### Legislated Mandatory Employment Eligibility Qualifications

**Separation**

**Date:** Date employee terminated

**From:** YYMMDD

## Service Provider Response

Previous procedure of sending a letter to the former employee did not yield beneficial results. A new process ensuring better compliance is being established including notification of Police if ID Card is not returned within a certain time period.

Employee's [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] indicated to MOHLTC that the MOHLTC ID Card has been deemed lost. Doing so should render the card invalid and make it impossible for that person to use that ID elsewhere.

## Inspector's Findings

Ministry of Health and Long-Term Care identification cards are issued to the Service as a result of their ID card application. This provides the Service a means to permit their employee to work as EMAs or paramedics and enable the individual to log onto the ARIS environment. It is the responsibility of the Service Provider to retrieve these identification cards if and when the individual employee ceases employment with the Service. It is also the responsibility of the Service Provider to communicate employment and ID card status to the P&OAU of EHSB, not the responsibility of each individual paramedic.

The MOHLTC identification card is required to be carried by the individual at all times when on duty, and therefore it is presumed this card would be in the individual's possession and available to be surrendered, along with other returnable service property upon separation from the Service. The *Land Ambulance Service Certification Standards* Schedule 1 stipulates; "Upon release from employment, the identification card must be surrendered to the employer and returned to the Emergency Health Services Branch".

The security measures required for ID Card application, requirement to obtain an ID Card prior to commencing patient care activities and to carry the ID Card on their person are the same issues which require the Service Provider to notify Emergency Health Services Branch upon staff terminations and return of the ID card.

Although the Service Provider makes every attempt to retrieve employee ID Cards post employment, as of the authoring of the final report, the following ID Cards have not been returned to the P&OAU of EHSB.

Identification Card Status					Follow Up	
	ID #	Release Date	EHSB Notified	ID Card Returned	Y	N
1 Paramedic	[REDACTED]	2010/02/18	2010/02/18	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2010/02/09	2010/10/28	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2011/04/11	2011/04/11	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2011/04/11	2011/04/11	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2011/12/04	2012/01/20	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2012/05/16	2012/06/04	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2012/07/27	2012/07/24	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2012/10/01	2012/10/01	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	2011/12/31	2012/10/15	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	17/06/2013	18/01/2012	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	17/06/2013	26/04/2011	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	17/06/2013	31/12/2009	-		<input checked="" type="checkbox"/>
1 Paramedic	[REDACTED]	04/11/2013	04/11/2013	-		<input checked="" type="checkbox"/>

**Manitoulin Sudbury EMS/SMU is not yet compliant in this area.**

### Appendix A HRI Review Summary Table

Employee #	Missing File Information
[REDACTED]	<ul style="list-style-type: none"> <li>• Influenza Annually.</li> </ul>
[REDACTED]	<ul style="list-style-type: none"> <li>• Influenza Annually.</li> </ul>

### Appendix B ACR Summary Tables - Patient Carried Calls Code 4 / 3

Call Number	Documentation Issue	Driver #	Attendant #
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Fluid Balance.</li> <li>• Times.</li> <li>• Code.</li> <li>• Route.</li> <li>• Medicine or Procedure.</li> <li>• Result.</li> <li>• Initials (on ALS skills).</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Trauma injury site/type.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Mailing Address.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Fluid Balance.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Fluid Balance.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]



Call Number	Documentation Issue	Driver #	Attendant #
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Medicine or Procedure.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Incident History (PQRST)( MOI).</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Incident History (PQRST)( MOI).</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	[REDACTED]	[REDACTED]

**Patient Carried Calls Code 1 & 2**

Call Number	Documentation Issue	Driver #	Attendant #
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Medications.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Medications.</li> <li>• Allergies.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> <li>• Medications.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> <li>• Medications.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> <li>• Medications.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	[REDACTED]	[REDACTED]

