

# Ambulance Service Review Draft Report

**Manitoulin - Sudbury DSB Paramedic Services**

September 12, 2016



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

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September 12, 2016

Mr. Michael MacIsaac  
Chief of Paramedic Services  
Manitoulin-Sudbury DSB  
347 Second Ave.  
Espanola ON P5E1J4

Dear Mr. MacIsaac:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario.

I am pleased to enclose the Ambulance Service Review Draft Report which summarizes the inspection conducted June 14-15, 2016.

Manitoulin-Sudbury DSB Paramedic Services is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Level of Service
- Quality assurance initiatives with community agencies
- Training
- Vehicles

Opportunities for improvement have been identified in the report as observations. Your response to the draft report is requested within 30 days.

Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in blue ink that reads "M Bay".

Michael Bay  
Manager  
Inspections and Certifications

cc: Mr. Tarmo Uukkivi, Director, EHSB  
Ms. Mary Vahaviolos, Senior Manager, EHSB  
Ms. Holly Cooper, Senior Manager, EHSB  
Mr. Jack Cruickshank, 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; the ministry conducts an Ambulance Service Review prior to the expiration of an existing certificate to confirm that the provider meets legislated certification standards.

Legislated standards include:

- Advanced Life Support Patient Care Standards
- Ambulance Service Communicable Disease Standards
- Basic Life Support Patient Care Standards
- Land Ambulance Service Certification Standards
- Ontario Ambulance Service Documentation Standards
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards
- Ambulance Service Patient Care & Transportation Standards
- Provincial Equipment Standards for Ontario Ambulance Services

In Ontario, the Patient Care Standards legislated under the *Ambulance Act* are designed to ensure that the highest levels of safety are in place for every patient being treated/transported by paramedics and are issued by the Ministry of Health and Long-Term Care with input from:

- Ontario physicians specializing in Emergency Medicine
- Ontario Association of Paramedic Chiefs
- Ontario Base Hospital Advisory Group
- Provincial Medical Advisory Committee

The Ambulance Service Review focuses upon three main areas which are represented in this report:

- Patient Care
- Quality Assurance
- Administration

Subsections within each area provide the legislative requirements, inspection methodologies, followed by the Review Team observations.

### **Ambulance Service Review Overview**

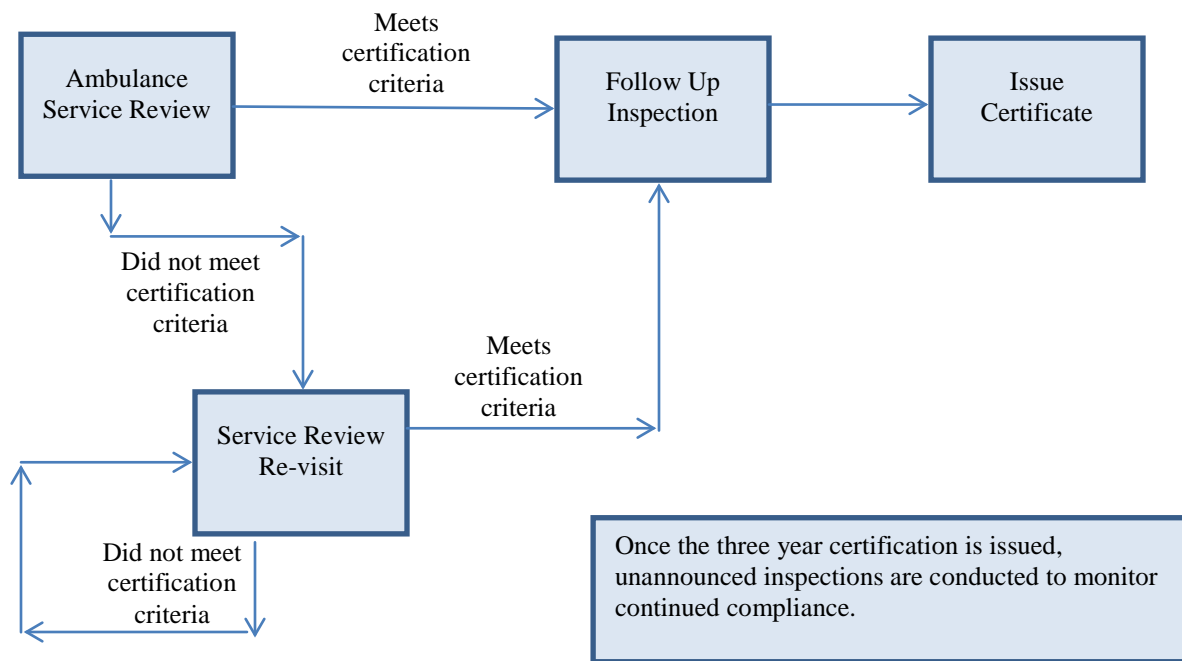
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

Service Providers due for review will be given advance notice, typically 90 days, before the on-site review occurs. This notification includes the Team Checklist Self-Assessment and Resource Tool which is provided to assist a service in preparing for the on-site review.

A Service Provider will also be sent a letter to confirm the date and time of the review, typically, 30 days prior to the on-site visit. Services requiring a re-visit will be given advance notice prior to the date of a team re-visit, typically 30 days.

When a service meets certification standards, it is issued a three-year certificate to operate an ambulance service. When an ambulance service operator does not initially meet certification standards, the ministry conducts a Service Review Re-visit to re-evaluate the service's success in meeting certification standards.

The diagram below graphically represents the certification process.



With every Service Review, an exit meeting is conducted with the Service Provider. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

To meet certification standards, a Service Provider must meet two thresholds:

1. 90%+ for Patient Care (which represents 70% of the overall inspection)
- AND
2. 90%+ overall score (Patient Care 70%, Quality Assurance 20%, Administration 10%)

Review Team: Each Review Team will be comprised of persons experienced in management, operational and patient care delivery aspects of providing ambulance service. Team members are selected for their experience and are trained by Emergency Health Services Branch as quality surveyors. Composition of each Review Team is specific to the size and type of service being reviewed.



Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include one Ministry Team Leader, Service Chiefs, Deputy Chiefs, Superintendents, Commanders, Deputy Commanders, Primary, Advanced and Critical Care Paramedics, all whom are considered seasoned subject experts in their field. Working together to ensure excellence in ambulance services to all Ontarians.

Upon completion of the on-site review, a report is provided to the Service Provider in draft. The Service Provider is provided opportunity to respond to the draft report. The response process is an opportunity for the Service Provider to identify potential inaccuracies and provide response in addressing any noted observations. Once the Service Provider's response has been received, the ministry will coordinate with the Service Provider a suitable time for a follow up visit. A follow up visit is conducted to ensure the noted observations have been addressed by the Service Provider.

A final report, culminating the initial Review Team observations, response from the Service Provider (to the draft report) and any follow up observations, is then provided to the Service Provider. Upon successful completion of the Review process, a renewed Certificate is issued for a further three years.

Inspection Types: In addition to the Ambulance Service Review inspection, three other types of inspections are conducted:

**Service Review Re-visit**

Inspection conducted when a service has been found not to meet certification standards during an Ambulance Service Review.

**Follow Up Inspection**

Inspection conducted after a service has been found to meet certification standards, to confirm actions planned by a service to address observations of the Ambulance Service Review process, have been completed.

**Unannounced Inspection**

Inspection undertaken without prior notice, conducted throughout the three year certificate period.

Inspection Methodologies: The Ambulance Service Review Team will utilize a number of activities and processes to evaluate the success of a Service Provider in meeting the requirements of the legislation and standards. The team may utilize some or all of the following methods:

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with receiving hospital emergency unit staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent where appropriate.
- Documentation Review: Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.

