Submission of the Canadian Union of Public Employees (CUPE) Ontario Division and the CUPE Ambulance Committee of Ontario to the Ministry of Health and Long-Term Care regarding a proposal to change the definition of paramedic

December 19, 2016

Demographic Questions

1. Please identify your name:

    - Fred Hahn and Jeff Van Pelt

2. Please identify your job title:

    - Fred Hahn: President of CUPE Ontario
    - Jeff Van Pelt: Chair of the CUPE Ambulance Committee of Ontario (and working Paramedic)

3. Please identify your contact information including email and phone number:

    - Fred Hahn: 905 739-9739 fhahn@cupe.on.ca
    - Jeff Van Pelt: 905 404-3898 jeffvanpeltpeebl@hotmail.com

4. Please identify the organization you represent:

    - CUPE Ontario and the CUPE Ambulance Committee of Ontario (CACO)

5. Please identify the region and/or municipality that your organization represents:

    - CUPE is by far the largest union in the province and represents 250,000 public sector employees in Ontario, including over 70,000 health care workers. We represent the majority of paramedics in Ontario, with 25 CUPE organized paramedic services, including the largest services in the province. We also represent dispatchers at five ambulance communication centres. We estimate our membership in paramedic services at over 5,000 in Ontario. CUPE is the largest union of paramedic workers in the country as well as the province.

6. Please indicate which type of organization you represent:

    a) Employer (e.g. municipal organization)
    b) Association
    c) Union
    d) Independent medical advice

    - c) — Union

Municipal Interest

7. Please share your unions' overall position on the model.
    - We will strongly oppose this proposal. Our explanation follows below.

8. What evidence did your union use to inform their position on the proposed model?

[A] Quality of Care

- **[1] The necessary oversight of paramedic services is completely missing in fire departments:** With increasing demands from the public, paramedic services have rapidly evolved over the last several decades. Both paramedic scope of practice and training has greatly expanded. Primary Care Paramedics must undergo two years college education and complete annual on-the-job training to maintain certification. Paramedics now perform more controlled medical acts than any other health care professional — except physicians. Paramedics face oversight from their employers (usually municipal governments or hospitals), the provincial government, and base hospitals. Extensive provincial legislation, regulation, and policy controls almost all aspects of paramedic service. The Ministry of Health and Long-Term Care (MOHLTC) oversees paramedics and may take steps up to and including removal of a paramedic's ability to practice. The province *also* appoints base hospital physicians to oversee paramedics. These physicians may also limit or remove the ability of a paramedic to practice, or require additional training. The MOHLTC also sets and enforces detailed ambulance, equipment and patient care standards. The ministry certifies and reviews land ambulance operators under legislated regulations and requires peer reviews every three years. Paramedic call reports are audited by base hospitals for compliance with legislated patient care standards and delegated medical acts. The ministry also operates an Investigation, Complaint and Regulatory Compliance program. The *Ambulance Act* contains standards for Ambulance Service Certification, Ambulances and Communicable Diseases, Ambulance Service Documentation, Patient Care, Transportation, as well as Basic and Advanced Life Support Standards. The provincial government requires public reporting of land ambulance response times.
- In sum, there are multiple levels of oversight and quality assurance of paramedic EMS (ambulance) services in Ontario. ***Put simply, this broad range of oversight and quality control are missing for fire departments, firetrucks and firefighters doing emergency medical calls.*** To have any possibility of maintaining even somewhat similar quality control, the provincial government would have to duplicate every bit of this oversight and intervene

extensively into fire departments, a part of municipal government which has, until now, been largely free of provincial government control. Even if this could be done (which is far from certain) this will mean, in most cases, that a level of government (lower tier municipalities) will have to develop tremendous expertise in an area that they have absolutely no experience in. All of this is fraught with uncertainty, problems and expense.