**Non Patient Carried Calls**

Call Number	Documentation Issue	Driver #	Attendant #
[REDACTED]	<ul style="list-style-type: none"> <li>• City/Town.</li> <li>• Crew Mbr. Initials.</li> <li>• Crew Mbr. No.</li> <li>• Mailing Address.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Crew Mbr. Initials.</li> <li>• Crew Mbr. No.</li> <li>• Medicine or Procedure.</li> <li>• Postal Code.</li> <li>• Result.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Cancelled Reason.</li> <li>• Code.</li> <li>• Medicine or Procedure.</li> <li>• Postal Code.</li> <li>• Result.</li> <li>• Times.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Cancelled Reason.</li> <li>• Medicine or Procedure.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Vitals x 1.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Cancelled Reason.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Warning Systems.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Destination kilometres.</li> <li>• Warning Systems.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Destination kilometres.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Trauma injury site/type.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Destination kilometres.</li> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Postal Code.</li> </ul>	[REDACTED]	[REDACTED]
[REDACTED]	<ul style="list-style-type: none"> <li>• Code.</li> <li>• Crew Mbr. Initials.</li> <li>• Crew Mbr. No.</li> <li>• Initials (on ALS calls).</li> <li>• Medicine or Procedure.</li> <li>• Postal Code.</li> <li>• Result.</li> <li>• Route.</li> <li>• Times.</li> <li>• Vitals x 1.</li> </ul>	[REDACTED]	[REDACTED]



## Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
	• Patient or Substitute Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		
	• Witness Signature.		

## Appendix C Paramedic Ride Out Summary Observation Tables

There were no rideouts observed by reviewers.

## Appendix D Vehicle Equipment and Supplies Summary Table

MOHLTC	Review Findings	MOHLTC	Review Findings
5246	• No deficiencies noted.	5247	• No deficiencies noted.
5296	• No deficiencies noted.	5200	• No deficiencies noted.
5243	• No deficiencies noted.	5249	<u>Safe Mechanical Condition</u> • Emergency brake did not hold when applied and placed in drive. <u>Driver Compartment</u> • holes in driver's seat.
5411	<u>Safe Mechanical Condition</u> • Emergency brake did not hold when applied and placed in drive.	5220	<u>Safe Mechanical Condition</u> • No MTO certificate on vehicle. <u>Patient Care Compartment</u> • 4 of 8 interior lights are out on high. • 4 of 8 interior lights are out on low.
5402	<u>Safe Mechanical Condition</u> • Emergency brake did not hold when applied and placed in drive.	5271	<u>Driver Compartment</u> • Some switch lights on dash not working. (Switches work, just does not illuminate.)

## Appendix E Oxygen, Suction &amp; Defibrillator Summary Table

Vehicle Number	5200	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	none	03-04-2013	06-09-2012	14-03-2012
Portable O2 Regulator	641959	03-04-2013	06-09-2012	14-03-2012
Vehicle Main Regulator	851395	03-04-2013	06-09-2012	14-03-2012



Vehicle Number	5227	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10613194	18-03-2013	19-09-2012	17-03-2012
Flow Meter #2	10539714	18-03-2013	19-09-2012	CNO
Portable O2 Regulator	640840	18-03-2013	19-09-2012	CNO
Vehicle Main Regulator	M1-540-P	18-03-2013	CNO	CNO

Vehicle Number	5237	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	5237-01	19-03-2013	06-09-2012	19-03-2012
Flow Meter #2	10613175	19-03-2013	06-09-2012	19-03-2012
On-Board Suction	CNO	19-03-2013	06-09-2012	19-03-2012
Portable O2 Regulator	644029	19-03-2013	06-09-2012	CNO
Vehicle Main Regulator	D-11268	19-03-2013	06-09-2012	CNO

Vehicle Number	5292	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	01267	22-03-2013	08-09-2012	26-03-2011
On-Board Suction	CNO	22-03-2013	08-09-2011	26-03-2012
Portable O2 Regulator	641972	22-03-2013	08-09-2011	26-03-2012
Vehicle Main Regulator	20939	22-03-2013	08-09-2012	26-03-2012

