

Ministry of Health & Long-Term Care

Ambulance Service Review Final Report

Peterborough County/City Paramedics

December 4, 2018

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

Emergency Health Regulatory and
Accountability Branch

590 Rossland Rd. E.
Whitby ON L1N 9G5
Tel.: 905-665-8086

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

Direction de la réglementation et de la
responsabilisation des services de santé
d'urgence

590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086



January 28, 2019

Mr. Randy Mellow
Chief, Peterborough County/City Paramedics
310 Armour Road
Peterborough ON K9H 1Y6

Dear Mr. Mellow:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Review Follow Up conducted on December 4, 2018 found that Peterborough County/City Paramedics continue ongoing improvement towards ensuring delivery of high quality ambulance service.

Peterborough County/City Paramedics is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Level of service
- Quality assurance initiatives with community agencies
- Patient care during ride-outs
- Conveyance equipment preventative maintenance

The Review found that Peterborough County/City Paramedics meets the review certification criteria and the legislated requirements. Accordingly, Peterborough County/City Paramedics will be issued a renewed Certificate to operate an ambulance service.

Once again, congratulations to you and your team.

Sincerely,

CWidawski

Cindy Widawski
Manager (A)
Inspections and Certifications

Cc: Mr. Troy Speck, CAO, The County of Peterborough
Mr. Steven Haddad, Director, EHRAB
Mr. Jason Collins, Senior Manager, EHPMDB
Mr. Michael Bay, Senior Manager, EHRAB
Mr. David Chau, Senior Field Manager, EHPMDB

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Introduction

The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process; the ministry conducts an Ambulance Service Review prior to the expiration of an existing certificate to confirm that the provider meets legislated certification standards.

Legislated standards include:

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

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

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

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

- Patient Care
- Quality Assurance
- Administration

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

Ambulance Service Review Overview

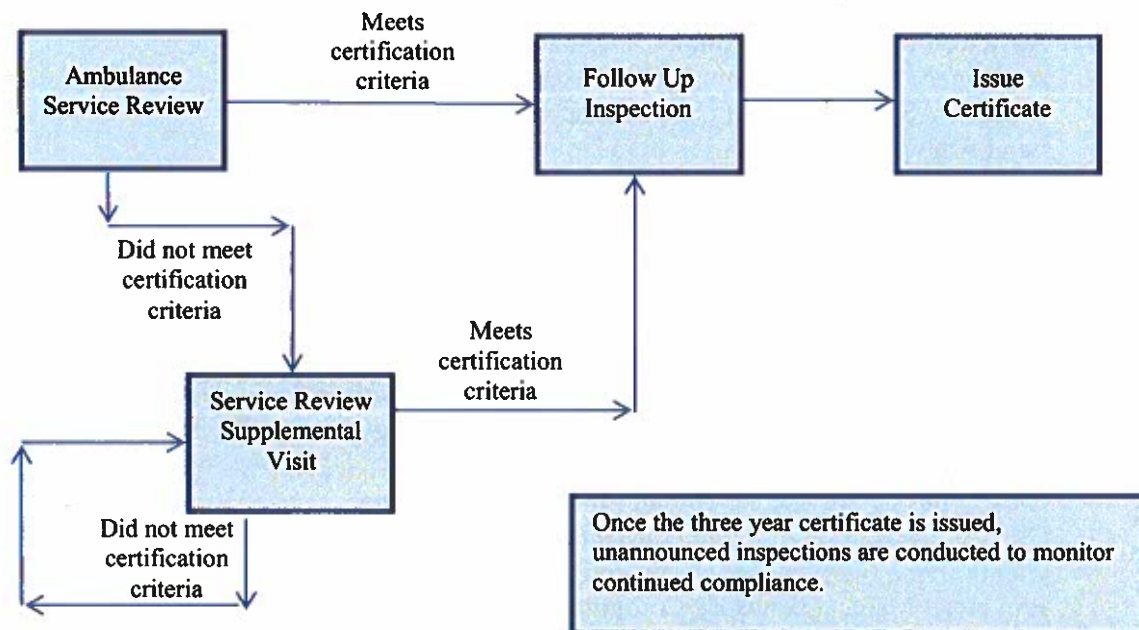
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

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

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

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

The diagram below graphically represents the certification process.



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

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

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

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

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

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

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

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

Service Review Supplemental Visit

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

Follow Up Inspection

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

Unannounced Inspection

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

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

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

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

Satisfied the Requirements:

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

Not Satisfied the Requirements:

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

Summation

Peterborough County/City Paramedics operates from seven stations, including headquarters and provides primary and advanced paramedic patient care. The Service responded to approximately 33,356 calls in 2017. At the time of the Ambulance Service Review, the Service had ten front line ambulances, five mechanical spares, four emergency response vehicles and one emergency support unit.

The Service provides ambulance service to the residents of Peterborough, Norwood, Apsley, and Buckhorn, as well as the surrounding areas. Headquarters is located at 310 Armour Road, Peterborough. Peterborough County/City Paramedics is dispatched by Lindsay CACC and has a Base Hospital relationship with the Regional Paramedic Program for Eastern Ontario.

This Service has been in operation since November 6, 2000. The certificate for Peterborough County/City Paramedics expires on May 31, 2019. As required to renew their certificate, Peterborough County/City Paramedics participated in an Ambulance Service Review by the Ambulance Service Review Team on May 15-17, 2018. The Ambulance Service Review found that Peterborough County/City Paramedics has met the requirements of the *Land Ambulance Certification Standards*.

The Review Team for Peterborough County/City Paramedics was comprised of:

Ministry Reps.:

- One Team Leader,
- One Inspector, and
- One Fleet Standards Analyst.

Management Rep. from:

- The Region of Durham.

Paramedic Reps. from:

- The Region of York,
- The Region of Peel,
- The County of Lambton, and
- The City of Toronto.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Peterborough County/City Paramedics staff for their assistance throughout the Review.

In view of accommodating the requirements for the administration of an ambulance service, it was recommended that a renewed certificate be issued to Peterborough County/City Paramedics for a further three years.

Patient Care

Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Paramedic Ride-Outs,
- Training,
- ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication - CACC/ACS Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Patient Care Devices and Conveyance Equipment Maintenance,
- Vehicle – Staffing,
- Vehicle – Maintenance/Inspection, and
- Collision Reporting.