- **[2] Twenty-four hour shifts:** Many firefighters work 24 hour shifts. Research indicates however that such work hours can have serious consequences on judgement — hardly making them appropriate candidates to make life or death medical decisions. The Ontario Association of Fire Chiefs and Ontario Municipal Human Resources Association released a paper on 24 hours shifts in 2011 reviewing some of the main problems. Here is what they say:

    1. "People working extended hours are at increased risk of suffering from sleepiness, fatigue and acute and chronic sleep deprivation.
    2. Cognitive and physical performance noticeably declines after 16 hours without sleep. After 19 hours without sleep, performance is equivalent to that with a 0.05% blood alcohol concentration (BAC) and after 24 hours awake, is the same as a 0.1% BAC.
    3. Risk of workplace accidents increases the number of hours worked, and all effects are exacerbated in night shifts.
    4. When waking up to respond to a call it may take up to 20-30 minutes for the brain to become alert, and up to 2-4 hours to reach its peak efficiency, due to sleep inertia.
    5. Workers who are fatigued cannot estimate their own sleepiness and tend to under estimate the impact that fatigue has on their performance."[1]

    Clearly, 24 hours shifts are not in any way appropriate for anyone whose job is to deal with life and death medical emergencies.

- **[3] Problems of transfer of responsibility from fire to EMS and the likelihood of tragic miscommunication in an emergency:** Designing an emergency medical system so that it requires a transfer of care (or handoff)

[1]Ontario Association of Fire Chiefs and Ontario Municipal Human Resources Association, "Discussion paper: the health and safety impacts of 24 hour shifts in fire departments," March 2011. Available from: http://www.oafc.on.ca/system/files/privateattachments/page/1072/11-03-02%20%20The%20Health%20Safety%20Impacts%20of%20Extended%20Work%20Shifts%20FINAL.pdf . Also note the National Sleep Foundation's commentary on drowsy driving: http://drowsydriving.org/about/facts-and-stats/

from fire to EMS builds in significant risk that will lead in some cases to tragic miscommunication and error. Transfers of care are a key point of trouble in our medical system, even in the relatively sedate world of hospital acute care.[2] But tragic and life threatening miscommunication is particularly likely in chaotic emergency situations — the core business of paramedicine. Medical errors already account for thousands of deaths in the Canadian health system, so designing the system in a way that increases the risk of error and miscommunication is in itself a serious error that will have serious consequences. Instead of designing the system to require more handoffs, we suggest the government look to designs that require fewer handoffs wherever possible.

- **[4] The proposal's inherent unevenness and complexity:** Within one upper tier EMS municipal service some of the lower tier municipal governments within it may choose to implement the firefighter paramedic proposal while others will not. So on one street the service may be available while the next street over it may not. Fire departments typically do not cross municipal boundaries. Even where the services do exist in the various lower tier municipalities, standards may vary unless there is strict provincial control. Moreover, very few firefighters will be able to take on the firefighter paramedic role[3], so only a few fire shifts within a fire department will have a paramedic working. The small numbers will make it difficult for fire departments to provide a consistent level of service and even that will vary by vacation, holiday, training schedule, and sick days. These factors will make it unlikely that there will be even a modestly consistent dispatch of firefighter paramedics. Upper tier municipalities will not be able to count on firefighter paramedic response. The proposal builds in complexity and unevenness into the system.

- **[5] The requirement to pursue two separate and very different professions will inevitably increase the off the job training time for firefighters while also decreasing expertise:** Firefighter paramedics will require more time off the job for training as paramedics require significant ongoing training simply to maintain their certification as paramedics. Yet, because they will be required to perform two very different professions firefighter paramedics will inevitably have less experience and therefore less

[2] See for example this review: Friesen MA, White SV, Byers JF. Handoffs: Implications for Nurses. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 34. Available from: https://www.ncbi.nlm.nih.gov/books/NBK2649/

[3] See our response to question 10 below on capacity of the workforce.

expertise. We note that paramedic managers argue that the fewer the number of calls a paramedic goes on the less likely it is that the paramedic will be able to pass their annual continuing medical education tests and scenarios. They will sometimes require paramedics to move to bases with more calls to increase experience. Indeed, even continued paramedic activation requires consistent paramedic activity. With paramedicine becoming more and more sophisticated, this will become a larger problem. The overwhelming trend has been to increase the skills, training, and qualifications of paramedics, so the proposal to have one person do two separate careers is likely to become increasingly problematic and inadequate.

