

MINISTRY OF HEALTH

Ambulance Service Review Preliminary Draft Report

Hamilton Paramedic Service

September 26, 2022

**Ministry of Health**Emergency Health Regulatory and
Accountability Branch590 Rossland Rd. E.
Whitby ON L1N 9G5
Tel.: 905-665-8086**Ministère de la Santé**Direction de la réglementation et de la
responsabilisation des services de santé
d'urgence590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086

September 26, 2022

Michael Sanderson
Chief, Hamilton Paramedic Service
1227 Stone Church Rd E
Hamilton, ON L8W 2C6

Dear Chief Sanderson:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario.

I am pleased to enclose the Ambulance Service Review Preliminary Report which summarizes the off-site inspection that was concluded on July 12, 2022.

Hamilton Paramedic Service is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/CQI

Opportunities for improvement have been identified in the report as observations. Your response to the Preliminary Report is requested within 30 days. The ministry recognizes the challenges your service is currently facing as a result of the COVID-19 pandemic and looks forward to working collaboratively with you in this regard. Should you require additional time to provide the requested documents, please advise me at your earliest convenience.

Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Johnson".

Michelle Johnson
Senior Manager
Inspections and CertificationsCc: Stuart Mooney, Director, EHPMDB
Robin Souchuk, Field Manager, Southwest Field Office, EHPMDB

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Introduction

Due to these unprecedented times and the COVID-19 pandemic, a preliminary means of assessing an ambulance service's compliance with legislation, for recertification has been developed to provide an off-site Preliminary Review, until normal review activities recommence.

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

Legislated standards include:

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

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

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

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

- Patient Care
- Quality Assurance
- Administration

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

Ambulance Service Review Overview

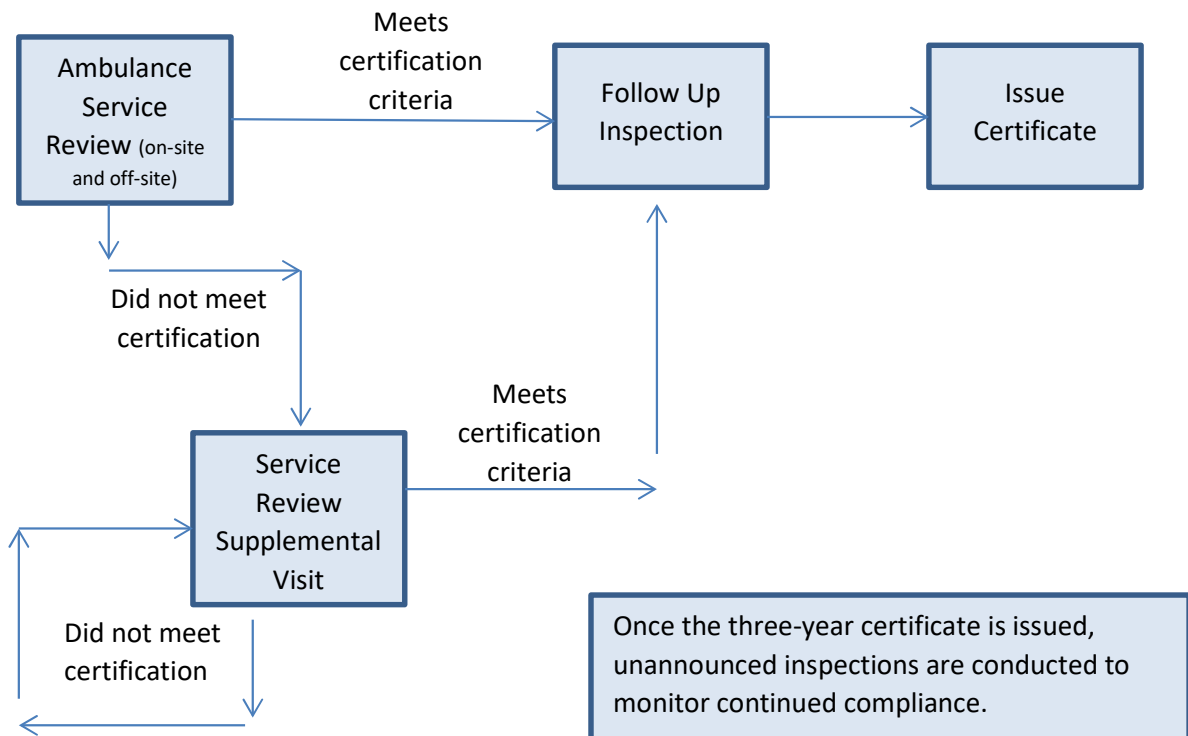
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years. The certification of a service is not extendable under the Act.