ACR Review – ALS/BLS Standards

Legislated Requirement: ACR documentation of patient care delivered by paramedics is one avenue used to confirm that ALS/BLS Patient Care Standards are properly performed and that the appropriate CTAS level was assigned according to patient condition. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry as those documents may be amended from time to time.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as Ambulance Call Reports (ACRs), Incident Reports (IRs), conducted ten ride-outs at four stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: 97.9% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the two hundred and eighty-four Ambulance Call Reports reviewed by the Review Team, the following six or 2.1%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only). **(Observation: 1)**

Call Number	Patient Issue	Review Observations
934004093146	79 year old male VSA (refractory V-FIB).	Lidocaine and Epi not given prior to delivery of 3 unsuccessful shocks.
934004095458	62 year old male suspected opioid overdose.	Administered Naloxone prior to complete set of vital signs. Respiration rate 15 bpm and shallow.

Call Number	Patient Issue	Review Observations
934004095725	24 year old female VSA.	King LT airway used but no ETCO ₂ entered.
934004097416	65 year old male ischemic chest pain.	Previous nitro use not documented.
934004091837	19 year old male fall.	Only one set of vitals completed.
934004094527	1 ACR completed for multiple family members involved in MVC.	Must complete separate ACR for each patient on the scene, with individual assessments and refusal of care, as per the BLS PCS and OADS.

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

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

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

Paramedic Ride-Outs

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

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry.

Inspection Methodologies: The Review Team, consisting of two Advanced Care Paramedics, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Peterborough County/City Paramedics at four stations during the on-site review.

Observations: 100% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards. Patient care observed during ride-outs was described as professional, courteous, well managed and compassionate. The Service Provider is commended for this review observation.

During the review, paramedic reviewers completed ten ride-outs as observers. Of the ten calls observed, eight calls were patient carried calls and two were non patient carried calls. Of the patient carried calls, one call was priority 4 and seven calls were priority 3.

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

Some examples of the ride-out observations are attached as **Appendix C** on page 51.

Training

Legislated Requirement: Training and Continued Medical Education ensure paramedic competencies and abilities in the provision of patient care. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (k) states, all reasonable measures are taken to ensure that each emergency medical attendant and paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service in accordance with the Basic Life Support and Advanced Life Support Patient Care Standards.

Further, the *Child in Need of Protection Standard*, Training Bulletin Number 116 and the *Basic Life Support Patient Care Standards v 3.1*, Section 1, General Standard of Care, *Child in Need of Protection Standard* provides general directives to be followed by paramedics when dealing with suspected child abuse, including the Duty to Report. Paramedics must be informed of, and become familiar with, revisions to this standard, that came into force on June 1, 2015.

Inspection Methodologies: The Review Team reviewed reports and records relevant to staff training and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: The Service Provider ensured paramedics have access to:

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

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

- Annual evaluation demonstrating compliance with the current legislation and standards.
- New staff members undergo an evaluation of their patient care skills.
- A remedial training program for staff who demonstrated deficiencies in the use of patient care equipment.
- Training for new, updated and additional equipment.
- Training on changes/updates to standards and/or legislation.

The Service Provider's processes to ensure paramedic knowledge and skills are maintained did not always include:

- Evaluation results communicated to staff (*all evaluations reviewed were dated April 10, 2018. Paper copies were delivered to each paramedics' station mailbox, however there was no documentation that paramedics received or reviewed their evaluations*).
(Observation: 2)

Documentation demonstrates the *Training Bulletin Number 116 - Child in Need of Protection Standard* had been provided to all staff.

All paramedics employed by the Ambulance Service Operator are included in the QA/CQI Program. From the fifteen paramedic files reviewed by the Review Team, 100% demonstrated the components of patient care equipment knowledge and skills are demonstrated and tested.

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

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

ID Cards

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation and observed twenty-six Peterborough County/City Paramedics personnel for compliance respecting ID Cards.

Observations: 100% of Peterborough County/City Paramedics paramedic staff observed during patient care ride-outs and at stations, were noted to carry the service specific identification card exhibiting the ministry unique identification number on their person while on duty. The Service Provider is commended for this review observation.

Communicable Disease Management

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

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

Inspection Methodologies: The Review Team conducted ride-outs at four stations for direct observation of the provision of patient care. The Review Team also reviewed reports and records relevant to Service Communicable Disease Management and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: 100% of service paramedics observed, washed their hands as soon after a call as was practical, in accordance with the *Patient Care and Transportation Standards* (PCTS) and service policy. The Service Provider is commended for this review observation.

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

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

Vehicle - Equipment Restraints

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

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

The Review Team also reviewed reports/records relevant to service vehicles and equipment, and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: Patient care and accessory equipment and supplies were not always secured in the vehicles as per the PCTS (*vehicle 4512 had various pieces of equipment in the front of the vehicle and response bags in patient compartment that were unrestrained*). Paramedics and passengers were secured while the vehicle was in motion. **(Observation: 3)**

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

Communication - CACC/ACS Direction

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

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

The *Basic Life Support Patient Care Standards*, Patient Transport Standard states in part, the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

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

The Review Team also reviewed reports and records relevant to service policy, service equipment (radios), staffing, QA/CQI, and conducted interviews with Peterborough County/City Paramedics personnel.

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

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

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

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

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

Patient Care Equipment and Supplies

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

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

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

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

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

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Peterborough County/City Paramedics personnel.

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

Ambulances:

- From the five ambulances reviewed by the Review Team, the Service Provider captured 2,264 of 2,276 equipment and supply requirements from the *Provincial Equipment Standards for Ontario Ambulance Services*, or 99.5%. The Service Provider is commended for this review observation. **(Observation: 4)**

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

100% of the patient care and accessory equipment observed was clean and sanitary. 100% of the patient care and accessory equipment observed was maintained in working order. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call. The Service Provider is commended for this review observation.

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

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care equipment repairs had been completed however the Service Provider did not always maintain repair receipts for the life of each piece of equipment (*the Service Provider utilizes a program that tracks the workflow for equipment identified as deficient but there is no evidence of the repair or lifespan of the equipment*). **(Observation: 5)**

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use. The Service Provider is commended for this review observation.

