



# Social Services

District of Sault Ste. Marie Social Services

Administration Board

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

Zhawenimi-Anokiitaagewin



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## **AGENDA**

*DSSMSSAB REGULAR BOARD MEETING*

*Thursday, July 15, 2021 at 4:30 PM*

*Zoom Video Conference*

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### **1. CALL TO ORDER**

### **2. APPROVAL OF AGENDA**

#### **Resolution #21-061**

Moved By: D. Edgar

Seconded By: J. Gawne

- 2.1 “**BE IT RESOLVED THAT** the **Agenda for July 15, 2021** 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 #21-062**

Moved By: M. Bruni

Seconded By: K. Lamming

- 4.1 “**BE IT RESOLVED THAT** the **Minutes** from the District of Sault Ste. Marie Social Services Administration Board meeting dated **June 17, 2021** be adopted as recorded.”

## 5. MANAGERS REPORTS

### HOUSING SERVICES

#### Resolution #21-063

Moved By: D. Hilsinger

Seconded By: C. Gardi

- 5.1 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the July 15, 2021 Second Line West Holy Angels Learning Centre Hub Story report of the Director of Housing Services as information.”

### PARAMEDIC SERVICES

#### Resolution #21-064

Moved By: J. Gawne

Seconded By: D. Edgar

- 5.2 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the July 15, 2021 Updated Deployment Plan Report of the Chief of Paramedic Services;

**AND FURTHER BE IT RESOLVED THAT** the updated deployment plan be approved and distributed as required under the service’s operator certification.”

#### Resolution #21-065

Moved By: C. Gardi

Seconded By: D. Hilsinger

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

#### Resolution #21-066

Moved By: K. Lamming

Seconded By: M. Bruni

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

**6. CORRESPONDENCE**

**7. OTHER BUSINESS / NEW BUSINESS**

**8. ADJOURNMENT**

**Resolution #21-067**

Moved By: M. Scott

Seconded By: C. Gardi

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

**NEXT REGULAR BOARD MEETING**

Thursday, August 19, 2021 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



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## MINUTES

*DSSMSSAB REGULAR BOARD MEETING*  
*Thursday, June 17, 2021 at 4:30 PM*  
*Zoom Video Conference*

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<b>PRESENT:</b>	L. Dufour D. Hilsinger M. Scott	J. Gawne M. Bruni C. Gardi entered meeting at 4:38	D. Edgar K. Lamming
<b>STAFF:</b>	M. Nadeau J. Barban C. Fairbrother M. Ciotti	D. Petersson R. Rushworth M. Ceglie S. Parr	S. Ford A. Kohler T. Ritter
<b>GUESTS:</b>	Chief H. Stevenson		

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**1. CALL TO ORDER** by L. Dufour, Board Chair, at 4:32 PM

**2. APPROVAL OF AGENDA**

**Resolution #21-051**

Moved By: M. Scott

Seconded By: J. Gawne

2.1 **“BE IT RESOLVED THAT the Agenda for June 17, 2021 District of Sault Ste. Marie Social Services Administration Board meeting be approved as presented.”**

**CARRIED**

### 3. DECLARATIONS OF PECUNIARY INTEREST

NONE

### 4. APPROVAL OF PREVIOUS MINUTES

#### **Resolution #21-052**

Moved By: M. Bruni

Seconded By: D. Edgar

- 4.1 “**BE IT RESOLVED THAT** the Minutes from the District of Sault Ste. Marie Social Services Administration Board meeting dated **May 20, 2021** be adopted as amended to reflect the C. Gardi sent his regrets.”

**CARRIED**

### 5. PRESENTATIONS

#### **5.1 Police Services – Chief Hugh Stevenson**

Chief Stevenson provided an overview of the current increase in mental health and addiction crisis and violent offences including the prevalence of the number of weapons on our streets.

Reviewed Bill C75 which requires that police to most often release individuals with a simple notice to appear.

Further adding to the issue is that there is no addiction/mental health treatment location to take someone requesting assistance or treatment.

