



Social Services

District of Sault Ste. Marie Social Services

Administration Board

Conseil d'Administration des Services du District Sault Ste. Marie

Zhawenimi-Anokiitaagewin



AGENDA

DSSMSSAB REGULAR BOARD MEETING

Thursday, July 16, 2020 at 4:30 PM

Zoom Video Conference

1. CALL TO ORDER

2. APPROVAL OF AGENDA

Resolution #20-074

Moved By: D. Edgar

Seconded By: J. Gawne

- 2.1 “**BE IT RESOLVED THAT** the **Agenda for July 16, 2020** District of Sault Ste. Marie Social Services Administration Board meeting be approved as presented.”

3. DECLARATIONS OF PECUNIARY INTEREST

4. APPROVAL OF PREVIOUS MINUTES

Resolution #20-075

Moved By: P. Christian

Seconded By: R. Niro

- 4.1 “**BE IT RESOLVED THAT** the **Minutes** from the District of Sault Ste. Marie Social Services Administration Board meetings dated **June 18, 2020** be adopted as recorded.”

5. MANAGER REPORTS

PARAMEDIC SERVICES

Resolution #20-076

Moved By: S. Hollingsworth

Seconded By: M. Bruni

- 5.1 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the July 16, 2020 report of Chief of Paramedic Services and approved the updated Paramedic Service Deployment Plan as outlined in the report.”

Resolution #20-077

Moved By: K. Lamming

Seconded By: R. Niro

- 5.2 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the July 16, 2020 Sault North Paramedic Response Unit (PRU) Implementation Report of the Chief of Paramedic Services as information.”

Resolution #20-078

Moved By: S. Hollingsworth

Seconded By: P. Christian

- 5.3 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the July 16, 2020 Off Load Delay Report of the Chief of Paramedic Services as information.”

EARLY YEARS

Resolution #20-079

Moved By: J. Gawne

Seconded By: M. Bruni

- 5.4 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the July 16, 2020 Child Care Reopening Update Report of the Director of Early Years Services as information.”

ADMINISTRATION

Resolution #20-080

Moved By: P. Christian

Seconded By: K. Lamming

- 5.5 **WHEREAS** the District of Sault Ste. Marie Social Services Administration Board created the position of Chief Administrative Officer to lead the organization in 2016;

AND WHEREAS the title Chief Administrative Officer is traditionally associated with municipalities;

AND WHEREAS a more applicable title for similar roles outside of the municipal context is a Chief Executive Officer;

THEREFORE BE IT RESOLVED that the Chief Administrative Officer title be changed to Chief Executive Officer effective immediately.”

Resolution #20-081

Moved By: D. Edgar

Seconded By: J. Gawne

- 5.6 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board now move into closed session for security of property of the DSSMSSAB and labour relations.”

Resolution #20-082

Moved By: J. Gawne

Seconded By: D. Edgar

- 5.7 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board now move to open session.”

6. CORRESPONDENCE

7. OTHER BUSINESS / NEW BUSINESS

8. ADJOURNMENT

Resolution #20-083

Moved By: S. Hollingsworth

Seconded By: P. Christian

8.1 "BE IT RESOLVED THAT we do now adjourn."

NEXT REGULAR BOARD MEETING

Thursday, August 20, 2020 4:30 PM



Social Services

District of Sault Ste. Marie Social Services

Administration Board

Conseil d'Administration des Services du District Sault Ste. Marie

Zhawenimi-Anokiitaagewin



MINUTES

DSSMSSAB REGULAR BOARD MEETING

Thursday, June 18, 2020 at 4:30 PM

Zoom Video Conference

| | | | |
|-----------------|-------------------------------------|------------------------------|---------------------------|
| PRESENT: | L. Dufour M. Bruni D. Edgar | J. Gawne P. Christian | R. Niro K. Lamming |
| STAFF: | M. Nadeau J. Barban A. Kohler | D. Petersson R. Rushworth | C. Fairbrother S. Ford |
| REGRETS: | S. Hollingsworth | | |
| GUESTS: | A. Malo, DeBrina | | |

1. CALL TO ORDER by L. Dufour, Board Chair, at 4:31 PM

2. APPROVAL OF AGENDA

Resolution #20-064

Moved By: K. Lamming

Seconded By: J. Gawne

- 2.1 **"BE IT RESOLVED THAT** the **Agenda for June 18, 2020** District of Sault Ste. Marie Social Services Administration Board meeting be approved as presented." As amended to include 20-073

3. DECLARATIONS OF PECUNIARY INTEREST

NONE

4. APPROVAL OF PREVIOUS MINUTES

Resolution #20-065

Moved By: D. Edgar

Seconded By: R. Niro

- 4.1 “**BE IT RESOLVED THAT** the Minutes from the District of Sault Ste. Marie Social Services Administration Board meetings dated **May 21, 2020** be adopted as amended.”

CARRIED

The minutes of May 21, 2020 were amended to reflect that Ken Lamming was opposed to moving into closed session for educational purposes.

5. MANAGER REPORTS

CORPORATE SERVICES

Resolution #20-066

Moved By: D. Edgar

Seconded By: M. Bruni

- 5.1 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 18, 2020 report of the Director of Corporate Services and approve the Audited Consolidated Financial Statements for the year ended December 31, 2019 as prepared by KPMG.”

CARRIED

Resolution #20-067

Moved By: J. Gawne

Seconded By: K. Lamming

- 5.2 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 18, 2020 Covid-19 Spend to date report of the Director of Corporate Services as information.”

CARRIED

HOUSING SERVICES

Resolution #20-068

Moved By: J. Gawne

Seconded By: P. Christian

- 5.3 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 18, 2020 Isolation/Overflow Shelter Update report of the Director of Housing Services as information.”

CARRIED

ONTARIO WORKS

Resolution #20-069

Moved By: R. Niro

Seconded By: M. Bruni

- 5.4 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 18, 2020 Caseload Projections report of the Director of Income and Employment Supports as information.”

CARRIED

Resolution #20-073

Moved By: J. Gawne

Seconded By: P. Christian

- 5.4A **“WHEREAS** Social Services and the Sault Ste. Marie Police Service (SSMPS) have a shared interest in strengthening community development, safety and well-being for all members of the community;

AND WHEREAS the SSMPS have published data that demonstrates many people within the justice system continue to re-offend through an existing "catch and release" provincial/federal judicial framework;

AND WHEREAS it is the mandate of Social Services to offer help, housing, child care and employment supports to marginalized members of our community in need;

AND WHEREAS recent community debate has centered around the need for Policing and Social Services to better integrate and develop a shared service model to fully address the root causes of criminality;

THEREFORE BE IT RESOLVED THAT DSSMSSAB staff be directed, within their existing budget, to take action on enhancing integration between Social Services and the SSMPs/Provincial Court system to ensure that our core services are readily available to those most at risk of cycling through the criminal justice system.”
CARRIED

Resolution #20-070

Moved By: D. Edgar

Seconded By: J. Gawne

- 5.5 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board now move into closed session for labour management purposes.”

CARRIED

Meeting moved into closed session at 5:13 PM.

Paul Christian left the meeting at 5:17 PM

Resolution #20-071

Moved By: J. Gawne

Seconded By: R. Niro

- 5.6 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board now move to open session.”

CARRIED

Meeting returned to open session at 6:24 PM.