- **[6] Sending fire trucks on unnecessary calls on overcrowded roads is going to lead to some accidents.** In the United States, "Motor vehicle crashes are the second leading cause of death for on-duty firefighters. Firetruck crashes, occurring at a rate of approximately 30,000 crashes per year, have potentially dire consequences for the vehicle occupants and for the community if the firetruck was traveling to provide emergency services."[4]

- **[7] Interruptions:** With great respect to our firefighting colleagues, the feeling among paramedics is that firefighters are *sometimes* a distraction or sometimes even an impediment on emergency medical calls. When paramedics are treating a patient, firefighters are more and more often ignoring our direction that they absent themselves from the immediate scene so we can get on with our work. These interruptions disrupt our emergency medical care to critically ill patients. We do not understand how this disruption and this attitude can benefit the patient. Some paramedics report the feeling that fire is interrupting our emergency responses to collect information and build the case for their continued relevance on medical calls. If so, this would be completely unacceptable.

- **[8] Review Tiered Response:** In light of this we believe that fire response should be narrowed to only those areas where there is some scientific evidence that quicker response than EMS is able to provide will make a difference, and then only in cases where fire can respond more quickly. Our experience clearly indicates that fire responds more slowly to many emergency medical calls than we do and we do not believe it will be beneficial to the patient to have firefighters disrupting our response when we are already at work providing emergency care to a critically ill patient.

[4] Kelly Donoughe, Jennifer Whitestone, and Hampton C. Gabler, "Analysis of Firetruck Crashes and Associated Firefighter Injuries in the United States," *Annals of Advances in Automotive Medicine*, 2012 Oct; 56: 69–76,

- **[9] Fire chiefs and other fire managers are not qualified to oversee paramedics.** Paramedics are in frequent contact with their managers. Competent management is a bare minimum for the adequate provision of paramedic services, but, unless they have spent years working as a paramedic, fire chiefs and their subordinate managers cannot possibly meet even this basic, minimum competency. In many cases fire chiefs and other fire managers will not even have the foggiest idea of what a paramedic should do at a given time. They will not be able to appropriately direct, instruct, engage, mentor, or discipline firefighter paramedics and they will not be able to oversee appropriate quality assurance programs. Moreover, under privacy laws a fire chief would not even have the right to access a patient's record — so there is no possibility for that fire chief could review or evaluate a paramedics work in any significant way. This egregious problem is made worse by the culture in fire which is to follow orders, to always look over your shoulder for approval from your superior. This culture is necessary in fire departments due to the inherent dangers of firefighting. So it cannot easily be changed. But it does not fit with paramedic culture where paramedics must use their own judgement to save lives.
- Some may argue that the fire chiefs and other fire managers could be replaced by paramedic managers, but few paramedic managers have expertise as fire chiefs or fire managers.

- **[10] Double Hatting:** The Ontario Professional Fire Fighters Association (OPFFA) is currently campaigning against the practice of "double hatting." Or rather they are campaigning against a specific example of it: i.e. where a professional firefighter also works as a volunteer firefighter. The claim by the professional firefighters is that this can adversely affect public safety.[5] Their union takes this threat to pubic safety so seriously that they are willing to charge their own members who double hat. It is very difficult to understand however, how the Association could genuinely object on safety grounds to firefighters who moonlight at other firefighting jobs, but approve of firefighters who moonlight as paramedics. Indeed, we note that the parent union (the International Association of Fire Fighters) indicates that secondary employment as an emergency medical services worker is also misconduct — on the same basis as secondary work as a volunteer firefighter is misconduct. Here is the relevant section of the IAFF constitution:

