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contents

Messages:
7 Message from the President of OAPC
9 Message from OAPC Executive Director
9 Message from the Association of Municipalities of Ontario

Cover Story:
10 Exploring Innovative Collaboration at OAPC Annual Conference

Reports:
12 Streamlining and Standardizing: Ontario Base Hospital Group
13 What Does the Provincial Life or Limb Policy Mean for Emergency Medical Services?
15 Broken Bodies, Broken Minds: Injuries Among Ontario Paramedics

Features:
17 OAPC Introduces New Website
18 Recognizing the Best in Ontario: The 13th Annual Awards Gala
22 The Ornge Accident: Tragedy, Loss and the Generosity of the Emergency Services Community
24 Showcasing Paramedic Services in Simcoe County
25 Spotlight: Chippewas of Rama First Nation Emergency Medical Service
28 Ontario Pays Tribute to the Fallen

View Points:
29 Community Paramedicine: An Opportunity to Improve Lives
31 What is Peak Oil and Why Should I Care About It?
33 What is EMS in Ontario Doing to Help Climate Change?

Association Information:
30 Ontario Association of Paramedic Chiefs “Wishes Forever” Fund
34 Introducing the Honorary Chief Richard Rohmer Commendation
35 2013 OAPC Elite Sponsors
35 Research Projects Supported in 2013
36 OAPC Board of Directors
37 The 2014 OAPC Annual Conference
37 Mid-Year Meeting: Mark Your Calendars for May

37 Buyer’s Guide
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Our Association is Transforming, in style and substance. In form and function.

With a new name and mission in 2012, and a vibrant strategic plan in 2013, it is now left to us to capitalize on this transformative foundation. It just seems that aligned with our transformation within, we see opportunity from without. We see new approaches from key stakeholders... including, but not limited to, the Regulator, the elected government and ORNGE. Utilizing our strategic plan, following our mission, we will continue to position the association as the key actor for EMS in Ontario.

Strategic plan

The strategic plan is now endorsed by the membership and the Board is charged with the responsibility to see it through. There are four key pressure points that the Board will address in the coming year: the development of a communications plan; the development of a stakeholder relations plan; the establishment of policies, procedures and protocols for the OAPC; and the development of strategies for critical systems issues.

To these ends, the association has already created a renewed website and we have drafted an RFP seeking professional input on communications and stakeholders plans. We are creating a framework for our desired relationships with stakeholders, which include government, AMO, the EHSB, OBHG/MAC, police and fire associations, hospitals and the public.

Policies on such matters as how the association spends money, and how and when it consults with members, are being developed now. We are also developing strategy on critical issues: dispatch, community paramedicine, traumatic stress, funding and provincial oversight through the service review process. This is important stuff and our strategic plan guides our work.

Provincial Links

The Association is becoming more engaged with provincial decision makers on health care. We are being asked, and listened to, on not only EMS matters, but how holistic decision making interplays with EMS and vice versa.

The Life or Limb working group, led by Dr. Bernard Lawless (see his article in this issue), is grappling with patient movement, emergency and non-emergency, across the province. Imagine if you would, that it wasn’t that long ago that such contemplation was done without regard to EMS. Change is coming from this group and EMS will have been considered. It’s not just the repatriation strategy though.

The Enhancing Emergency Services Initiative arises in part, out of the ORNGE Coroner’s investigation report and largely as a response to a fractured emergency services system (hospitals, EMS and ORNGE). The current state is one of multiple entities within multiple jurisdictions providing service, doing so in an inconsistent manner. This, combined with communications barriers and a lack of system cohesion, makes it difficult for us to provide timely and appropriate care. The initiative includes EMS and seeks to improve service.

I am pleased to be included in the steering committee, while the association is ably represented on the working group by Chiefs Dan McCormick (rural), Andrew Robert (urban) and Paul Raftis (Toronto). Other stakeholders include senior government civil servants, Local Health Integration Networks (LHIN), the hospital sector, ORNGE and the Emergency Health Services Branch (EHSB).

This initiative is working towards a “strategic integrated plan” that will lead to a “coordinated, consistent and smooth functioning emergency services system.” Of course, it is crucial that EMS be at this table and that we are, is indicative of the solid positioning of the association in particular and EMS chiefs in general.

There are other initiatives that we are involved in. Chiefs Myles Cassidy and Tarmo Uukkivi have been involved with the MoLs Traumatic Mental Stress Roundtable, grappling with the effects of stress on paramedics and other workers. Chiefs Michel Chretien and Joe Pember are working with Association of Municipalities of Ontario (AMO) and the EHSB to solidify a new grant funding template. These discussions are limited to the processes surrounding the grant funding; issues such as the formula and how capital assets are accounted are out of scope. Chiefs Micheal Nolan and Terri Burton are leading a large team that is working
with the Ministry of Health and Long-Term Care (MoHLTC) policy branch and Dr. Sinha on furthering community paramedicine. These discussions are now coming to fruition, as the government is seeking our advice on formalizing the construct, including funding and governance issues.

There are more working groups and more connections... too many to mention, but know that there is great work being done on behalf of the association by a great many leaders in Ontario EMS.

**ORNGE**

ORNGE and their people have been reeling. Certainly, ORNGE’s outreach efforts have led to better inter-agency communications and hopefully better results. ORNGE recently undertook a strategic planning process that I was pleased to partake. While details of the discussions remain embargoed, I can relay that the key pressure points were discussed in a holistic fashion.

The interoperability working group between the association and ORNGE has now met twice and is well functioning. With solid terms of reference, we are working together on operational issues with acknowledgement that there are differing perspectives and missions. ORNGE is re-positioning so that it operates within the health care continuum, not without. It is to us the responsibility that we work in concert with ORNGE, while keeping patient and taxpayer interests first and foremost.

**THE EMERGENCY HEALTH SERVICES BRANCH**

While the Branch is the regulator and we are the service deliverers, and with this brings necessary conflict, we are charged with the responsibility to work together. That has been difficult in the past. The association is hopeful that we can be engaged in more open dialogue.

To this end, we have established working groups on important issues, such as dispatch and certification. We look toward positive and productive dialogue that establishes a respectful relationship between the regulator and service deliverers. Through this, we’ll get done what needs to be done.

**THE SENATE**

After more than two years of work and discussion, the association now has a Senate— an impressive body of retired chiefs and deputies who remain members of the association. Those that comprise the Senate will offer sage advice to the president, the board and the members. In that, the association and our members benefit. But it is my hope that the Senators benefit as well; they may stay connected, attend conferences and enjoy fine company and good times.

It’s a formula for success and now the Board will, through policy development, create the detailed framework for the Senate. Within the year, we will have a Senate and the members will have a process in which they too can tap into the collective wisdom and history.

A few years ago it would have been hard to imagine how together we have transformed from AMEMSO to the OAPC. We are at the tables we need to be... we can market ourselves in the manner we choose. We are moving forward at lightning speed... and it will only get faster. Change is here and more is coming.

Forward. §
The Association of Municipalities of Ontario (AMO) has worked in partnership with Ontario’s paramedic chiefs to ensure effective and efficient emergency medical services. After all, we share a commitment to serving our communities and building places that people are happy to call home.

AMO has been pleased to advocate with you to make sure that the Ministry of Health and Long-Term Care maintains the needed 50-50 financial support and establishes reasonable standards and policies that permit us to deliver excellent ambulance services in communities across this province. We are looking forward to continuing this work with you and are optimistic about building a stronger relationship with the Ministry.

We will also have to work together to face the fiscal challenges that confront municipalities today. The municipal mandate is broad—we must provide our citizens with a range of services, from good roads and clean water to public health and long-term care. As you know, each one is critical to building healthy, thriving communities. Yet municipalities in Ontario receive just nine cents of every household tax dollar that is collected.

In particular, municipalities are trying to manage the growing pressure of emergency service costs, including police, fire and paramedics. These costs have been growing at a rate higher than that of inflation and are consuming greater portions of municipal budgets than ever before.

We all depend on one another. We all sleep better knowing that if we or our loved ones face a medical emergency, paramedics are standing by to respond.

Yes, we have a number of challenges—limited budgets, an aging population and declining infrastructure are just a few. They will require innovative solutions and new approaches. Given our track record of collaboration and creativity with paramedic chiefs, I have no doubt that together, we are up to the task. On behalf of the Association of Municipalities of Ontario, thank you for everything you do for each of the communities we call home.
Exploring Innovative Collaboration at OAPC Annual Conference

THIS YEAR’S ANNUAL ONTARIO ASSOCIATION of Paramedic Chiefs (OAPC) conference was hosted by the Regional Municipality of York Emergency Medical Services. Taking place in the Town of Richmond Hill, the event brought together colleagues from 46 EMS/paramedic services across Ontario to communicate, collaborate and innovate.

New technology and new approaches gave this year’s conference a renewed vigour and underscored the theme of innovative collaboration.

The three-day conference included learning and strategic planning opportunities, product demonstrations, networking events and fundraising activities. New this year, delegates were given their very own OAPC conference app which allowed them to view conference schedules, biographies and more from their smart phone.

Day One: Education day
York Region and Laerdal partnered to host the education session on September 24 at York Region EMS headquarters. The day included two streams for participants to choose from.

Stream one profiled Laerdal’s discover-simulation program and gave participants hands-on time with simulators.

Stream two’s informative sessions focused on current EMS topics, including sharps safety, clinical reasoning, tactical paramedicine, community paramedicine and patient safety recommendations.

Among the lineup of speakers were Terri Burton, Director of Emergency Services, Community Emergency Management Coordinator and EMS Chief for the District of Muskoka; Walter Tavares, Advanced Care Paramedic with York Region EMS; Ian McAdams and Kim Wilkinson, Clinical Coordinators with the Central East Pre-hospital Care Program; John Hewson, Superintendent of Operations with York Region EMS; Chris Spearen, Superintendent of Community Paramedicine and Research with York Region EMS; and Blair Bigham,
Advanced Care Flight Paramedic with Toronto’s helicopter base.