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

Examples of the equipment and/or supply observations are noted in the table attached as **Appendix D** on page 52.

Medications

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

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

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

Also, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

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

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

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer's requirements. 50% of the controlled medications observed were secured according to service policy and from unauthorized access (*vehicle 4544 unlocked in the garage with narcotics inside; easily accessible to non-paramedic staff within the building*). Staff followed the policy respecting the disposal of expired medications. **(Observation: 6)**

100% of the bases observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container. Vehicles observed did not always demonstrate the Service Provider ensured the safe disposal of biomedical sharps (*vehicles did not use the lids on sharps containers in response bags*). **(Observation: 7)**

Patient Care Devices and Conveyance Equipment Maintenance

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

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

- Each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services", published by the ministry as may be amended from time to time.
- Each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team conducted ride-outs and inspected patient care devices and conveyance equipment preventative maintenance records.

The Review Team reviewed reports and records relevant to service policy, equipment maintenance and conducted interviews with Peterborough County/City Paramedics personnel.

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

Service oxygen testing equipment had been calibrated according to the manufacturer's specifications. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements. Based on data available from Service files, of the one hundred and thirty-five patient care devices inspected, the preventive maintenance program met the manufacturer's specification 95% of the time. The Service Provider is commended for this review observation. **(Observation: 8)**

Some examples of the patient care devices preventative maintenance review is attached as **Appendix E** on page 52.

The Service Provider's Preventative Maintenance program also includes all patient carrying equipment. The preventative maintenance schedule was based on a three month interval. Of the seventy-two patient carrying equipment preventative maintenance files reviewed, 100% met the manufacturer's specification. The Service Provider is commended for this review observation.

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page 52.

Vehicle - Staffing

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

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

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

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

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

A total of five vehicles at four base locations were inspected for compliance per the *Patient Care and Transportation Standards*. The Review Team also reviewed reports and records relevant to service policy, staffing deployment and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service. Incidents where a replacement vehicle was unavailable are documented.

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation. Each ambulance designated by the Service as an ACP ambulance is staffed with at least one ACP and one PCP when responding to a request for service or while transporting a patient.

Vehicle - Maintenance/Inspection

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

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

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of "Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards", published by the ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service.

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

Inspection Methodologies: The Review Team inspected vehicles for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*. Vehicle preventative maintenance files and vehicles were also reviewed for compliance to the LACS.

A total of nine vehicles at four base locations were inspected for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*.

In addition, a total of five vehicles at four base locations were inspected by Review Team paramedics for compliance to the LACS.

The Review Team also reviewed reports and records relevant to service policy, vehicle maintenance and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: The Service Provider had a complete certificate package, from each ambulance manufacturer/conversion vendor, certifying each ambulance used in the provision of service meets the standard. There was not always documentation on file confirming certification of ERVs (self certification or manufacturer's certification) (*vehicles 4357 and 4808 missing certification documentation*). There was documentation confirming additions/modifications completed after the original conversion continue to meet the manufacturer's specifications and related legislation. **(Observation: 9)**

Of the nine vehicles inspected, seven vehicles met the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards*, or 77.8%. **(Observation: 9)**

The Service Provider's Vehicle Preventative Maintenance program is based on 6000 Km +/- 20% between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of nine vehicle PM files demonstrated the Service Provider's Vehicle Preventative Maintenance met the Service Provider's schedule/Original Equipment Manufacturer's schedule 94.0% of the time. The Service Provider is commended for this review observation. **(Observation: 10)**

Maintenance and repair records are maintained by the Service Provider for the life of the vehicle.

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

Five ambulance vehicles were inspected by paramedic reviewers. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHRAB. Each vehicle's identification was displayed on the front and rear of the vehicle as required. The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation.
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.
- Vehicles were not always maintained mechanically and in proper working order (*vehicles 4513 and 4544 - rear doors stick*). **(Observation: 11)**
- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per day or shift.
- The Service Provider does not always audit checklists for completeness, accuracy and vehicle deficiencies or safety concerns (*checklist for vehicle 4513 indicates there is a deficiency identified, which was inputted into a service request program, however, there is no link between deficiencies identified on the checklist and the service request program to ensure follow-up*). **(Observation: 12)**
- Safety concerns raised by staff were resolved.
- Repairs or replacement items were completed in a timely manner.

- Ambulances, ERVs and ESUs were stored in a protected environment from heat or cold to protect medications.
- Each vehicle follows the deep clean program.
- Patient care compartment of vehicles were maintained in a clean and sanitary condition at the time of the review.
- Supplies were accessible to clean the vehicles.
- There was required clean storage space available for supplies.

Examples of the vehicle observations are noted in the table attached as **Appendix D** on page 52.

Collision Reporting

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

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, incident reports, ambulance call reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service policy, collision reports, Service QA/CQI initiatives and conducted interviews with Peterborough County/City Paramedics personnel.

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

Observation: 1

Service Provider Response

PCCP will continue to apply a robust quality assurance and continuing quality improvement program to improve these areas of documentation. PCCP has also reviewed the observations made on the ACR's which were identified to have compliance gaps with documentation and/or patient care. The appropriate paramedics have been sent performance coaching in the form of an ambulance call evaluation to address performance gaps within the calls as listed in the draft report.

Inspector's Findings

Peterborough County/City Paramedics strives towards excellence in the provision of *Advanced Life Support* and *Basic Life Support Patient Care Standards*. The Service Provider is cognizant of the need for follow up with staff when patient care deficiencies are identified and takes the provision of proper patient care to all patients seriously.

The Service Provider has a robust in-house QA and training program to ensure all care is to standard. As part of their QA program, the Service Provider audits Ambulance Call Reports to ensure patient care is provided to the standards. Further, the Service Provider includes a review of the ALS/BLS Patient Care Standards along with Ambulance Call Evaluations (ACE) to each medic for feedback.

The Service Provider continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of such finding. **Peterborough County/City Paramedics are committed to compliance in this area.**

Observation: 2

Service Provider Response

PCCP will implement a more robust practice to ensure performance evaluations are received.