Vehicle Number	5451	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	CNO	05-04-2013	20-09-2012	19-03-2012
On-Board Suction	CNO	05-04-2013	20-09-2012	19-03-2012
Portable O2 Regulator	592777	21-03-2013	20-09-2012	19-03-2012
Vehicle Main Regulator	M1540-P	13-04-2013	20-09-2012	19-03-2012

Vehicle Number		Defibrillator Testing	
Device	Serial Number	Testing Date	Testing Date
Zoll E-series	AB06C001223	18-10-12	04-11-11
Zoll E-series	AB09J012273	04-09-12	21-09-11
Zoll E-series	AB06C001226	23-04-12	15-04-11
Zoll E-series	AB06C001271	07-05-12	11-05-11
Zoll E-series	AB06L003218	28-03-13	19-03-12
Zoll E-series	AB06C001225	29-11-12	26-01-12

## Appendix F Stretcher Maintenance Summary Table

Vehicle Number	5200	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
Folding	FC2385	03-04-2013	06-09-2012
Main	bbb-113826	03-04-2013	06-09-2012
Scoop	035129	03-04-2013	06-09-2012
Secondary	707818	03-04-2013	06-09-2012
Stairchair	I-284701	03-04-2013	06-09-2012



Vehicle Number		5202	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC-1561		20-03-2013	11-09-2012
Main	L-640952		20-03-2013	11-09-2012
Scoop	L-627241		20-03-2013	CNO
Stairchair	L-114049		20-03-2013	11-09-2012

Vehicle Number		5203	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	f-597782		19-03-2013	07-09-2012
Main	bbb-113824		19-03-2013	07-09-2012
Scoop	013646		19-03-2013	07-09-2012
Stairchair	L-776199		19-03-2013	07-09-2012

Vehicle Number		5240	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	fc1557		12-04-2013	17-03-2012
Main	bbb-98443		12-04-2013	09-11-2012
Stairchair	388475		12-04-2013	17-03-2012

Vehicle Number		5249	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC1493		12-04-2013	08-09-2012
Main	bbb-114074		12-04-2013	08-09-2012
Scoop	L-642072		12-04-2013	08-09-2012
Stairchair	06 002441		12-04-2013	08-09-2012

Vehicle Number		5271	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC1071		21-03-2013	06-09-2012
Main	bbb-95481		21-03-2013	06-09-2012
Scoop	25852		21-03-2013	06-09-2012
Stairchair	029003		21-03-2013	06-09-2012

Vehicle Number		5402	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC1608		11-04-2013	20-09-2012
Folding	FC1608		11-04-2013	CNO
Main	bbb-94693		13-04-2013	20-09-2012
Main	bbb-94693		11-04-2013	20-09-2012
Scoop	L-669681		11-04-2013	20-09-2012
Scoop	L-669681		11-04-2013	20-09-2012
Stairchair	06 002429		11-04-2013	20-09-2012
Stairchair	06-002429		11-04-2013	CNO