Day two: Conference and tradeshow

For the conference and tradeshow on September 25, CityTV news anchor Roger Petersen took the reins as master of ceremonies and helped delegates navigate the tradeshow floor, including nearly 50 exhibitors demonstrating their state-of-the-art technologies.

Throughout the day, delegates also had the opportunity to participate in informative, interactive seminars:

Seminar #1: Driving us forward: Why we HAVE to Study Community Paramedicine

Presented by Advanced Care Flight Paramedic Blair Bigham, the session addressed community paramedicine programs, including York Region’s own Expanding Paramedicine in the Community Program (EPIC). Bigham discussed how evidence can accelerate stable program implementation benefitting paramedics, health systems and patients.

After beginning his career as a Primary Care Paramedic in 2006, Bigham went on to complete his Masters of Science at Sunnybrook Health Sciences Centre and has recently joined the class of 2015 at McMaster University’s medical school. In 2010, Bigham was appointed a lecturer at the University of Toronto Scarborough and has been instrumental in increasing foundational knowledge of research principles among entry-to-practice paramedics. He has taught clinical and didactic courses in paramedicine and has precepted and mentored several paramedics.

Seminar #2: Reducing Response Times by Evolving Culture and Technology

With Ontario’s paramedic services preparing to publicly report their response time performance in the New Year, York Region EMS Chief and General Manager Norm Barrette discussed how the importance of emergency response times has come to the forefront and explained how York Region EMS has evolved its organizational culture and leveraged technology to decrease its 90th percentile response time by over 60 seconds despite Regional population growth.

Born and raised in Ottawa, Ontario, Barrette graduated with honours from the Ambulance and Emergency Care Program from Algonquin College. Following careers with the Sudbury and District Ambulance Service, the Cornwall Provincial Ambulance Service, and Cornwall, Stormont, Dundas and Glengarry EMS, Barrette joined York Region EMS in 2006 and was promoted to Chief in 2008. Today, he leads a team of over 450 paramedics and 50 administrative and support staff.

Seminar #3: Automation of Quality Assurance through Technology

Hosted by André Turbide, Deputy Chief with Cornwall, Stormont, Dundas and Glengarry EMS, this session addressed how everyday quality assurance programs may be integrated with automation and technology. It also included demonstrations of how technology can be used to simplify daily audits and provided a working beta version of a software that imports an ADRS database into an ARIS database.

Turbide began his career in 1992 as an emergency medical first responder in Fredericton, New Brunswick. In 1996, he accepted a position as paramedic with the Cornwall, Stormont, Dundas and Glengarry EMS. In 2001, Turbide was selected to undertake training as an Advanced Care Paramedic with the Michener Institute. In 2004, he was promoted to Deputy Chief with the core functions of quality assurance, improvement and education. He has since been an active member in several committees focused on the improvement of patient care practices province-wide.

Day three: Annual general meeting, strategic planning session and honours and awards gala

Following the annual general meeting and strategic planning session and to conclude the three-day conference, more than 500 people gathered at the honours and awards gala to pay tribute to the outstanding achievements of Ontario’s paramedics.

CityTV Breakfast Television co-host Kevin Frankish was master of ceremonies and was accompanied by Deputy Chief John Prno, who acted as the master of awards.

Charity

As an ongoing part of the OAPC annual conference, various money-raising events are organized with proceeds going to charity. This year, through the education day sessions and Chief’s Charity Golf Tournament, almost $5,000 was raised for the Make-A-Wish Foundation of Canada. Silent auction proceeds, totaling approximately $1,600, also went towards the Canadian Paramedic Benevolent Society to build a national monument honouring all paramedics who have made contributions to the service, including those who have sacrificed their lives serving their communities.

A Bit About York Region

York Region has considerable research and development strengths in IT, environmental technologies and the life sciences.

According to Industry Canada, 44 per cent of all Canadian medical device enterprises are located in Ontario—nearly half of these are in and around York Region. More than 700 IT companies are based in York Region, with more than a third of Canada’s leading technology companies in the mix.

In addition to this deep technology base, the region also has Canada’s fastest growing and most diverse municipal population base and is predicted to reach 1.5 million by 2031. The region also has leading regional hospitals and social agencies.

It was the perfect backdrop for a conference featuring a unique interactive experience for all participants and to promote how collaboration sparks innovation!
**Streamlining and Standardizing: Ontario Base Hospital Group**

Dr. Jason Prpic,
Medical Director of the Northeastern Ontario Pre-Hospital Care Program

**In 2009, the Ontario Ministry of Health and Long Term Care’s (MoHLTC) Emergency Health Services Branch (EHSB) amalgamated the 21 provincial Land Ambulance Base Hospital Programs into seven Regional Base Hospital Programs, in an effort to streamline medical oversight and delegation. This amalgamation was contentious at the time as it was viewed by some as a positive evolution while others were concerned with the possible local impacts this change represented.**

One of the first objectives that the newly formed Ontario Base Hospital Group (OBHG) saw was to have every paramedic in the province working under a single set of standards. In the past, many base hospitals had adopted various practice modalities that were unique to their service areas and host hospitals. Though many of these had been based on sound principles or necessity, they created silos of treatment depending on which area of the province you resided in.

Recognizing this as a significant barrier to the alignment of all base hospitals, the OBHG performed an inventory of all of the Medical Directives and skills that were being practiced province wide. Once collated, this inventory would then drive migration to one provincial standard of care. In 2011, the Advanced Life Support Patient Care Standards (ALS PCS) were updated reflecting a new provincial consensus on prehospital medicine. For the first time, all Ontario paramedics would be certified to practice under the same set of standards.

Now, we are looking to the future.

Our collective vision is to ensure that all paramedics across our province go through the same entry to practice certification, continuing education and receive consistent medical direction. This would essentially allow paramedics the ability to practice across Ontario, in any service and under any base hospital program’s oversight without having to go through a costly, labour intensive orientation and certification process.

At present, when paramedics are certified under one of the seven base hospitals, there remains inconsistent application of base hospital processes. The OBHG recognizes that if a paramedic was able to be certified to practice in one region of the province, he/she should be able to practice in all regions. We have therefore commenced conceptualizing a process known as “provincial core certification”.

In order to achieve this, the OBHG has put forward a plan to standardize many of its “core” operations. The various OBHG subcommittees, including data, quality management and education, have been tasked with strategizing ways and systems in which to bring this concept to reality.

One of the subcommittees’ greatest tasks is to standardize processes by which paramedics are audited, educated and certified by all seven base hospitals. By streamlining and aligning these vital processes, we take one step closer to achieving the provincial core certification vision by ensuring a common, consistent and most importantly accepted provincial approach.

By streamlining and aligning these vital processes, we take one step closer to achieving the provincial core certification vision by ensuring a common, consistent and most importantly accepted provincial approach.

In the future, with certification and education standards set in place, a paramedic would hopefully be registered under the OBHG and not one specific base hospital, which would allow them autonomy to practice on one day in downtown Toronto and the next day in Parry Sound.
What Does the Provincial Life or Limb Policy Mean for Emergency Medical Services?

The Role of Emergency Medical Services (EMS) in patient transport is a critical component of a patient’s continuum of care. Throughout the province, there are many requests for patient transfers with varying degrees of urgency. Patients that present with conditions that may cause loss of life or limb need to be cared for and managed in a timely manner.

The Provincial Life or Limb Policy (Policy) was developed by the Ministry of Health and Long-Term Care (MOHLTC) in collaboration with Critical Care Services Ontario (CCSO). The policy embraces a philosophy of care for the most vulnerable and critically-ill patients. The MOHLTC initiated the policy development in response to recommendations from the Office of the Chief Coroner for a provincial “no refusal” policy when critical injuries or conditions of life or limb are involved.

In January 2012, the MOHLTC requested CCSO to lead policy development through an inclusive and far-reaching stakeholder engagement process. The policy development process included incorporating elements learned from the implementation of a pilot program for Life or Limb Policy in the South West and North East Local Health Integration Networks (LHINs). The policy is a collaborative effort that would not have been possible without the valuable input of health care providers and system leaders throughout the province.

The purpose of the policy is two-fold: facilitate timely access to acute care services within a best effort window of four hours in order to improve outcomes for patients with a life or limb threatening condition, and to repatriate patients back to their home or referring hospital in a best effort window of 48 hours. This policy will be implemented across all hospitals in the province and will optimize patient care and ensure standardization of treatment within and across the local health integration networks (LHINs).

The Policy’s Guiding Principles

The policy has five guiding principles:
1. The Life or Limb Policy is in effect when a patient is life or limb threatened and therapeutic options exist, which are needed within four hours;
2. A patient’s life or limb threatened condition is a priority and the identification of beds is a secondary consideration;
3. Life or Limb Policy is not in effect when a patient’s condition is not life or limb threatening;
4. Repatriation of a patient with a life or limb threatening condition through the Life or Limb Policy is not in effect when the patient is least stable;
5. Repatriation of a patient with a life or limb threatening condition through the Life or Limb Policy is not in effect when patient is not in a best effort window of four or 48 hours.

What is the Life or Limb Policy?

In broad terms, the framework identifies processes at the hospital wanting to repatriate the patient and those at the home or referring hospital that support successful repatriation. It aligns with guidelines within the Life or Limb Policy for repatriating medically stable patients back to their referring hospital and/or home hospital within 48 hours of being identified for repatriation. The Repatriation Framework will not replace established processes in LHINs or major clinical programs with existing repatriation agreements and Memorandum of Understanding, such as the Ontario Stroke Network and STEMI Program.
3. No patient with a life or limb threatening condition will be refused care where an intervention or service will be able to potentially result in a positive patient outcome;

4. LHIN geographic boundaries will not limit a patient’s access to appropriate care in another LHIN; and

5. Repatriation back to the referring or home hospital within a best effort window of 48 hours, once a patient is deemed medically stable and suitable for transfer, is key to ensuring ongoing access for patients with life or limb threatening conditions. This applies to transfers within Ontario and out-of-country (OOC) transfers.