Inspector's Findings

During the follow-up visit, the Service Provider identified that a new process for communicating evaluation results to staff is under review. Currently, the Service is looking to create a system that will allow staff to acknowledge (via Interdev) skills reviews or performance evaluations through an electronic process. Once created, the Service Provider plans to communicate these evaluations to each paramedic in an annual performance review with their Supervisor.

The Service Provider is confident their plans for an enhanced QA/CQI process will serve them well to ensure paramedic competencies. **Peterborough County/City Paramedics is striving to meet compliance in this area.**

Observation: 3

Service Provider Response

PCCP acknowledges this observation and will continue to monitor and encourage compliance through education and continuing quality improvements and initiatives, including mandatory field evaluations.

Inspector's Findings

After the Service Review, the Service Provider re-posted memo OHS-24 reiterating the purpose of restraining equipment and wearing seatbelts.

Peterborough County/City Paramedics are in the process of retro fitting their ambulances with cargo netting over the map bin to secure loose equipment. Staff have been reminded to either wear their portable radio or secure it under the new netting.

The Paramedic Service understands the importance of ensuring that each piece of equipment is secure while the vehicle is in motion. **Peterborough County/City Paramedics are committed to compliance respecting this area.**

Observation: 4 and 5

Service Provider Response

The Service Provider is in the process of rolling out an electronic records software called Operative IQ. Operative IQ will monitor inventory of equipment and their preventative maintenance plan. The program will provide report and alert logistic staff when equipment is entered or removed from service, and when equipment maintenance is required. The software is to go live December 2018.

Inspector's Findings

The linens noted as missing were replaced in unit 4513. Respecting the missing oxygen supply tubing, the Service Provider is taking measures to ensure that each ambulance is equipped with the proper supply requirements as per the *Provincial Equipment Standards for Ontario Ambulance Services*.

Peterborough County/City Paramedics stated that the equipment repairs on their patient care and accessory equipment are being performed as per Service policy. The Service has since labelled every piece of equipment with a serial number that is to be used when tracking stock and or maintenance. As of December 2018, the logistics staff will be using Operative IQ electronic records to track inventory and monitor equipment repairs/preventative maintenance.

Moving forward, the Service believes the Operative IQ software will further ensure maintenance compliance and maintain the records for the life of each piece of equipment. This will remain an ongoing monitoring matter for the Service Provider. **Peterborough County/City Paramedics are working towards compliance in this area.**

Observation: 6

Service Provider Response

The Service Provider is moving forward with the purchase of in-vehicles safes where ACP staff will be able to secure their narcotics in between calls. This safe has software that will notify supervisory staff when a narcotic safe is opened and closed. Logistic staff will also be advised when medication has expired and when a medication has been used for ordering purposes. The narcotic safe will allow the service to be compliant with service policy, ensuring narcotics are always secure.

Inspector's Findings

Peterborough County/City Paramedic Service re-posted two of their policies; vehicle security and storage of controlled substances to ensure staff are reminded to lock all vehicles to protect their medication when the vehicles are parked and unattended.

To avoid such reoccurrence, the Service Provider has ordered NarcBox's for securing medication/narcotics throughout their entire service. These secure cases monitor activity in real time, and has 'alert tracking' for usage, restocking and medication temperature, as well as a strict security access codes. **Peterborough County/City Paramedics are striving to meet compliance in this area.**

Observation: 7**Service Provider Response**

The Service Provider is in the process of looking for another option for our large biomedical sharps container with a more secure lid. Until that time an email has been sent to staff in regards to securing the lids on the sharps container when not in use.

Inspector's Findings

Peterborough County/City Paramedics acknowledges the need to modify their current sharps containers to avoid the pre-load syringes from spilling out. A memo was released asking staff to ensure that the lids are closed on the containers (after use) to prevent this from happening until a replacement can be found. The Service Provider takes Health and Safety issues very seriously. **Peterborough County/City Paramedics are committed to compliance in this area.**

Observation: 8**Service Provider Response**

N/A

Inspector's Findings

The Service Provider said they were very pleased with meeting the preventive maintenance program 95% of the time. **Peterborough County/City Paramedics is committed to maintaining compliance in this area.**

Observation: 9**Service Provider Response**

The Service Provider has sent 4808 to Kerr Industries to certify the Ford Taurus to ERV-Command requirements and has received all the required documentation to meet standards. The service had to threaten legal action against D&R Electronics to obtain the certification documents for vehicle 4357. The service now has all the required documents in their possession for that ERV.

Inspector's Findings

Documentation demonstrates that vehicle 4808 has been changed over to 4739 ERV Command with compliance certification dated November 26, 2018. Vehicle 4357 now has an Engineering-Letter of Compliance (November 30/18) on file and further documentation to support their compliance package is complete. **Peterborough County/City Paramedics is committed to compliance respecting this area.**

Observation: 10**Service Provider Response**

No response.

Inspector's Findings

The Service Provider started by saying “they were pleased with meeting the Original Equipment Manufacturer’s schedule 94.0% of the time” and “was commended for their review observation” as noted in the Draft Report. The Service Provider also pointed out that the electronic database (Operative IQ) will be up and running soon and that the PM Schedule will be incorporated into it. **Peterborough County/City Paramedics is committed to maintaining compliance in this area.**

Observation: 11

Service Provider Response

The Service Provider sent both vehicles for service to investigate and repair the rear doors which were sticking on both vehicles. Both vehicles have been repaired and returned to service.

Inspector's Findings

Documentation did demonstrate that repairs have been completed on ambulance 4544 and 4513 when they were sent to The Liftlock Group for vehicle inspection and adjustment to the rear and side doors. **Peterborough County/City Paramedics is committed to compliance in this area.**

Observation: 12

Service Provider Response

The Service Provider is moving away from our current service request ticket system, to move a more advanced software program called Operative IQ. This program will keep track of all our requests for service, for fleet, equipment and facilities.

Inspector's Findings

Peterborough County/City Paramedics are moving toward the Operative IQ program to create service tickets identifying when repairs and or vehicle service is required based on feedback from the crew inspections and request. Further, this software can be used to calculate their preventative maintenance schedules. The Service Provider is confident that the links in the program (fleet management/ticketing/inventory control) will ensure that repairs and maintenance have been completed and are on schedule. **Peterborough County/City Paramedics are committed to compliance in this area.**

Quality Assurance

Subsections:

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

Quality Assurance/CQI

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

- Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- Subsection 3 (1) of Regulation 257/00 made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.
- Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with "Ontario Ambulance Documentation Standards", published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.
- The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulate ACR documental requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: The Service Provider has a Quality Assurance program in place. The Service Provider's Quality Assurance program included:

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

The Service Provider responds to recommendations made by quality assurance programs to ensure optimal provision of service.