[5] Robyn Wilkinson, "Two-hatter firefighters told to give up volunteer positions in Caledon," October 18, 2016, *The Caledon Enterprise*. Found at: http://www.caledonenterprise.com/news-story/6916981-two-hatter-firefighters-told-to-give-up-volunteer-positions-in-caledon/

> Working a secondary job part-time, paid on call, volunteer or otherwise as a firefighter, emergency medical services worker, public safety or law enforcement officer, or as a worker in a related service, whether in the public or private sector, where such job is within the work jurisdiction of any affiliate or which adversely impacts the interests of any affiliate or the IAFF. Upon a finding of guilt of working a secondary job in violation of this subsection, it is recommended that the penalty include disqualification from holding office in any affiliate and/or expulsion from membership for the period that the misconduct persists. Charges filed for the misconduct described in this subsection shall be preferred by a member of the charged party's local and/or a member of an adversely affected affiliate. [IAFF constitution, 52nd Convention, July 2014, Article XV section 1 (N)]

- **[11] The OPFFA does not appear to be satisfied with this proposal and so more conflict seems likely:** We note that in our review of the public media comment from the OPFFA on this issue, we have not seen strong *public* support for the government's proposal. On our review of their comments to the media, the OPFFA has instead focused on more aggressive take overs. Even as this proposal is being considered they have talked of firefighters who merely have ***some*** paramedic training (and so who are not certified, working paramedics) providing emergency medical care. We can only conclude that far from resolving the problem, this proposal is only a stepping stone for further incursions into emergency medical care. Encouraging this step likely will only encourage years (and probably decades) of conflict between paramedics and firefighters. Firefighters and paramedics work together every day in emergency situations. Such ongoing conflict cannot be good for the quality of care. This proposal is a true misstep as both services provide care to people at their most vulnerable moments.

[B] Extra Costs

- **[1] Cost per hour of service:** As is made clear in the ministry's own discussion paper, service by fire departments is much more expensive per hour than service by EMS. The ministry shows that the average cost for fire department service is $118 more *per hour* than ambulance service, a 54% cost increase. If a fire vehicle replaces an ambulance for one year (24 hours' x 365 days) the extra costs will be over $1 million based on the ministry's figures. This estimate is slightly higher than our own earlier estimate submitted to the government.

- **[2] Provincial funding:** For municipalities, however, the extra cost is actually larger, as half of municipal costs for ambulance paramedic services are funded by the province. Fire costs are not funded by the province. As a result, one hour of fire service actually costs a municipality $224.50 more than one hour of ambulance paramedic service ($331- [$213 / 2]). That is nearly $2,000,000 more per year at the municipal level to use a fire truck rather than an ambulance.

- **[3] Fire truck and fire staffing costs:** Fire trucks are extremely expensive to own and operate and this is no doubt a significant part of the extra costs associated with fire service delivery. But it also has to do with the large number of firefighters that attend medical calls on a single fire truck and the relatively large number of fire managers.[6]

- **[4] Cost savings through rational planning for services:** The ministry's discussion paper also raises another point we have noted in an earlier response to fire's intrusions: the long term decline in the number of fires and fire related calls and the increasing number of emergency medical calls. A number of municipalities have responded to this reality by reducing the number of firefighter positions. There has also been a marked move by municipalities to reduce the number of medical calls that fire responds to based on a lack of evidence that those responses provide a medical benefit. We strongly oppose the layoff of firefighters and as far as we know there have been none in recent memory. But we do believe municipalities have an obligation to rationally plan their spending and that the province should encourage municipalities to continue to move funding to where it makes the most sense and not encourage obstacles to that natural and rational process.