Patient repatriation is a very key component of the policy. The successful implementation of the Life or Limb Policy and patient repatriation relies upon effective health care partnerships and communication with patient transport providers. Key providers of transport in Ontario include ORNGE and EMS, both of which play an integral role in transporting patients with urgent or emergent clinical situations. They also play a significant part in the inter-facility transport of patients being repatriated back from tertiary and quaternary centres to where they were initially transferred to receive subspecialty services. In order for these centres to continue this level of service provision to the system, it is imperative that patients be repatriated when they have recovered from the acute episode of their ailment and are medically stable. To ensure access to subspecialty services for the sickest of the sick, this bi-directional flow of patients is vital.

The policy for repatriation applies to all patients who are waiting to return to a referring or home hospital, regardless of whether they were previously identified as a life or limb case. CCSO, with input from a Provincial Patient Repatriation Advisory Committee, is developing a Repatriation Framework that will serve to identify and outline the processes involved in the successful and timely repatriation of patients between facilities in Ontario.

How is CritiCall Ontario Involved?

An important factor in the repatriation process is the use of CritiCall Ontario, a patient repatriation tool. The tool provides a common system to electronically submit, receive and document repatriation requests. It will be available to all Ontario acute care hospitals and will capture volumes, repatriation flow, reasons for non-repatriation and support the monitoring of the repatriation component of the Life or Limb Policy. This application is a web-based tool and does not replace the need for physician to physician communication for repatriating patients.

This tool will facilitate collection of information on processes of repatriation from a system wide perspective. This is an area where there is very little system information and so this will help to identify areas for potential improvement in the future. It will also assist LHINs, hospitals and the MoHLTC in tracking the volume of patients being repatriated and to identify the barriers to patient access to the appropriate level of care.

The inter-facility transport of patients is also very important for successful repatriation. Transport is sometimes provided by private transport providers, EMS or ORNGE. In some communities, the request for moving this patient population will frequently come to EMS providers. Ensuring appropriate processes are in place to address this need will require working closely with all providers involved. Integrating the Life or Limb Policy and patient repatriation into existing EMS procedures creates an opportunity to strengthen relationships among health care providers at the same time allowing for system level improvements.

Patient Transport Working Group

To further understand activity related to patient transport, CCSO has created a Patient Transport Working Group. This working group, which consists of representatives from three emergency medical services, ORNGE, Emergency Health Services and CritiCall Ontario, will review data capture points along the patient continuum and advise on strategies that will improve data linkage. Another key activity of this working group will include the development of an algorithm to facilitate providers in identifying the most appropriate mode of transport for patients, taking into account availability, geography or weather. The working group will also review potential indicators for land and air ambulance dispatch, and inter-facility transfers of patients who are life or limb threatened.

Conclusion

The work of CCSO on the Life or Limb Policy will allow for data to be collected on access to medical consultation, transfer and repatriation activities in Ontario. This, in turn, will highlight the importance of health care resources and identify where further improvements can be made.

Access to care for critically-ill patients has been a cornerstone of Ontario’s Critical Care Strategy from its inception. The Life or Limb Policy further supports this concept while responding to recommendations of the Office of the Chief Coroner.

Pivotal to this concept is the recognition that maintaining capacity at centres providing specialty services requires an efficient process for the timely repatriation of patients to their home or referring hospital. Many processes already exist to ensure critically-ill patients have access to care and many providers in the system are efficient at successful repatriation.

The Life or Limb Policy provides an opportunity for the system to learn those processes that already work well, to identify where gaps may exist and to work together with administrators and providers to continue building a stronger system for patients.

For questions regarding the Life or Limb Policy and patient repatriation, contact Critical Care Services Ontario at ccssadmin@uhn.ca.

Dr. Bernard Lawless, MD, MHSc, CHE, FRCS, practices general surgery, traumatology and critical care medicine at St. Michael’s Hospital and is also the Provincial Lead for Critical Care and Trauma at CCSO.

About Critical Care Services Ontario

Critical Care Services Ontario (CCSO) is the managing body responsible for the overall program implementation of initiatives of the Critical Care Strategy. Originally established as the Critical Care Secretariat in June 2005, its work is the result of an on-going collaboration between critical care health care providers, hospital administrators, officials from the Ministry of Health and Long-Term Care, Emergency Medical Services, Local Health Integration Networks and other health system partners. CCSO is funded by the Government of Ontario.

For more information, visit www.criticalcareontario.ca
Broken Bodies, Broken Minds: Injuries Among Ontario Paramedics

By Renée S. MacPhee, PhD and Steven L. Fischer, PhD

WHAT DO THE FOLLOWING HAVE in common: manual stretchers; SIDS; over-sized and over-stuffed equipment bags; awkward extrications from vehicles without assistance from allied services; gang related shootings; shift work; an increasing number of obese patients; Ontario winter weather; off-load delays; uncontrolled lifts; faulty or stiff grip-releases on stretchers; single rural response units; death? They are just a handful of factors that in some way have contributed to physical and psychological injuries of paramedics in Ontario.

The Ontario EMS Injury Study*, a crucial first step in identifying the type and frequency of injuries among paramedics, has, to date, revealed that a large number of these very crucial healthcare professionals have been injured on the job and consequently are suffering from a variety of acute and chronic musculoskeletal injuries.

In addition to physical injuries, approximately one-quarter of respondents reported that they were experiencing adverse psychological effects due to a variety of aspects related to their jobs (e.g., critical incidents, stress, fatigue, etc.).

Broken Bodies: Next Steps

The prevalence of musculoskeletal injuries among paramedics is generally localized to specific anatomical regions and is likely related to their job demands. The low back, shoulders and neck are the most commonly identified sites in claims or through subjective pain and injury reporting (Hogya & Ellis, 1990; Aasa et al., 2005; Reichard & Jackson, 2010).

Injury claims are most often filed due to sprains and strains (Reichard & Jackson, 2010; Reichard et al., 2011) related to over-exertion (Reichard & Jackson, 2010), where claims are most likely to result from injuries suffered during a call (Hogya & Ellis, 1990). Lifting is most commonly reported as the cause (Hogya & Ellis, 1990), where specific strength limitations during lift initiation or when transferring patients may be particularly challenging, especially for female paramedics (Lavender et al., 2000).

Preliminary evidence emerging from the Ontario EMS Injury Study echo’s similar findings. For example, when asked about their most severe injury sustained while on duty (over their entire career), 60 per cent of respondents reported that they had injured their lower backs, followed by 55 per cent who reported they had injured their upper back, shoulders or neck. The injuries were often the result of lifting, transferring or moving a patient out of an awkward location or position.

Unfortunately, the majority of individuals with an injury indicated that they were suffering from chronic pain as a result. In a profession that is tasked with caring for others, it is disconcerting to see that despite many advances in equipment and technology, a significant number of paramedics continue to get hurt while doing their jobs.

Despite the statistics identified above, no research exists to describe the actual physical demands required by paramedics, including a description of how often various tasks (e.g., raising/lowering a stretcher) are performed throughout the average shift. Physical demands information is critical for many reasons, but within the context of paramedicine, it provides a benchmark to establish minimum job requirements.

In order to assess and benchmark relevant capacities, a comprehensive characterization of job demands is required to help establish Bona Fide Occupational Requirements (Jamnik et al., 2010). Considering that paramedics are more likely to require time off work and medical evaluation than other emergency personnel (Suyama et al., 2009), the implementation of a job-match model within the paramedic profession may help decrease the severity of injury, reducing lost time and medical evaluations to rates similar to other emergency services personnel.

Despite a clear reporting of the physical job demands for both police officers...
In a profession where there is a strong culture of under-reporting physical injuries, it is evident from this study that there is an even stronger reluctance to report psychological injuries. A recurring theme throughout the qualitative comments was that there was, “no point in telling anyone because no one was interested or willing to help.”

(Shetterly & Krishnamoorthy, 2008; McKinnon et al, 2011) and firefighters (Gledhill & Jamnik, 1992); no such model exists for paramedics. In order to explore the potential usefulness of a job-match model for paramedics, as a first step we need to have comprehensive physical demands data.

Collecting the Data Direct from Paramedics

Dr. MacPhee and her colleague, Dr. Steven Fischer (Queen’s University), are very pleased to have recently been awarded research funding from the Ontario Association of Paramedic Chiefs (OAPC) and the Canadian Safety and Security Program (CCSP). Research funds from these agencies will be directed towards conducting two studies, wherein the primary objective will be to gather detailed information about the physical demands experienced while performing the day-to-day work of paramedics.

The provincial study will be carried in five Ontario EMS services, while the federal study will take place at EMS services in British Columbia, Quebec, New Brunswick and one additional service in Ontario.

One of the most important and unique aspects of the study design is that it will directly incorporate paramedics into the data collection phase, which will be done in real time while on calls. Paramedics who are recruited to participate in the study will be required to successfully complete an intensive one-day training session delivered by the research team. During the workshop, they will be given specific instructions on how to document the physical demands during the scheduled ride-outs.

While the workshop will help paramedics learn how to identify all the aspects of the job’s physical demands, more importantly, it will help them learn how to record their observations using a standardized form. During the ride-outs, the paramedics will document the physical demands (including frequency) their colleagues encounter during all calls in a shift. Directly involving paramedics who have first hand knowledge of the variety of situations that can be faced during the course of a shift will be an asset in accurately documenting the physical demands of the job over a series of shifts.

The information collected in these studies will be crucial in supporting the future development of evidence based pre-employment screening tests to ensure all prospective paramedics can demonstrate the physical ability to successfully meet the critical physical demands identified in these studies.

In November 2013, paramedics who are interested in joining the research team as research assistants will have an opportunity to respond to a recruitment notice that will be distributed to all EMS services throughout the province, as well as union executives. The recruitment notice will provide details about the studies, as well information pertaining to what the position will entail, required qualifications, timelines, remuneration and application procedures.

Broken Minds: Where Do We Go From Here?

The last section of the survey asked respondents to provide comments about their experiences as paramedics who had suffered an injury while on the job. More than 35 per cent of respondents provided in-depth comments. Interestingly, the vast majority of who did not describe their physical injuries instead wrote about the psychological injuries they had sustained over the course of their careers.