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

Employee Qualifications

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

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

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

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

Inspection Methodologies: The Review Team, consisting of one Management Review Team representative undertook a review of twenty-three Primary Care Paramedic and seventeen Advanced Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to service policy, QA/CQI employment initiatives and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: From the forty HRI files reviewed by the Review Team, the Service Provider captured 1,169 of 1,171 possible qualification requirements, or 99.8%. The Service Provider is commended for this review observation. **(Observation: 13)**

Peterborough County/City Paramedics maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation. A personnel record is not always maintained for each employed paramedic which included evidence of qualification as described in Part III of Regulation 257/00. **(Observation: 13)**

Peterborough County/City Paramedics employs fifty-eight paramedics reported to be Advanced Care Paramedics. Of the seventeen ACP files reviewed by the Review Team, 100% contained the required MOHLTC ACP certification. The Service Provider is commended for this review observation.

Further, there was documentation demonstrating each type of paramedic is authorized by a medical director to perform the controlled acts set out in O. Reg. 257/00 Part III s.8.

Examples of the observations are itemized in detail and attached as **Appendix A** on page 47.

As of December 16, 2017, EMAs and paramedics must:

- (a) provide a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or
- (b) provide a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

From the forty HRI files reviewed by the Review Team, the Service Provider 100% of Influenza Immunization status requirements no later than directed by EHRAB.

Each operator shall, no later than January 20, 2018, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

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

The Service Provider reported to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year.

ACR – IR Documentation

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

The *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

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

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

The Review Team also reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: From the two hundred and eighty-four ACRs reviewed by the Review Team, the Service Provider captured 29,043 of 29,350 possible data points, or 99.0% of the Ambulance Call Report information requirements. The Service Provider is commended for this review observation. **(Observation: 14)**

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

The Service Provider audits ACRs to determine if they are completed as per the *Ontario Ambulance Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the OADS. Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was documentation demonstrating staff review the ACR Completion Manual and OADS as part of the Service Provider's QA/CQI Program.

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

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

Patient Carried Calls

Mandatory fields were not always completed on patient carried calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 47.

(Observation: 14)

Non Patient Carried/Patient Refusal Calls

Mandatory fields were not always completed on non patient carried and patient refusal calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 47. **(Observation: 14)**

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

The review of ACRs reflected that Incident Reports are completed when required, as per the OADS. Three of the reviewed ACRs required an Incident Report, all Incident Reports were completed. The Service Provider is commended for this review observation.

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

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

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

Observation: 13

Service Provider Response

Paramedic 79984 has been updated with immunization records which are compliant with legislative regulations. Paramedic 18077 immunization records are in the process of being updated. The paramedic is receiving a new regimen of immunization. Once the regimen of immunization is complete, the file will be updated.

Inspector's Findings

The Service Provider understands the immunization requirements for employment according to *Ambulance Service Communicable Disease Standards*. The Service Provider spoke to the individuals involved and they have now or are completing their immunization requirements. Titre test results are still pending for employee 18077. **Peterborough County/City Paramedics is committed to meeting compliance in this area.**

Observation: 14

Service Provider Response

PCCP will continue to apply a robust quality assurance and continuing quality improvement program to improve these areas of documentation.

Inspector's Findings

Peterborough County/City Paramedics is cognizant of the need for follow up with staff when ACR completion deficiencies are identified.

The Service Provider issued a memo to staff identifying mandatory fields that were often missed. Staff have been reminded to complete their Ambulance Care Reports according to the *Ontario Ambulance Documentation Standards*. Individual patient care issues identified are reviewed with the paramedics involved. To ensure further compliance and reduce errors, compliance rules will be upgraded in the iMedic electronic ACR platform. Additionally, the Service will identify deficiencies seen during ongoing ACR audits and incorporate them into the Service's annual CME training sessions.

This will remain an ongoing monitoring matter for all staff performing quality assurance activities.

Follow Up Ambulance Call Report Review

A review of twenty ACRs was conducted during the follow-up inspection with Peterborough County/City Paramedics. A random sample of ACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels.

Ambulance Call Reports were generally completed according to the *Ontario Ambulance Documentation Standards*, with the following exceptions:

Patient Carried Calls Not to ALS/BLS Standard

Call Number	Patient Issue	Review Findings
	No calls for this area.	

Patient Carried Calls Code 4 / 3

Call Number	Documentation Issue	Driver #	Attendant #
4164551	No postal code.	23957	19490
4168338	No postal code.	12243	60372
4168892	No postal code.	20539	21579
4172252	No postal code.	18078	18080
4166893	No postal code. Missing aspects of address.	11122	18698
4159204	No postal code. Missing signature of 2 nd ACP/Supervisor.	18727	17220/94944
4164711	No postal code.	18078	17627
4162301	No issues.	61573	24741
4171264	No issues.	60372	24742
4170083	No postal code.	12903	21943
4171248	No postal code.	23899	24740
4172610	No postal code.	17102	17597

Patient Carried Calls Code 2 / 1

Call Number	Documentation Issue	Driver #	Attendant #
4141779	No postal code.	19251	22719
4172448	No postal code.	22722	18077
4160852	No address. Missing postal code or town.	21943	21183
4170201	No issues.	22722	19867

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
	No calls for this area.		

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
4168228	No postal code. Missing aspects of address.	18077	18080
4164606	No issues.	22725	18058

Appendix A

Emergency Health Regulatory and Accountability Branch – Ministry of Health and Long-Term Care

Call Number	Documentation Issue	Driver #	Attendant #
4163777	No issues.	22720	24742
4162895	No postal code.	18727	17220

Improvement has been noted in ACR completion since transmittal of the Draft Report. The Service Provider is committed to the proper completion of all eACRs and will continue to audit eACRs to ensure documentation and patient care meets the standards. Supervisory staff will continue to monitor ACRs and IRs for proper minimum completion and will review with employees any ACRs found not meeting minimum requirements. **Peterborough County/City Paramedics are committed to compliance respecting this area.**

Administrative

Subsections:

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

Response Time Performance Plan

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

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

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

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

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Response Performance and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: The Service Provider has an established Service Response Time Performance Plan with response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5.