- **Ride-outs:** In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- **Observation and Examination:** To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.
- **Exit Interview:** Upon completion of the Ambulance Service Review site visit, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Review site visit. This meeting will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meeting will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Review.
- **Reports:** Following the Ambulance Service Review site visit, the Review Team Leader will prepare and submit a written summary to the ministry. The on-site observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the report. The draft report forwarded to the Service Provider will indicate that their service has:

#### Satisfied the Requirements

- The Service has met the requirements of the Review.
- A report in draft has been provided indicating the Service Provider has been successful in meeting the requirements to be certified as a land ambulance operator in the Province of Ontario.
- Response to Draft Report from Service Provider.
- Follow up inspection completed.
- Final report transmitted.
- A renewed 3 year certificate is provided.

#### Not Satisfied the Requirements

- The Service has not met the requirements of the Review.
- To assist the Service Provider, the Review Draft Report will include observations on how the service can meet the Review requirements.
- Continued collaboration and consultation are available to assist a Service Provider.
- Review Team resources are available to assist a Service Provider if required or requested in preparing for the re-visit.

## Summation

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Manitoulin-Sudbury DSB Paramedic Services operates from twelve stations, including headquarters and provides primary paramedic patient care. The Service responded to approximately 8,124 calls in 2015. At the time of the Ambulance Service Review, the Service had thirteen front line ambulances, ten mechanical spares and four emergency response vehicles.

The Service provides ambulance service to the residents of Espanola, Noelville, Hagar, Killarney, Gogama, Foleyet, Chapleau, Little Current, Mindemoya, Gore Bay, Massey and Wikwemikong as well as the surrounding areas. Headquarters is located at 347 Second Avenue, Espanola. Manitoulin-Sudbury DSB Paramedic Services is dispatched by Sudbury CACC, Sault Ste. Marie CACC and Timmins CACC. Manitoulin-Sudbury DSB Paramedic Services has a Base Hospital relationship with the Health Sciences North, Centre for Prehospital Care.

This Service has been in operation since January 1, 2004. The certificate for Manitoulin-Sudbury DSB Paramedic Services expires on November 10, 2016. As required to renew their certificate, Manitoulin-Sudbury DSB Paramedic Services participated in an Ambulance Service Review by the Ambulance Service Review Team on June 14-15, 2016. The Ambulance Service Review conducted June 14-15, 2016 found that Manitoulin-Sudbury DSB Paramedic Services has **met** the requirements of the *Land Ambulance Service Certification Standards*.

The Review Team for Manitoulin-Sudbury DSB Paramedic Services was comprised of:

Ministry Reps.:

- One Team Leader,
- One Fleet Standards Analyst.

Management Reps. from:

- The County of Bruce,
- The City of Guelph-Wellington,
- The District of Kenora.

Paramedic Reps. from:

- The Region of Niagara,
- The County of Dufferin,
- The County of Renfrew,
- The City of Peterborough,
- The City of Thunder Bay,
- The City of Toronto.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Manitoulin-Sudbury DSB Paramedic Services staff for their assistance throughout the Review.



## Patient Care

### Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Paramedic Ride-outs,
- Training,
- ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Oxygen, Suction, Stretcher and Defibrillator Maintenance,
- Vehicles – Staffing,
- Vehicles – Maintenance/Inspection, and
- Collision reporting.

### ACR Review – ALS/BLS Standards

Legislated Requirement: ACR documentation of patient care delivered by paramedics is one avenue used to confirm that ALS/BLS Patient Care Standards are properly performed and that the appropriate CTAS level was assigned according to patient condition. Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* (a) states, 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 and where applicable, the Advanced Life Support Patient Care Standards published by the ministry as those documents may be amended from time to time.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as Ambulance Call Reports (ACRs), Incident Reports (IRs), conducted four ride-outs at eight stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: 93% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the three hundred and one Ambulance Call Reports reviewed by the Review Team, the following 21 or 7%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only).

#### (Observation: 1)

Call Number	Patient Issue	Audit Findings
951002244816	34 year old Pt with dizziness and resolved chest heaviness.	No ASA administered for cardiac event.

Call Number	Patient Issue	Audit Findings
950005888677	75 year old female Pt with SOB.	<i>Medic conducted vitals but did not provide 2 complete sets of vitals.</i>
950005903555	57 year old Pt with chest pain.	<i>No vitals documented after 4th NTG administration. Vitals required before and after all medication administration.</i>
950005908787	Chest - Instability: Right side chest wall paradoxical movement approximately 3 inch x 3 inch, asymmetrical motion.	<i>Flail segment identified - no documentation indicating flail was secured.</i>
950005912633	92 year old Pt with sinus tach, asymptomatic.	<i>No documentation of O2 being administered.</i>
950005918230	69 year old Pt, hypotensive @ 45/31, next BP 69/38, then 77/47; arrive Pt at 12:00 - O2 via NRB @ 12:16.	<i>Delay to O2 administration with critical Pt, only (1) complete set of vitals documented.</i>
950005921588	71 year old Pt, fall evening prior "severe pain to her lower back on movement" "position of comfort and secured".	<i>Fall evening prior with back pain, Pt not immobilized.</i>
950005924834	2 y/o syncope, fell off couch. Mother unable to wake her up.	<i>37 min transport time with 2 year old sitting on her Mom's lap on the blue seat. Pt didn't want to be alone. Pt had seat belt on. Pt refused to be left alone. Pt not secured in Pedi-Mate for transport.</i>
952005925587	22 year old male, alcohol intoxication, found on side of road in December by PD, shaking, cold to touch, crew established GCS 8, Code 3 return and no O2 administered. Temp 34.1.	<i>No documentation of O2.</i>
950005925798	ASA given for chest pain, no documentation of O2 administration.	<i>Code 4 return with chest pain, no O2.</i>
950005935832	1 y/o with possible abuse with bruising.	<i>No 2 complete sets of vitals, no BPs provided, service has capability.</i>
950005940017	Syncope.	<i>No 2 complete sets of vitals, one set missing skin, LOC and pupils.</i>
950005951429	Fall with back pain.	<i>Pupils and LOC not completed in second set of vitals.</i>
952005957961	Hyperglycemic.	<i>No O2 applied.</i>
950005958235	SOB and chest discomfort post chest tube removal for fx ribs.	<i>No O2 applied or assessment (PQRST).</i>
950005958486	Syncope, fall, vomiting on backboard.	<i>Gravol not considered/given.</i>
950005960048	Syncope and dizziness.	<i>12 lead done but ASA not considered/given.</i>
950005960913	Numbness to face.	<i>No 2 complete sets of vitals, BG done but value not documented.</i>
950005961495	Chest Pain.	<i>No assessment (PQRST).</i>
952005919122	36 y/o pt post-ictal with possible fracture to right ankle when she fell from seizing.	<i>1 set of vitals. No O2 given.</i>
952001752031	77 y/o with stroke like symptoms. Pt also had a seizure during transport.	<i>No blood sugar taken.</i>

The Review Team noted the Service Provider's ACR audit process is designed to monitor paramedic compliance with the ALS/BLS Patient Care Standards. The Service Provider audited each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.

The Service Provider's QA/CQI of ACRs includes:

- Recommendations to staff for appropriateness and consistency with ALS/BLS standards.
- Recommendations resulting from an ACR audit are addressed to mitigate reoccurrence.
- The Service Provider works with Base Hospital to review and investigate calls.
- Recommendations resulting from Service Provider/Base Hospital review are addressed to mitigate reoccurrence.

## Paramedic Ride-Outs

**Legislated Requirement:** The diagnostic modalities employed by paramedics are spelled out in standards of practice or practice guidelines set out in the BLS Patient Care Standards, the ALS Patient Care Standards and Base Hospital Medical Directives.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* (a) states, 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 and where applicable, the Advanced Life Support Patient Care Standards published by the ministry.