In a profession where there is a strong culture of under-reporting physical injuries, it is evident from this study that there is an even stronger reluctance to report psychological injuries. A recurring theme throughout the qualitative comments was that there was, “no point in telling anyone because no one was interested or willing to help.” Of particular concern was that many of the paramedics reported suffering in silence due to fear of reproach from individuals internally (e.g., colleagues, management, human resources) and externally (e.g., physicians, WSIB, insurance carriers) to the profession.

The detailed comments provided in the survey suggest that paramedics, both experienced and novice, recognize the paramount importance of addressing both the psychological demands of the job and the physical demands. To this end, beginning in the summer of 2014, Dr. MacPhee will be undertaking further research, working directly with paramedics throughout the province to:

a) Identify the challenges and barriers associated with sustaining a psychological injury;
b) Determine what, if any, resources and mechanisms exist within each service that are pertinent to these types of injuries; and
c) Develop a provincial multi-disciplinary working group that will have as its mandate the development of a psychological injury prevention and intervention strategy for paramedics.

Conclusion

As a research team, we are committed to making the professional lives of paramedics safer, from both a physical
and a psychological perspective. We will continue to involve paramedics in the research process as it is imperative that they have a voice in the work that we do.

Dr. MacPhee would like to thank the paramedics throughout Ontario for not only participating in the Ontario EMS Injury study, but for their continued messages of support, insight and encouragement. Both she and Dr. Fischer are looking forward to continuing to meet and work with paramedics throughout the province. Drs. MacPhee and Fischer would also like to thank the Ontario Association of Paramedics Chiefs for the research funds awarded for the provincial physical demands study. Finally, a note of deep gratitude is extended to Chief John Prno and Chief Doug Socha for their continued efforts and support of the ongoing research.

FOOTNOTE: Release of the final report was initially scheduled for December 2013. Unfortunately, a personal health issue with Dr. MacPhee resulted in an unavoidable delay. Revised date of release for the report is January 2014.

References

OAPC Introduces New Website

Past presidents Richard Armstrong and Terri Burton were tasked by the OAPC Board to create a new OAPC website. The new site will do double duty as a comprehensive resource tool for OAPC members, as well as being a place for the general public to learn about ambulance services in Ontario.

This project was brought to life with the guidance of Stephanie Field, Pivotal Productions, who took all the elements required and put them into the format OAPC envisioned. Armstrong and Burton are both founding members and past presidents of the OAPC, and shared the same goal for providing a site that anyone could go to to find history, documents, photos and other materials related to ambulance service delivery.

A large part of the growth of OAPC is the establishment of the working committees. Under the Committees tab, you will find all working committees, members of the committees, terms of reference, current and historical minutes. The website will also feature an E-Store where OAPC products can be purchased.

One of OAPC’s goals is to eliminate the mass surveys that go out in various forms. With the website, there is now the ability to ask a question or post a survey ourselves and everyone will benefit from the answers.

There are many more features to the website, including conference and meeting registration, upcoming events, EMS Matters magazine issues online, information about our Elite Sponsors, and a president’s welcome message. New to our site will be the addition of social media, including our twitter account, Facebook page and YouTube sites.

Another important feature will be the service profiles for documenting resources in Ontario Armstrong and Burton are confident that the membership will use the website much more frequently and it will become a regular tool that everyone uses to find information on OAPC and the industry.
Recognizing the Best in Ontario:  
The 13th Annual Awards Gala

The 2013 Honours and Awards Gala was held at the Sheraton Parkway, Richmond Hill, Ontario. Breakfast Television host Kevin Frankish returned to the podium as Master of Ceremonies, while Awards Master John Prno was once again the architect of the evening. Nearly 500 awardees, dignitaries and guests were immersed in the formalities. Greetings from the Premier of Ontario were brought by Dr. Helena Jaczek, MPP.

THE N. H. McNALLY AWARD OF COURAGE

The N.H McNally Award was established in 1976 in honour of Dr. Norman McNally, the acknowledged “father” of Ontario’s ambulance system. The Award in his name recognizes acts of conspicuous bravery by pre-hospital professionals in the performance of their duties, and has a rich history of acknowledging paramedics who have risked their lives to rescue or protect others from harm. It is only presented when richly deserved. This year, eight EMS professionals were honoured for their actions in seven separate incidents.

ORNGE RECOGNITIONS

The four Line of Duty Deaths (remembrance in this edition) profoundly touched paramedics and services across the province. President and CEO, Dr. Andrew MacCallum, attended the gala to offer particular appreciation to four services for their exceptional assistance. The presentation is captured in the photo below.

Dr. Andrew MacCallum, Andrew Robert (Simcoe), Anthony DiMonte (Ottawa), Greg Sage (Halton), Garrie Wright (Toronto) and Bruce Farr.
**HUMANITARIAN AWARD**

This award recognizes an act or acts of unselfish donation of time and/or money by paramedics or emergency medical professionals to relieve the suffering of humanity. Such activities may include disaster relief (at home or abroad) or the compassionate and altruistic support provided to refugees. It is not an annual award but only presented on merit.

Norm Gale, Hillary Henderson (Brant) and Dr. Helena Jaczek. Norm Gale, Grant Rumford (Halton) and Dr. Helena Jaczek.

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**THE OAPC AWARD OF COURAGE**

In 2008, the AMEMSO Board of Directors recognized that a number of very worthy individuals were going unrecognized simply because their actions took place while they were off-duty. As such, the Board established a new award, now known as the OAPC Award of Courage. Similar to the McNally Award, the OAPC Award recognizes an action by an off-duty EMS employee that required that individual to place themselves in a position of risk to rescue or otherwise protect another person from harm. This is the sixth year that the Award is being presented.

Norm Gale, Kyle Laing, Greg Sage for Chris Howard (Halton) and CEO Bill Fisch (York).

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**RICHARD J. ARMSTRONG LEADERSHIP AWARD**

The Richard J. Armstrong Leadership Award may be presented to an individual recognized for both outstanding leadership and significant contributions to EMS in Ontario. First presented in 2008, it may be awarded to Chiefs, Directors, Managers, and Program Co-ordinators. This year, a highly respected Ontario Chief from Hastings-Quinte was the recipient.

Paul Charbonneau, Doug Socha (Hastings-Quinte) and Past Presidents, Richard Armstrong and Terri Burton.
The Emergency Medical Services Exemplary Service Medal was created in 1994 by the late Governor General Romeo LeBlanc, as a component of the Canadian Honours System. The Award is more than a long service medal… rather an exemplary service award presented to those eligible members of the pre-hospital emergency medical service who have served for at least twenty years in a meritorious manner, characterized by the highest standards of good conduct, industry and efficiency. To qualify, at least ten of these years of service must have been street (or air) level duty involving potential risk to the individual. Nominees must have been employees on or after October 31st, 1991, but may now be active, retired or deceased. Since the Award’s inception, there have been almost 1,500 Ontario recipients of the Medal.

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Closing Words
By Awards Master John Prno

Thank you, of course, to the ageless General Rohmer for another fine evening. My thanks as well to Ric Rangel Bron, the General’s Aide, Roger Mayo and Kevin Petendra who each year make sure everyone gets the right medal, and of course Sara Bauman, who prepares “In Memoriam.” Finally, a very special thank you to the Ontario Paramedic Pipes and Drums and the members of the York Region EMS Honour Guard who helped make this a very special evening for our recipients.

As always, I’d like to again acknowledge the efforts of the Chancellery of Honours staff at Rideau Hall, who work very hard to process these awards. And finally, a special thanks to Jim Price, the Chair of the National EMS Awards Committee, and our conduit to the Chancellery. Without all of these folks, there simply would be no medals.
The ORNGE Accident: Tragedy, Loss and the Generosity of the Emergency Services Community

By Dr. Andrew McCallum, President and CEO of ORNGE

Shortly after midnight on May 31, 2013, a team of dedicated air ambulance pilots and paramedics came together to do something they had done countless times before: provide care and transport to a stranger who needed their help. Sadly, this mission would be their last.

In the following hours, we learned the heartbreaking news an air ambulance helicopter had crashed soon after takeoff a short distance from the Moosonee airport, claiming the lives of all four people on board: Captain Don Filliter of Skead; First Officer Jacques Dupuy of Otterburn Park, Quebec; Flight Paramedic Dustin Dagenais of Moose Factory; and Flight Paramedic Chris Snowball of Burlington.

As many emergency medical, police and fire services have learned before us, nothing can properly prepare you for the devastation of a line of duty death. To lose four members of your team so tragically on a single day is an overwhelmingly painful experience. Yet in the weeks that followed, we found ourselves overwhelmed by the kindness of colleagues from across the emergency services spectrum and the well-wishes and condolences from the air medical industry around the world.

Having been at ORNGE for only a few months at the time of the accident, I hadn’t had the opportunity to get to know those who died that day. After speaking with members of their families and their colleagues at the ORNGE Moosonee base, it didn’t take long for a picture to emerge of what kind of men these were: professional, hard-working, firmly dedicated to their task of delivering a vital service to this remote region of Ontario.

Don Filliter was a respected pilot with more than 20 years of flying experience, as well as a husband and a father of three children. Jacques Dupuy had worked all over the world and had been a bush pilot and executive pilot. He leaves behind his wife and two children. Chris Snowball was an experienced land and flight paramedic, previously with Wabusk Air Ambulance in Moosonee and Emergency Medical Care Inc. in Nova Scotia. He is survived by his wife and three children. Dustin Dagenais leaves behind his wife and an infant child. He was well known in the James Bay area, having worked for James Bay Ambulance Services in Moosonee and Attawapiskat. Each of these men went above and beyond as they reached the heights of their professions.

It takes a special kind of person to serve the patients of the Far North as an ORNGE paramedic, pilot or aircraft maintenance engineer. They come to Moosonee from all over Canada to work in a region most Ontarians will never see. On top of the challenges of living and working in a harsh climate with a lack of road access and facilities, they must spend weeks at a time hundreds of kilometres away from loved ones. The accident put a spotlight on the work performed by our paramedics and pilots on the James Bay coast, for which they receive little recognition outside of this community.

Yet, these four men answered the call to serve, sharing the experience with the more than 25 staff members of the Moosonee base. The loss of four members of this team has affected each and every one of the 600 ORNGE employees across the province. But it has been especially difficult for the people who worked with them day in and day out, and for the James Bay community at large.