6. CORRESPONDENCE

7. OTHER BUSINESS / NEW BUSINESS

Jeff Barban, Director Housing Services provided a verbal update on the recently purchased Gibb Street property

- Renovating the one vacant unit
- Added security cameras to the location and a new enter phone system
- Landscaping has been completed

Jeff Barban also provided an update on the Second Line West new build

- All 9 seniors units are now occupied
- Community Living Algoma continues to fill their units

Carla Fairbrother, Director of Early Years Services provided a verbal overview of the opening of day cares in the province.

- Although provincially centers could reopen on June 12, locally our providers need 2-3 weeks to comply with the restrictions and public health requirements. Early Years is working closely with local providers and Algoma Public Health to ensure all policies and safety measures are in place ie PPE, screening, limits on staff and children etc.
- Many funding questions remain and providers need to be assured they can be financially viable with the reduced numbers of children in each cohort. Regular calls are taking place with the providers in order to provide them with the most up to date provincial directives.
- As the emergency essential services child care will end on June 26, 2020 Early Years is working to ensure these children are transitioned into the limited available day care spots.

8. ADJOURNMENT

Resolution #20-072

Moved By: M. Bruni

Seconded By: D. Edgar

- 8.1 "BE IT RESOLVED THAT we do now adjourn."
Meeting adjourned at 6:40 PM

NEXT REGULAR BOARD MEETING

Thursday, July 16, 2020 4:30 PM



Social Services

District of Sault Ste. Marie Social Services

Administration Board

Conseil d'Administration des Services du District Sault Ste. Marie

Zhawenimi-Anokiitaagewin



BOARD REPORT

AUTHOR: Robert Rushworth

DATE: July 16, 2020

RE: Deployment Plan Update July 2020

RECOMMENDATION

It is recommended that the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) approve the updated paramedic service deployment plan.

BACKGROUND INFORMATION

With the activation of the Sault North Paramedic Response Unit (PRU), the Board approved deployment plan needs to be updated to include this added resource. The plan is a guide for the ambulance dispatch personnel and that defines what resources the service has and how we want them deployed.

SUMMARY/OVERVIEW

The added resource of the PRU does not make a great change in available ambulances but does offer an added resource for patient care response. The revised plan ensures that the additional Sault North resource is used appropriately in the designated catchment area and defines when it can be deployed elsewhere to provide balanced coverage across the district. The changes are highlighted on the attached document between pages 3 to 8.

STRATEGIC PLAN IMPACT

Approval of the new language and adjustments to the previously approved plan ensures the service delivery to the Sault North area communities is provided in a way to provide the most positive outcome as desired by the Board.

FINANCIAL IMPLICATIONS

Approval of the deployment plan changes does not have any financial implications as the approved budget for 2020 included this additional resource.

RE: Deployment Plan Update July 2020

Page 2

DATE: July 16, 2020

CONCLUSION

Approving the changes and distributing the plan ensures the service has met its obligations under the operator's certificate and is the basis for a cooperative working relationship with the Central Ambulance Dispatch Centre.

Respectfully submitted,

Approved by:



Robert Rushworth
Chief Paramedic Services



Mike Nadeau
Chief Administrative Officer



**District of Sault Ste. Marie
Paramedic Services
(DSSMPS #751)**

Strategic Deployment Plan

Updated July 16, 2020

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STRATEGIC PLAN FOR DISTRICT OF SAULT STE MARIE

INTRODUCTION

Through this plan, optimum coverage for emergencies will be maintained while the secondary provision of non-emergent inter-facility patient transfers will be ensured without compromising response to emergency calls. This DSSMSSAB approved plan may be updated and changed as required and will require Board approval as well as CACC consultation before implementation of any changes.

District of Sault Ste. Marie Paramedic Services (DSSMPS) has developed this strategic plan to provide guidelines to paramedics, Duty Officers (DO) and the Ambulance Communications Officers (ACO) of the Sault Ste. Marie Central Ambulance Communication Centre (CACC). This plan will focus on CACC responsibilities, emergency coverage statements, deployment strategies and management notification.

CACC REQUIREMENTS

The CACC shall provide such ambulance dispatching services in accordance with the Ambulance Act, the CACC Manual of Policy and Procedures and directives from the Ministry of Health in accordance with this Deployment Plan.

The CACC shall ensure the provision of full, efficient and cost-effective ambulance dispatching services that are:

- ◆ SEAMLESS
- ◆ INTEGRATED
- ◆ ACCOUNTABLE
- ◆ ACCESSIBLE
- ◆ RESPONSIVE

The CACC shall ensure that their services are available twenty four (24) hours per day, seven (7) days per week to the public, users of ambulance services, ambulance services and their employees, base hospitals, and First Response teams.

The CACC shall maintain its partnership with DSSMPS to ensure continuous quality dispatching service is provided to the citizens in the interest of public safety.

PARAMEDIC SERVICE DEPLOYMENT

DISTRICT of SAULT STE. MARIE PARAMEDIC SERVICES

Sunday to Saturday

| Shift Time | Stationed Location | Staffed |
|--------------------|---------------------------|----------------------------|
| 0600 – 1800 | Goulais River(02) | PCP (1) staffed PRU |
| 0600 – 1800 | RESC* | PCP (2) staffed ambulance |
| 0700 – 1900 | RESC | PCP (2) staffed ambulance |
| 0700 - 1900 | GRFN ** | PCP (2) staffed ambulance |
| 0800 – 2000 | RESC | PCP (2) staffed ambulance |
| 0900 - 2100 | RESC | PCP (2) staffed ambulance |
| 1100 - 2300 | RESC | PCP (2) staffed ambulance |
| | | |
| 1800 – 0600 | RESC | PCP (2) staffed ambulance |
| 1900 – 0700 | RESC | PCP (2) staffed ambulance |
| 1900 – 0700 | GRFN | PCP (2) staffed ambulance |
| 2000 – 0800 | RESC | PCP (2) staffed ambulance |

*Regional Emergency Service Complex,

65 Old Garden River Road, Sault Ste. Marie ON (Station '00')

** Garden River First Nation site, 15 Shingwauk Street, Garden River, ON (Station '01')

Start of shift crew availability; in order for paramedics to properly ensure readiness a period of 15 minutes at the start of shift will be set for all checks to be done while other available crews are used to provide coverage for calls whenever possible.

ABBREVIATIONS

ACO: Ambulance Communications Officer (CACC)

BEC: Balanced Emergency Coverage – a deployment strategy whereby units are strategically located geographically to provide the most efficient coverage.

CACC: Central Ambulance Communications Centre (Dispatch)

DO: PS Duty Officer – A member of the management staff that is available 24/7 as the first point of contact for any deployment or response concerns. The DO can be contacted by calling **705-759-5177**. On occasion this position may be filled with a member of the bargaining unit as an Acting Commander.

DSSMPS: District of Sault Ste. Marie Paramedic Services

ED: Emergency Department (hospital)

EFRT: Emergency First Response Team – a team of rural community volunteers (typically operated by a volunteer fire service) that have completed 40 hours of specialized emergency first aid training. These volunteers are dispatched by the CACC to respond to emergencies in their communities to provide assistance until the paramedics arrive on scene.