The Service Provider provides the Director of EHRAB with a copy of the Response Time Performance Plan no later than October 31st of each year.

The Service Provider is meeting their Response Time Performance Plan.

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

The Service Provider did not always review and update their Response Time Performance Plan by October 1st of each year (*Response Time Plan was reviewed with council on October 18, 2017*). Updates are provided to the Director no later than one month after the plan was updated. **(Observation: 15)**

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

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

Service Provider Deployment Plan

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

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

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (i.1) states in part, the communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service/staffing deployment and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office. Documentation demonstrates the service has sufficient staff at each level of qualification to meet their deployment plan.

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

Ambulance Service ID Card Program

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

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

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

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

Ambulance Service Identification Card Program, Operating Protocols and Processes stipulates, the ministry is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Peterborough County/City Paramedics personnel.

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

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. Accordingly, we did not note any occasions when a newly hired paramedic logged onto the communication environment with either a fictitious number or a number assigned to another person.

The ministry is notified in each instance an identification card is lost. The Service Provider recovered the paramedic's service specific identification card and returned it to the ministry on each occasion of employment being terminated. The Service Provider is commended for this review observation.

Base Hospital Agreement

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

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service QA/CQI/Base Hospital initiatives and conducted interviews with Peterborough County/City Paramedics personnel.

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

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

Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure compliance with standards and legislation.

- The *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Service QA/CQI initiatives and conducted interviews with Peterborough County/City Paramedics personnel.

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

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.

- That students are to be immunized.
- Requirements for students/observers are monitored and enforced.
- Staff will immediately notify the CACC/ACS in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.
- Regarding cleaning and disinfection of patient care equipment.

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

The Service Provider ensured the continuity of operations.

Insurance

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service insurance policy coverage and conducted interviews with Peterborough County/City Paramedics personnel.

Observations: It was noted the Service Provider's insurance policy was current and valid. Further, the insurance coverage was at least equal to that outlined in legislation.

The insurance policy includes and covers:

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

Observation: 15

Service Provider Response

PCCP acknowledges this observation. PCCP reviews response time performance and on a continual basis and submits the annual plan to the Peterborough county/City Joint Services Steering Committee (JSSC). Following approval by the JSSC, Peterborough County Council must then formally approve the RTPP.

The Response Time Performance Plan has been approved by Council and submitted prior to the October 31st deadline in each year. However, the timing of the JSSC and Council meetings has caused the official approval of the plan to occur after October 1st. In future years, PCCP will work with the County and City to ensure that the plan is presented and approved prior to October 1st.

Inspector's Findings

In order to meet the deadline each year, the Service Provider will give Council their Response Time Performance Plan earlier in the year. This will ensure that the plan submitted is reviewed and approved before the October 1st deadline. A request will be made to the Joint Services Steering Committee to place this matter on the agenda months earlier to avoid any further delays as well. **Peterborough City/County Paramedics is committed to compliance in this area.**

Appendix A HRI Review Table

Employee #	Missing File Information
79984	• Hepatitis B.
18077	• Hepatitis B.

Appendix B ACR Review Tables Patient Carried Calls Code 4 & 3

Call Number	Documentation Issue	Driver #	Attendant #
934004122425	• Postal Code. • Temp.	17627	18078
943004120321	• Temp.	94385	19537
934004120200	• Postal Code. • Temp.	11443	19446
934004117809	• Temp.	23899	15276
934004118656	• Temp.	17659	18512
934004118236	• Temp.	42266	12903
934004117809	• Temp.	23899	15276
934004116825	• Temp.	60372	24110
934004116687	• Temp.	18077	23957
934004116563	• Temp.	22156	21943
943004115925	• BH Physician Name/No. • Patch Log Number.	21505	22724
934004115091	• Temp.	22729	19900
934004114661	• Postal Code. • Temp.	16856	17659
934004113934	• Postal Code.	21505	20534
934004113912	• Postal Code.	58598	23957
934004113074	• Temp.	16494	17220
934004112762	• Postal Code.	40496	19490
934004111418	• Postal Code. • Temp.	21183	14085
934004118160	• Postal Code. • Temp.	19864	15269
934004118180	• Postal Code.	15779	22726
934004120974	• Postal Code.	16495	16947
934004121017	• Temp.	15276	18058
934004121012	• Postal Code.	19867	59066
934004122647	• Postal Code.	19868	18077
934004122584	• Date of Birth. • Postal Code. • Temp. • Version Code.	86492	88925
934004122570	• Postal Code.	11443	23377
934004122535	• Postal Code. • Version Code.	18078	17627
943004122521	• Postal Code. • Temp.	11122	18698
934004122496	• Postal Code.	21183	19900

Appendix A

Emergency Health Regulatory and Accountability Branch – Ministry of Health and Long-Term Care

Call Number	Documentation Issue	Driver #	Attendant #
934004121040	• Postal Code. • Version Code.	16947	16495
934004120991	• Postal Code. • Temp. • Version Code.	18058	15267
934004121094	• Postal Code. • Temp.	22719	18489
934004121792	• Postal Code.	58598	19253
934004121535	• Date of Occurrence. • Postal Code. • Temp. • Time of Occurrence.	19318	19490
934004121901	• Postal Code.	15269	10083
934004098456	• Disposition of Effects. • Postal Code.	42266	12903
934004097443	• Disposition of Effects.	15299	16783
934004098911	• Postal Code.	19446	11443
934004095725	• Date of Birth. • EtCO ₂ . • Patch Log Number.	24109	99237
934004095779	• Postal Code.	23377	22727
934004093146	• BH Name. • BH Number. • BH Physician Name/No. • Patch Log Number. • Postal Code.	11122	18698
934004091620	• Version Code.	17220	16494
934004091073	• Health Insurance Number.	13261	11536
934004091815	• Postal Code.	23377	21183
934004100838	• Postal Code.	19537	94385
934004101689	• Postal Code.	15297	14085
934004101775	• Postal Code.	16856	19864
934004100958	• Date of Occurrence. • Postal Code. • Time of Occurrence. • Version Code.	18078	17627
934004100991	• Date of Occurrence. • Postal Code. • Time of Occurrence. • Version Code.	18078	17627
934004101370	• Date of Occurrence. • Postal Code. • Time of Occurrence.	12243	60372
934004094325	• Postal Code. • Version Code.	20926	23377
934004099828	• Date of Occurrence. • Postal Code. • Time of Occurrence.	22725	17220
934004097416	• Medications. • Postal Code.	20534	22729