- **[5] Extra time wasted on the scene:** Typically fire trucks respond to medical calls with four firefighters on each truck (EMS response is typically two paramedics, and in some cases only one). So fire response is inherently inefficient, but this will be made worse by having a firefighter paramedic as one of the four. Unlike a firefighter first responder, the firefighter paramedic could be consumed by the call for some time — providing care, detailed

[6] It is possible that some may suggest that fire could try to reduce their high costs by sending a smaller, ambulance-like vehicle to medical calls with fewer staff. But buying new ambulance-sized vehicles for the fire department is also a large extra cost. Tearing a firefighter paramedic out of the fire response also raises questions of whether such an employee could be part of a firefighters bargaining unit. Moreover, why would such purchases and such a service be done by the fire department and not the EMS service where the paramedic expertise actually exists? Why try to duplicate a service with another organization with a completely different area of expertise? In any case, we note that although fire currently responds to many medical calls, this proposal has not been widely implemented, presumably for good reason.

documentation, providing information to EMS paramedics, or dealing with a refusal of treatment (which is both time consuming and creates huge liability for the fire department). Paramedics (be they firefighter paramedics or EMS paramedics) cannot abandon a patient and so therefore the firefighter paramedic will have to remain. The other firefighters will simply be left sitting on their hands unable to respond to other calls.

- **[6] Higher wages** for firefighter paramedics and others (see our answer to question 13 below).

- **[7] Extra time off the job for training for firefighters, dispatchers, and even paramedics.** Paramedics of course require significant training every year — but so too would firefighter paramedics who, if they are to be firefighters will also require normal firefighter training. Fire dispatch will have to learn how and when to dispatch firefighter paramedics to medical calls; paramedics will need to learn how to manage the handoff of patients with fire departments.

- **[8] More capital equipment costs for fire departments:** [A] Paramedics need the equipment in their trucks to respond — this costs many thousands of dollars per paramedic. Without this equipment, the response would not be a true paramedic response, but rather a gravely diminished one.
  [B] Significant retrofitting of the fire trucks will be necessary to secure narcotics and carry all the necessary equipment in a safe fashion. The time required by paramedics for checks at the beginning and end of each shift (e.g. counting narcotics) will significantly take time away from firefighter paramedics and reduce the ability of their fire truck to respond to fires.
  [C] Computer hardware and software. Fire departments will need computer hardware and software, to document information and share that information with EMS in keeping with the appropriate patient privacy legislation.
  [D] Fire will also need access to secure servers so they can keep patient information confidential. (How they will keep information confidential from non-paramedic firefighters on the scene we believe is another thorny problem. The existing non-paramedic firefighters become privy to significant confidential patient information already.)

9. What is the degree to which your union is supportive of adopting the proposed model? Please explain.

    - We are completely opposed. We will oppose the development of any tests or pilots of this proposal.

Capacity of Workforce

10. How many full-time firefighters who are also employed as paramedics by a Province of Ontario certified ambulance service does your organization represent and how was this estimation derived?

    - We asked our local leaders to find out how many paramedics in their bargaining unit also work as full time firefighters. The numbers reported were consistently small.
    - By our count there are 32 full time firefighters in the 13 locals we were able to survey. Those locals have 3,947 paramedics. So less than 1% of our paramedic members are full time firefighters — 0.8%. As there are more firefighters in the province than paramedics, these firefighters comprise an even smaller portion of firefighting bargaining units. The Ministry of Community Safety and Corrections reports 11,367 full-time firefighters and (distinct from volunteer firefighters) 343 part-time firefighters. In contrast, the Emergency Health Services Branch of MOHLTC reports approximately 7,000 EMS personnel. In other words, on average there are 67% more professional firefighters than EMS personnel. Assuming a similar ratio applies for the areas covered by the reporting CUPE locals, the 32 firefighters would comprise just 0.49% of the relevant firefighter bargaining units.

11. Based upon the research and evidence gathered from your union, what extent are full-time firefighters currently responding to **non-fire calls** in Ontario? Please describe.

    - Based on publicly available reports from fire departments to their municipal governments, we see a consistent trend whereby most calls where firefighters respond are for issues where there is no fire.

12. Based upon the research and evidence gathered from your union, what extent are full-time firefighters currently responding to **medical calls** in Ontario? Please describe.