**Inspection Methodologies:** The Review Team consisting of two Primary Care Paramedics, two Advanced Care Paramedics and one Critical Care Paramedic, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Manitoulin-Sudbury DSB Paramedic Services paramedics at eight stations during the on-site review.

**Observations:** 100% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards. Patient care observed during ride-outs was described as professional, courteous, well managed and compassionate. During the review, paramedic reviewers completed four ride-outs, as observers. Of the four calls observed, all calls were patient carrying calls. Of the patient carried calls, one call was priority 4: two calls were priority 3, and one call was priority 2.

A priority 4 call is a threat to life and or limb, priority 3 is an emergency call of serious illness or injury, and should be performed without delay, priority 2 is a routine call that must be completed at a specific time, priority 1 is a routine call that may be delayed without detriment to the patient. Non patient carry calls depict a patient was not transported.

Some examples of the ride-out observations are attached as **Appendix C** on page 40.

## Training

**Legislated Requirement:** Training and Continued Medical Education ensure paramedic competencies and abilities in the provision of patient care. Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* (k) states, 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 Advanced Life Support Patient Care Standards.

Inspection Methodologies: The Review Team reviewed reports and records relevant to staff training and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider ensured paramedics have access to:

- Current user guides,
- Training bulletins,
- Videos and mandatory learning materials,
- A medium for the review of training materials,
- Base Hospital training, and
- Base Hospital Policies and Protocols.

The Service Provider has processes in place to ensure paramedic knowledge and skills are maintained, which includes:

- A remedial training program for staff who demonstrated deficiencies in the use of patient care equipment.
- Training for new, updated and additional equipment.
- Annual aggregate evaluation of compliance with the Patient Care Standards.
- Evaluation results communicated to staff.

The Service Provider's processes to ensure paramedic knowledge and skills are maintained, did not always include: **(Observation: 2)**

- New staff members undergoing an evaluation of their patient care skills.

Training records included the date, location, type, nature and duration of each CME activity.

All Paramedics employed by the Ambulance Service Operator are included in the QA/CQI Program. From the fifteen Paramedic files reviewed by the Review Team, the Service Provider captured 100%, demonstrating the component of patient care equipment knowledge and skills are demonstrated and tested.

Documentation demonstrated the Service Provider works with the Base Hospital to:

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Provide remedial training to employees whose patient care skills are considered deficient.
- Ensure identified staff attended and successfully completed remedial training.
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Provide remedial training for employees whose certification has been suspended or revoked.
- Ensure identified staff attended and successfully completed remedial training for Controlled Acts.
- Ensure Base Hospital certification is on file.



## ID Cards

Legislated Requirement: Ministry issued ID Cards are required to be carried by the paramedic while on duty during the provision of patient care.

Paramedic ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and law enforcement; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports. Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

(g.2) The unique identification number referenced in clause (g.1) shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation and observed twenty-eight Manitoulin-Sudbury DSB Paramedic Services personnel for compliance respecting ID Cards.

Observations: 96.4% of Manitoulin-Sudbury DSB Paramedic Services paramedic staff observed during patient care ride-outs and at stations, were noted to carry the service specific identification card exhibiting the EHS unique identification number on their person while on duty (*employee EHS# 25242 did not have their ID card*). **(Observation: 3)**

## Communicable Disease Management

Legislated Requirement: The Service Provider, management team and staff, have an obligation to ensure infection control and occupational health and safety measures are in place to prevent transmission of an infectious disease.

The *Ambulance Service Patient Care and Transportation Standards*, Patient Transport, section 2, subsection (b) states in part, each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

Inspection Methodologies: The Review Team conducted ride-outs at eight stations for direct observation of the provision of patient care. The Review Team also reviewed reports and records relevant to Service Communicable Disease Management and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: 100% of service Paramedics observed, washed their hands as soon after a call as was practical, in accordance with the *Ambulance Service Patient Care and Transportation Standards* (ASPCTS) and Service Policy.

Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of ASPCTS and Communicable Disease Management. There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

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

### Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and or persons do not become projectiles. The ASPCTS, Patient Transport subsection (c) states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV, (g) each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and the securing of equipment and supplies. A total of four vehicles during rideouts were inspected for securing of equipment and supply compliance.

The Review Team also reviewed reports/records relevant to service vehicles and equipment, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: Paramedics ensured each person transported in an ambulance or ERV were properly restrained. Patient care and accessory equipment and supplies were secured in the vehicles as per the ASPCTS. Passengers wore seat belts during the provision of ambulance service while the ambulances and ERVs are in motion.

During transport, patients were secured to the stretcher and the stretcher was secured in the vehicle.

### Communication - CACC/ACS Direction

Legislated Requirement: To ensure continuity of operations and response by appropriate service resources, the Service Provider and staff must provide the Ambulance Dispatch Centre their deployment plan, care provider levels of training (Primary/Advanced Care), vehicle availability, resource-call contingencies, tier response agreement and follow the direction of the Ambulance Dispatch Centre at all times.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, no employee of the applicant/operator's land ambulance service shall refuse or disregard the direction of a Communications Officer in regard to any request for ambulance service. The Communication Service that normally directs the movement of the ambulances and ERVs will be kept informed at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

The *Basic Life Support Patient Care Standards*, Patient Transport states in part, the Paramedic will make a decision regarding receiving facility and initiate transport of the patient as confirmed or directed by:

- an ambulance communication officer, or
- an attending physician, with dispatch confirmation, or
- a coroner, with dispatch confirmation, or
- a base hospital physician, or
- midwife, with dispatch confirmation, or
- approved local transfer guidelines, or
- the patient, with dispatch approval.

In the absence of direction, transport to the closest or most appropriate hospital emergency unit capable of providing the medical care apparently required by the patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and radio interaction with their Communication Service.

The Review Team also reviewed reports and records relevant to Service Policy, service equipment (radios), staffing, QA/CQI, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider and staff accept ambulance calls as assigned by the CACC and followed the direction from the Ambulance Dispatch Centre, according to the Service Provider's Deployment Plan.

As part of the Service Provider's deployment strategies to ensure continuity of operations, the Service notified the Communication Service:

- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.
- Of each ambulance or emergency response vehicle's availability and location.

There was documentation demonstrating there is clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service, i.e. hospital availability. There was also documentation demonstrating clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

Paramedics ensured patients are transported to a facility as directed by the Communication Service or to the most appropriate facility when not directed by the Communication Service. Staff demonstrated proficiency using communication equipment.

## **Patient Care Equipment and Supplies**

Legislated Requirements: The Patient Care Standards have been developed with the assistance and input of Ontario physicians specializing in Emergency Medicine, input from the Ontario Association of Paramedic Chiefs (OAPC), the Ontario Base Hospital Advisory Group and the Provincial Medical Advisory Committee. To ensure patient care meets the legislated standards, equipment and supplies utilized by paramedics must meet and be maintained to the standards.

The Provincial Equipment Standards for Ontario Ambulance Services specify the minimum quantities of each piece of equipment that are required to be carried on a land ambulance or emergency response vehicle.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services," published by the ministry as may be amended from time to time. Further, each land ambulance or ERV 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.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care, securing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of eleven vehicles at eight base locations were inspected for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, vehicles, equipment and supplies, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: Eleven ambulances were inspected and we noted the following:

Ambulances:

- From the eleven ambulances reviewed by the Review Team, the Service Provider captured 4,021 of 4,026 equipment and supply requirements from the *Provincial Equipment Standards for Ontario Ambulance Services*, or 99.9%. The Service Provider is commended for this review observation. **(Observation: 4)**

The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to clean the equipment and patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

100% of the patient care and accessory equipment observed was clean and sanitary. 100% of the patient care and accessory equipment observed was maintained in working order. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call.