Appendix A

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
934004107068	<ul style="list-style-type: none"> • Postal Code. • Date of Occurrence. • Time of Occurrence. 	19899	52006
934004107367	<ul style="list-style-type: none"> • Version Code. • Postal Code. • Temp. 	42266	19251
934004110190	<ul style="list-style-type: none"> • Temp. 	17220	16494
934004111966	<ul style="list-style-type: none"> • Version Code. • Postal Code. • Pulse Rate. • Resp. Rate. • B/P. • Temp. 	94385	19537
934004114723	<ul style="list-style-type: none"> • Version Code. • Postal Code. • Temp. 	16947	16495
934004112935	<ul style="list-style-type: none"> • Version Code. • Postal Code. 	94385	19537
934004115591	<ul style="list-style-type: none"> • Postal Code. 	22718	19318
934004117483	<ul style="list-style-type: none"> • Temp. 	17627	18078
934004120379	<ul style="list-style-type: none"> • Temp. 	18698	21943
934004122274	<ul style="list-style-type: none"> • Postal Code. 	19868	10877
934004096818	<ul style="list-style-type: none"> • Version Code. 	20534	19868
943004092614	<ul style="list-style-type: none"> • Postal Code. 	22725	22718
934004092641	<ul style="list-style-type: none"> • Version Code. • Postal Code. • Positive for FREI. • Temp. 	12903	18378
934004102087	<ul style="list-style-type: none"> • Postal Code. 	19446	11443
934004098784	<ul style="list-style-type: none"> • Disposition of Effects. 	20926	13297
934004096879	<ul style="list-style-type: none"> • Postal Code. • Disposition of Effects. 	15297	14085
934004098383	<ul style="list-style-type: none"> • Postal Code. 	13297	20926
934004096267	<ul style="list-style-type: none"> • Postal Code. 	18077	10726
934004092185	<ul style="list-style-type: none"> • Version Code. • Postal Code. • Date of Occurrence. • Time of Occurrence. 	19069	17954

Non Patient Carried/Patient Refusal Calls

Call Number	Documentation Issue	Driver #	Attendant #
934004121621	<ul style="list-style-type: none"> • Postal Code. 	13297	21702
934004121704	<ul style="list-style-type: none"> • Health Insurance Number. • Postal Code. • Temp. • Version Code. 	10083	15269

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Call Number	Documentation Issue	Driver #	Attendant #
934004121796	• Postal Code. • Temp.	13261	11536
934004122076	• Postal Code. • Temp.	21702	19537
934004122190	• Postal Code. • Temp.	19490	11443
943004122366	• Postal Code.	19854	21702
934004122487	• Postal Code. • Temp.	18077	17597
934004122574	• Date of Occurrence. • Postal Code. • Temp. • Time of Occurrence.	86492	88925
934004120682	• Postal Code. • Relevant Past History. • Temp.	19900	17658
934004119457	• Temp. • Version Code.	17220	16494
934004119228	• Postal Code. • Temp.	11122	18698
934004119039	• Postal Code. • Temp.	18058	15267
934004118058	• Postal Code.	13261	11536
934004117898	• Postal Code. • Temp.	22727	22160
934004117458	• Postal Code.	88925	16493
934004117069	• Date of Occurrence. • Postal Code. • Temp. • Time of Occurrence.	12903	20442
934004100396	• CTAS Depart Scene.	20536	60372
934004117192	• Postal Code. • Temp.	19069	16495
934004119199	• Date of Birth. • Date of Occurrence. • Postal Code. • Temp. • Time of Occurrence.	16494	42266
934004120140	• Postal Code. • Temp.	19255	19252
934004091401	• Postal Code. • Temp.	21943	99237
934004091534	• Postal Code. • CTAS Depart Scene.	22156	18078
934004094731	• Non Paramedic Witness Name. • Postal Code.	19899	21702
934004101125	• Date of Occurrence. • Postal Code. • Time of Occurrence. • Weight (Kg).	42266	12903
934004092815	• Postal Code.	16494	17220

Appendix C Paramedic Ride-Out Observation Tables

Call Observation Summary							
CALL	934004129401	VEHICLE NO:	4534	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	22726	MEDIC #2	19537	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	934004129217	VEHICLE NO:	4553	PRIORITY	OUT: 3	IN: 3	
MEDIC #1	19864	MEDIC #2	16856	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	932004129418	VEHICLE NO:	4544	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	15779	MEDIC #2	12903	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Appendix A

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Call Observation Summary							
CALL	934004129165	VEHICLE NO:	4513	PRIORITY	OUT: 3	IN: 72	
MEDIC #1	10083	MEDIC #2	16494	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard				<input checked="" type="checkbox"/>			
Patient Transport Performed to Standard							<input checked="" type="checkbox"/>
Transfer of Care Performed to Standard							<input checked="" type="checkbox"/>
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Appendix D Vehicle Equipment and Supplies Table

Vehicle No.	Review Findings	Vehicle No.	Review Findings
Missing from all vehicles	The Service Provider does not carry oxygen supply tubing.	4513	Blankets/Linens • Missing 2 pillow cases.