A Service Provider due for an Ambulance Service Review this year (2022) will be contacted by the Inspections and Certifications Unit, to discuss the new off-site Preliminary Review process and confirm the date that the supporting documentation is required by. Service Providers are asked to complete the modified Team Checklist and provide the supporting documentation requested to demonstrate compliance with legislation and standards.

With every Service Review, an exit meeting is conducted with the Service Provider. Upon completion of the off-site review, the Team Leader will contact the Service Provider to arrange for a mutually agreed date and time to discuss the review observations. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

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

The diagram below graphically represents the certification process.



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

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

Preliminary Review: The preliminary review will be conducted off-site and requires the Service Provider to complete the Preliminary Review Team Checklist and provide comments and supporting documentation to the Team Leader as requested. Once all documents have been received and evaluated, a final exit (virtual) meeting will be scheduled with the Service Provider to discuss the review observations.

Upon completion of the exit meeting, the off-site portion of the review is concluded. A Preliminary Draft Report is prepared and provided to the Service Provider. Upon successful completion of the Preliminary Review process, a renewed Certificate is issued for a further three years. The Service Provider will have the opportunity to respond to the observations in the Preliminary Draft Report.

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

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include but is not limited to, one ministry Team Leader, Service Chiefs, Deputy Chiefs, Commanders, Deputy Commanders, Superintendents, Primary, Advanced and Critical Care Paramedics, all of whom are considered seasoned subject matter experts in their field, working together to ensure excellence in ambulance services to all Ontarians.

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

A final report culminating the Preliminary Review observations, response from the Service Provider and Follow Up Inspection, is then provided to the Service Provider. Currently the on-site review has been suspended due to the COVID-19 pandemic.

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

Service Review Supplemental Visit

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

Follow Up Inspection

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

Unannounced Inspection

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

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

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with hospital staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent, where appropriate.
- Documentation Review: Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.
- Ride-Outs: In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving facility. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- Observation and Examination: To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.

- **Exit Meeting:** Upon completion of the Ambulance Service Review, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Review. These meetings will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meetings will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Reviews.
- **Reports:** Following the Ambulance Service Reviews, the Review Team Leader will prepare and submit a written summary to the ministry. The observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the reports. The draft reports forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements:

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

Not Satisfied the Requirements:

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

Summation

The Service has been in operation since July 1, 2000. The certificate for Hamilton Paramedic Service expires on October 29, 2022. As required to renew their certificate, Hamilton Paramedic Service participated in the Ambulance Service Preliminary Review. The Ambulance Service Preliminary Review found that Hamilton Paramedic Service has **met** the requirements of the *Land Ambulance Certification Standards*.

Hamilton Paramedic Service operates from eighteen stations, including headquarters and provides primary and advanced paramedic patient care. The Service employed two hundred ninety-two primary care paramedics and eighty-five advanced care paramedics. The Service responded to approximately 104,605 calls in 2021. At the time of the Ambulance Service Review, the Service had thirty-five front line ambulances, ten mechanical spares, seven emergency response vehicles and one emergency support unit.

The Service provides ambulance service to the residents of Hamilton, Stony Creek, Mount Hope, Waterdown, Binbrook, Dundas and Ancaster, as well as the surrounding areas. Headquarters is located at 1227 Stone Church Rd E, Hamilton. Hamilton Paramedic Service is dispatched by Hamilton CACC and has a Base Hospital agreement with the Hamilton Health Sciences, Centre for Paramedic Education and Research.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Hamilton Paramedic Service staff for their assistance throughout the Review.

Patient Care

Subsections:

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

ACR Review – ALS/BLS Patient Care Standards

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

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

- Recommendations are provided to staff after auditing ACRs for appropriateness and consistency with ALS/BLS standards.
- Recommendations resulting from an ACR audit for appropriateness and consistency with ALS/BLS standards are addressed to mitigate reoccurrence.
- The Service Provider works with Base Hospital to review and investigate calls.
- Recommendations resulting from the review and investigation of a call are addressed to mitigate reoccurrence.