The patient care equipment observed was stored in a manner that is consistent with manufacturer's direction and according to service policy. Further, 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider did have a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns.

There was documentation demonstrating that patient care equipment repairs had been completed and the Service Provider maintained repair receipts for the life of each piece of equipment.

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use.

The Review Team noted while on site, vehicles were stocked as soon as possible after a call and were re-stocked with supplies, according to the equipment standard.

Examples of the minor equipment and/or supply observations are noted in the table attached as **Appendix D** on page 41.

## Medications

**Legislated Requirements:** To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Further, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services". Also, each land ambulance or ERV 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.

**Inspection Methodologies:** The Review Team conducted ride-outs for direct observation of patient care/medication interventions, securing/storing of medications, vehicle stocking and cleanliness of supplies and equipment.

A total of eleven vehicles at eight base locations were inspected for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, vehicles, equipment and supplies, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

**Observations:** 100% of the medications observed were stored in a manner consistent with manufacturer's requirements and secured from unauthorized access. Staff followed the policy respecting the disposal of expired medications.

100% of the bases and vehicles observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container.

## Oxygen, Suction, Stretcher & Defibrillator Maintenance

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part,

- Each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled “Provincial Equipment Standards for Ontario Ambulance Services”, published by the ministry as may be amended from time to time.
- Each land ambulance or ERV 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.

Inspection Methodologies: The Review Team conducted ride-outs and inspected vehicles for direct observation of securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of eleven vehicles at eight base locations were inspected for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, equipment maintenance and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: All patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, and defibrillators are included within the Service Provider’s Preventative Maintenance program.

Service oxygen testing equipment had been calibrated according to the manufacturer’s specifications. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements. Based on data available from Service files, of the one hundred and seven patient care devices inspected, the preventive maintenance program met the manufacturer’s specification 69.7% of the time. **(Observation: 5)**

Some examples of the patient care devices preventative maintenance review is attached as **Appendix E** on page **41**.

The Service Provider’s Preventative Maintenance program also includes all patient carrying equipment. Service stretcher maintenance files were found to be complete. The preventative maintenance schedule was based on every 7 months. 94.3% of the patient carrying equipment met the manufacturer’s specification respecting preventative maintenance. **(Observation: 5)**

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page **43**.

## Vehicles - Staffing

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service to meet community needs. Further, the Service Provider must ensure each vehicle designated as a PCP, ACP or CCP response vehicle, must be staffed accordingly to meet their service commitment/deployment plan.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

The *Ambulance Service Patient Care and Transportation Standards*, Patient Care section (A) states in part, each operator and each emergency medical attendant (“EMA”) and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

- (a) Each emergency response vehicle (“ERV”) responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.
- (b) Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.
- (c) Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care provider configurations/service deployment strategies.

A total of eleven vehicles at eight base locations were inspected for compliance per the *Ambulance Service Patient Care and Transportation Standards*. The Review Team also reviewed reports and records relevant to Service Policy, staffing deployment and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service.

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/Inspection

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service meets community needs.

To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards and that equipment, supplies and vehicles are maintained according to manufacturer’s specifications.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture 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.

- Each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled “Provincial Equipment Standards for Ontario Ambulance Services”, published by the ministry as may be amended from time to time.
- Each land ambulance and ERV 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.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care, securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of eleven vehicles at eight base locations were inspected for equipment and supply compliance per the vehicle, equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, vehicle and equipment maintenance and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: 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 documentation on file confirming certification of ERVs (self certification or manufacturer's certification). There was also documentation on file demonstrating additions or conversions meet manufacturer's specification.

The Service Provider's Vehicle Preventative Maintenance program is based on 8,000 Kms + 20% between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of PM files demonstrates the Service Provider's Vehicle Preventative Maintenance is performed according to the Service Provider's schedule/Original Equipment Manufacturer's schedule. The average vehicle maintenance interval calculates to 6,753 Kms. Maintenance or repair records are maintained by the Service Provider for the life of the vehicle.

The Service Provider provides the Ambulance Dispatch Centres access to radios and communication equipment upon request. The Service Provider ensured that communication equipment remains operational at all times and works co-operatively with the Ambulance Dispatch Centres to ensure communication equipment repairs are completed when and as required.

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's identification was displayed on the front and rear of the vehicle as required. The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.



During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation.
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.
- Vehicles were not always maintained mechanically and in proper working order (*vehicle 5411, emergency brake not working*). **(Observation: 6)**
- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per day or shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- 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.
- Each vehicle follows the deep clean program.
- Patient care compartment of 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

**Legislated Requirements:** Collision reports document the events and information by paramedics when an ambulance or ERV is involved in a collision.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, 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.

**Inspection Methodologies:** The Review Team reviewed reports and records relevant to Service Policy, collision reports, Service QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

**Observations:** The Service Provider provided documentation demonstrating staff immediately notify CACC when an ambulance or ERV is involved in a collision. It was noted that staff completed collision reports as per legislation. There was documentation provided demonstrating the Service Provider audits collision reports for completeness and accuracy. The Service Provider's collision reports contain at minimum, the information as identified within the *Ambulance Service Documentation Standards* and are kept on file for a period of not less than five years.



## Quality Assurance

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### Subsections:

- Quality Assurance/CQI,
- Employee Qualifications, and
- ACR and IR Documentation.

### Quality Assurance/CQI

Legislated Requirements: A Service Provider’s QA/CQI Program provides a Service Provider continued oversight in their quality of patient care and provision of service delivered to the public.

- Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- Subsection 3 (1) of Regulation 257/00 made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Service Certification Standards*.
- Section III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* subsection (r) states in part, 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.
- The *Ambulance Service Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulates ACR documental requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policy, QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has 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.

As part of the QA/CQI Program, the Service Provider investigates and responds to patient care and service delivery complaints. The Service Provider addresses recommendations resulting from an investigation to mitigate reoccurrence.

## Employee Qualifications

**Legislated Requirements:** In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by Ontario Regulation 257/00. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice.

Section III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualification as described in Part III of the regulation.

The *Ambulance Service Communicable Disease Standards* stipulates the immunization requirements for employment in Ontario.

The *Ambulance Service Patient Care and Transportation Standards* delineate influenza immunization and reporting requirements.

**Inspection Methodologies:** The Review Team consisting of two Management Review Team representatives undertook a review of sixty Primary Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI employment initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

**Observations:** From the sixty HRI files reviewed by the Review Team, the Service Provider captured 100% possible qualification requirements. The Service Provider is commended for this review observation.

Manitoulin-Sudbury DSB Paramedic Services maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation. A personnel record is maintained for each employed paramedic which includes evidence of qualification as described in Part III of Regulation 257/00.

There was documentation demonstrating each type of paramedic is qualified. Further, there was 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.

Examples of the observations are itemized in detail and attached as **Appendix A** on page 37.

As of December 18, 2015, EMAs and paramedics must:

- (a) provide 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) provide 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.

From the sixty HRI files reviewed by the Review Team, the Service Provider captured 100% Influenza Immunization status requirements no later than directed by EHSB. Each operator shall, no later than January 22, 2016, report to the local Senior Field Manager of the Emergency Health Services Branch, the following:

- a) the total number of active EMAs and paramedics employed by the operator;
- b) the number of EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza;
- c) the number of EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
- d) the number of EMAs and paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

The Service Provider reported the Influenza Immunization status of each employee to the EHSB Field Office as required each year.

## ACR – IR Documentation

Legislative Requirement: ACRs document the patient care delivered by paramedics and are used to confirm that ALS/BLS Patient Care Standards are properly performed. The ACR forms part of the patient record and must be completed according to the *Ambulance Service Documentation Standards*.