Chief Stevenson reviewed that Police Services have increased their presence in the downtown core including bike patrols and that their mental health response unit, which includes a social worker, is now available to respond 20 hours per day 7 days per week.

Chief Stevenson discussed the longitudinal study that Police Services, Social Services and Algoma University plan on conducting in order to determine what factors and interactions, short term treatments and supports, financial assistance, housing and unemployment rates have on death rates and opioid addictions.

This project will include a multi institutional approach.

#### **5.2 Early Years – Emergency Child Care**

T. Ritter and S. Parr provided an update and slide deck presentation

## 6. MANAGERS REPORTS

### HOUSING SERVICES

#### Resolution #21-053

Moved By: D. Hilsinger

Seconded By: M. Scott

- 6.1 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 17, 2021 Canada-Ontario Community Housing Initiative (COCHI) Transfer Payment Agreement report of the Director of Housing Services and enter into a revised COCHI Contribution Agreement (CA) with Vesta Co-operative Homes Inc. in the amount of \$199,913.38 for the sole purpose of purchase and installation of replacement windows.”

**CARRIED**

### EARLY YEARS SERVICES

#### Resolution #21-054

Moved By: J. Gawne

Seconded By: D. Hilsinger

- 6.2 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 17, 2021 report of the Director of Early Years and approve the direct delivery of Early Years services previously delivered by Prince Township thereby continuing availability as per mandate within the allocated provincial budget with a target launch date of October 1, 2021.”

**CARRIED**

### CORPORATE SERVICES

#### Resolution #21-055

Moved By: C. Gardi

Seconded By: K. Lamming

- 6.3 **“BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 17, 2021 Q1 Financial Update Report of the Director of Corporate Services as information.”

**CARRIED**

## CEO

### Resolution #21-056

Moved By: D. Edgar

Seconded By: M. Bruni

- 6.4 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the June 17, 2021 Q1 Update report of the CEO as information.”

**CARRIED**

### Resolution #21-058

Moved By: M. Bruni

Seconded By: J. Gawne

- 6.5 “**BE IT RESOLVED THAT** the District of Sault Ste. Marie Social Services Administration Board accept the June 17 2021 Neech Ke When Homes Operating Surplus report of the Director of Housing Services;

**AND FURTHER BE IT RESOLVED THAT** Neech Ke When homes retain \$200,663.50 (50% of the surplus subsidy) for the fiscal years ending December 31, 2017, December 31, 2018 and December 31, 2019.”

**CARRIED**

### Resolution #21-059

Moved By: C. Gardi

Seconded By: D. Edgar

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

**CARRIED**

Entered into closed session at 5:45 PM

### Resolution #21-060

Moved By: K. Lamming

Seconded By: M. Scott

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

**CARRIED**

Returned to open session at 5:54 PM

**7. CORRESPONDENCE**

**8. OTHER BUSINESS / NEW BUSINESS**

July Meeting will be conducted on July 15 2021

AMO

Mike Nadeau and Luke Dufour have been asked to provide a presentation on the Low Income Home Ownership Program at the AMO conference in August

**9. ADJOURNMENT**

**Resolution #21-057**

Moved By: M. Scott

Seconded By: C. Gardi

9.1 "BE IT RESOLVED THAT we do now adjourn." 5:58

**CARRIED**

Meeting adjourned at 5:58 PM

**NEXT REGULAR BOARD MEETING**

Thursday, July 15, 2021 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:** Jeff Barban

**DATE:** July 15, 2021

**RE:** Second Line West Holy Angels Learning Centre Hub Story

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### RECOMMENDATION

It is recommended the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this report on the Second Line West Hub Holy Angels Learning Centre as information.

### BACKGROUND INFORMATION

In 2018, The DSSMSSAB entered into a partnership with the Huron Superior Catholic School Board (HSCDSB) to provide Sault Ste. Marie Housing Corporation tenants residing in hub communities with an opportunity to obtain their Ontario Secondary School Diploma (Grade 12). HSCDSB, through the Holy Angels Learning Centre, provided an Outreach Facilitator who alternated between both Second Line West and Chapple Hub locations several days per week. This program offered students the ability to continue their education in a supportive, convenient location and offered flexible scheduling.