It has been said that during times of tragedy, you find out who your friends are. In the midst of unimaginable circumstances, we learned that a line of duty death pulls an entire community together. When news of the crash began to spread in the early morning hours of May 31, ORNGE was immediately contacted by dozens of paramedic, police, fire and air medical services from across Canada and internationally, along with healthcare partners and members of the public, each offering their condolences.

In the weeks that followed, we were also heartened by an outpouring of offers to provide whatever assistance we
required. Honour guards from a number of paramedic services were an integral part of the solemn and dignified funerals for our fallen colleagues. When the time came to honour the four men in a public ceremony, Toronto Police Service offered us a proper venue to hold a memorial with hundreds of people in attendance, and they, along with Toronto EMS, were invaluable in the planning process. There were countless other offers of help—too many to mention—for which I express my sincere gratitude on behalf of everyone at ORNGE. In particular, however, I want to personally thank Simcoe County EMS, Ottawa Paramedic Service, Toronto EMS and Halton EMS for their support every step of the way.

There were some other unexpected gestures that meant a great deal to all of us. The day after the crash, on a rainy night in Moosonee, hundreds of people came out to hold a candlelight vigil to honour the four crew members. I later learned that similar ceremonies were held in a number of communities across the James Bay region. This was an added reminder that the air ambulance is a life-line in the Far North and this public show of support from a grateful community helped us cope in the immediate aftermath of the accident. Later in the summer, following Canada’s 911 Ride, a two-day escorted motorcycle ride to raise funds to help the families of fallen Emergency Services personnel, it was announced by the Mikey Network that four defibrillators will be donated in honour of our fallen colleagues. Their families are working with their local communities to place the defibrillators and plaques in appropriate locations, where the defibrillators will continue the legacy of providing life-saving care to a stranger in need.

One ORNGE-employee led initiative—a T-shirt drive to raise money for the families—was very successful, and many of our staff now wear their 7793 (the Moosonee base number) air ambulance T-shirts with pride. We are also exploring ways to memorialize the four men in a permanent way. There are still many unanswered questions about what happened that night. The Transportation Safety Board investigation into the crash continues and we look forward to hearing whatever lessons can be learned from this accident. We continue to do all we can to support our crews in ensuring that they have a safe and effective working environment.

Shortly after the accident, I was asked by a member of the media about the impact this accident has had on our staff, who had endured a great deal of turmoil over the previous year. There can be no doubt that this incident had a significant impact on the ORNGE team, from our frontlines to the people in the head office who support them. But, as I explained that day, we have a remarkably resilient staff, all of whom are passionate, dedicated and determined to do their very best for the patients of this province. Don, Jacques, Chris and Dustin dedicated their lives to helping those in need of medical assistance. While our staff carries on this legacy, we will never forget their sacrifice.
Showcasing Paramedic Services in Simcoe County

Simcoe County’s S-T Elevation Myocardial Infarction (STEMI) program was the first of its kind in Ontario. The STEMI empowers paramedics to identify patients as they are having a heart attack. While treating these patients, paramedics bypass local hospitals to transport patients to a regional hospital that can provide definitive Percutaneous Coronary Intervention treatment. “These programs have helped save lives in our county,” said Robert. “They have empowered our paramedics and enabled them to use their training, skills and decision making to truly impact their communities.”

Robert takes great pride in the work his paramedics perform and the services they provide. This service makes it a priority to engage both the community and the rest of Canada to showcase their accomplishments. “Our paramedics give back to the profession and the community whenever possible,” he said. Robert was particularly proud when the County of Simcoe Paramedic Honour Guard was selected to host the 2013 Honour Guard Conference.

On April 23 to 24, 2013, the County of Simcoe Honour Guard hosted colleagues from across Canada in the 7th Annual Alliance of Canadian EMS Honour Guards Round Table. This conference was the largest of its kind ever, and brought 27 different units from Alberta, Saskatchewan, Manitoba, Ontario, Quebec and New Brunswick to Simcoe County.

The round table portion of the conference is designed as a platform for co-ordination and integration across all EMS services. “Honour Guards play an important role within our communities and paramedic units,” said Frank Spiegelberg, Paramedic with Simcoe County, and founding member of the Simcoe County Honour Guard. “It was amazing to see the Honour Guard services together in one room and to showcase our region to the rest of Canada.”

The county’s paramedic services responds to over 45,000 calls per year and covers a 4,800 square kilometer region. According to Andrew Robert, Director and Chief, Simcoe County Paramedic Services, the service places an emphasis on providing excellence in care but also makes community engagement a priority.

The county boasts a number of advanced programs. Its Public Access Defibrillation (PAD) program is the third largest in Ontario and in early 2013, the county celebrated the installation of its 500th defibrillator.

Simcoe County is a diverse region made up of more than 400,000 residents. The county provides a wide range of services, including planning, engineering, solid waste management, social and community services, and health and emergency services. Given the size and scope of the county, it is no surprise that the Simcoe Paramedic Services Department is one of the largest in Ontario.

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Continued on page 27
Spotlight: Chippewas of Rama First Nation Emergency Medical Service

By Sean Little, Chief of EMS, Rama Emergency Medical Service, Chippewas of Rama First Nation

When asked to write an article highlighting our services, I gave some thought into what is most important to share. Being part of a “Proud and Progressive First Nation” there are many things to be proud of. The two topics that immediately come to mind are our staff and our community. These are the keys to our uniqueness in the world of paramedicine. Without the excellent staff and an amazing community we would be just another ambulance service.

Rama First Nation is a located just outside of Orillia, Ontario. The reserve covers an area of 2,500 acres and the population of the reserve is approximately 850. With the presence of Casino Rama as a major tourist attraction, the population can fluctuate up to 10,000 per day. Contrary to popular belief, Rama EMS is run by the Chippewas of Rama First Nation and not the casino. We are a PCP service with an expanded skill set dedicated to the First Nation.

Through our agreement with the Ministry of Health and Long Term Care our response area expands into the County of Simcoe and parts of the City of Kawartha Lakes; covering over an estimated 850 square kilometers at times. Rama EMS averages over 1,100 Code 3 and 4 calls per year. While the calls on the reserve only represent 35 per cent of our overall call volume, we still consistently service over 85 per cent of all calls on the First Nation. During the other 15 per cent of the time, often when two calls occur at the same time on the reserve, we rely on and greatly appreciate the assistance of our neighboring services: Simcoe, Muskoka, Durham and the City of Kawartha Lakes. Rama First Nation also has a full time fire hall on the reserve that responds to many of our calls, offering any help that they can to our staff.

The foundation to a good business is good people. We are fortunate to have such a stellar cast of employees who make such a positive difference in every life they touch. When the public thinks of Rama EMS, it is the individual paramedics who are first brought to mind. It is their compassion and dedication to the community and the profession that exemplifies our industry.

Paramedics in general downplay the impact they have on the lives they touch as “part of the job” but every day and in every way, every single paramedic makes a difference.

Rama EMS is often referred to as a great place to work. A recent employee satisfaction survey listed the following two items as the main highlights to working at Rama EMS:

• Great staff / family atmosphere; and
• Skills progression.

A small roster lends to the family feel and it is the medics themselves who encourage our progression. Our team of dedicated paramedics strive for excellence every day and they are always eager to expand their skill set. In 2009, we introduced CPAP and also started training PCP-IV. Today, we can proudly say that we are 100 per cent full-time PCP-IV and 85 per cent casual PCP-IV. This fall, we will be introducing PCP manual defibrillation, toradol and post ROSC cooling.
We also have an additional IV course running this fall in hopes to achieve overall 100 per cent PCP-IV.

With the caliber of our staff, I have no doubts we will achieve this. Our staff’s eagerness to learn new skills makes my job a lot easier when trying to increase the level of service to our communities. We may be a small service but our staff is second to none.

In Ojibway, the word “ambulance” translates to AAKOZIWDAAABAAN. Literally, it means “sick vehicle.” Depending on what age group you talk to, the vehicles used by Rama EMS may be referred to as “sick” for many reasons. The artwork on our ambulances is unique and attractive, and is the centre of attention everywhere we go. Within our community the vehicle and its artwork represents a sense of pride. The eagle feathers on the side of the truck symbolize a fallen member that is need of our attention. The slight curl signifies the fact that there is still a chance of survival with the exceptional out of hospital medical care our paramedics provide with their timely arrival. The eagle feathers are in the four colors of the Medicine Wheel. The Medicine Wheel is traditionally a cultural and spiritual symbol for many First Nation people and is often used as a symbol of “good medicine.” Another meaning signifies the four races of man and that the service we provide is indiscriminate.

The presence of an EMS service in Rama First Nation gives great comfort to our community members. It means that professional medical services are readily accessible in the event of an emergency. This benefits our members, the thousands of visitors who come to our community each day and residents in the surrounding communities as part of a mutual aid agreement.

“Our Rama EMS service also forms an essential part of our Community Emergency Management Preparedness Program. These highly trained medical professionals work with our Emergency Management Team to develop and implement strategies to protect our community in the event of a catastrophe. The presence of the Rama EMS Service helps to inspire our youth to consider paramedic as a career option for their post-secondary studies,” said Chief Sharon Stinson Henry, Chippewas of Rama First Nation.

When they are not out on emergency calls, our paramedics are out in the Rama community, checking defibrillators, attending public education events and doing community visits. Community visits are done at the request of the Rama Community Health Nurse and her team. Paramedics also attend career fairs both at the school and community level. Special events at Casino Rama, including concerts, boxing matches and MMA fights help solidify the working relationship with the EFR trained Casino Rama security staff.

A recent joint effort between Rama police and Rama EMS brought an important Prescription Drug Drop-Off Day to Rama First Nation. This is an Ontario Association of Chiefs of Police (OACP) initiative that Rama EMS was proud to become involved with. It proved to be a busy and successful day, providing the opportunity for the public to dispose of expired medications in a proper manner. The education factor for the public surrounding the event alone has proven its value. We have high expectations for next year’s event and we encourage all paramedic services to join forces with your local police detachment and become involved in this event next May.