Paramedic Ride-Outs

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

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

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

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

Training

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

- Annual evaluation demonstrating compliance with the current legislation and standards.
- Evaluation results are communicated to and acknowledged by staff.
- New staff members undergo an evaluation of their patient care skills prior to their first unsupervised shift.
- Training for new, updated and additional equipment.
- Training on changes/updates to standards and/or legislation.

All paramedics employed by the Service Provider are included in the QA/CQI Program. The paramedic files reviewed by the Review Team demonstrated that the components of patient care equipment knowledge and skills are demonstrated and evaluated. A remedial training program is in place for staff who demonstrated deficiencies in the use of patient care equipment.

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

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

MOH ID Cards

Legislated Requirement: Ministry issued ID Cards are required to be carried by the paramedic at all times while on duty.

Paramedic MOH ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and allied agencies; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

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

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

Communicable Disease Management

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

The *Patient Care and Transportation Standards*, Communicable Disease Management, section 1 part B, subsection 2(b) states in part, each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

There was documentation demonstrating the Service Provider has identified a person who is designated to implement Section 1, part B, Communicable Disease Management of the PCTS, for the service.

Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles. The PCTS, Section 2 - Patient Transport subsection 3 states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV. The PCTS, Section 1 - Patient Care, part A General, subsection 8 states, each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

Communication - Communication Service Direction

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

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

The *Basic Life Support Patient Care Standards v 3.3*, Patient Transport Standard states in part, the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.
- Whenever an ambulance or ERV was involved in a collision.

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

Patient Care Equipment and Supplies

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care and accessory equipment repairs had been completed.

Medications

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

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

Further, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled *Provincial Equipment Standards for Ontario Ambulance Services*. Also, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

Patient Care Devices and Conveyance Equipment Maintenance

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a preventative maintenance program in place for conveyance equipment and patient care devices. All patient care devices requiring regular inspection and/or calibration (e.g. oxygen delivery systems, suction equipment, and defibrillator) were included within the Service Provider's Preventative Maintenance program. The service's oxygen testing equipment had not always been calibrated according to the manufacturer's specifications (*no calibrations done in 2020 and 2021*). **(Observation: 1)**

The Service Provider's Preventative Maintenance program also included all conveyance equipment (e.g. stretchers, power load systems, stair chairs, etc).

Vehicle - Staffing

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

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

The *Patient Care and Transportation Standards*, Section 1 - Patient Care, part A states in part, each operator and each emergency medical attendant ("EMA") and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has access to spare vehicles to maintain service. There were no incidents where a replacement vehicle was required.

Vehicle - Maintenance/Inspection

Legislated Requirements: The UTM/DA is obligated to ensure provision of service meets community needs. To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards, and that equipment, supplies and vehicles are maintained according to manufacturer's specifications.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards*, published by the ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service. It also states, each land ambulance and ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: Each vehicle is included within the Service Provider's Vehicle PM program.

The Service Provider ensured that communication equipment remains operational at all times. The Service Provider works co-operatively with the communication service to ensure communication equipment repairs are completed. The Service Provider provides the Communication Service access to radios and communication equipment upon request.

The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

Documentation regarding vehicle safety demonstrated:

- Staff completed a checklist ensuring general safety features were functional.
- Paramedics could comment on the checklist regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff are resolved.
- Repairs or items requiring replacement were completed in a timely manner.

Quality Assurance

Subsections:

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

Quality Assurance/CQI

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

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

Subsection 3 (1) of Regulation 257/00 made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.

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

The *Ontario Ambulance Documentation Standards*, Part 4 – Documentation Requirements stipulates the ACR documental requirements.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a Quality Assurance program in place to ensure compliance with legislated requirements. The Service Provider's Quality Assurance program included:

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

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

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

Employee Qualifications

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

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualification as described in Part III of O. Reg. 257/00.

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: Hamilton Paramedic Service maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation.

As of December 17, 2021, EMAs and paramedics must:

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

The Service receives Influenza Immunization status of each employee no later than directed by EHRAB each year.