EMS: Emergency Medical Services

ESU: Emergency Support Unit

ETA: Estimated Time of Arrival

HAZMAT: Hazardous Materials

LCO: Lead Communications Officer (CACC)

MCI: Multiple Casualties Incident

OPP: Ontario Provincial Police

ORNGE: Ontario Air Ambulance Program

PCP: Primary Care Paramedic

PRU: Paramedic Response Unit, currently only the Sault North assigned vehicle

PS: Paramedic Service

PTAC: Provincial Transfer Authorization Centre

RESC: Regional Emergency Services Complex (65 Old Garden River Road)

RN: Registered Nurse

SSAR: Sault Search & Rescue

SSMFS: Sault Ste. Marie Fire Services

VSA: Vital Signs Absent – A patient who is unconscious, not breathing and pulseless

DEFINITIONS

Available Ambulance: A fully staffed ambulance from any station that is not assigned to a response. The Sault North PRU is not to be counted when calculating available units.

Available Resources: DSSMPS will endeavour to staff three (3) ambulances, 24 hours per day, and two (2) 12 hour daytime ambulance based out of the RESC Station 00. In addition one (1) staffed ambulance, 24 hours a day based out of GRFN Station 01.

| Hours | Available Vehicles | Hold for BEC |
|--------------|---------------------------|---------------------|
| 0000 to 0900 | 4 | 2 |
| 0900 to 1100 | 5 | 3 |
| 1100 to 2100 | 6 | 3 |
| 2100 to 2300 | 5 | 3 |
| 2300 to 2359 | 4 | 2 |

Unavailable Ambulances:

* A fully staffed ambulance that is assigned to a meal break should only be considered available if all other available ambulances are approaching end of shift or all other ambulances are committed to calls.

A fully staffed ambulance that is assigned to a response and has not yet transferred care

A fully staffed ambulance that is assigned to special event coverage

Code 1 (Priority 1): An acuity classification assigned to a response by the CACC upon assigning the call to a paramedic crew that indicates the response is Deferrable (least urgent call type)

Code 2 (Priority 2): An acuity classification assigned to a response by the CACC upon assigning the call to a paramedic crew that indicates the response is Scheduled

Code 3 (Priority 3): An acuity classification assigned to a response by the CACC upon assigning the call to a paramedic crew that indicates the response is Emergent

Code 4 (Priority 4): An acuity classification assigned to a response by the CACC upon assigning the call to a paramedic crew that indicates the response is Urgent (most urgent call type)

Emergency Coverage: Deployment of resources such that they are available to provide emergency response within the district, as approved by DSSMPS based on expected call volumes and geography.

Standby: The assignment of an ambulance or PRU to a predetermined location so as to re-establish or maintain minimum emergency coverage. This is a fixed site and not intended as a “roaming area”.

BALANCED EMERGENCY COVERAGE STATEMENT (BEC)

To maintain Balanced Emergency Coverage the Emergency Coverage Tables define the desired deployment. At the Duty Officer's discretion, based on their knowledge of the current service status, they may override the tables.

In regards to the assignment of an ambulance to a Code 3 response:

1. The ACO will not delay the assignment of Code 3 emergency calls except where such an assignment will cause a complete depletion of emergency coverage or will cause a crew to be removed from an assigned meal break.
2. A delay of not more than 30 minutes is acceptable to attempt to establish emergency coverage, where possible (See #4). Such a delay must be documented on the call and the ACO must advise the caller of the delay, requesting a call back if the patient's condition worsens or changes.
3. If a delay of longer than 30 minutes is necessary due to no ambulances being available to take the call, the ACO must call the originator back and offer a revised estimated ETA. This call back and revised ETA must be documented on the call.
4. Where the patient is under the care of a higher medical authority (e.g. RN, Physician) and assigning the call will deplete emergency coverage, the ACO will check with the medical authority to see if the call can be delayed in order to maintain emergency coverage. If at any time the higher medical authority advises that the patient can no longer wait, the ACO will assign the call.

EMERGENCY COVERAGE TABLES

DSSMPS endorses the procedure on the following two tables with regards to maintaining emergency medical coverage using all DSSMPS ambulances from all stations.

In conjunction with the cooperation of the Sault Ste Marie CACC, DSSMPS is committed to ensuring that, whenever possible, “Green” status is maintained so as to provide as efficient emergency medical coverage for the residents and visitors of the District of Sault Ste Marie as possible.

Ambulance Communications Officers are expected to maintain and balance the available ambulance coverage as outlined in the following table between the hours of:
09:00 and 23:00

| Coverage Status | Number of Available Ambulances | Action/Response |
|-----------------|--------------------------------|--|
| Green | 4 or more | <ul style="list-style-type: none"> No delays required |
| Yellow | 3 | <ul style="list-style-type: none"> Delay C1 & C2 responses except those between SAH and Davey Home, GNRH or Cedarwood Lodge |
| Red | 2 | <ul style="list-style-type: none"> Delay C3 responses until returned to Yellow status or 30 minutes, whichever comes first Delay C1 & C2 responses without exception |
| Black | 1 or 0 | <ul style="list-style-type: none"> Delay C3 responses for up to 30 minutes Delay C1 & C2 responses without exception Notify Commander if Red status unlikely to be restored within 15 mins |

Ambulance Communications Officers are expected to maintain and balance the available ambulance coverage as outlined in the following table between the hours of:
23:00 and 09:00

| Coverage Status | Number of Available Ambulances | Action/Response |
|-----------------|--------------------------------|--|
| Green | 3 or more | <ul style="list-style-type: none"> No delays required |
| Yellow | 2 | <ul style="list-style-type: none"> Delay C1 & C2 responses except those between SAH and Davey Home, GNRH or Cedarwood Lodge |
| Red | 1 | <ul style="list-style-type: none"> Delay C3 responses until returned to Yellow status or 30 minutes, whichever comes first Delay C1 & C2 responses without exception |
| Black | 1 or 0 | <ul style="list-style-type: none"> Delay C3 responses for up to 30 minutes Delay C1 & C2 responses without exception Notify Commander if Red status unlikely to be restored within 15 mins |

Standbys: will not be requested from Algoma Paramedic Service for Balanced Emergency Coverage as per their deployment plan.

Standbys within the District: No standby for balanced coverage will be dispatched 30 minutes prior to end of a scheduled shift without Duty Officer being contacted.

Standbys will be done under the follow circumstances:

- Move the GRFN base ambulance to the City's east end when there are no RESC based ambulances available
- Move an available RESC based ambulance to the City's east end when the GRFN base ambulance is unavailable and two (2) or more RESC ambulances are available.
- Move the Sault North PRU to Heyden when there are NO RESC or Garden River based ambulances available.

Standbys provided by GRFN base for the district. The "Husky East" location will be the standby site. At the ACO's discretion, the RESC is an acceptable location.

Standbys provided by RESC Ambulances, for coverage of GRFN base, Garden River and easterly area. The "Husky East" location will be the standby site.

Standbys provided by Sault North PRU for the district. The "MTO Weigh Scales" location will be the standby site.

To ensure effective coverage of its own district, DSSMPS resources are not to be assigned to standby locations outside the DSSMPS coverage area. If assigned to a Code 3 or 4 call outside the coverage area, DSSMPS will accept and respond to the call.

SSMFS Suppression Division First Response:

Fire Services will not be tiered to respond to medically staffed nursing home facilities where adequate resources to maintain patient care exist. Fire Services will not be tiered to respond to patients confirmed to have a Do Not Resuscitate Order.

Subject to the terms of this Agreement, Fire Services shall only provide tiered response based in the following tiered response criteria:

- Suspected or confirmed cardiac arrest where cardiopulmonary resuscitation (CPR) instructions are being offered or provided;
- Suspected or confirmed choking patient with a partial or complete airway obstruction;
- Any Priority 4 call where the anticipated time to the commencement of an ambulance response is greater than ten (10) minutes; and/or
- Upon Paramedic Service request (for assistance in unusual or extreme circumstances where additional manpower is required).