## Appendix G Abbreviations

<b>Glossary of Abbreviations</b>			
<b>ACRONYM</b>	<b>MEANING</b>	<b>ACRONYM</b>	<b>MEANING</b>
<b>ACP</b>	Advanced Care Paramedic	<b>EMCA</b>	Emergency Medical Care Assistant
<b>ACR</b>	Ambulance Call Report	<b>EMS</b>	Emergency Medical Service(s)
<b>AC&amp;RC</b>	Ambulance Certification & Regulatory Compliance	<b>ER</b>	Emergency Room
<b>ACS</b>	Ambulance Communications Service	<b>ERV</b>	Emergency Response Vehicle
<b>ADDAS</b>	Ambulance Data Direct Access System	<b>ESU</b>	Emergency Support Unit
<b>ACO</b>	Ambulance Communications Officer	<b>GCS</b>	Glasgow Coma Scale
<b>AEMCA</b>	Advanced Emergency Medical Care Assistant	<b>GPS</b>	Global Positioning System
<b>ALS</b>	Advanced Life Support	<b>LAISC</b>	Land Ambulance Implementation Steering Committee
<b>ASCDS</b>	Ambulance Service Communicable Disease Standards	<b>LASCS</b>	Land Ambulance Service Certification Standards
<b>ASDS</b>	Ambulance Service Documentation Standards	<b>MOHLTC</b>	Ministry of Health and Long-Term Care
<b>ASPC &amp; TS</b>	Ambulance Service Patient Care and Transportation Standards	<b>MTO</b>	Ministry of Transportation
<b>ASR</b>	Ambulance Service Review	<b>OASIS</b>	Ontario Ambulance Service Information System
<b>AVL</b>	Automatic Vehicle Locator	<b>O2</b>	Oxygen
<b>BLS</b>	Basic Life Support	<b>OPLA &amp; ERVS</b>	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
<b>CACC</b>	Central Ambulance Communications Centre	<b>P&amp;P</b>	Policy and Procedure
<b>CCP</b>	Critical Care Paramedic	<b>PCP</b>	Primary Care Paramedic
<b>CME</b>	Continuing Medical Education	<b>PESFOAS</b>	Provincial Equipment Standards For Ontario Ambulance Services
<b>CO</b>	Communications Officer	<b>P&amp;OAU</b>	Policy and Operational Assessment Unit
<b>CPR</b>	Cardiopulmonary Resuscitation	<b>RFO</b>	Regional Field Office EHSB
<b>CTAS</b>	Canadian Triage & Acuity Scale	<b>RTC</b>	Regional Training Co-ordinator
<b>DSSAB</b>	District Social Services Administration Board	<b>SR</b>	Symptom Relief
<b>EHSB</b>	Emergency Health Services Branch	<b>UTM</b>	Upper Tier Municipality
<b>EMA</b>	Emergency Medical Attendant	<b>VIN</b>	Vehicle Identification Number

## Appendix H Legislation

### **FINDING: 1**

#### **Land Ambulance Service Certification Standards Section III Operational Certification Criteria:**

- (a) As a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the Basic Life Support Patient Care Standards (version 2.0) dated January 2007, and where applicable, the Advanced Life Support Patient Care Standards published by the Ministry as those documents may be amended from time to time.

### **FINDING: 2**

#### **Land Ambulance Service Certification Standards Section III Operational Certification Criteria:**

- (i.1) The communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

### **FINDING: 3**

#### **Land Ambulance Service Certification Standards, Section III, Operational Certification Criteria:**

- (d.2) Each land ambulance used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

### **FINDING: 4**

#### **Land Ambulance Service Certification Standards, Section III, Operational Certification Criteria:**

- (c) Only ambulances and emergency response vehicles that comply with the applicable version at time of manufacturer of "Ontario Provincial Ambulance and Emergency Response Vehicle Standards", published by the Ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service.

### **FINDING: 5**

#### **Ambulance Service Patient Care and Transportation Standards, C. Influenza Control**

2. Each operator shall ensure that, as of November 15 every year, or such other date as may be established and communicated in writing by the Director, each EMA and paramedic,
  - (c) provides a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or
  - (d) provides a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

**FINDING: 6**

**Land Ambulance Service Certification Standards Section III Operational Certification Criteria:**

- (r) Incident reports, Ambulance Call Reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

**FINDING: 7**

**Ambulance Service Identification Card Program, Operating Protocols and Processes**

The identification card is and remains the property of the Ministry of Health and Long-Term Care. Upon release from employment, the identification card must be surrendered to the employer and returned to the Ministry. POAS is to be notified of an employee’s release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

**Legislated Mandatory Employment Eligibility Qualifications**

**Separation**

**Date:** Date employee terminated

**From:** YYMMDD