The *Land Ambulance Service Certification Standards* subsection (r) states in part, 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.

The *Ambulance Service Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulates ACR documental and distribution requirements.

Inspection Methodologies: The Review Team consisting of one Primary Care Paramedic and two Advanced Care Paramedics undertook a review of three hundred and one ACRs (all priority and CTAS level calls).

The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: From the three hundred and one ACRs reviewed by the Review Team, the Service Provider captured 17,795 of 17,900 possible data points, or 99.4% of the Ambulance Call Report information requirements. The Service Provider is to be commended for this documental observation. **(Observation: 7)**

As part of their responsibility, the Service Provider identifies the number of outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed as required under the Documentation Standards.

The Service Provider audits ACRs to determine if they are completed as per the *Ambulance Service Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the ASDS. Further, the Service Provider addresses recommendations to mitigate reoccurrence.

There was documentation demonstrating staff review the ACR Manual as part of the Service Provider's QA/CQI Program.

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

During the review, a random sample of ACRs was reviewed. The review of ACRs was not only to determine compliance with Patient Care Standards, as was addressed earlier, but to also determine if documentation meets the *Ambulance Service Documentation Standards*. Two hundred and seventy-five were patient carried calls covering all priority and CTAS level patient transports, twenty-six were non patient carried calls.

### **Patient Carried Calls**

Mandatory fields were not always completed on patient carried calls according to the *Ambulance Service Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 37. **(Observation: 7)**

### **Non Patient Carried Calls**

Mandatory fields were not always completed on non-patient carried calls according to the *Ambulance Service Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 37. **(Observation: 7)**

### **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. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 37. **(Observation: 7)**

It was noted that Ambulance Call Reports were distributed according to the *Ambulance Act, Regulations* and *Ambulance Service Documentation Standards*. It was also noted that completed Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

The review of ACRs reflected that Incident Reports are completed when required, as per the ASDS. Nine of the reviewed ACRs required an Incident Report, all Incident Reports were completed.

As part of their QA/CQI process, the Service Provider audits Ambulance Call Reports to determine if an Incident Report was to have been completed.

The Service Provider audits Incident Reports for completeness and accuracy. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports regarding completeness and or accuracy. Recommendations are addressed to mitigate reoccurrence.

It was noted that Incident Reports are secured from unauthorized access and are maintained on file for a period of not less than five years. Completed Incident Reports are transmitted to the MOHLTC Field Office according to legislation.

## Administrative

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### Subsections:

- Response Time Performance Plan,
- Deployment Plan,
- Ambulance Service Identification Cards,
- Base Hospital Agreement,
- Policy and Procedures, and
- Insurance.

### Response Time Performance Plan

Legislated Requirement: A Service Provider is required to establish a Response Time Performance Plan, to monitor, enforce and where necessary, update their plan as required to ensure patients categorized as the most critical, receive response and assistance in the times established within their plan.

Part VIII of Ontario Regulation 257/00 made under the Act states in part, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan respecting response times.

An upper-tier municipality or delivery agent shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5, and that such targets are set for each land ambulance service operator selected by the upper-tier municipality or delivery agent in accordance with the Act.

An upper-tier municipality or delivery agent shall ensure that throughout the year the plan established under that subsection is continuously maintained, enforced and evaluated and where necessary, updated whether in whole or in part.

An upper-tier municipality or delivery agent shall provide the Director with a copy of the plan established under that subsection no later than October 31<sup>st</sup> in each year, and a copy of any plan updated, whether in whole or in part, no later than one month after the plan has been updated.

An upper-tier municipality or delivery agent shall provide the Director with the percentages for the preceding calendar year, required under Part VIII of Ontario Regulation 257/00, section 23, subsection 7(1), (2), (3), no later than March 31<sup>st</sup> of each year.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Response Performance and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has an established Service Response Time Performance Plan with 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 provides the Director of EHSB with a copy of the Response Time Performance Plan no later than October 31<sup>st</sup> of each year.

The Service Provider is meeting their Response Time Performance Plan.

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

The Service Provider reviewed and updated their Response Time Performance Plan by October 1<sup>st</sup> of each year.

There was also documentation to demonstrate that by March 31<sup>st</sup> of each year the Service Provider reported to the Director the following for the preceding calendar year:

- The percentage of times that a person equipped to provide defibrillation arrived on-scene for sudden cardiac arrest patients, within six minutes.
- The percentage of times the ambulance crew arrived on-scene for sudden cardiac arrest or other CTAS 1 patients, within eight minutes.
- The percentage of times the ambulance crew arrived on-scene for patients categorized as CTAS 2, 3, 4 and 5, within the response time targets set by the UTM or Service Provider.

## Service Provider Deployment Plan

**Legislated Requirement:** A Service Provider's Deployment Plan and strategies provide the Service Provider oversight to ensure in part, the continuity of operations and provision of service meets community needs.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

Section III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* subsection (i.1) states in part, 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.

**Inspection Methodologies:** The Review Team reviewed reports and records relevant to service/staffing deployment and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

**Observations:** The Service Provider has provided a copy of their deployment plan to the Field Office. The deployment plan has been provided to the Ambulance Dispatch Centres for implementation into the Local Operating Policies. Documentation demonstrates the service has sufficient staff at each level of qualification to meet their deployment plan.



To ensure continuity of operations, the Service Provider does notify the Ambulance Dispatch Centres of any changes to their staffing pattern. The Service Provider notifies the Ambulance Dispatch Centres before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERV's.

### Ambulance Service Identification Cards

Legislated Requirements: A Paramedic in Ontario is required to obtain a ministry issued, service specific ID card prior to the provision of patient care. The ID card must be carried on their person at all times while performing patient care duties. The ID card process ensures the paramedic meets qualification requirements and provides the paramedic an ability to log onto the ambulance dispatch environment. The ID card is a provincially accepted ID for access to restricted areas otherwise not available to the general public and must be returned to the ministry upon employment separation.

Section III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* subsection (g) states in part, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

The unique identification number shall appear on a photo identification card and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.

Section III also states in part, ambulance service identification cards are and remain the property of the Ministry of Health and Long-Term Care (the ministry). Upon release from employment, the identification card must be surrendered to the employer and returned to the Emergency Health Services Branch.

Ambulance Service Identification Card Program, Operating Protocols and Processes stipulates, the ministry 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.

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has provided their baseline employee record information to the ministry.

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring but did not always provide separation dates (*EHS#'s 12294, 21007, 20026, and 20511*). It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. Accordingly, we did not note any occasions when a newly hired paramedic logged onto the communication environment with either a fictitious number or a number assigned to another person. **(Observation: 8)**

The ministry is notified in each instance an identification card is lost. The Service Provider recovered the paramedic's service specific identification card but did not always return it to the ministry on each occasion of employment being terminated (*EHS#'s 21166, 20512, 17799, 21282, 20029, and 11025*). **(Observation: 8)**

## Base Hospital Agreement

Legislated Requirement: Each Service Provider must have an Agreement in place with their regional Base Hospital for medical oversight. Each Base Hospital has a framework within which its medical director provides guidance and medical advice, quality assurance, advanced care skills training, certification of paramedics and the delegation of Controlled Acts.

Base Hospital Policies and Medical Directives are established specifically to enable delegation to paramedics in accordance with legislated requirements, regulations, standards, College of Physician and Surgeons of Ontario (CPSO) and provincial guidelines. The Base Hospital Program has been providing pre-hospital medical oversight for over thirty years.

Section III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* subsection (1) states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service QA/CQI/Base Hospital initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has a written performance agreement with the Base Hospital that includes:

- Providing medical direction and training to all paramedics.
- Monitoring quality of patient care given by those paramedics.
- Delegation of controlled medical acts to paramedics.

## Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure the General Standard of Care.

- The *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- The *Ambulance Service Patient Care and Transportation Standards*, section (A) states in part, each operator and each emergency medical attendant and paramedic employed or engaged as a volunteer by the operator, shall ensure that: Each EMA and paramedic shall attend and participate in such continuing education and competency maintenance activities as are required to provide ambulance service in accordance with the regulations.

- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.
- No EMA or paramedic, while on duty, takes or consumes any liquor within the meaning of the Liquor Control Act, or any drug which could impair his or her ability to function as an EMA or paramedic: or reports for duty while under the influence of any liquor within the meaning of the Liquor Control Act, or any drug which impairs his or her ability to function as an EMA or paramedic: or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The *Ambulance Service Communicable Disease Standards* states in part, each operator shall ensure that: employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The *Ambulance Act*, Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.
- The Act further states the requirements respecting the disclosure of personal health information and personal health information has the same meaning as in the Personal Health Information Protection Act, 2004.
- Part VI of *Ontario Regulation 257/00* made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed: arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported: and no patient is transported in the ambulance at the same time as the remains are transported.
- An ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Service QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has a Policy and Procedure document accessible to staff. New and updated Policies and Procedures are communicated to staff. The Service Provider monitors and enforces Policies and Procedures to ensure optimal provision of service. The Service Provider has policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of drugs or alcohol.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.

- Regarding the disposal of bio-medical materials/waste e.g. contaminated bedding/bandages/anatomical waste.
- That students are to be free from communicable diseases.
- That students are to be immunized.
- Requirements for students/observers are monitored and enforced.
- Staff will immediately notify the CACC/ACS in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.

There is documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There is further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

The Service Provider ensures the continuity of operations.

## Insurance

Legislative Requirement: To mitigate risk and exposure to paramedics, staff and their management team, Service Providers must have appropriate insurance coverage as outlined in *Regulation 257/00*.

Part VI of *Ontario Regulation 257/00* made under the Act states in part, if the operator of a land ambulance service that is an applicable enterprise uses or permits the use of a land ambulance or emergency response vehicle that is not owned by the Province of Ontario, the operator shall obtain and maintain in good standing a contract of automobile insurance under Part VI of the *Insurance Act* in respect of the vehicle, under which, the operator and every driver are insured and delineates all insurance requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service insurance policy coverage and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: It was noted the Service Provider's insurance policy was current and valid. Further, the insurance coverage was at least equal to that outlined in 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, and
- Liability while the ambulance is used for carrying passengers for compensation or hire.

## Appendix A HRI Review Summary Table

Employee #	Missing File Information
	• No Omissions.

## Appendix B ACR Summary Tables Patient Carried Calls Code 4 &amp; 3

Call Number	Documentation Issue	Driver #	Attendant #
950005889765	• Postal Code.	16795	14796
950005892290	• Postal Code.	10314	11598
950005928478	• Postal Code.	17357	1758
950005958235	• Crew Member 2 Signature. • Chest.	15657	42654
950005940017	• Vitals x 2 minimum,/ and as call indicated.	10021	79488
950005960048	• Treatment/Procedure/Medication.	17357	20033
950005958486	• Treatment/Procedure/Medication.	11028	20034
950005951429	• Vitals x 2 minimum,/ and as call indicated.	20660	7821
950005957961	• Treatment/Procedure/Medication.	18505	20030
950005956777	• Postal Code.	18507	21163
952005919122	• Vitals x 2 minimum,/ and as call indicated.	98339	22130
950005911407	• Incident History (PQRST) (MOI).	11598	10314
950005915775	• Trauma injury site/type.	11598	10314
950005925070	• Chief Complaint. • Vitals x 2 minimum,/ and as call indicated.	22090	78217
950005926938	• Trauma injury site/type.	21415	20027
950005927853	• Incident History (PQRST) (MOI).	10123	11598
952005923918	• Postal Code.	13482	20031
950005922675	• Trauma injury site/type.	18504	20030
950005921588	• Trauma injury site/type.	52538	27981
952005921516	• Postal Code.	15881	22130
950005906641	• Postal Code.	17159	20033
951002243147	• Trauma injury site/type.	12164	15905
950005905819	• Trauma injury site/type.	21417	21203
952005905169	• Trauma injury site/type.	15972	15973
950005904994	• Trauma injury site/type.	20033	53465
952005904416	• Trauma injury site/type.	14909	17359
950005903449	• Trauma injury site/type.	20030	79488
952005925561	• Postal Code.	15972	20031
950005927339	• Postal Code.	21163	16795
950005921478	• Relevant Past History. • Medications.	18507	20034
950005921429	• Trauma injury site/type.	52538	27981
952005920755	• Trauma injury site/type.	15881	14379
952001755253	• Trauma injury site/type.	17022	20024
950005913537	• Postal Code. • Medications.	10123	20030
950005912688	• Vitals x 2 minimum,/ and as call indicated.	98564	99048

Call Number	Documentation Issue	Driver #	Attendant #
950005911772	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Trauma injury site/type.</li> </ul>	21163	27981
950005908787	<ul style="list-style-type: none"> <li>• Trauma injury site/type.</li> </ul>	22087	13746
950005908432	<ul style="list-style-type: none"> <li>• Postal Code.</li> </ul>	21163	18370
950005907184	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Trauma injury site/type.</li> </ul>	92958	13568
952005904942	<ul style="list-style-type: none"> <li>• Trauma injury site/type.</li> </ul>	15972	15881
950005903555	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	20034	16624
950005902724	<ul style="list-style-type: none"> <li>• Relevant Past History.</li> </ul>	10364	17358
952005902567	<ul style="list-style-type: none"> <li>• Postal Code.</li> </ul>	18504	20030
950005901980	<ul style="list-style-type: none"> <li>• Postal Code.</li> </ul>	18370	20065

### Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
950005854473	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	14379	12294
950005855221	<ul style="list-style-type: none"> <li>• Chief Complaint.</li> </ul>	20031	21165
950005855954	<ul style="list-style-type: none"> <li>• Postal Code.</li> </ul>	98332	13482
950005935832	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	14332	98558
950005910270	<ul style="list-style-type: none"> <li>• Allergies.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	65005	78217
950005914651	<ul style="list-style-type: none"> <li>• Medications.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	14972	72512
950005908516	<ul style="list-style-type: none"> <li>• Medications.</li> </ul>	14972	72512
950005907755	<ul style="list-style-type: none"> <li>• Relevant Past History.</li> <li>• Medications.</li> <li>• Allergies.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	14972	72512
950005916558	<ul style="list-style-type: none"> <li>• Relevant Past History.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	79488	18504
950005906144	<ul style="list-style-type: none"> <li>• Postal Code.</li> <li>• Relevant Past History.</li> <li>• Allergies.</li> </ul>	18507	15492
950005911297	<ul style="list-style-type: none"> <li>• Medications.</li> </ul>	11598	10314
950005909638	<ul style="list-style-type: none"> <li>• Relevant Past History.</li> <li>• Medications.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	79488	18504
950005925833	<ul style="list-style-type: none"> <li>• Medications.</li> </ul>	10123	22130
950005912900	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	98564	99048
950005910393	<ul style="list-style-type: none"> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	14973	79488
950005901931	<ul style="list-style-type: none"> <li>• Medications.</li> </ul>	18370	20065
951002245075	<ul style="list-style-type: none"> <li>• Medications.</li> </ul>	15905	22088
950005904587	<ul style="list-style-type: none"> <li>• Relevant Past History.</li> <li>• Medications.</li> <li>• Vitals x 2 minimum,/ and as call indicated.</li> </ul>	95086	16625

## Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
950005891096	• Cancelled Reason.	18108	22088
950005891801	• Province. • Postal Code. • Cancelled Reason.	17359	18329
950005891505	• Witness Signature. • Cancelled Reason.	17357	16073
950005892912	• Cancelled Reason.	20030	16625
950005889237	• Cancelled Reason.	98339	20511
950005894370	• Cancelled Reason.	20033	17159
950002888415	• Cancelled Reason.	16096	22090
950005894053	• Postal Code.	18657	18108
950005892786	• Cancelled Reason.	10364	17358
950005891945	• Cancelled Reason.	16073	10021
950005895087	• Witness Signature. • Cancelled Reason.	20656	20027

## Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
950005888591	• Witness Signature.	17159	20033
952001740717	• Patient or Substitute Signature Time. • Witness Signature.	10702	22086
950005891505	• Witness Signature.	17357	16073
950005893646	• Witness Signature.	11028	46599
952001747682	• Witness Signature.	21168	17022
952001746077	• Witness Signature.	17022	21164
950005891277	• Witness Signature.	78217	22087
950005895087	• Witness Signature.	20656	20027

## Appendix C Paramedic Ride-Out Summary Observation Tables

Call Observation Summary							
CALL	950005964699	VEHICLE NO:	5243	PRIORITY	OUT: 4	IN: 4	
MEDIC #1	10314	MEDIC #2	11592	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard				<input checked="" type="checkbox"/>			
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	950005964499	VEHICLE NO:	5244	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	52538	MEDIC #2	27981	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			



## Appendix D Vehicle Equipment and Supplies Summary Table

MOHLTC Vehicle No.	Audit Findings	MOHLTC Vehicle No.	Audit Findings
5242	<u>Land Ambulance Patient Care Equipment Cots, Stretchers and Accessories</u> • Missing Stretcher, portable (pole).	5243	<u>Driver's Compartment</u> • Emergency lights not working (primary, secondary, and wig-wags), one front top roof light on passenger side. <u>Blankets/Linens</u> • Missing towels.
5247	<u>Land Ambulance Patient Care Equipment Cots, Stretchers and Accessories</u> • Missing Stretcher, portable (pole).	5257	<u>Safe Mechanical Condition (Ambulances, ERVs and ESUs)</u> • Missing Front Fire extinguisher Annually (5 lb.). • Missing Rear Fire extinguisher Annually (5 lb.).
5411	<u>Safe Mechanical Condition (Ambulances, ERVs and ESUs)</u> • Emergency brake is not functional (holds when applied and placed into drive without application of gas). • Missing Front Fire extinguisher Annually (5 lb.). • Missing Rear Fire extinguisher Annually (5 lb.).	5290	<u>Safe Mechanical Condition (Ambulances, ERVs and ESUs)</u> • Missing Front Fire extinguisher Annually (5 lb.). • Missing Rear Fire extinguisher Annually (5 lb.).

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

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Defibrillator	005012	12-04-2016	13-03-2015	29-04-2014
Defibrillator	016216	08-01-2016	New	Not Applicable
Defibrillator	016229	08-01-2016	New	Not Applicable
Defibrillator	003184	29-01-2016	03-03-2015	23-01-2014
Defibrillator	011303	11-04-2016	05-03-2015	New
Defibrillator	007335	16-03-2016	17-06-2015	26-06-2014
Defibrillator	013077	15-03-2016	New	Not Applicable
Defibrillator	003185	16-03-2016	27-01-2015	24-04-2014
Defibrillator	013054	16-03-2016	New	Not Applicable

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	5451-0900	09-04-2016	08-09-2015	21-03-2015
Flow Meter #1	130900165	19-04-2016	30-09-2015	04-03-2015
Flow Meter #1	10613178	24-04-2016	02-10-2015	06-03-2015
Flow Meter #1	FMAY05878IL	12-04-2016	01-10-2015	05-03-2015
Flow Meter #1	5200F1	05-04-2016	01-10-2015	05-03-2015
Flow Meter #1	5202F1	04-06-2016	01-10-2015	02-03-2015
Flow Meter #1	15566	21-03-2016	28-09-2015	27-03-2015
Flow Meter #1	300008	21-03-2016	28-09-2015	Missing
Flow Meter #1	5220F1	Missing	Missing	27-03-2015
Flow Meter #1	539714	25-03-2016	29-09-2015	Missing

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #2	5451F2	09-04-2016	Missing	Missing
Flow Meter #2	5451-2408	Missing	08-09-2015	21-03-2015
Flow Meter #2	130900075	19-04-2016	30-09-2015	04-03-2015
Flow Meter #2	5407F1	24-04-2016	02-10-2015	Not Applicable
Flow Meter #2	FMA006829HI	28-03-2016	Missing	06-03-2015
Flow Meter #2	FMAY05879IL	12-04-2016	01-10-2015	05-03-2015
Flow Meter #2	5200F2	05-04-2016	01-10-2015	05-03-2015
Flow Meter #2	FMA008236LF	04-06-2016	01-10-2015	02-03-2015
Flow Meter #2	5202F2	Missing	Missing	05-03-2015
Flow Meter #2	FMA006079LJ	21-03-2016	28-09-2015	27-03-2015
Flow Meter #2	523701	21-03-2016	28-09-2015	Missing

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
On-Board Suction	5451S	09-04-2016	08-09-2015	21-03-2015
On-Board Suction	5411S	19-04-2016	30-09-2015	04-03-2015
On-Board Suction	5407S	24-04-2016	02-10-2015	06-03-2015
On-Board Suction	5402S	12-04-2016	01-10-2015	05-03-2015
On-Board Suction	5200S	05-04-2016	01-10-2015	05-03-2015
On-Board Suction	5203S	21-03-2016	28-09-2015	27-03-2015
On-Board Suction	5220S	21-03-2016	28-09-2015	27-03-2015
On-Board Suction	5227S	22-03-2016	29-09-2015	28-03-2015
On-Board Suction	5237S	19-04-2016	30-09-2015	04-03-2015
On-Board Suction	5240S	29-03-2016	29-09-2015	28-03-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	682262	09-04-2016	08-09-2015	21-03-2015
Portable O2 Regulator	641949	09-04-2016	08-09-2015	21-03-2015
Portable O2 Regulator	661650	25-04-2016	06-10-2015	23-03-2015
Portable O2 Regulator	660223	25-04-2016	30-09-2015	04-03-2015
Portable O2 Regulator	591337	19-04-2016	30-09-2015	04-03-2015
Portable O2 Regulator	706041	Missing	30-09-2015	04-03-2015
Portable O2 Regulator	641957	Missing	01-10-2015	04-03-2015
Portable O2 Regulator	706039	24-04-2016	02-10-2015	06-03-2015
Portable O2 Regulator	683421	Missing	02-10-2015	06-03-2015
Portable O2 Regulator	729437	24-04-2016	02-10-2015	Missing
Portable O2 Regulator	695493	Missing	Missing	06-03-2015
Portable O2 Regulator	641947	12-04-2016	01-10-2015	05-03-2015
Portable O2 Regulator	641959	24-04-2016	01-10-2015	05-03-2015
Portable O2 Regulator	629243	04-06-2016	01-10-2015	04-03-2015
Portable O2 Regulator	569394	Missing	02-10-2015	05-03-2015
Portable O2 Regulator	4930	21-03-2016	28-09-2015	27-03-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Vehicle Main Regulator	M713420-1000053	09-04-2016	08-09-2015	21-03-2015
Vehicle Main Regulator	G11382	19-04-2016	30-09-2015	04-03-2015
Vehicle Main Regulator	D13016	24-04-2016	02-10-2015	06-03-2015