    - Based on publicly available reports from fire departments to their municipal governments it is apparent that medical calls comprise the greatest number of

calls for most professional firefighting departments. Often that number is at or around 50% of calls. Certainly paramedics feel that firefighters often respond to too many medical calls and sometimes disrupt appropriate patient care.

Interest Arbitration

13. Please share your union's position on the proposed model's impact would be on interest arbitration. Please explain.

- Through interest arbitration comparability and replication (or even simple job evaluation), firefighters who also work as paramedics will be eligible for significant pay increases. This is normal and reasonable: the more skill a worker has, the more service that they provide, the more consequences of error in their work, the more pay he or she can and should expect. Any firefighter union would have an obligation to pursue such an obvious outcome. Whatever the current leadership of a union may state on this issue, the members will be quite forceful that they be paid for their extra work, skills, and risk. This is what has happened in Winnipeg, a city often cited by proponents of the firefighter paramedic model. In Winnipeg, First Class Firefighters with 4 years' experience as a Primary Care Paramedic (PCP) are paid $1.24 more per hour than First Class Firefighters without PCP licensure. On an annual basis that is $2,719.56 more (see pages 79 and 81 of the linked Winnipeg fire collective agreement). Similarly, an interest arbitration board concluded as follows regarding Riverview Fire and Rescue in New Brunswick (before a province-wide ambulance system was established in that province):

  > "The Board has considered that Riverview Fire and Rescue provides an ambulance service and that the firefighters are also trained paramedics. The dual role adds value to the service provided to the Town of Riverview and surrounding areas. It is appropriate to take into consideration the dual service when determining the appropriate wage levels and comparables."[7]

- In Ontario, this change could lead to a situation where firefighters are paid *more* than police. This is, in our view, unlikely to be long lasting in an interest arbitration world. With great respect to firefighters, it is well known that many already find it peculiar that firefighters are paid rates and other monetary entitlements (e.g. retention pay) similar to police. So, improvements in firefighter

[7] Riverview (Town) and IAFF Local 2549, 2006 CarswellOnt 10373, 85 C.L.A.S. 158, "In the Matter of an Interest Arbitration Dispute Pursuant to section 80 (1) of the Industrial Relations Act," James Oakley, Lawrence Cook, Pierre Bertrand.

compensation would likely flow through to police and result in an improvement in police compensation.

- Until now, paramedics have not achieved wage and compensation parity with firefighters. We believe this is odd as paramedics are more highly trained and skilled. Both sorts of emergency workers are largely employed by municipal governments. If the firefighter paramedic position is created, the work will become much more similar, especially as the largest proportion of fire calls are already medical calls and relatively few are actual fire calls. This opens the door for paramedics to achieve the long held goal of comparability with firefighters. Our obligation as a union will be to vigorously pursue this goal. While we oppose this *policy* proposal, it may well provide an opening that will enable paramedics to finally be compensated in a way that reflects their relative skills, training, and work compared to firefighters. This is the *only* aspect of this proposal that has any merit, but does not change our determination to oppose this policy proposal.
- CUPE will resolutely oppose an attempt to introduce this change with restrictions on collective bargaining or interest arbitration. We did not ask for this proposal, and should not be forced to pay for the problems it creates for others.

Wage Parity

14. Please share your union's position on whether cross-trained firefighters would require additional compensation. Please explain the rationale and evidence surrounding your organization's position.

- Yes, as explained above, we do believe that extra qualifications, skills, and training will result in higher wage rate for firefighter-paramedics (and indeed for paramedics and police officers).

Shift Schedule

15. With patient safety in mind, how does the proposed model impact shift schedule of cross-trained firefighters (e.g. 24-hour shifts)? Please explain.