Fire Services shall only respond to calls with an address within the City of Sault Ste. Marie, Province of Ontario or the Batchewana First Nations (aka Rankin Reserve).

This Agreement recognizes that Fire Services may not be able to respond when occupied with a fire emergency, or for any other reason as determined by an on-duty fire official of Fire Services in his/her sole discretion. The CACC will be notified by the on-duty fire official of Fire Services if this occurs.

BASE HOSPITAL

The Ministry of Health is responsible for the provision of Base Hospital Services and medical direction for all paramedics employed by DSSMPS. The DSSMPS has a signed MOU with Centre for Prehospital Care program of Health Sciences North to provide these services.

PATIENT DESTINATION

In accordance with the *Ambulance Act*, all patients will be transported to the closest most appropriate facility and all DSSMPS paramedics shall follow the direction of the ACO and governing legislation and standards.

BYPASS PROTOCOLS

When a patient meets a recognized by-pass protocol i.e. the Acute Stroke Bypass Protocol, he/she will be transported directly to Sault Area Hospital Emergency Department or appropriate designated centre

EMERGENCY FIRST RESPONSE TEAMS

Emergency First Response Teams (EFRT) are an additional non ambulance resource. There are five (5) EFRT in the DSSMPS response area.

In regards to dispatching

- Garden River First Nation Fire and Rescue
- Searchmont Volunteer Fire Department,

These teams should be dispatched to all emergency calls within their respective communities, unless the caller specifically refuses their services.

In regards to dispatching

- Prince Township Volunteer Fire Department
- Batchewana Fire and Rescue
- Goulais Fire and Rescue,

The following criteria will be used:

- Unconsciousness at any time during the call taking
 - Cardiac Arrest
 - Respiratory Arrest
 - Choking patient

- Any MVC
- Any patient who would benefit from immediate medical interventions.

In addition, should the DSSMPS become overwhelmed to the point that an ambulance cannot be activated immediately for a Priority 4 response, the team will be requested to assist until an ambulance can respond.

SAULT SEARCH AND RESCUE NOTIFICATION

Sault Search and Rescue (SSAR) is equipped and trained to assist first responders with responses to emergencies in the land, aeronautical or marine environments. For all remote response calls outside of city limits that are inaccessible by an ambulance, SSAR will be activated by Central Ambulance Communication Centre (CACC). If it is later determined that their services are not required, CACC will be informed and SSAR will be cancelled.

VEHICLE MAINTENANCE

To maintain necessary routine service on all ambulances, DSSMPS has adopted the following procedures:

In order to move vehicles in a timely manner, to and from service centres, management or SSMFS Support Services personnel will be tasked with this responsibility.

ALLIED AGENCY NOTIFICATION

When Paramedics respond to Emergency Calls of the following nature:

- MVC (include snow machine, motorcycle, ATV etc...)
- Sudden death of any kind
- Suspicious VSA
- Threatening call where weapons are involved
- Domestic dispute
- Fighting in a public place
- Sign of abuse, child neglect or abuse
- Events leading to injuries, does not correspond with injuries
- Any suspected criminal involvement
- Call of unknown, suspicious nature
- Industrial Accident

The appropriate Police and/or Fire Services and Paramedic Commander must be notified immediately:

- As per response agreements
- As prescribed by provincial policy, section 11 of CACC Manual of Operating Policy and Procedures
- When deemed necessary by the on scene paramedic(s)

COMMUNICATIONS

Radio Communications with the paramedics will be done on SSM CITY Channel, while mobile and while on scene. Patches with the Sault Area Hospital Emergency Department will be on SSM TAC 1.

Communication between paramedics and the Sault Ste. Marie CACC when crews are responding to calls in the north and eastern part of our District will also be done on SSM CITY.

In the event of FleetNet failure, the Conventional Provincial Common channel will be used for all communication unless otherwise directed by CACC.

Crews will be notified of calls via the overhead Base Pager, Service provided cell phone and/or belt pager depending on base, unless mobile. Direct lines are available in the event of Base Pager failure at the RESC and Garden River bases

POLICY FOR SCHEDULED AND NON URGENT TRANSFERS

Definition: A transfer is the movement of a patient, as a result of a diagnostic and/or medical need, to a predetermined location at a specified time.

There will be no deviation from this policy without the approval of the appropriate PS Duty Officer. The DO has the authority to deviate when deemed appropriate considering immediate circumstances as this plan cannot address every contingency.

- All transfers will be carried out by the most appropriate mode of transport within a reasonable time frame while maintaining emergency coverage and maximizing ambulance utilization. The hospitals will be requested to provide CACC with a minimum of twenty four (24) hours advance notification (via facsimile to include a P-Tact number) when scheduling low priority treatment and return transfers.
- Every effort will be made to double patients and relay patients.
- Balanced Emergency Coverage will not be compromised to complete a low priority (code 1 and 2) patient transfer
- Sault Ste. Marie CACC will not assign more than the approved number DSSMPS ambulances at a time to a low priority call (Code 1 & 2)

- Sault Ste. Marie CACC will not assign lower priority calls that will knowingly result in shift over-run
- Sault Ste. Marie CACC will not assign lower priority calls that will knowingly result in missed meal breaks
- All requests for transfer with a distance greater than 240 kms (one way) will be directed to the ORNGE *In accordance with the CACC Manual of Practice, SOP Section 6.5.*

MEAL BREAKS

The ACOs will endeavour when possible to provide two (2) half (1/2) hour, uninterrupted paid meal breaks for each crew between four (4) and six (6) hours and between eight (8) and ten (10) hours after the start of a twelve (12) hour shift.

Commanders will assist in monitoring breaks; they will advise CACC accordingly should a crew need to be allowed a break. When a break is being assigned, CACC will place the crew on Conditional Availability and direct them to return to their assigned station for their break. Based on the crew's current location, travel time will be taken into consideration to allow time to return to their assigned station. If the crew elects to make a stop during their assigned break period, their thirty (30) minute break will begin at the time of the stop. The CACC is to advise the paramedics in advance if they will not be able to return to their normal station for breaks.

The CACC will not assign Code 1, Code 2, or Code 3 calls to a crew while on break. Such breaks are provided with pay and in turn the crew will not be exempt from doing Code 4 calls or emergency standby coverage. Due to circumstances beyond the control of the employer and in recognition of the demands on employees, the employer has agreed to pay employees a compensation for meals while on duty.

Note: Paramedics must respond immediately to all assignments from CACC at all times including during the break periods and any refusal to do so will result in discipline.

MANAGEMENT NOTIFICATION

The Duty Officer will be contacted initially by CACC calling the only dedicated emergency and operational management phone number: **705-759-5177**. To ensure we maintain accurate, timely, consistent, dependable and complete communication, the Duty Officer will be advised of the following:

- Expected travel time is more than 45 minutes to scene
- Incidents involving an on duty Paramedic Service employee
- Vehicle breakdown
- Extended return to service delays, i.e. decontaminating ambulance
- CACC unable to contact the crew by radio, portable radio, pager or phone
- Accidents involving a DSSMPS vehicle
- Incidents that result in injury to on duty Paramedic, Fire and Police officers
- Accidents involving public or private transportation system, i.e. school bus, train, plane, etc...within their jurisdiction
- Where two (2) or more vehicles are required to respond to an incident
- Hazardous Materials Incidents (HAZMAT)
- Evacuation of any facility, bomb threats, hostage situations, armed standoff within their jurisdiction
- As per the emergency coverage maintenance table
- When crew requests for police cannot be met due to unavailable officers

Contact Lists:

24/7 Paramedic Commander Phone: 705-759-5177 this is forwarded to the on duty Commander who is also the service **Duty Officer**.