More recent dedication from our staff has resulted in the formation of an Honour Guard. Paramedics have committed to starting an Honour Guard for Rama EMS and have representation at all major local events. Their recent attendance at the National EMS Honour Guard Alliance Roundtable, hosted by the County of Simcoe Paramedic Services, is shown on page 25. We look forward to their future involvement.

Since our inception in July 2006, Rama EMS has been a proud supporter of OACP and all of the great work that has been accomplished through the association. While Rama Emergency Medical Service is committed to unity within the EMS industry, we are also proud of the First Nation heritage of our community. As part of this unity and in an effort to maintain our pride in being a First Nation based service, in 2012 Rama EMS developed a First Nation version of the Canadian EMS Command Rank Structure Insignia. This version was designed to closely match the national system, in order to maintain ease of identification, while substituting some key parts with symbols of cultural significance to the First Nation, consistent with the artwork on our trucks.

Significant changes include:
• The “Crown” has been supplemented with a Star of Life in the colors of the Medicine Wheel.
The Maple Leaf has been enhanced to a gold bear paw. The bear paws are utilized for ranks reaching the upper and lower management levels, as a symbol of strength and leadership in the medicine world. (The bear paw is also seen in our crest/shoulder flash).

For the most important front line paramedics, the foundation of our success, we have supplemented the standard silver bar with the silver eagle feather with a slight curl.

A sample of the First Nation adaptation of the Canadian EMS Command Rank Structure is shown on the top of page 26. Refer to the rank title associated with each rank insignia image.

The introduction of the new rank and insignia program commenced on January 29, 2013 at the inaugural Rama First Nation Joint Emergency Services Awards and Recognition Night. Staff members of all levels at Rama EMS were issued the new First Nation Rank and Insignia Epaulettes for both their dress and duty uniforms. Senior Management titles have been officially updated and our First Nation EMS Rank and Insignia program is now live.

Chi miigwech for taking the time to read this article. Please look for the launch of our official Rama EMS website in the near future for further information. Access/links will be provided off our main website at: www.ramafirstnation.ca

Simcoe County, continued from page 24

protocols and develop position papers. Honour Guards from across Canada also met to define and standardize ceremonial activity. One of their accomplishments was the renaming of their group to the Alliance of the Canadian Paramedic Honour Guards.

In addition to the conference, the Simcoe County Paramedic Honour Guard and their sponsors also hosted a Gala fundraising dinner. The black tie affair was sold out. Attendees included Honour Guard units, dignitaries from across Simcoe County, Simcoe County Paramedics and representatives from other Paramedic Services units across Canada.

“We had tremendous feedback from everyone involved. We were extremely proud and honoured to host such a successful and memorable event,” said Spiegelberg.

Highlights from the Gala included a Bag Piper, table of remembrance with an empty seat for those who lost their lives in the line of duty, and a speech from the Guest of Honour, Retired Major General Richard Rohmer, Canada’s most decorated citizen and Simcoe County resident. “Everyone was grateful that the General took time to attend the Gala. It not only helped our fundraising efforts but also served as a reminder about the importance of our role as Honour Guards and EMS professionals,” said Spiegelberg.

“The 2013 Honour Guard conference was a huge success,” said Robert. “We were extremely proud to support such an important conference in Simcoe County.” According to Robert, this is just one of the many efforts this unit undertakes each year to represent their county, profession and service. “We have a number of community-focused programs, such as our annual Paramedic for a Day program that enables us to give back to our residents and promote our services.”

Paramedics are trained to handle a multitude of situations. Robert believes that aspiring paramedics should start planning while in secondary school by studying advanced level math and science courses. Building the foundations at a young age will help paramedics excel in their post secondary studies and throughout their career.

With this goal in mind, Simcoe County Paramedic Services introduced the Paramedic for a Day Program. The program complements EMS Week in Simcoe County and provides young residents with an opportunity to spend a day with the Paramedic Services crew getting hands-on experience.

“This is a terrific way to get our young people involved and introduce them to the important services that our paramedics provide. It also provides real life experience for youth who might want to pursue a career as a paramedic or another health care field,” said Robert.

The program is held with the support of local primary schools. Students are asked to submit an essay and respond to a series of questions about the field of paramedics. The 2013 winner was Cole Ambeau, from Barrie Ontario.

Tiffany Williams, a Simcoe County Paramedic, coordinated the 2013 Paramedic for a Day program. “This is a great way to raise awareness about the profession. It’s also a very rewarding experience to promote our services to youth and read all the wonderful essays that get submitted each year,” said Williams.

Cole was sworn in before the Simcoe County Council as Honourary Paramedic for a Day on April 23, 2013. “We try to make the day as realistic as possible, to provide the winner with a true day in the life of a paramedic,” said Williams. Cole was picked up from home in an ambulance, provided with an honourary uniform and stethoscope, given a tour of a paramedic base, introduced to EMS equipment and was taken to a mock rescue scenario.

As a special honour, Cole attended the Honour Guard Gala and was enthusiastically greeted by many paramedics from across Canada, as well as retired Major General Richard Rohmer. One of the key highlights of the evening was the presentation of a Challenge Coin to Cole by the Regina EMS Honour Guard.

“Our services and programs in Simcoe County continue to evolve. We look forward to engaging our communities and colleagues across Canada to learn, grow and share—and also enhance understanding of our profession and services,” added Robert.

For more information please contact Sean Little, Chief of EMS, Rama Emergency Medical Service, Chippewas of Rama First Nation. Reach him at sean.little@ramafirstnation.ca.
Ontario Pays Tribute to the Fallen

By Ric Rangel-Bron, SBStJ, AdeC, Commander, EMS Operations Support, Toronto Emergency Medical Services

The Ontario Tribute To The Fallen was established in 2006 to honour fallen members of the Canadian Armed Forces, the fire services and the police services who died in the line of duty since January 1, 2002.

IT IS WITH GREAT PLEASURE that we announce that the Government of Ontario has approved the inclusion of Ontario’s Paramedic Services into the Ontario Tribute To The Fallen program.

As of June 2013, Paramedic Services (formerly referred to as EMS Services), joined the Canadian Armed Forces and Ontario’s Police and Fire Services in this program to recognize those who have made the ultimate sacrifice.

The Ontario Tribute To The Fallen was established in 2006 to honour fallen members of the Canadian Armed Forces, the fire services and the police services who died in the line of duty since January 1, 2002.

The Premier’s Ceremonial Advisory Committee (PCAC) was established in 2006 to oversee the program. It consists of representatives of each organization and the various Ontario government offices that are involved in the program delivery. Major General Richard Rohmer (Honorary Chief of Toronto EMS and the Ontario Association of Paramedic Chiefs) is the founding Chair, with membership including representatives of the Canadian Armed Forces, Ontario Police Association, Ontario Professional Fire Fighters Association, the Office of the Premier, the Cabinet Office, the Legislative Assembly, the Ontario Honours and Awards Secretariat, and as of 2013, the Ontario Association of Paramedic Chiefs (OAPC). The OAPC is represented by Ric Rangel-Bron, Commander, Toronto EMS, who has been a serving member of the PCAC since inception.

A memorial plaque is presented by the Premier to the family members of the fallen during a ceremony at Queen’s Park. Individual ceremonies honouring fallen members of the Canadian Armed Forces, fire and police services were held annually until 2011. In 2012, the ceremony format was restructured creating a single joint ceremony honouring all fallen service members. In 2013, fallen members of Ontario’s Paramedic Services were included and will be honoured in the next Tribute To The Fallen ceremony, scheduled for Sunday, October 20, 2013.

The Ontario Tribute To The Fallen honours Ontario residents who have been killed in the line of duty. “Ontario resident” is defined as an individual whose birthplace is in Ontario, or has settled in Ontario and has permanent residence in this province.

A “Line Of Duty Death” is determined by the Canadian Armed Forces, Ontario Fire Services, Ontario Police Services and Ontario Paramedic Services. The fallen honoured by the tribute must have either died while on duty, or death must have occurred as a result of past circumstances that occurred while on duty, such as exposure to cancer causing agents, etc.

The Premier presides over all Tribute To The Fallen ceremonies. Participants include the Chair PCAC, an official representative of the Chief of the Defence Staff for the Canadian Armed Forces; the Minister of Community Safeguards and Correctional Services, as the Minister is responsible for fire and police services; and the Minister of Health & Long Term Care, as the Minister is responsible for paramedic services. MPP’s are invited to attend as guests of the Premier.

Family members of the fallen have been invited to come to Toronto to attend the ceremony at Queen’s Park. The ceremony is co-ordinated by the staff of the Ontario Honours & Awards Secretariat. Should a family choose not to attend a ceremony, they will be given the option to attend at a future date, or have the Tribute delivered to them privately. The Honours & Awards Tribute program co-ordinator is in direct contact with the families to make travel and accommodation arrangements, with the information supplied by the various Services being recognized annually as applicable.

Sadly, Ontario’s paramedic services had six names included in the 2013 Ontario Tribute to the Fallen ceremony in October 2013.
Community Paramedicine: An Opportunity to Improve Lives

COMMUNITY PARAMEDICINE. IT BRINGS UP many thoughts for us in Ontario based on our experience, our interest and our peers. Some of us have had the opportunity to meet Dr. Samir Sinha, who is the Provincial Lead for Ontario’s Seniors Strategy. Many baby boomers turned 65 last year and in the next two decades, the number of those over 65 is expected to double.

As we all age, we know that our health issues become more complex, demanding more tests and more sophisticated treatments and services, especially if we are in an acute care setting. In 2012, the province launched Ontario’s Action Plan for Health Care. It highlights the development of a Seniors Strategy as a way to establish sustainable best practices and policies that will support local health delivery and to keep seniors at home longer.

Paramedic Chief Mike Nolan (Renfrew) has been instrumental in leading discussions with Dr. Sinha and Local Health Integration Networks to put paramedic services in the forefront as a partner in Senior Wellness in the community.