- As discussed above, we believe this proposal is incompatible with 24 hour shifts. Assuming 24 hour shifts are not used, flexibility in the firefighter shift schedule may be required. If firefighter paramedics are put on a 12-hour shift, other firefighters may also be asked to accept shorter shifts. Moreover, if firefighter paramedics are to be deployed on shifts that provide benefit, they may be scheduled disproportionately on days, while other firefighters may be scheduled disproportionately on nights. Alternatively, supernumerary firefighter paramedics could work on trucks during high volume shifts (e.g. the day shift). But this will be costly. In any case, the sparsity of the potential firefighter paramedics will make it unlikely that consistent levels of firefighter paramedic service can be provided, even if significant flexibility in the distribution of shifts is allowed.

Legislative Changes

16. Please describe your union's position regarding what by-law changes or council decision(s) are necessary at the municipal level to implement the proposed model.

- This is an extremely complex area. Oversight of paramedics services is complex and even more so when two different services are supposed to provide the same service somehow in concert.
- The task is made even more complicated by the fact that provincial legislation, regulation, and policy will also all be necessary to implement this proposal. This legislative, regulatory, and policy framework does not yet exist, but there will need to be a detailed interplay between provincial legislation, regulation, and policy on the one hand and municipal by-laws on the other.
- Detailing by-law changes in particular is likely to be an enormous task, as determining if by-law changes are required has to be evaluated on a municipality-by-municipality case, particularly in regional municipalities that contain both upper- and lower-tier municipalities, which both likely have relevant by-laws.
- A task of that kind of complexity of necessity increases the risk of getting it wrong, and winding up in protracted litigation over the question. The more moving parts anything has, the more likely it breaks down in some novel and unexpected way, and that risk is only amplified by the fact that the firefighter paramedic model is unprecedented in Ontario.
- This model also assumes a level of cooperation between two or more municipal governments that may not actually exist. Upper tier municipalities may, for example, believe that if the work devolves to the lower tier municipality so may the funding. We note that the president of the OPFFA has declared that they are "also going to be lobbying the provincial government to provide some form of funding for fire services that provide pre-hospital care."[8] We do not believe the provincial government is looking to step up their funding increases for emergency medical services, so this may well open up conflict between upper and lower tiers of municipal government over provincial funding for "pre-hospital care".
- So we do not pretend to detail any answers in this area, but we will review any attempts to implement such changes with an eye to any dangers or shortcomings that they may present to public safety.

[8] Quoted in Craig Pearson, "Firefighters want to be paramedics; Dilkens fears costs will rise," December 14, 2016, *Windsor Star*. Available at: http://windsorstar.com/news/local-news/firefighters-want-to-be-paramedics-dilkens-fears-costs-will-rise .

17. What type of insurance or indemnification is appropriate for cross-trained firefighters?

- This is an area beyond our area of expertise, but if fire departments are to provide paramedic services we presume fire departments will have to provide enhanced insurance and indemnification equivalent to that needed to cover EMS paramedics as well as ordinary firefighters. There may also be a need for additional insurance for the firefighters who may provide assistance to the firefighter paramedic.

Standards

18. Please describe your union's position regarding what type of oversight framework would ensure patient safety (e.g. patient care, equipment, patient documentation, and communicable disease standards) as part of the proposed model.

- We do not believe this proposal is compatible with patient safety. But if the government does press ahead regardless, here are a few of the items that must be considered. Firefighter paramedic work must be overseen to the same standard as EMS paramedic work. This means the all the extensive oversight of paramedics and paramedic services detailed in question 8: e.g. oversight by the *same* base hospital that oversees the local EMS paramedic service[9] and oversight by the Ministry of Health and Long-Term Care. The fire department must hire managers who have worked extensively as paramedics, have long experience in paramedicine, and have the knowledge and expertise in paramedicine so that they are capable of managing paramedics. We expect this will mean fire departments will have to go out and hire new managers as few existing fire managers have these abilities. Patient documentation should follow provincial standards and be identical to the local EMS paramedic patient documentation system to minimize the potential for confusion. Patient privacy laws must be enforced for fire departments. Non-paramedic firefighters must, somehow, be excluded from seeing or hearing confidential patient information (this is already a problem from our experience). Secure servers compatible with the local EMS system are necessary. Communicable disease standards must match provincial EMS standards and fire trucks must be cleaned to a standard comparable to the cleaning Paramedic Response Unit (PRU) — which includes deep cleaning. Equipment must match those in a PRU unit as a minimum. Once again this assumes deep cooperation between the upper and lower tier government and EMS service and fire department, something that is not always the case. This will add significant additional managerial costs to ensure that this works not just occasionally but consistently all the time. This will likely involve hiring extra managerial staff.