Appendix E Patient Care Devices Maintenance Table

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Battery Powered Portable Suction Unit	130311A0386	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130311A0394	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130311A0456	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130311A0477	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130311A0482	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130311A0486	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130401A0601	03-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	130401A0660	01-03-2018	01-11-2017	01-07-2017

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Emergency Health Regulatory and Accountability Branch – Ministry of Health and Long-Term Care

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Battery Powered Portable Suction Unit	130401A0670	01-03-2018	01-11-2017	01-07-2017
Battery Powered Portable Suction Unit	140707A0392	01-03-2018	01-11-2017	01-07-2017

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
CPR Machine	34032	19-01-2018 (New)	Not Applicable	Not Applicable
CPR Machine	33451	20-04-2018 (New)	Not Applicable	Not Applicable

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Defibrillator	41325864	27-09-2017	22-08-2016	28-09-2015
Defibrillator	41489983	28-09-2017	23-08-2016	28-09-2015
Defibrillator	41503661	27-09-2017	22-08-2016	28-09-2015
Defibrillator	41504314	28-09-2017	22-08-2016	28-09-2015
Defibrillator	41504391	28-09-2017	22-08-2016	28-09-2015
Defibrillator	41504617	28-09-2017	22-08-2016	28-09-2015
Defibrillator	41504956	27-09-2017	22-08-2016	28-09-2015
Defibrillator	41505112	28-09-2017	23-08-2016	28-09-2015
Defibrillator	41511645	27-09-2017	22-08-2016	28-09-2015
Defibrillator	41511721	13-11-2017	23-08-2016	28-09-2015

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Main Flow Meter	100300547	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	121200088	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	121200095	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	121200099	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	121200116	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	130900223	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	130900291	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	130900293	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	130900294	01-03-2018	01-11-2017	01-07-2017
Main Flow Meter	FCO1117-2014	01-03-2018	01-11-2017	01-07-2017

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
On-Board Suction	4543-09	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4500-13	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4508-13	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4573-13	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4507-14	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4512-14	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4513-14	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4168-15	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4532-15	01-03-2018	01-11-2017	01-07-2017
On-Board Suction	4544-15	01-03-2018	01-11-2017	01-07-2017

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Other – CPAP	M2035	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2123	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2132	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2220	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2468	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2470	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2471	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2473	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2474	01-03-2018	01-11-2017	01-07-2017
Other – CPAP	M2475	01-03-2018	01-11-2017	01-07-2017

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Portable O2 Regulator	626451	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	626453	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	00662-16	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	00664-16	01-03-2017	01-11-2017	01-07-2017
Portable O2 Regulator	00668-16	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	00738-16	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	00758-16	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	00759-16	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	00763-16	01-03-2018	01-11-2017	01-07-2017
Portable O2 Regulator	01003-13	01-03-2018	01-11-2017	01-03-2017

Appendix A

Emergency Health Regulatory and Accountability Branch – Ministry of Health and Long-Term Care

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Vehicle Main Regulator	02304-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02317-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02336-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02337-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02355-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02359-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02385-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02394-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	024325-15	01-03-2018	01-11-2017	01-07-2017
Vehicle Main Regulator	02426-15	01-03-2018	01-11-2017	01-07-2017

Appendix F Conveyance Equipment Maintenance Summary Table

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Lifting Chair (Stairchair)	11N-183745	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	11N-183746	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	11N-183747	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	11N-183748	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	11N-183749	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	11N-183750	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	11N-183751	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	12N-218859	01-04-2018	01-01-2018	01-10-2017
Lifting Chair (Stairchair)	12N-218860	01-04-2018	01-01-2018	01-10-2017

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Main Stretcher	07-042180	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	09N-119504	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	13N255654	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	13N-255655	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	BBB-113720	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	BBB-113812	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	BBB-113954	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	BBB-113955	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	141040658	01-04-2018	01-01-2018	01-10-2017
Main Stretcher	141040659	01-04-2018	01-01-2018	01-10-2017

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Pole Stretcher	08-082009	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	08-082011	01-04-2018	01-01-2018	01-10-2017

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Pole Stretcher	C-49086	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	K-58202	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	L-106436	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	L-633664	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	L-634704	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	L-634705	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	L-634706	01-04-2018	01-01-2018	01-10-2017
Pole Stretcher	L-634709	01-04-2018	01-01-2018	01-10-2017

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher Adjustable	014334	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	026598	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	026631	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	026663	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	026698	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	032068	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	036760	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	036827	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	050860	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	050861	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	071028	01-04-2018	01-01-2018	01-01-2017
Stretcher Adjustable	078402	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	078500	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	078506	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	078521	01-04-2018	01-01-2018	01-10-2017
Stretcher Adjustable	078529	01-04-2018	01-01-2018	01-10-2017

Appendix G Abbreviations

Glossary of Abbreviations			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	EORR	Education, Operational Readiness and Regulations
ACR	Ambulance Call Report	ERV	Emergency Response Vehicle
ACS	Ambulance Communications Service	ESU	Emergency Support Unit
ACO	Ambulance Communications Officer	HRI	Human Resources Inventory
AEMCA	Advanced Emergency Medical Care Assistant	IC	Inspections and Certifications
ALS	Advanced Life Support	IR	Incident Report
ASCDS	Ambulance Service Communicable Disease Standards	LAISC	Land Ambulance Implementation Steering Committee
ASR	Ambulance Service Review	LACS	Land Ambulance Certification Standards
BLS	Basic Life Support	MOHLTC	Ministry of Health and Long-Term Care
CACC	Central Ambulance Communications Centre	OAPC	Ontario Association of Paramedic Chiefs
CCP	Critical Care Paramedic	OADS	Ontario Ambulance Documentation Standards
CME	Continuing Medical Education	OBHAG	Ontario Base Hospital Advisory Group
CO	Communications Officer	OEM	Original Equipment Manufacturer
CPR	Cardiopulmonary Resuscitation	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CPSO	College of Physician and Surgeons of Ontario	PCTS	Patient Care and Transportation Standards
CQI	Continuous Quality Improvement	PMAC	Provincial Medical Advisory Committee
CTAS	Canadian Triage & Acuity Scale	QA	Quality Assurance
DDA	Direct Delivery Agent	RTPP	Response Time Performance Plan
DSSAB	District Social Services Administration Board	P&P	Policy and Procedure
EHPMDB	Emergency Health Program Management & Delivery Branch	PCP	Primary Care Paramedic
EHRAB	Emergency Health Regulatory and Accountability Branch	PESFOAS	Provincial Equipment Standards for Ontario Ambulance Services
EMA	Emergency Medical Attendant	RFO	Regional Field Office EHPMDB
EMCA	Emergency Medical Care Assistant	UTM	Upper Tier Municipality
EMS	Emergency Medical Service(s)	VIN	Vehicle Identification Number