Paramedic Commanders cell phones, failing contact by Duty Officer phone or radio:

- Jeff Bowen; 705-941-5935
- Steve Olsen; 705-989-4073
- Paul Guertin; 705-989-4225
- Kate Kirkham; 705-971-0077

Additional Service Contact numbers:

Robert Rushworth, Chief, Paramedic Services
705-541-7034 - Office
705-542-8549 - Cell
705-759-6064 – Home
705-759-2300 - Fax

Dan Langevin - Deputy Chief, Paramedic Services

705-759-5126 - Office
705-989-4163 - Cell

CONTINGENCY PLANS / DISASTER PLAN

It is the responsibility of all DSSMPS personnel to review and be familiar with all policy and procedures including contingency plans and disaster plans.

A copy of this plan is located in all DSSMPS Stations

Objective

To have a functional plan in place that can be followed in the event our resources, staff, vehicles, and ambulance stations become overburdened and / or compromised.

Summary

This plan will outline procedures to follow in emergency situations that include but are not limited to the following:

1. Influx of Ambulance Calls
2. Evacuation of an ambulance station
3. Staff Shortage
4. Inclement Weather
5. Implementation of City or District Disaster Plan

Influx of Ambulance Calls

In the event the DSSMPS has become depleted of ambulances due to an influx of ambulance calls the following procedures will be implemented:

1. Notification of PS Duty Officer on call by CACC as per the emergency coverage maintenance table. Current circumstances will determine the Duty Officer's course of action regarding up-staffing

Consideration for up-staff will include:

- Amount of time until the next ambulance becomes available.
 - Number of ambulance calls waiting for ambulance response. (Code 3 and 4 only)
 - Location of current ambulance calls.
 - Availability of surrounding services to provide BEC.
2. Sault Ste. Marie Fire Service Suppression division (if available) will respond on Code 4 calls when there are no ambulances available. Fire Services will not be tiered to

medically staffed nursing home facilities where adequate resources to maintain patient care exist.

3. PS Deputy Chief, if available, may respond to the ED to assist crews in offloading patients, move vehicles to ensure continuity of service or provide back up to a First Responder for priority calls.

In the event of continued influx of ambulance calls the following steps may be taken by the Duty Officer to provide emergency service in extenuating circumstances:

- All off duty paramedics will be contacted with an explanation of the emergency status and requested to report to work as per Article 16:01(c) of the collective agreement and up-staffed by twos on available spare ambulances.
- Algoma PS Duty Officer will be contacted to request assistance with both staffed and possibly unstaffed spare ambulances
- Qualified Fire Service personnel will be utilized to drive ambulances from scenes to the hospital with a paramedic attending
- If the City of Sault Ste. Marie Disaster plan is implemented through consultation with the City this allows for expanding the request for aid from the Sault Ste. Marie Michigan Fire (Ambulance) Service

Evacuation of an Ambulance Station

- Shut down any operating equipment.
- If it is safe to do so, remove all ambulances, emergency response vehicles to a safe area. If time permits, and it is safe to do so, medical supplies should be loaded into the emergency response vehicles or ambulances if available.
- In the case of fire, gas leak and / or evacuation, immediately notify the on call Duty Officer.
- Notify ambulance personnel of changes. i.e.: reporting for shift / situation.
- PS Chief or designate will arrange vehicle / staff replacement and / or relocation.

On Duty Changes Resulting in Unexpected Staff Shortage

- Staff if injured or affected by illness during a shift will notify their Work Group Leader or the Duty Officer. The Work Group Leader will notify the Duty Officer immediately of any down-staffing they are aware of (i.e. staff member sick or injured on duty). The Duty Officer will be responsible for follow up and replacement as needed and will ensure CACC is aware of the change in staffing.

Unexpected down staffing (i.e. injury, illness, accident) will result in:

- Stand down on transfers until an up-staff can be accomplished. Duty Officer will advise CACC.

- Single Paramedic down-staffed. The remaining paramedic becomes a First Response until replacement partner found. This may mean a shuffle of less experienced staff to ensure safety for the first responder.
- Two Paramedics down-staffed. A full ambulance is down-staff until replacements found.
- The Duty Officer will attempt to find replacements.

Ambulance experiencing mechanical failure or disabling accident while on duty

In the event of an on duty ambulance experiencing mechanical failure outside of the base or an accident disabling the ambulance, in addition to notifying the PS Duty Officer:

If transporting a patient: CACC will send another ambulance to finish the transport

If not transporting a patient: The Duty Officer will either arrange moving a spare ambulance to that crew or that crew to a spare ambulance.

If towing services are required the Duty Officer will make all arrangements with the appropriate provider. On the road tire service can be arranged by the Duty Officer or PS Work Group Leader if available to do so.

INCLEMENT WEATHER / LOSS OF PLANT

Inclement Weather:

During times of inclement weather the following procedures will be followed for the safety of crews and patients.

When weather is severe, the crews and management must constantly monitor weather reports and highway/road conditions. This can be done through radio stations, TV reports, Ministry of Transportation website etc. and any CACC updates by other mobile crews. It is important to be aware of changing conditions and be prepared to react appropriately.

Emergency Calls:

- When responding, it may be necessary to request City resources or Rural EFRT assistance in getting to the scene. This can be done through the CACC.

Long Distance Emergency Transfers (>100km) Priority 3 and 4

- CACC will consider the following when assigning the most appropriate crew and vehicle:
 - How long has the crew been on duty without a break
 - Is the vehicle fully fuelled
 - Is the vehicle fully stocked with oxygen

- CACC will notify the Duty Officer before assigning crew when priority and time permits OR **immediately** after assigning the crew
- CACC will give the Duty Officer the patient information, location, confirmation medical escort is available and the name of the sending physician. The Duty Officer will follow up with Sending Facility staff to confirm escorts on site (all long distance trips require an escort), timing and urgency of transfer considering weather hazards in a cooperative manner to ensure staff and patient safety.
- The Duty Officer can then contact the OPP Communication Centre for an up-date on road conditions as needed.

If the Duty Officer is advised that the roads are closed or are pending closure, the Duty Officer will contact the sending physician or their delegate and advise them of the situation. If there are any other safety concerns i.e. length of duty time for assigned crew the Duty Officer will contact the sending Physician or their delegate and ask permission for a delay long enough to address the crew and patient safety. It will be the physician's decision whether or not the patient's condition warrants the transfer immediately given the road conditions or other safety concerns. The Duty Officer will document all contacts and results if any variance from the initial call dispatching is done.

Non-Emergency Calls/Transfers

- Highway closure – all Priority 1 & 2 transfers will be deferred until reopened and safe
- A transfer may be delayed or turned back if:
 - 1) The DSSMPS Management or designate deems it is unsafe
 - 2) The ambulance crew deems that it is unsafe to continue
- If a crew is on a transfer, and deems it unsafe to continue or return to home base they may:
 - 1) Proceed to nearest appropriate facility until it is safe to proceed
 - 2) Park the ambulance in a safe location until it is safe to proceed

In the above scenarios – ensure the PS Duty Officer is contacted and aware.