The one-on-one supports that were provided by the facilitator as well as the ongoing support provided by hub staff resulted in 11 graduates in 2018-2019. The program continued to expand with greater success in 2019-2020, yielding 14 graduates and most recently in 2020/2021 with 30 graduates. Of the 30 graduates, 14 graduates have entered, or are currently in the workforce. 9 graduates are entering, or are currently in the Personal Support Worker Program, 6 graduates are attending Post-Secondary Education, and 1 graduate is completing a construction program.

### SUMMARY/OVERVIEW

To put these successes into perspective, the following two former graduates, Emily and Daryl Bouchard have graciously shared their story.

It is recommended the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this report on the Second Line West Hub Holy Angels Learning Centre as information.

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DATE: July 15, 2021



**“You (Nicole Chouinard, HSCDSB Faciltator and Hub Staff) have done so much for Daryl and myself. I really don’t think I would be where I am today had it not been for you”**

**-Emily Bouchard, Program Graduate.**

In June 2019, Emily and Daryl Bouchard earned their Ontario Secondary School Diplomas through the Holy Angels Learning Centre by attending Second Line Community Hub. Since graduating, both have been successful in obtaining employment within the community. Currently, Daryl is managing a security team through the North East Regional Security Services and Emily is a security guard.

Obtaining their Ontario Secondary School Diploma has helped their dreams come true. Their diplomas enhanced their resumes, in turn making them more appealing to future employers. Aside from having this accomplishment on their resumes, there were also personal benefits. Emily and Daryl’s confidence increased since they know they can accomplish goals they once thought were impossible.

The Bouchard’s realized that they are able to accomplish anything they put their minds to. Recently, the “Holy Angels Outreach Program in Social Services Hubs” was presented at a Huron-Superior Catholic District School Board meeting. Emily also assisted with that presentation which put a real face to the successes of this program. Emily and Daryl will be off Social Assistance by the end of 2021 due to their new found employment. Their hope is to find a house for their family. This couple set a wonderful example for their children and other Social Services Hub residents by demonstrating what can occur when you set and accomplish goals, such as completing your Ontario Secondary School Diploma.

[Click Here to read the story in published in The Sault Star](#)

### **STRATEGIC PLAN IMPACT**

The Holy Angels Program being offered in the hub locations aligns with two pillars of the Strategic Plan, Community Partnerships and Service Delivery. This program demonstrated the positive outcomes that can be achieved when working alongside our community partners. It also demonstrated service excellence by providing programming that is accessible and convenient for our tenants.

### **FINANCIAL IMPLICATIONS**

There are no financial implications.

It is recommended the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept this report on the Second Line West Hub Holy Angels Learning Centre as information.

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DATE: July 15, 2021

### **CONCLUSION**

The success story of Emily and Daryl Bouchard truly exemplifies the opportunities that exist once a family's life is stabilized through the combination of affordable housing, income assistance and continued education. This story is one of the many successes that outlines the importance of the Community Hubs being located in the Sault Ste. Marie Housing communities.

Respectfully submitted,

Approved by:



Jeff Barban  
Director Housing 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

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## BOARD REPORT

**AUTHOR:** Robert Rushworth

**DATE:** July 15, 2021

**RE:** Deployment Plan Update - July 2021

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### RECOMMENDATION

It is recommended that the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) accept the updated version of the Paramedic Services' Deployment Plan and approve distribution of the updated plan as required under the service's operator certification.

### BACKGROUND INFORMATION

As the Paramedic Services work load continues a slow rise over 2019 and 2020, statistics and plans are required to add resources to the response capacity in 2022. It has become necessary to make deployment changes now to ensure our emergency response capacity is maintained. For many years the Service has provided transportation to non-urgent stable people from the hospital back to their homes and residences, despite this not being the responsibility of a land ambulance service. In particular during the late nighttime hours when the Service's available resources are at their lowest these calls, coded as priority 1 the lowest possible, are creating gaps in emergency capacity despite the current deployment language. The current district Land Ambulance paramedic crew deployment drops to a low of 3 paramedic crews at 23:00 and stays at this level until 09:00 when additional 'day crews' start back up.