Each operator shall, no later than January 14, 2022, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

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

The Service Provider did not always report to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year (*reports due in 2020, 2021 and 2022 were all sent late*). **(Observation: 2)**

ACR – IR Documentation

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

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

The *Ontario Ambulance Documentation Standards*, Part 3 – Patient & Patient Care Documentation Requirements and Part 4 – Documentation Requirements stipulate ACR documental and distribution requirements.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

As part of their responsibility, the Service Provider identifies any incomplete or outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed as required under the OADS.

There was documentation demonstrating the Service Provider works with their Base Hospital to review Ambulance Call Report audit findings where paramedic performance and/or ALS/BLS Standards patient care deficiencies were identified. Audit findings by the Base Hospital and the Service Provider are compared for discrepancies. Audit findings where paramedic performance and/or ALS/BLS Standards patient care deficiencies were identified are investigated and were resolved/remediated.

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

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

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

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

Administrative

Subsections:

- Response Time Performance Plan,
- Service Provider Deployment Plan,
- Ambulance Service ID Card Program,
- Base Hospital Agreement,
- Policy and Procedures, and
- Insurance.

Response Time Performance Plan

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

Part VIII of *Ontario Regulation 257/00* made under the Act states in part, no later than October 1st in each year, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan for the next calendar year respecting response times.

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

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has an established Service Response Time Performance Plan with response time targets for patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5. The Service Provider provides the Director of EHRAB with a copy of the Response Time Performance Plan no later than October 31st of each year.

The Service Provider did demonstrate that they met their Response Time Performance Plan.

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

The Service Provider established their Response Time Performance Plan by October 1st of each year. Updates are provided to the Director no later than one month after the plan was updated.

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

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

Service Provider Deployment Plan

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

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

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

Further, the Act, section 7.0.1 (1) states, the Minister may issue operational or policy directives to the operator of a land ambulance service where it is in the public interest to do so. Subsection (3) states, an operational or policy directive may be general or particular in its application and may include, but not limited to:

- (a) conveyance of persons by ambulance to destinations other than hospitals; and
- (b) responsibilities in addition to the provision of ambulance services, including,
 - (i) providing treatment by paramedics to persons who may not require conveyance by ambulance,
 - (ii) ensuring treatment provided by paramedics is in accordance with the prescribed standard of care, and
 - (iii) other responsibilities to facilitate the adoption of treatment models for persons with lower acuity conditions.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office suitable for implementation by the Communication Service. Documentation demonstrates the service does not always have sufficient staff at each level of qualification to meet their written deployment plan (*service provider records showed down staffing occurred over various dates*).

(Observation: 3)

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

The Service Provider had a letter signed by the Director, EHRAB, for approval to implement the new Patient Care Models used by the service. Documentation demonstrates staff have been trained on the new Patient Care Models. The Service Provider had signed agreements in place with alternate receiving facilities e.g. Mental Health facility, etc. The Service Provider had notified the CACC of the Patient Care Models.

Ambulance Service ID Card Program

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

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

Section III, Schedule 1, also states in part, ambulance service identification cards are and remain the property of the ministry. Upon release from employment, the identification card must be surrendered to the employer and returned to the ministry.

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation, including the separation date. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card.

The ministry is notified in each instance an identification card is lost. The Service Provider recovered and returned the paramedic's service specific identification card to the ministry on each occasion of employment being terminated or separated from the service.

Base Hospital Agreement

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

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

Policy and Procedure

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

- The Act states in part that every upper tier municipality shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- The PCTS states, no person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.
- The PCTS also states in part, that no paramedic, while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as a paramedic; or reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as a paramedic; or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The *Ambulance Service Communicable Disease Standards* states in part, each operator shall ensure that; employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The Act, Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.

- The Act further states the requirements respecting the disclosure of personal health information. Personal health information has the same meaning as in the *Personal Health Information Protection Act, 2004*.
- Part VI of *Ontario Regulation 257/00* made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed; arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and no patient is transported in the ambulance at the same time as the remains are transported.
- Part VI of *Ontario Regulation 257/00* made under the act also states in part, an ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

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

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance or ERV.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.
- That students are to be immunized.
- Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.

There was documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There was documentation to demonstrate that immunizations and communicable disease requirements for students/observers are monitored and enforced. There was further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

Insurance

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

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

Inspection Methodologies: The Review Team obtained and reviewed the Service insurance policy coverage, submitted by the Service Provider. No On-Site Review was conducted.

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

The insurance policy includes and covers:

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

Appendix G Abbreviations

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