Key Recommendation from Dr. Sinha: The Ministry of Health and Long-Term Care, in collaboration with Local Health Integration Networks (LHINs) and local municipal Emergency Medical Services (EMS) programs should explore the development and expansion of Community Paramedicine programs across Ontario, especially in northern and rural communities. These programs could better support high-users of EMS to avoid emergency department (ED) visits and hospitalizations and potentially delay entry into a long-term care home as well.

If we look at that statement, it can mean many things to each service in Ontario depending on geographic location. Some services have charged ahead knowing that their communities are in dire need of alternate and additional medical care. In an effort to help us come together as provincial EMS services and devise a plan to help our communities, we have brought together stakeholders in three communities in Ontario to discuss and learn about what we can do. York, Sunnybrook and Muskoka EMS, and Grey County, in collaboration with Renfrew County, have helped us learn more about what we can do and what we need to prepare in order to meet the demands of growing seniors and to be able to serve them so that they can remain in their homes with the services they need.

Community paramedicine can connect underutilized resources to underserved populations. Our Community Paramedic Programs must be organic. They need to meet the needs of “our” community and we can do this with successful collaboration with other stakeholders. Community paramedicine is not new but it has grown in the past decade. Gary Wingrove says, “Community paramedicine supports the use of existing health care providers under their existing scope of practice to use their skill set in non-traditional roles.”

Rural health used to mean a patient would have to go to the emergency department. Now it means that paramedics will care for patients in their homes before an emergency arises. Up to 80 percent of patients that go to the emergency department require non-emergency treatment. This has a higher cost than a visit to a physician’s office.

Paramedics can provide oversight at home for those patients who don’t require constant home care. Paramedics have a unique position and that is to be in someone’s home. We can see their environment, their medications, their living conditions, threats to their health and immediate need. This is not seen when the same patient goes to a physician or the emergency department because medical professionals are not aware of the environment the patient is coming from.

We know that life expectancy at birth is increasing in Canada; therefore, there will be a future increased aged population. Along with aging comes the potential loss of independence. The Paramedics Evaluating the Risk of Independence Loss (PERIL) prediction rule uses three variables that are easily collected by paramedics in homes of seniors to identify those at highest risk for recurrent emergency department (ED) visits, hospitalization, or even death in 30 days. Those with a PERIL score of two out of three have demonstrated that 70 percent will have an adverse outcome within 30 days. Sunnybrook’s PERIL study showed that 20 percent of people over the age of 85 and 44 percent over the age of 85 lacked the support they needed to function daily. A minor change or a sentinel event can trigger a chain of events leading to adverse outcomes.

We know that older adults are the highest users of paramedic services in situations of social isolation. At the same time, they often lack support and timely access
to primary care. Paramedic services function as a safety net for some. We also know that non urgent calls increase with age and if paramedics are positioned to observe seniors in their own homes, they can identify those at risk for adverse outcomes.

Programs, such as the Community Referral by EMS (CREMS) and Paramedic and Community Care Team (PAACT), allow the paramedics to make a referral to the CCAC on behalf of the patient with their consent.

Paramedics will always be needed to serve their communities in emergency situations and they can broaden their base and scope of practice in a community paramedicine model. A key point about community paramedics is that it is not intended to compete with any other health care organizations. It can fill a needed gap and assist in alleviating the increasing pressure on our health.

Reduction in emergency department visits will save considerable health care funds, which could be allocated to other programs. Discussions regarding paramedic referrals are a logical starting point to solidify community paramedics within the legislative and funding framework of the province of Ontario. Community paramedics have an important role in advocating for and protecting Ontario’s most vulnerable citizens through programs that are developed to meet local needs within a provincial strategy.

Ontario Paramedic Services are known for being proactive and assertive. Each and every one of us is going to be a senior, so let us design our own future!

Great caution was taken to ensure appropriate legal safeguards were in place to protect the association and the legacy fund. A draft agreement was prepared by our corporate solicitor and it was accepted by the provincial branch of the Make-A-Wish Foundation. The plan is to create a capital trust fund of $250,000 over the next 10 years. Once in place, the monies will generate sufficient interest for the charity to grant wishes in perpetuity.

It is important to note that the OAPC will NOT use funds raised by the collection of dues or annual fees to support the project. The OAPC holds a “Chiefs Challenge” golf tournament in concert with its AGM each year. The event generates approximately $10,000. The United Counties of Prescott and Russell paramedic service has adopted the OAPC Foundation as its chosen charity and may contribute a similar amount. Furthermore, individuals or services may contribute toward this annual goal on behalf of the OAPC and receive a charitable receipt with the donation amount going toward the annual donation goal of the association. The charity receives the monies and provides charitable receipts as appropriate. There are NO management investment fees.

It serves as an example of the spirit and humanity of the association.
What is Peak Oil and Why Should I Care About It?

By Chief Terri Burton

REMEMBER THE FIRST TIME YOU heard about peak oil? Ten years ago the theory was that global oil production would soon top out, leading to an extreme rise in prices. Analysts painted a grim picture of this effect on the global economy, but as fracking and seabed discoveries have unlocked new sources of fossil fuels, many have dismissed peak oil as a flawed concept. What do you think? Now the analysts say that we are approaching peak oil from the opposite direction: demand.

Transportation accounts for 60 per cent of global oil use and ambulances are in the centre of this category. U.S. vehicle manufacturers have agreed to standards set by President Obama last year, bringing corporate fuel economy to 54.5 mpg by 2025, thereby reducing demand. What are we doing to encourage our ambulance manufacturers to reduce our greenhouse gas emissions (GHG) and fuel emissions, and ensure fuel economy?

The exact timing of peak oil can still be debated, as can the details of climate science. Experts can further refine their forecasts for food harvests based on expectations for new crop varieties. Peak oil is the point in time when the maximum rate of petroleum extraction is reached, after which the rate of production is expected to enter terminal decline. There is active debate as to when global peak oil will occur, how to measure peak oil, and whether peak oil production will be supply or demand driven.

The growth phase of industrial civilization was driven by cheap energy from fossil fuels and the decline phase of industrial civilization will be led by the depletion of those fuels, as well as by environmental collapse caused directly and indirectly by the burning of coal, oil and natural gas. Our starting point for future planning must be based on the realization that we are living today at the end of the greatest period of material abundance in human history and that abundance is based on temporary sources of cheap energy that made everything else possible. These resources are entering their inevitable sunset phase, which means we are at the beginning of a period of overall economic contraction.

Alternative energy sources and greater efficiencies are important; however the post carbon transition will not be limited merely to building wind turbines or weatherizing homes for two reasons: first, there are no alternative energy sources capable of supplying energy as cheaply and in such abundance as fossil fuels. Second, we have designed and built the infrastructure of our electricity and food transport systems to suit the unique characteristics of oil, natural gas and coal. Changing to alternate energy sources will require redesigning many aspects of these systems.

The post carbon transition will entail a thorough redesign of our societal infrastructure, which is dependent on cheap fossil fuel. Citizens, community groups, businesses and elected officials have begun the transition to a post carbon world. Their motivations are diverse, including halting climate change and promoting environmental preservation, food security and local economic development.

Alone, these efforts are not enough but together they can move toward a new economy. This new economy would be a real market and most of these efforts have been made voluntarily by exceptional individuals who were quick to understand the crisis we
Total global rainfall is now increasing 1.5 per cent per decade. Larger storms over land now create more lightning; every six degrees Celsius brings about six per cent more lightening. We will never get back to the planet we had but we can make changes. We are like a patient who smoked for 40 years then had a stroke; we may have recovered and quit smoking but we will be left with the paralysis from the stroke.

Our cheap supply of easily extracted conventional oil, from places such as the flat plains of Texas and the deserts of Saudi Arabia, is at or near permanent decline. The remaining unconventional oil from places like the tar sands of Canada and the depths of the Gulf of Mexico is increasingly difficult to find, extract and refine. At the same time, global demand for petroleum is sky high at 85 million barrels per day—twice as much as in 1969. That is a lot to meet business as usual needs, let alone meet the new demands from growing countries like China and India.

The time will come that the wells and refineries will be unable to keep up with the global demand. The point at which total global oil production cannot grow any further and begins its permanent decline is known as peak oil, a term that was hardly known outside the petroleum geology field as recently as 2004, but is rapidly attracting attention and concern. Many analysts acknowledge that we will have reached peak oil by 2015.

Canada is the largest oil supplier to the U.S. Canadian conventional oil production peaked in the 1970s but Canadian oil production is still a large business and its future is focused on the tar sands in Alberta. In 2007, Canada’s National Energy Board (NEB) was very optimistic about the tar sands, forecasting a near triple volume of production from 1.4 million barrels per day at present to 4.15 million barrels per day by 2030. In July 2009, due to the suspension of several projects as a result the 2009 economic downturn, NEB forecasts a comparatively restrained doubling of tar sands output by 2020.

The Canadian Association of Petroleum Producers noted for its bullish forecasts, is now more restrained and forecasting an increase to 3.2 million barrels per day by 2025. There are new governmental regulations for tar sands, including carbon management, which will increase cost and make this poor net-energy source of liquids even worse.

Since 2007, Australia has faced some situations where service stations and bulk fuel suppliers in North West Victoria have run out of diesel fuel. Low supplies forced the abandonment of some ambulance services in two areas of South East Victoria.

In March 2012, ambulances in the United Kingdom were forced to line up for fuel and rationed to 50£ of fuel at a time. The Department of Health had to intervene to get messaging out to retailers that emergency services could not be under any restrictions! New Zealand developed a national strategy to respond to peak oil scenarios.

None of us know the exact date of the peak, or how steep the decline in oil production will be, but it makes sense to develop scenarios that will manage the rates of decline. Mitigation and adaptation should include working with our ambulance vehicle manufacturers for EMS fleet vehicles.

The use of new biofuels for internal combustion engines can be introduced more quickly than non combustion engines. We know a sustainable energy future is necessary but we don’t know the costs of sustainable energy infrastructure. The Kyoto Protocol is an international treaty that sets binding obligations on industrialized countries to reduce emissions of GHG. We are already in the second commitment period of the treaty, from 2013 to 2020.