The Deployment Plan is a guide for ambulance dispatch personnel and defines what resources the service has and how we want them deployed. There is also legislation that the Dispatch Centre staff must follow in combination with this plan, however no conflicts are created as a result of these changes to the plan.

### SUMMARY/OVERVIEW

The volume of these non-urgent calls is low with a nightly average less than 2 such responses between 23:00 and 09:00, but they do tend to occur when emergency call volumes are higher. This combination puts the community's emergency coverage at risk.

DATE: July 15, 2021

To avoid the potential of no ambulances being available for emergency responses, the elimination of these non-urgent return home transfers from the SAH is recommended from 23:00 to 09:00. This revised plan ensures the available resources are used appropriately to provide balanced emergency coverage across the district. The required changes are on page seven (7) of the proposed deployment plan (Appendix 1) and a comparison between the action/response tables is also attached (Appendix 2) showing the new and old versions. Other minor typos and related wording has been updated in the document to reflect current status as well.

### **STRATEGIC PLAN IMPACT**

Approval of the new deployment plan maximizes the resources for emergency response at times when staff coverage is lowest and ensures proper use of our paramedic and ambulance assets. These minor changes during the late night time hours will align service demand, available resources and capacity to ensure the emergency medical responses to the City and surrounding communities is at the level desired by the Board.

### **FINANCIAL IMPLICATIONS**

Approval of these Deployment Plan changes does not have any financial implications on the approved budget.

### **CONCLUSION**

With the Board's approval of the recommendation, the July 2021 version of the Deployment Plan will be updated, distributed and come into effective August 1, 2021. 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,



Robert Rushworth  
Chief Paramedic Services

Approved by:



Mike Nadeau  
Chief Executive Officer

Attached:

Appendix 1: 2021 – Deployment Plan July 15

Appendix 2: New vs Old Deployment Table



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

**Strategic Deployment Plan**

**Updated July 15, 2021**

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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 considered 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
0700 - 1900	Sault North***	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')

\*\*\* Sault North base, 240 Old Highway 17N, Goulais River, ON (Station '02')

**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 – Commander: 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 (AC).

**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 ambulances based out of the RESC Station 00. In addition one (1) staffed ambulance, 24 hours a day based out of GRFN Station 01.

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

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 there will be NO Code 1 out of hospital transfers done.**

Coverage Status	Number of RESC Based Available Ambulances	Action/Response
Green	3	<ul style="list-style-type: none"> <li>No delays required</li> </ul>
Yellow	2	<ul style="list-style-type: none"> <li>Delay C2</li> </ul>
Red	1	<ul style="list-style-type: none"> <li>Delay C3 responses until returned to Yellow status or 30 minutes, whichever comes first</li> </ul>
Black	0	<ul style="list-style-type: none"> <li>Notify Commander if Red status unlikely to be restored within 15 minutes</li> </ul>

**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 all of the paramedic services 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 any Code 1 call between 2300 and 0900 hours.
- 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 or interrupted 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 missed 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

705-759-2300 - 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 fueled
  - 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 CEO
- establishing priority of tasks to be undertaken by subordinate staff
- ensuring that all media releases and/ or interviews are coordinated through the DSSMSSAB CEO
- 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 CEO 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

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**NEW VERSION**

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

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 there will be NO Code 1 out of hospital transfers done.**

Coverage Status	Number of RESC Based Available Ambulances	Action/Response
Green	3	<ul style="list-style-type: none"> <li>No delays required</li> </ul>
Yellow	2	<ul style="list-style-type: none"> <li>Delay C2</li> </ul>
Red	1	<ul style="list-style-type: none"> <li>Delay C3 responses until returned to Yellow status or 30 minutes, whichever comes first</li> </ul>
<b>Black</b>	<b>0</b>	<ul style="list-style-type: none"> <li><b>Notify Commander if Red status unlikely to be restored within 15 minutes</b></li> </ul>

## PREVIOUS VERSION

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

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 0900**

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