Oxygen / Suction / Defibrillator Testing				
Vehicle Main Regulator	H10164	Missing	Missing	06-03-2015
Vehicle Main Regulator	F12206	Missing	Missing	06-03-2015
Vehicle Main Regulator	A15781	12-04-2016	Missing	Missing
Vehicle Main Regulator	M1-540-P	Missing	Missing	05-03-2015
Vehicle Main Regulator	540p	Missing	05-10-2015	05-03-2015
Vehicle Main Regulator	11619	05-04-2016	01-10-2015	05-03-2016
Vehicle Main Regulator	FMA009065LF	04-06-2016	Missing	05-03-2015
Vehicle Main Regulator	F07069	Missing	01-10-2015	Missing
Vehicle Main Regulator	D13322	21-03-2016	28-09-2015	Missing
Vehicle Main Regulator	ADCJ00285	Missing	Missing	27-03-2015

## Appendix F Stretcher Maintenance Summary Table

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Lifting chair	284701	25-04-2016	01-10-2015	05-03-2015
Lifting chair	064254	04-06-2016	01-10-2015	05-03-2015
Lifting chair	002441	25-04-2016	02-10-2015	07-03-2015
Lifting chair	005628	09-04-2016	08-09-2015	22-03-2015
Lifting chair	005630	Missing	02-10-2015	07-03-2015
Lifting chair	056121	24-04-2016	02-10-2015	New
Lifting chair	114049	04-06-2016	01-10-2015	04-03-2015
Lifting chair	613062	24-04-2015	02-10-2015	07-03-2015
Lifting chair	708138	19-04-2016	01-10-2015	04-03-2015
Lifting chair	720602	Missing	02-10-2015	07-03-2015
Lifting chair	782014	28-03-2016	06-10-2015	23-03-2015
Lifting chair	294895	12-04-2016	New	Not Applicable
Lifting chair	785509	28-03-2016	Missing	23-03-2015
Lifting chair	002427	28-03-2016	Missing	23-03-2015
Lifting chair	06818	Missing	Missing	07-03-2015

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher adjustable	114073	25-04-2016	01-10-2015	05-03-2015
Stretcher adjustable	707818	25-04-2016	01-10-2015	05-03-2016
Stretcher adjustable	113826	04-06-2016	01-10-2015	05-03-2015
Stretcher adjustable	688604	04-06-2016	02-10-2016	05-03-2016
Stretcher adjustable	113824	21-03-2016	28-09-2015	27-03-2015
Stretcher adjustable	705364	21-03-2016	28-09-2015	27-03-2015
Stretcher adjustable	98443	21-03-2016	28-10-2015	27-03-2015
Stretcher adjustable	007000	21-03-2016	28-09-2015	27-03-2015
Stretcher adjustable	627005	22-03-2016	29-09-2016	28-03-2015
Stretcher adjustable	782904	21-03-2016	29-09-2015	27-03-2015
Stretcher adjustable	643149	19-04-2016	30-09-2015	04-03-2015
Stretcher adjustable	008214	19-04-2016	30-09-2015	04-03-2015
Stretcher adjustable	256488	22-03-2016	29-09-2015	28-03-2015

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher adjustable	065726	22-03-2016	29-09-2015	28-03-2015
Stretcher adjustable	142672	19-04-2016	06-10-2015	23-03-2015
Stretcher adjustable	626868	24-04-2016	Missing	07-03-2015
Stretcher adjustable	640952	04-06-2016	01-10-2015	05-03-2015
Stretcher adjustable	006998	12-04-2016	02-10-2015	06-03-2015
Stretcher adjustable	006999	28-03-2016	02-10-2015	05-03-2015
Stretcher adjustable	008214	19-04-2016	30-09-2015	04-03-2015
Stretcher adjustable	008215	21-03-2016	28-09-2015	27-03-2015
Stretcher adjustable	054106	12-04-2016	02-10-2015	06-03-2015
Stretcher adjustable	688598	12-04-2016	01-10-2015	05-03-2015
Stretcher adjustable	688605	09-04-2016	08-09-2015	21-03-2015
Stretcher adjustable	782906	24-04-2016	02-10-2015	Not Applicable
Stretcher adjustable	782907	19-04-2016	06-10-2015	23-03-2015
Stretcher adjustable	785071	19-04-2016	30-09-2015	04-03-2015

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher portable	035129	25-04-2016	01-10-2015	05-03-2015
Stretcher portable	64304	04-06-2016	Missing	07-03-2015
Stretcher portable	135996	21-03-2016	29-09-2015	27-03-2015
Stretcher portable	63567	21-03-2016	28-09-2015	27-03-2015
Stretcher portable	021057	22-03-2016	29-09-2015	28-03-2015
Stretcher portable	025852	19-04-2016	02-10-2015	06-03-2015
Stretcher portable	66144	22-03-2016	29-09-2015	23-03-2015
Stretcher portable	036868	28-03-2016	New	Not Applicable
Stretcher portable	035563	12-04-2016	New	Not Applicable
Stretcher portable	611412	09-04-2016	08-09-2015	22-03-2015
Stretcher portable	473758	28-03-2016	Missing	05-03-2015
Stretcher portable	572653	21-03-2016	28-09-2015	27-03-2015
Stretcher portable	014175	24-04-2016	01-10-2015	05-03-2015
Stretcher portable	764023	19-04-2016	30-09-2015	04-03-2015
Stretcher portable	25277	09-04-2016	Missing	23-03-2015
Stretcher portable	076791	28-03-2016	New	Not Applicable
Stretcher portable	66888	21-03-2016	Missing	27-03-2015
Stretcher portable	207093	19-04-2016	New	Not Applicable
Stretcher portable	023311	29-03-2016	New	Not Applicable

## 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>ER</b>	Emergency Room
<b>ACR</b>	Ambulance Call Report	<b>EORR</b>	Education, Operational Readiness and Regulations
<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>IC</b>	Inspections and Certifications
<b>ASCDS</b>	Ambulance Service Communicable Disease Standards	<b>LAISC</b>	Land Ambulance Implementation Steering Committee
<b>ASDS</b>	Ambulance Service Documentation Standards	<b>LASCS</b>	Land Ambulance Service Certification Standards
<b>ASPC &amp; TS</b>	Ambulance Service Patient Care and Transportation Standards	<b>MOHLTC</b>	Ministry of Health and Long-Term Care
<b>ASR</b>	Ambulance Service Review	<b>MTO</b>	Ministry of Transportation
<b>AVL</b>	Automatic Vehicle Locator	<b>OAPC</b>	Ontario Association of Paramedic Chiefs
<b>BLS</b>	Basic Life Support	<b>OASIS</b>	Ontario Ambulance Service Information System
<b>CACC</b>	Central Ambulance Communications Centre	<b>O2</b>	Oxygen
<b>CCP</b>	Critical Care Paramedic	<b>OPLA &amp; ERVS</b>	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
<b>CME</b>	Continuing Medical Education	<b>P&amp;P</b>	Policy and Procedure
<b>CO</b>	Communications Officer	<b>PCP</b>	Primary Care Paramedic
<b>CPR</b>	Cardiopulmonary Resuscitation	<b>PESFOAS</b>	Provincial Equipment Standards For Ontario Ambulance Services
<b>CTAS</b>	Canadian Triage & Acuity Scale	<b>RFO</b>	Regional Field Office EHSB
<b>DSSAB</b>	District Social Services Administration Board	<b>RTC</b>	Regional Training Co-ordinator
<b>EHSB</b>	Emergency Health Services Branch	<b>SR</b>	Symptom Relief
<b>EMA</b>	Emergency Medical Attendant	<b>UTM</b>	Upper Tier Municipality
<b>EMCA</b>	Emergency Medical Care Assistant	<b>VIN</b>	Vehicle Identification Number
<b>EMS</b>	Emergency Medical Service(s)		