Should the weather conditions be such that staff are unable to leave the base and no relief is available, staff will be required to remain at the base until a replacement crew member can make it into work or they are relieved of duty by the PS Duty Officer.

Electrical Power Failure at Stations:

When the power at any of the bases is interrupted the following will occur:

- Ensure back-up generators are engaged and operational
- Ensure that the doors to the garage are operational and that they can be opened and closed

- Establish communication with CACC to ensure dispatch procedures are maintained

DISASTER PLAN

In the event of a City declared disaster, the DSSMPS shall work co-operatively and respond to the needs of patients.

The DSSMPS Chief and Deputy Chief are responsible for:

- reporting to the CAO
- establishing priority of tasks to be undertaken by subordinate staff
- ensuring that all media releases and/ or interviews are coordinated through the DSSMSSAB CAO
- ensuring that adequate resources are available to deal with special situations as needs arise
- evaluating the Land Ambulance Service response to the emergency through debriefing sessions
- liaison with the Central Ambulance Communications Centre (CACC) and the PS Site Coordinator if a secondary site.
- compiling a report to be submitted to the CAO on all decisions made, actions taken and investigation results observed during the emergency

The PS Commander or designate shall:

- obtain a detailed report from the PS Site Coordinator regarding the incident, number of patients, resources required and any special circumstances
- assume the role of Site Coordinator or Incident Command as warranted
- confirm egress/access routes
- confirm that staff have been assigned to the following roles if available:
 - Triage Officer
 - Traffic Officer
 - Safety Officer
- update CACC when the above roles have been assigned and to whom they have been assigned
- contact on-site senior staff from allied agencies and establish a Command Post

The first Paramedics on scene shall:

- park the vehicle in a safe location with emergency lights activated and leave vehicle keys in the ignition and radio repeater on

- wear required personal protective equipment
- provide an update to the CACC regarding the exact location and nature of the incident
- one will assume the PS Site Coordinator role and the second will assume Triage Officer role and advise CACC
- estimate the number of patients and the number of ambulances/resources required, including air support
- determine access/egress points to the incident

The PS Site Coordinator shall:

- wear appropriate personal protective equipment
- ensure scene safety
- identify themselves as the Site Coordinator by wearing the Site Coordinator vest from the vehicle MCI kit
- ensure Triage Officer has been designated
- establish PS Command Post utilizing first ambulance on scene
- liaison with other responding agencies
- assess the need for additional ambulances and/or other resources
- select a staging area for PS resources
- establish access/egress routes for responding resources
- designate a Traffic Control Officer (when sufficient personnel are available)
- advise CACC regarding the location of the staging area, access and egress routes and the designated Traffic Control Officer
- co-ordinate PS resources as they arrive
- communicate with on-site senior staff from allied agencies
- record actions, observations and resources utilized
- co-ordinate patient transport with the Triage Officer, Traffic Control Officer and CACC
- if air ambulance is responding, designate a Landing Site Coordinator and establish a landing site
- establish a patient holding area with the Triage Officer if transportation of casualties shall be delayed
- work with allied agencies to establish a Command Post as required
- co-ordinate medical teams and volunteers

The Triage Officer shall:

- wear appropriate personal protective equipment
- identify themselves as the Triage Officer by wearing the Triage Officer vest from the vehicle MCI kit
- ensure scene safety
- co-ordinate entry to the site with fire or specialized response team
- establish a triage area
- conduct systematic triage of casualties; identify each casualty with a triage tag
- inform PS Site Coordinator of the status of patients, utilization of resources and special assistance requirements
- organize holding area by triage priority (colour)

- perform secondary triage after all casualties have been tagged
- co-ordinate transportation of casualties according to injury severity with the PS Site Coordinator and the Traffic Officer

The Traffic Officer (*if assigned*) shall:

- ensure scene safety
- wear appropriate personal protective equipment
- identify themselves as the Traffic Officer by wearing the Traffic Officer vest from the vehicle MCI kit
- establish a staging area with the PS Site Coordinator
- obtain police assistance to restrict staging area access to PS vehicles
- establish access routes from the staging area to the triage or holding area
- establish egress routes from the triage or holding area;
- as PS resources arrive:
 - i) document vehicle number and arrival time
 - remind Paramedics to wear personal protective equipment (if Safety Officer has not been designated)
 - iii) instruct Paramedics to turn off radio repeaters and emergency warning lights while on the incident site
- instruct Paramedics to turn off vehicle and leave keys in the ignition and vehicle unlocked
- brief staff on the cause of the incident, potential hazards, number of patients, location of equipment/ESU, location of Command Post
- co-ordinate utilization of resources with PS Site Coordinator and the Triage Officer
- document vehicle departure, destination and number of patients
- document triage tag numbers if known

The Safety Officer (*if assigned*) shall:

- ensure scene safety
- wear appropriate personal protective equipment
- identify themselves as the Safety Officer by wearing the Safety Officer vest from the vehicle MCI kit
- ensure all PS staff wear personal protective equipment
- ensure all PS staff have taken necessary measures to protect themselves
- reassess site safety and determine if relocation is necessary
- co-ordinate the rotation of Paramedics with the PS Site Coordinator to reduce physical and mental stress
- arrange for refreshments, sanitary facilities and fuel
- visit all areas of the site to make a complete assessment of PS personnel health and safety requirements

Incoming Paramedics shall:

- report to the first unit on scene (*Command Post*) or the Incident Commander for direction NOTE: incoming Paramedics may be directed by CACC to proceed directly to the staging area
- park vehicle in staging area with all emergency lights turned off, radio repeater turned off and keys left in the vehicle ignition
- wear appropriate personal protective equipment
- perform role assigned by the PS Site Coordinator or the Triage Officer
- transport casualties on the direction of the Triage Officer or the Traffic Control Officer; document patient care on the triage tag and retain numbered corner from tag after transport



Social Services

District of Sault Ste. Marie Social Services

Administration Board

Conseil d'Administration des Services du District Sault Ste. Marie

Zhawenimi-Anokiitaagewin



BOARD REPORT

AUTHOR: Robert Rushworth

DATE: July 16, 2020

RE: Implementation of the Sault North Paramedic Response Unit

RECOMMENDATION

It is recommended that the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this report as information.

BACKGROUND INFORMATION

The Paramedic Response Unit (PRU) is housed during the day in the Goulais River fire hall under a lease with the Goulais Fire and Rescue Volunteers Inc. with annual options to renew each April 30th. The hall provides a protected environment for the vehicle when not on the road and has a full crew's quarters. The facilities allow for the paramedic computer use to complete and upload the patient care documents to the hospital, complete mandatory training and connect to the service via website and email. The Goulais Fire and Rescue volunteers have been very accommodating and welcoming and all required insurance is in place by both parties.

SUMMARY/OVERVIEW

The PRU is a 2019 Chevrolet Tahoe, re-build by an emergency vehicle production company in Mississauga, equipped with all the legislated and safety features required to operate in Ontario. In the first week of operations we have recorded the information on the following chart, noting the desired results are already proving themselves true. The faster arrival times are great for statistical reporting but the benefit to the patient's health is seen when we review what happened on these calls. Reviews reveal evidence of medication administration, cardiac ECGs, and full assessments being completed before the transporting ambulance arrives. Once the transporting ambulance arrives there appears to be a much faster departure for the hospital as the on-scene paramedic can relay initial care notes and assist with speeding the ambulance departure to the hospital. Once the patient leaves the scene the PRU paramedic is available for their next call while still out in the Sault North area.