[9] Note: the local base hospital may be different from the base hospital that the firefighter paramedic works at as a paramedic. To ensure that the same standards apply, the firefighter paramedic must also work under the same base hospital as the local EMS paramedics.

Operational Protocols

19. Please describe your union's position on the proposed model regarding the type of operational protocols that would be required as part of transfer of care when moving patients from cross-trained firefighters on fire trucks to paramedics on ambulances.

- As discussed above, this inevitably introduces the potential for tragic miscommunication in emergency situations and we believe makes the proposal non-viable. No matter how elaborate the transfer protocols are, there will be tragic errors. It will also add significant delay to care as it takes time to provide information. Even uploading material to a server and then downloading it to another computer will eat up valuable time. Introducing another layer of transfer of responsibility in emergency situations is very bad design.

20. As part of the operational protocol in the proposed model, what would your union recommend be in place for proper records management and overall protection of patient privacy under the Personal Health Information Protection Act (PHIPA)? Please explain.

- The same standards that currently exist for EMS services would have to apply to fire. There are already significant problems from our experience with maintaining patient privacy when firefighters become involved in an emergency situation. Establishing the same standards for fire department will, we believe, be a daunting task.

Training

21. As part of implementation of the proposed model, what type of training would need to be provided on the proposed model. Describe the training for the identified workforce your union is responsible for.
    a) For ambulance services
    b) For non-cross trained firefighters (including or excluding part-time/volunteer)
    c) For cross-trained firefighters
    d) For fire dispatchers
    e) For ambulance dispatchers
    f) For 911 dispatchers
    g) For other professions, please specify:

- All the training currently required for a paramedic will have to be superimposed on firefighter paramedics. This includes start up and ongoing training to maintain certification as a paramedic. This will be a significant cost and will remove a firefighter from providing service for significant periods of time. This will require back filling by another firefighter. Notably, it is not unusual for paramedics to require multiple attempts to fulfill their annual certification. We expect this will be

an even bigger problem for firefighter paramedics who will have less experience through fewer medical calls. Training for dispatch will be extremely challenging as they will have to coordinate with both fire, fire dispatch and EMS paramedics.

Employment Standards

22. What impacts, if any, does the proposed model have on employment standards? Please explain.

- Firefighters are exempt from the hours of work (and some other) provisions of the *Employment Standards Act*, while paramedics are not. Likely firefighter paramedics will also be exempt. This means that firefighter paramedics will continue to be able to work 24 hour shifts, which, as noted above, is completely inappropriate for paramedicine.

Improving Patient Outcomes

23. My union anticipates that the proposed model will increase patient safety for CTAS 1 patients, where time is a defining factor in patient outcome.
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree
    e) Neutral

    Please explain.

- D — This proposal falls short in many ways as outlined in this submission. This proposal should not be piloted or tested. We believe that a better process for improving patient safety of CTAS 1 calls is through improved dispatch protocols.

24. My union anticipates that the proposed model will sustain or increase patient safety for CTAS 2-5 patients where time is not a defining factor in patient outcome.
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree
    e) Neutral

    Please explain.

- D — As above. We also wonder why this question is being asked as the discussion paper specifically excludes using this model for CTAS 2-5 calls.

25. My union anticipates that patients would be supportive of the proposed model.
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree
    e) Neutral

    Please explain.

    - D — As above.

Conclusion

Thank you for considering our submission. If you have any questions or comments, please do not hesitate to contact us.

cope491:djk