Former President Clinton launched the Clinton Climate Initiative in August of 2006, an initiative to implement programs that create advanced solutions to the root causes of climate change and brings together a community of global leaders to devise and implement innovative solutions to some of the world’s most pressing challenges.

EMS in Ontario has the opportunity to take a leadership role in our business practices in not only ambulance fleet use, but overall management of our resources and their impacts on the Earth. I urge you to review your services and what you can do, personally and professionally, to change the impacts on our planet.
What is EMS in Ontario Doing to Help Climate Change? Part II

By Chief Terri Burton

OUR THROWAWAY ECONOMY IS A major contributor to climate change. The US Environmental Protection Agency (EPA) released a report in September 2009 that shines new light on the green house gas emission (GHG) impacts of things bought and thrown away. We cannot think to be playing our part to address climate change or to prepare for the post peak oil period without changing the way we manage products and packaging throughout their life cycles.

Previous research has shown that most impacts occur in the production stage and thus, are determined at the design phase; policies are needed that address how products are designed and marketed to encourage conservation and recycling. Many of today’s social and environmental challenges can be traced back to market failure and in most cases the challenges occurred as an unintended consequence of well-intentioned public policy.

This is the case with waste. Most things we throw away cannot be recycled, reused or repaired because it was designed to be single use and then disposed of. I surveyed EMS in Ontario and got a response from each service. When asked if their service had conducted an environmental audit or assessment of EMS operations, 94.4 per cent said NO. Between 72 and 88 per cent said they had NOT evaluated the amount of paper used, the amount of electricity used, and other reductions in GHG. In addition, 70.4 per cent of the services in Ontario did not have a sustainability program, nor did they have a policy or a mandate to reduce their environmental impact.

There were some good points noted in this survey, including 85.2 per cent of respondents said they print double sided on paper when they could, 85.2 per cent recycle all paper, 96.3 per cent used email vs. paper communication, and 94.3 per cent were conscious about printing only what they needed to. Just over half (51.9 per cent) of the services in Ontario used electronic policies and file systems for administration, and 81.1 per cent used electronic systems for all other written materials.

Canadians are one of the world’s biggest per capita consumers of energy and electricity, using twice as much as most Europeans. Survey responses from our services showed:
- 75.5 per cent have replaced incandescent bulbs with fluorescent lamps;
- 81.5 per cent turn off lights and computers when not in use;
- 61.1 per cent use occupancy sensors in offices and meeting rooms;
- 78.8 per cent recycle computer towers and monitors;
- 80.8 per cent recycle other office electronics; and
- 54.9 per cent donate used electronic equipment to organizations that can reuse them.

A secondary survey was sent out, which showed:
- 66.7 per cent don’t use disposable plastic or Styrofoam cups;
- 55.6 per cent do not turn down heat in their offices and EMS stations in winter or increase air conditioning temperature in summer;
- 55.6 per cent said they do not purchase “green” products;
- 77.8 per cent said that purchasing EcoLogo supplies from office furniture to cleaning supplies was not important to them;
- 77.8 per cent said office equipment and supplies with an Energy Star label was important;
- 77.8 per cent said that they don’t consider buying organic or fair trade office coffee from local suppliers;
- 11.1 per cent of services have introduced hybrid vehicles into their fleet;
- 66.7 per cent have invested in videoconferencing tools to reduce meeting travel;
- 77.8 per cent make bike racks, lockers and showers available for staff;
- 44.4 per cent have anti-idling policies for ambulances and fleet;
- 22.2 per cent banned plastic water bottles at the office;
- 22.2 per cent have a green committee in their organizations;
- 11.1 per cent sponsor competitions for reducing energy use;
- 22.2 per cent participate in environmental awareness programs; and
- 88.9 per cent have speed policies for ambulance and fleet.

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For those who have built new EMS stations since 2000:
• 16.7 per cent used recycled building materials;
• 50 per cent added effective insulation and reflective roof coverage to lower energy consumption;
• 50 per cent utilized natural light and skylights or floor to ceiling windows; and
• 66.7 per cent planted extra trees.

It is time for EMS in Ontario to take up the challenge to move our services more aggressively toward environmental stewardship, to start to look at our disposable medical supplies, our recycling and garbage policies and practices at EMS stations, and for further opportunities for reducing our carbon footprint.

The purpose of an environmental audit is to ascertain the status of EMS services in Ontario with regard to their contributions to green initiatives and to look at awareness of conservation policies and practices. This effort is an internal evaluation intended to identify environmental compliance and management system gaps and to raise the level of awareness and to identify areas for more assertive efforts and corrective actions.

In summary, we need to take a more active role in making changes in Ontario on how we become better stewards of the environment. A significant question for each of us is: “How do we motivate others to look at their services, their practices and their business impacts on the environment and make changes for the betterment of the environment?”

We all want to enjoy clean water, clean lands and fresh air. We only have this one planet, one earth and if we humans continue to abuse it, we run the risk of reaching a point of causing irreversible damage. We can adjust our lifestyle, be environmentally aware and protect our future generations. The underlying question we need to ask ourselves is: “Do we owe it to future generations to protect our environment?”

If you believe we do, and if we all work together, we can reduce the impact on Earth. All small contributions create a positive reversal on negative impacts. By becoming more environmentally aware, we can reduce our carbon footprints and minimize the detrimental effects already caused to our world so let’s get started.

It is time for EMS in Ontario to become role models by becoming better stewards, by creating sustainability in our EMS services and by reducing our impacts on the environment. What will be your EMS Service’s next step?

To learn more, you can look up The Institute of Environmental Management and Assessment. They are dedicated to creating a sustainable future through environmental skills, knowledge and through leadership.

Reference
1. Suppliers, such as Guelph, Ontario based Planet Bean or Van Houtte, offer fair trade coffee. Fair trade coffee comes directly from co-ops or small coffee farmers at a price which reflects a living wage under sustainable trading conditions. Salt Spring Coffee in B.C. is also carbon neutral. They buy renewable energy offsets from CarbonFund.org to offset emissions from its roasting operations.
The OAPC would like to thank these businesses for their generous sponsorship. Please support these companies and their products.

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“false positives in EMS call priority assignments”
Michael S. Dohan
Lakehead University

Research Projects Supported in 2013

THE ONTARIO PARAMEDIC RESEARCH CONSORTIUM (OPRC) was established to foster interest and provide seed monies to encourage paramedic-related research. It functions under the guidance of Hastings-Quinte Chief Doug Socha, who continues to be part of its development. Oxford Chief Joe Pember is the current Lead for the Board.

The 2013 call for expressions of interest brought submissions from 11 research groups, with a total funding request of $124,316.80. Each proposal is reviewed by the OAPC advisory committee and subjected to a rigorous review of topic, relevance and financial awareness. This year, four submissions were accepted totaling $30,000 in research funding.

It is intended that research funding will be a continuing priority for the OAPC as it pursues evidence-based research to enhance the body of knowledge concerning paramedicine.

This is a snapshot of the supported research:

“Expanding Paramedicine in the Community (EPIC)”
Dr. Laurie Morrison
Rescue, Keenan Research Institute Centre
Li Ka Shing Knowledge Institute
St. Michael’s Hospital

“Cognitive Pathways During Airway Management: A Think Aloud Study”
Justin Mausz
Centennial College

“A Day in the Life of a Paramedic”
Renée MacPhee, PhD
Wilfred Laurier University
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THE 2014 OAPC ANNUAL CONFERENCE
September 23-26, 2014 • London, Ontario
London Convention Centre / Hilton London London

London Chief Neal Roberts and Middlesex-London EMS invite you to join them for the 2014 Ontario Association of Paramedic Chiefs (OAPC) Annual Conference, in London, Ontario, the Forest City.

• Top notch international speakers, a great selection of vendors, networking opportunities, the OAPC business meeting, and, of course, the Ontario EMS Honours and Awards Gala, highlight the agenda.
• With vehicle exhibits indoors, there is not even the fear of inclement weather to spoil your tire-kicking!
• On the social side of things, a return visit to the dazzling FireRock Golf Club is on tap for the Chiefs’ Charity Golf Classic, with all proceeds going to the OAPC Charity Foundation, Make a Wish Canada.

All in all, it is sure to be a week packed with education and fun-filled networking. Mark your calendars now and watch for more information early in 2014.

MID-YEAR MEETING: MARK YOUR CALENDARS FOR MAY
Week of May 12, 2014 • Toronto, Ontario

Historically, each year in May, the association offers what might be referred to as its “mid-year” meeting. It is strongly slanted toward information exchange. One of the two days is devoted entirely to human resources or, maybe more accurately, labour relations.

We are happy to have developed a long standing working relationship with the firm of Hicks Morley. Its legal team of Mark Mason and John Saunders bring us both current trends in the labour market place and a legal perspective on individual operational concerns. Open discussion is encouraged and members receive quality legal perspectives in a group format.

For some several years, the event has been held at a known “airport” hotel. This may still occur, however the popularity of the event has resulted in registration numbers that are poised to overwhelm the space. We can confirm that the planned dates for the event occur during the week, beginning May 12, 2014.

Hotel and presenter availability is still at play.

We encourage all members to reserve that week for our spring get-together. We all benefit from learning the concerns of others and what a reasoned response might look like.

We hope to see you in Toronto, in May.
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OVER 50% LESS OXYGEN CONSUMPTION
Uses less oxygen while delivering high FiO₂.

ADVANTAGE #2:
BUILT-IN MANOMETER & PRESSURE RELIEF VALVE
Verifies delivered CPAP pressure.

ADVANTAGE #3:
NEBULIZER (IN-LINE CAPABILITY)
Clinicians can administer meds without the need for mask removal.

ADVANTAGE #4:
ADVANCED MASK DESIGN
Lightweight contoured mask and nylon headpiece provide a better seal and comfort.

TMML LOCATIONS

Head Office / Ontario / Western
Hours: Weekdays: 8:00 - 5:00 EST
Customer Service: 1-800-265-5494

Quebec Regional Office
Hours: Weekdays: 8:00 - 4:30 EST
Customer Service: 1-800-361-9210

Eastern Regional Office
Hours: Weekdays: 8:30 - 5:00 NST
Customer Service: 1-800-561-0015