DATE: July 16, 2020

| Call | Priority | Time | General location | Faster on scene; Min. | Ambulance on scene; Min. | Notes |
|---------|----------|------|------------------|-----------------------|--------------------------|---------------------------------|
| 2378241 | 4 | 1256 | Searchmont | 5 | 12 | headache |
| 2378218 | 4 | 1112 | Blue Water Rd | 14 | 18 | complex pt. cardiac? |
| 2378154 | 4 | 1358 | Batchawana | 11 | 8 | minor trauma |
| 2378347 | 4 | 1320 | Searchmont | 2 | 11 | stroke, road construction delay |
| 2378532 | 4 | 1049 | Batchawana | 17 | 5 | cardiac |
| 2378548 | 4 | 1458 | Batchawana | 17 | 8 | cardiac |

STRATEGIC PLAN IMPACT

The PRU's primary function is client service, responding to calls for service in an area previously lacking immediate paramedic resources. The objectives include:

- Arrive at a patient sooner, improving response times
- Initiate full professional paramedic care sooner for better patient outcomes
- Reduce time of transport by having patients ready on arrival of an ambulance

Secondary to initiating professional paramedic care this unit will be seen as a positive community partner supporting both citizens, visitors and volunteer departments of the Sault North rural population with our improved service delivery. Some less statistical benefits of this unit are:

- Promote a sense of inclusiveness for those living outside the prime response areas
- Provide an opportunity for paramedics to learn a new role as solo practitioners
- Support the volunteers who serve their rural communities on EFR Teams 24/7

FINANCIAL IMPLICATIONS

As part of the 2020 approved operating budget, there will be no further budget implications. The lease from GRFD is \$1.00 per year.

CONCLUSION

Continued monitoring of the PRU deployment will be done to ensure the Board's investment is being strategically applied to provide the most beneficial outcome for our clients and the DSSAB

Respectfully submitted,

Approved by:



Robert Rushworth
Chief Paramedic Services



Mike Nadeau
Chief Administrative Officer



Social Services

District of Sault Ste. Marie Social Services

Administration Board

Conseil d'Administration des Services du District Sault Ste. Marie

Zhawenimi-Anokiitaagewin



BOARD REPORT

AUTHOR: Robert Rushworth

DATE: July 16, 2020

RE: Extended Off Loading Delays at Sault Area Hospital

RECOMMENDATION

It is recommended that the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this report regarding the continued paramedic off load delay issue at the Sault Area Hospital (SAH) as information.

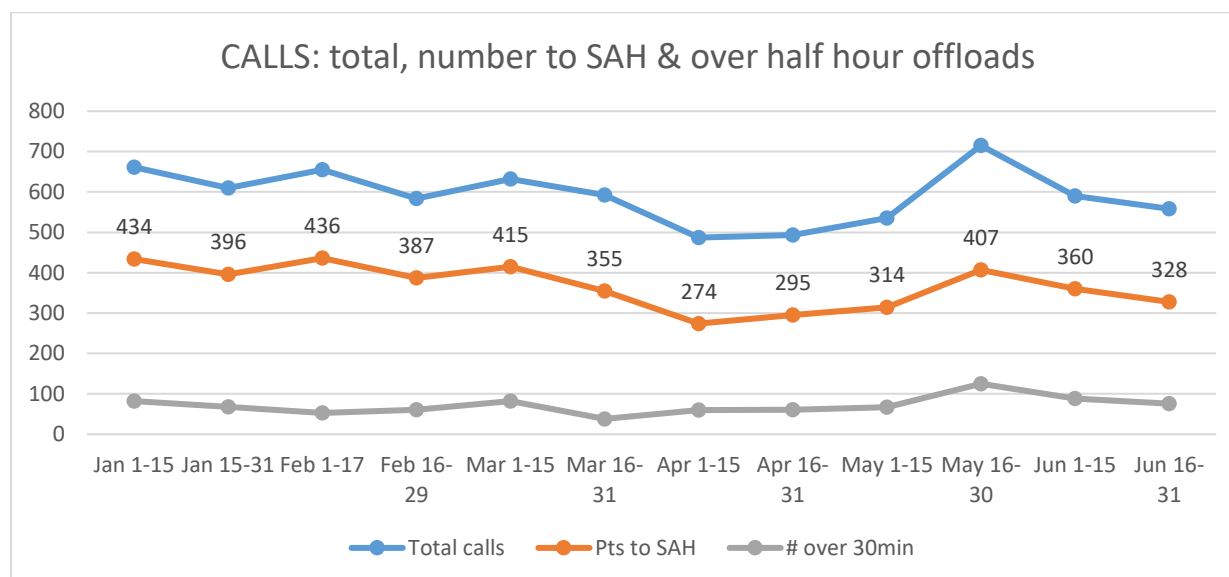
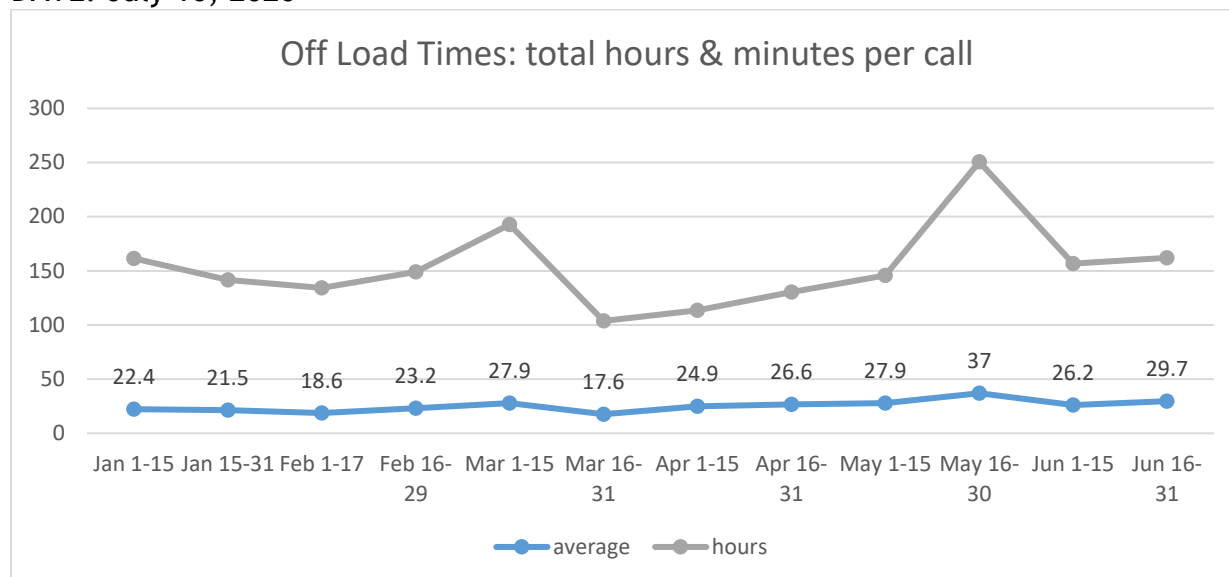
BACKGROUND INFORMATION

The issue of offloading patients to hospital care has been an ongoing issue provincially for years. It can be expected when there is a surge of patients arriving at our one and only Emergency Department (ED) that things will slow down. The problem arises when the average times are increasing during regular patient volumes or even quieter times. Despite the January to June call volume for 2020 being 15% lower than 2019 the average offload time has risen from 18.9 to 25.3 minutes (34% increase) per call.

The current statistics on the offload delays have been brought to the attention of SAH Senior Management and they have expressed a commitment to improving this issue. To date efforts have had limited success. When adaptations to deal with potential Covid-19 patients were put in place there was a major reduction in hospital capacity, with apparent little consideration of the impacts on paramedic services. Since then a regular and open communication link has been established with the management of the SAH emergency department and some operational concerns have been addressed.

SUMMARY/OVERVIEW

The tables below show the first six months of 2020, some of the peaks are Covid related; however June call numbers declined but the average off load times increased. Only in March when the Covid first struck and patients across the province declined in numbers, as fear of attending hospitals rose, was the average close to last year's performance. Monthly lost time waiting for transfer of care varies from 100 to 250 hours per 15 day period.



STRATEGIC PLAN IMPACT

Every hour spent sitting with a patient in the garage or waiting areas within the hospital before care can be transferred from paramedic services to SAH is time we are not available to provide emergency response to other members within the community. This is affecting patient care and response times.

It can be quite uncomfortable for patients waiting on the ambulance stretcher and for the paramedics that are dressed in full protective PPE. For non-critical patients this wait may not be detrimental to their outcome, but occasionally even more critical patients are being delayed access to hospital care. These delays are also frustrating for paramedics who rush to provide care and transport only to be left sitting in the garage or back of the ambulance unable to transfer care to the ED staff and also unable to attend another call.

DATE: July 16, 2020

We have been forwarding all information received from our staff directly to SAH management, both critical and positive, in an effort to provide understanding of the problem and possible solutions as seen from our medics. The entire hospital organization is part of the equation. If the ED has a surge and no beds are available or discharges from the ED are delayed the limited number of beds creates a bottleneck. The SAH is concentrating their focus on improving this patient flow to reduce the bottleneck. No one step or action is the solution, a broad encompassing answer must be found, which is outside of our control.

FINANCIAL IMPLICATIONS

Every hour of off load delay results in two paramedics committed to their patient. The possibility of requiring additional staff to ensure emergency coverage can double the cost of off load delays. To date in 2020 we have added an extra crew 25 times to ensure available ambulances are available, which has resulted in 200 hours of additional pay incurred by the DSSAB.

For the first six months of 2020 the average patient care transfer time was 25.3 minutes, for over 4,400 calls. If the offload was 15 minutes (a highly acceptable time) the ten minutes saved each transfer would total 733 hours of paramedic time back in service to attend another call.

CONCLUSION

The necessary ED changes made to protect patients and workers from Covid-19 exposure have created an unacceptable ED capacity in the SAH and corrective actions to date are only having minor success.

Management will now begin contacting the appropriate Ministry of Health representatives and seek out funding for possible solutions to this issue. Additionally our senior management will be working directly with SAH senior management in developing an acceptable resolution.

Respectfully submitted,



Robert Rushworth
Chief Paramedic Services

Approved by:



Mike Nadeau
Chief Administrative Officer



Social Services

District of Sault Ste. Marie Social Services

Administration Board

Conseil d'Administration des Services du District Sault Ste. Marie

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BOARD REPORT

AUTHOR: Carla Fairbrother

DATE: July 16, 2020

RE: Update on Reopening of Child Care

RECOMMENDATION

That the District of Sault Ste. Marie Social Services Administration Board accept this report about the reopening of licensed child care programs from the Director of Early Years as information.

BACKGROUND INFORMATION

On Tuesday June 9th, Premier Doug Ford announced that all child care centres would be allowed to open as of Friday June 12th, provided certain health and safety measures, including a Covid -19 Response Plan, were in place. At that time Minister of Education Stephen Lecce noted that the plan to reopen was reviewed by the best public health and medical minds in Ontario, including experts from the Hospital for Sick Children and that strategies would be very similar to those for Emergency Child Care.

Early Years Division has been working diligently with Algoma Public Health and local Child Care Operators to define the policies and procedures needed for the health and safety of children, parents and staff.

Protocols for reopening include:

- enhanced cleaning and sanitization of all rooms throughout each day
- rigorous screening of all who enter the building (visitors are strictly limited)
- limits on the number of children and staff who can be together in one space. Each group will be limited to 10 or less
- access to all necessary Personal Protective Equipment required to operate
- environmental adjustments to each play space to ensure sanitary conditions

Final approvals for reopening are determined by the Ministry of Education.

DATE: July 16, 2020

Emergency Child Care ended on June 26, 2020. Early Years division worked with Emergency Child Care Operators and families to facilitate this transition.

SUMMARY/OVERVIEW

With the announcement to reopen, Early Years Division met as a group and individually with each operator to identify options. Algoma Public Health participated in many of these conversations to ensure correct interpretation of all the guidelines. It was understood that, based on the strict criteria, each organization would first need to ensure their program space could meet the necessary requirements and identify the number of children/cohorts the space could accommodate. They would then need to determine the number of children whose parents were returning to work and were prepared to resume child care. Operators have been encouraged to move at their own pace in making the right decision for each program.

As of the 6th of July, the YMCA has re-opened all their regular sites and Child Care Algoma reopened 6 Home Child Care Homes and their Dacey Road site. They plan to open the remaining sites, with one exception, on July 13th. Both of these operators offered Emergency Child Care, which enabled them to prepare more quickly to accept children to their sites.

Thrive Child Development Centre is anticipating a July 20th reopening.

STRATEGIC PLAN IMPACT

During this period the focus is on stabilization of Service Delivery within the Early Years sector. The Division is working to ensure that the supports offered promote service excellence, build community awareness and also strengthen partnerships with Operators.

FINANCIAL IMPLICATIONS

The DSSMSSAB was provided with Financial Reopening Guidelines on June 11, 2020. This generated much discussion across the Province as many questions were raised and answers were slow in coming and at times ambiguous. Service System Managers have been hesitant to move forward without additional clarification on funding parameters.

For reopening Service System Managers can utilize proportional amounts of provincial funding for general operating and fee subsidy dollars based on actual children enrolled, as well as federal funding allocations previously identified. Operators must continue to apply for the CEWS for all employed staff and are expected to utilize parent revenue to offset any gaps in funding for salaries. Most benefits and fixed overhead costs for operators will be covered through the same funding mechanisms. MED anticipates that all costs should be covered in this way. Any overages will be addressed with Provincial dollars however these expenses must be justifiable.

DATE: July 16, 2020

Operators are prohibited from increasing parent fees until at least September and School Boards are not to charge rent for child care centres in schools during this phase of reopening.

Costs related to Personal Protective Equipment and additional cleaning requirements will also be covered by provincial funds.

Programs which remain closed will continue to be funded as per the Sustainability Plan announced in May. Any outstanding amounts required by operators as a result of the CEWS wage gap must come from federal and municipal dollars.

DSSMSSAB cash flow will continue at original 2020 allocation levels per the October 2019 budget schedule release until reconciliation processes occur. Early Years anticipates no fewer than 5 reconciliation templates will be completed, mirroring each stage of closure and reopening period impacting child care. Administration funding will continue at the original 2020 levels in the October 2019 budget schedule.

CONCLUSION

There is no doubt that these are demanding times for everyone. The Early Years sector has definitely been challenged in recent months and the Division continues to support the Operators as they navigate the implementation of many new processes.

Respectfully submitted,

Approved by:



Carla Fairbrother
Director Early Years Services

Mike Nadeau
Chief Administrative Officer